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FÉDÉRATION EUROPÉENNE DES ENSEIGNANTS EN SOINS INFIRMIERS



IXTH EUROPEAN CONFERENCE OF NURSE EDUCATORS

Wednesday 3 -
Friday 5
October 2012



European Federation of Nurse Educators (FINE) with the
RCN Education Forum International Conference 2012

**Nurse education – developing the art and facing
the challenges**

Book of abstracts

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Keynote presentations

Wednesday 3 October 2012

10.00 – 10.45

Switzerland science and practice: intertwined complexity for nursing education

Professor Diane Morin, Full Professor, University of Lausanne, Switzerland

Abstract

This presentation reports on the challenges related to the nursing discipline, its scientific development, education and practice.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify different challenges related to nursing science and nursing education.

Biography

Prof. Diane Morin is a nurse who graduated with a PhD from The London School of Hygiene and Tropical medicine. Full professor at the Faculté de biologie et de médecine at the Université de Lausanne, she chairs the Institute of Nursing Science. She is also an Associate Professor at the Faculté des sciences infirmières at Université Laval in Canada.

10.45 – 11.30

Nurse education – the influence of policy development in Europe

Tom Keighley, Management Consultant and Associate Minister, Essex, UK, and visiting Professor, Bloomberg School of Nursing, Toronto, USA

Abstract

The education of nurses in the EU has been governed by legislation since 1979. The current directive (2005/36/EC) emerged out a decade long review and was to be implemented in 2007. The current review was planned to be completed in 2012 and much work has been undertaken to achieve this. Central to this process has been the wide involvement of nurse organisations across the EU in conjunction with competent authorities, government departments and academic centres. This process has revealed the implicit policy framework for nurse education in the EU and its current agenda. Top of this agenda has been the wish to see mechanisms for the constant updating of the directive along with a desire to see a shift to outcome based competencies. This has revealed a number of tensions. These include: -

- A belief in some EU Member States that the current Annex is antiquated and in need of revision as set against many accession countries (recent and current) where delivery on the current Annex is a major challenge
- A commitment to a Higher Education base for nurse education and training, with concomitant changes to general education requirements in many EU Member States as set against strong opposition in others
- The position of nurse educators

This paper will focus on some of the key, current challenges and examine potential trajectories of change.

Intended learning outcomes

At the end of this session, participants should be able to:

- explain the current policy challenges in reforming nurse education in the EU
- describe the reform agenda being pursued in reforming nurse education in the EU
- identify the potential blockages to the EU nurse education reform process.

Recommended reading

Directive 2005/36/EC of the European Parliament and of the Council (7th September 2005) On the Recognition of Professional Qualifications (Text

with EEA relevance), issued by the European Parliament and Council, Brussels

De Raeye, Paul (2011) *Nurses' Voice in the EU Policy Process*, Kluwer, Mechelen

Keighley, Thomas (2011) *Accession to the European Union 2001-2010: A reflection on some of the ethical issues for nursing*, Nursing Ethics

Biography

Tom Keighley has worked for over a decade in countries joining the EU. His background as nurse and educator is combined with experience in senior leadership and research positions. He is currently also engaged in projects in Canada (as visiting Professor to the Bloomberg School of Nursing in Toronto), and the United States (with Sigma Theta Tau International). He has published over 170 papers and edited *Nursing Management* for nearly a decade. Honours include the Gran Cruz de ASCOFAME for development work in Colombia, the Fellowship of the RCN in 2004 for work on Leadership and International Development and in 2010, life membership of the American Organisation of Nurse Executives for his contribution to the global development of nursing.

Keynote presentations

Thursday 4 October 2012

9.30 – 10.15

Simulation – from the curriculum, to patient care, and back again

Professor Donna Mead OBE, Dean, Faculty of Health, Sport and Science, University of Glamorgan, UK

No information available at time of print.

10.15 – 11.00

Lifelong learning – advancing nurse education for excellent nursing practice

Christophe Debout, Coordinator of the Nursing Research Laboratory and Assistant Director of the Department of Nursing and Paramedic Science, the EHESP School of Public Health, Paris, France

Abstract

Life Long Learning (LLL) stands out as an essential requirement for all healthcare professionals given the extremely dynamic context of clinical practice. The profession's deontology places LLL as a powerful strategy for nurses to provide relevant, effective, efficient and safe care to their patients. For those educating nurses, LLL means: 1) effectively preparing undergraduate students to gain the competencies they need to engage in the LLL process and 2) providing continued professional development (CPD) activities which meet the needs of learners and employers.

Undergraduate students need to be prepared to play the active role required in LLL. More than simply receiving the knowledge they need, students must be prepared to find, appraise and utilize this knowledge to inform their practice.

In this context, CPD can be viewed as a complex educational intervention for nurse educators in contemporary healthcare systems. Evolving characteristics of learners, new learning styles, exponential development of information and communication technologies, abundance of scientific knowledge, cost containment and the multiple educational modalities available are some contributing factors to this complexity.

To address this complexity, nurse educators must rethink their educational methods to adopt flexibility and creativity as key words in their practice. Evidence-based education needs to be considered as an indispensable approach for developing adequate and effective CPD programs.

More than ever LLL, through CPD, offers the nursing discipline the possibility to implement scholarship for the benefit of patients, nursing professionals and the sustainability of the healthcare system.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify the potential contribution nurse educators can bring to LLL
- identify the need to utilise the best evidence available to develop adequate CPD programmes
- identify the potential benefits of blending educational methods to enhance CPD.

Recommended reading

- Garbett, R, & McCormack B. (2002). A concept analysis of practice development
- Journal of Research in Nursing March vol. 7 no. 2 87-100
- Shultz, C.(2009). Building a Science of Nursing Education: Foundation for Evidence-Based Teaching and Learning. NLN
- Yang, J & Valdés-Cotera, R. (2011). Conceptual evolution and policy developments in lifelong learning. UNESCO Institute for Lifelong Learning

Biography

Dr Debout occupied various staff nurse positions in critical care, anaesthesia care and emergency unit.

In 1999, he was appointed nurse manager in the department of oncology/palliative care in Compiègne.

In 2004, he turned to a post of nurse educator in continuing nursing education.

In 2009, he was appointed faculty in the nursing science department of EHESP School of public health, he is currently the head of this department.

Dr Debout is a scholar of the European Academy of Nursing Science and a member of the editorial committee of French nursing journals.

He has been president of the national French nurses association (ANFIIDE) from 2002 to 2009.

Keynote presentations

Friday 5 October 2012

10.00 – 10.45

Creating the best opportunities for teacher quality and excellence in nursing across Europe – what is needed?

Filomena Gaspar, President, Escola Superior de Enfermagem de Lisboa – ESEL, Portugal

Abstract

Nursing is a scientific discipline of knowledge, developed and taught in higher education institutions. That's the starting point in our presentation.

We cannot accept other kind of positioning for nursing education. So that it is our base line of building the best opportunities for students and teachers in the search of excellence.

Quality in Nursing education is a key issue to maintaining the quality care in and the health system, and population health.

Donabedian establish quality in health as a tree dimensional construct that as to do with 'structure', 'process' and 'outcome.' That can be brought to nursing education.

Structure: Structure denotes the attributes of the settings in which the nursing education occurs (Organizational environment; teacher qualification).

Process: Process denotes what is actually done in the process of transformation or the educational process (curricula structure, research opportunities, accreditation process internationalization, and partnership).

Outcome: Outcome denotes the effects and direct or indirect results of our work ! What kind of students do we have? What are they known for?

These are the main challenges to reach best opportunities in nursing education and practice in Europe.

Biography

Maria Filomena Mendes Gaspar - Lisbon Portugal

Present position:

- President of Lisbon Nursing School – ESEL
- Coordinator Professor and researcher at Research Unit of ESEL (UI&DE)
- Member of the Scientific Comity of the PhD in Nursing at University of Lisbon
- Lecture since 1987; Professor since 1997
- Academic degrees:
- Master (1996) and PhD in Social Psychology-Organizational behaviour (2006)
- Professional graduations:
- RN Nurse since 1980;

- Nurse specialist in Medical Chirurgical Nursing 1992-

Research interests:

- Nursing Education Organizations Quality and Development; Nursing Leadership; Nursing Administration; Organizational citizenship behaviour
- Health and nursing Politics; Social Representations.
- Quantitative approach; Mix methods; RCT

13.15 – 13.45

Developing the Art and Facing the Challenges - Creating a toolkit for nurse educators to support lifelong learning for nursing across Europe

Dr Carol Hall on behalf of the FINE Members Workgroup Series 2010-2011

Abstract

During the last two years since the Biennial conference in Lisbon, FINE members and colleagues have worked together to explore lifelong learning in nursing and how this can be supported by nursing education. The work has explored drivers which may enforce or restrict lifelong learning including specific consideration of the impact of the development of the European Higher Education Area (Bologna Process and the European Qualifications Framework) and the Proposed Modernisation of Directive EC/36/2005).

Together, members achieved the following objectives:

- Received and discussed expert presentations on the development and challenges of lifelong learning in nursing, nurse education and practice. These included learning in practice, continuous professional development, and advancing nursing at Bachelor, Masters and Doctoral level.
- Considered how lifelong learning in nursing and Continuing Professional Development may be practically developed in future to help nurse educators in all countries to advance the art and quality of their practice with all nurses.
- Generated practical opportunities for sharing and evaluating lifelong learning in nursing trans-nationally.
- Created the materials to offer a tool kit of web based member resources which support pan-European understanding of the development of lifelong learning for nursing education.

This presentation will share some of the findings and outline plans for 2013. Nurse educators across Europe and more widely can participate in these workgroups events, and this presentation will also offer information about further participation in FINE.

Biography

Dr Carol Hall is an Associate Professor at the University of Nottingham. She is a registered children's nurse who worked as a ward manager in adolescent care before moving into nurse education. Carol undertook her PhD evaluating roles and practice in medicine administration children's nursing and has subsequently researched in the area of supporting nursing numeracy. She is interested in nurse education policy and practice and in particular, the integration of nursing education to support European and global health care mobility.

Breakfast seminar

Thursday 4 October 8.15 – 9.00am



A personal space, for professional learning: expanding ideas about eportfolios

Shane Sutherland, Development Director, Pebble Learning

Debbie Holmes, Consultant, Pebble Learning

Abstract

ePortfolios are much in vogue as places to record and reflect on learning. Often though they are simply used as repositories for files, or as places to enter data for viewing by others.

This session introduces the concept of the Personal Learning Space, an extension of the eportfolio genre encompassing a purposeful collection of tools designed to:

- support personal and professional learning
- promote and enhance reflection
- facilitate peer and group learning

Discussion and definition of 'the space' will be illuminated through a range of case studies relevant to nursing and allied health professionals.

Aim

The aim of this session is to demonstrate, through reference to extant practice, how health professionals can authentically record and learn from experience in a secure personal environment, whilst attending to the needs of employers and professional organisations.

Intended learning outcomes

At the end of this session, participants should be able to:

1. recognise a range of approaches to recording and enhancing CPD
2. identify how electronic tools might assist your learning
3. value the reliability of examples of practice to your own development plan.

References

Delegates will be able to download a free e-book called *Pebblegogy* (previously retailing at £25)

Biographies

Shane Sutherland

Shane Sutherland is the Development Director at Pebble Learning and an active contributor to the eportfolio community.

Shane's diverse learning career evolved into a varied teaching career, ultimately working as a Principle Lecturer at the University of Wolverhampton with roles in staff development and teacher education. Shane introduced PebblePad to the university in 2004 and spent 3 years as the ePortfolio Co-ordinator.

Drawing upon his learning and teaching background, and with considerable experience to fuel his ideas, Shane is now promoting the concept of the Personal Learning Space – and is busy overseeing the continual development of PebblePad.

Debbie Holmes

Debbie has been a Nurse and a Midwife in the NHS and most recently worked as a Midwifery Lecturer at the University of Wolverhampton.

Before moving to Pebble Learning as a Consultant, Debbie was instrumental in embedding PebblePad throughout the Midwifery curriculum at UoW. More recently she worked with their Multimedia Unit as an Academic Translator supporting staff in the School of Health and Wellbeing to take a more blended approach to teaching and learning.

Debbie has an interest in how students and practitioners record and demonstrate practice learning and professional development through reflection using eportfolios and the personal learning space.

Concurrent session 1

Wednesday 3 October

1.1 Research and innovation

1.1.1

Selecting the next generation of nurses in the UK: findings from a qualitative research project

Peter Norrie, Principal Lecturer in Nursing, School of Nursing and Midwifery, De Montfort University, UK

Abstract

Background: From September 2012, all students who study to obtain a registration in nursing in the UK will undertake degree level programmes. This is a step change in the education of nursing students. In the UK it is likely that the number of students trained to full registration will decrease over the near future. This is worsened by between 25 and 30 percent of students not completing their studies, which is a significant financial drain. Better selection procedures could realistically address this wastage.

Aims: Enquiry was focussed on two main areas:

- The personal qualities required for new student nurses in the UK
- Experiences of selection, with comparison of procedures

Research methods: Using a Grounded Theory methodology, semi structured interviews were conducted throughout the UK with academics who are involved in student selection and senior partners from practice (n=17). Interviews were recorded, transcribed and analysed using a constant comparative technique.

Results: The findings illustrated a range of perceptions regarding selection, but there were a number of common themes. Perhaps the most vivid was that of a pragmatic concept we have entitled 'Orientation For Professionalism' which is composed of a number of conceptual elements which can be explored and evaluated during the selection process.

Discussion: The basic premise is that it is not feasible to make a judgement at the point of interview about the candidates' ability to function as a health care professional, but that there are a number of criteria which can be identified and assessed, which allow the selection team to make confident predications about the ability of the candidates to develop into professionals.

Conclusions: These findings have allowed the host university, through a process of positive reflection, to produce a new student selection process which allows sensitive and differentiated assessment of students at the selection phase.

Intended learning outcomes

At the end of this session, participants should be able to:

- present current nursing research findings
- promote discussion of nursing student selection procedures
- identify robust criteria for nursing student selection.

Recommended reading

Taylor, J Irvine F Bradbury Jones, C McKenna, H (2009) On the Precipice of Great Things: The Current State of UK Education. *Nurse Education Today* 30(239-244).

The Queens Nursing Institute (2008) 2020 Vision, available from: http://www.qni.org.uk/for_nurses/knowledge_centre/2020_vision

Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010) *Frontline Care*, available from: <http://www.nhshistory.net/nursing%20commission.pdf>

Biography

Peter has a background in biological sciences and worked in the NHS as a critical care nurse for 10 years. He is currently employed as a Senior Research Fellow at De Montfort University in Leicester. The main focus of his researches explores ways in which nursing education can be enhanced and how technology can be used to support nursing. Peter has a passion for quantitative research which has lead him to explore and teach aspects of evidence based practice to a range of nurses and other allied health practitioners.

1.1.2

From recruitment and attrition to selection and retention: review of a mental health nursing course

Robert Tummey, Senior Lecturer, Department of Nursing and Health Studies, Coventry University, UK

Co-author: Richard Luck

Abstract

Historically, attrition and retention in nurse education has been the subject of considerable discussion. The national average for attrition stands at 25%, with only 12.8% for more traditional undergraduate courses. These attrition levels are hard to bear in a profession needing continuous replenishment of numbers. A range of concerns are identified to influence attrition.

Cameron et al (2010) found that four broad themes accounted for factors of relevance, including, Prediction, Programme, Social and Personal.

The Mental Health Nursing course at Coventry University has not escaped the impact of attrition, experiencing rates above the national average. The mental health team therefore made significant attempts to redress what is seen as a priority both locally and nationally. HEIs providing nurse education must respond to the benchmarks identified by the Strategic Health Authorities (SHA): i). Recruitment to target, ii). Retention of cohort numbers, and iii). Completion on time. It was these benchmarks and student nurse attrition research (Prymachuk et al 2009, Donaldson et al 2010) that informed the revision of three key areas of concern. These areas helped to develop a move from recruitment and attrition to selection and retention. They include:

- a) The selection criteria and process.
- b) Programme engagement and flexibility.
- c) Focus on reducing the impact of student personal isolation.

A range of measures were introduced incrementally across a two-year period. The combination then fully employed in selection for the new all graduate mental health nursing course that commenced in September 2011. Although the cohort has been with the university for only a few months, there has been no attrition to date. Several factors may contribute to this highly unusual occurrence, but the course team believe the improvements have had a significant impact. These successful strategies will be specifically highlighted and explored in more detail during the presentation.

Intended learning outcomes

At the end of this session, participants should be able to:

- describe the different factors influencing attrition on nursing courses
- understand the research evidence for the subject
- consider the application of a number of successful strategies to improve selection and retention.

References

Cameron, J., Roxburgh, M., Taylor, J., and Lauder, W. (2010) Why students leave in the UK: an integrative review of the international research literature. *Journal of Clinical Nursing* 1-11.

Donaldson, J.H., McCallum, J., and Lafferty, P. (2010) Can we predict successful completion of the common foundation programme at interview? *Nursing Education Today* 30: 649-656.

Prymachuk, S., Easton, K., and Littlewood, A. (2009) Nurse Education: factors associated with attrition. *Journal of Advanced Nursing* 65 (1), 149-60.

Biography

Robert has been a senior lecturer in mental health nursing for over ten years. He has worked in a number of universities in both UK and NZ.

1.1.3

Commitment in the heart of professionalisation

Véronique Haberey-Knuessi, Professor, Research, Haute Ecole de Santé Arc, Switzerland

Abstract

Nursing shortage is a huge problem. Besides the high dropout rate of nursing professionals, we must also mention the alarming number of stress related illnesses affecting caregivers.

This led us to a doctoral study, almost finished, the theoretical foundations of which were presented at the Fine Conference in Lisboa.

We now wish to share the results of 52 interviews conducted in large part by students, but also by nursing teachers and hospital trainers, which we believe to be highly significant.

If the results show that students pay great attention to the quality of care especially in relation to patients, they also demonstrate a fear of commitment, as well as frustration in being part of a practice which increasingly diverges from their ideals and values. They face a challenge to project themselves as professional.

The lack of positioning in their professional identity is directly related to a questioning of the professionalisation process. Professionalisation seems to have different purposes depending on whether it is considered to be on the side of students or on that of societal expectations.

While students see in the latter, personal and professional development opportunities to perform, in relation to values in their chosen profession, societal and economic agents look primarily to the adequacy of specific competencies in relation to workplace needs.

A central problem is that the two understandings of professionalisation are hard to reconcile and place young professionals in a difficult position.

That is the reason why we have tried to develop, through this research, strategies to help schools overcome this problematic by working with students on the twin concepts of commitment and professionalisation. The objective is to train professionals who will be involved, positioned and motivated to defend their profession, with a motivation sustainable over time, and pride with which to embody their nursing identity.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the elements which can constitute an help of a brake to professionalisation during nurse's training
- help students build a professional identity which is reflected, affirmed and generates motivation that will enable professionals to flourish in his profession in a long term.
- share experiences in developing tools to assist teachers in guiding students to this form of fulfilling professionalism.

References

Beckers, J (2004). Comment amorcer la construction identitaire d'un praticien réflexif par la formation initiale? In *Recherche et formation*, n°46 pp 61-80

Risjord, M. (2010). *Nursing Knowledge. Science, practice and philosophy.* Oxford:Wiley-Blackwell.

Biography

I first worked as a nurse in surgery and medicine before being a trainer for students in hospital. Since ten years I have been working in a High School of Nursing. I studied at the University of Lausanne and Lyon (Master) and I am currently finishing a PhD at the University of Rouen (France) focused on professional commitment in an ethical dimension. My research activities focus on stress and burnout by caregivers, especially in relation to new management. But I'm also working on professional development, commitment and nurse's identity for my thesis and through a research conducted by our students.

1.2 Enhancing the student experience

1.2.1

A reflexive tool for improving coaching quality of the nursing internships by tutors

Catherine Bonte, Coordinator of the bachelor nursing Tournai /Mouscron HELHa, HELHa quality coordinator, paramedical category, bachelor nursing, Haute Ecole Louvain en Hainaut, Belgium

Abstract

Teaching in Nursing (Bachelor in Nursing) in Belgium is focused on developing professional skills. The organization of training with courses alternating with nursing internships is a contributing factor for the professional development of students' training.

The project 'Reference Nurse' in the bachelor nursing of our university college 'Haute Ecole Louvain en Hainaut (HELHa) formalizes the position of nurses as tutors in this process. The objective is to develop the students' reflexivity. The approach focuses on the feedback given by the nurse to the student, after doing a care activity referring to the training profile. The 'reflexive support' is the mediator.

This tool raises the questioning about a service provided by the student, in the presence of a nurse. It generates a return on the action and a transition to students' writing. The student takes the time to write and question himself about the service provided by referring to the training profile. The writing will be the basis for a discussion with the accompanying nurse.

This tool is the starting point of 'reflective-interactive' interview. The interaction between the student and the nurse is focused on thinking about the positive aspects and duties to improve, and this, with reference to training profile and evaluation criteria. With the different perspective she brings, the nurse makes the student think, brings him the facts that she has observed and through her questions, helps him find improving ways. This exchange leads to a formative feedback and aims the students' progress.

The speech will be about this reflexive tool, its creation with training staff and the results of its use.

Intended learning outcomes

At the end of this session, participants should be able to:

- integrate the role of tutors in nursing education
- create tools developing students' reflexivity.

Recommended reading

Boutet, M. & Pharand, J. (2008). *L'accompagnement concerté des stagiaires en enseignement.* Québec : Presses universitaires du Québec.

Lafortune, L. (2012). *Une démarche réflexive pour la formation en santé,* Québec : Presses de l'université du Québec

Biography

Teacher in nursing since 20 years

Coordinator of the bachelor nursing Tournai / Mouscron HELHa

Responsible for 'long life learning' courses

HELHa quality coordinator

1.2.2

Supporting the needs and enhancing the experience of disabled and dyslexic students

Debbie Botting, Principal Lecturer, Professional Education and Service Delivery, Faculty of Health, Sport & Science, University of Glamorgan, UK
Co-authors: Norman Woolley, Sharon Jones

Abstract

This paper reports on a project that sought to better support the needs and enhance the experience of disabled and dyslexic nursing students. The Higher Education Academy suggest that absence of, or delay in receiving support results in disabled students reporting a negative experience while the provision of support results in a positive student experience (Jacklin et al 2007). The University Disability and Dyslexia policy adopts a positive approach in meeting the needs of disabled / dyslexic students and also to promoting compliance with legal obligations under the Equality Act (2010) and Data Protection Act (1998). The Equality Act (2010) imposes a duty upon Higher Education Institutions to make reasonable adjustments to provision in order to minimise disadvantage experienced by a disabled student as a result of a disability. Appropriate reasonable adjustments for individual students are identified by the University and recorded on Individual Support Plans (ISP). The project sought to capitalise on available technical resources, namely Microsoft Office SharePoint Server (MOSS) a secure, large-scale, web-based project collaboration and document management system, designed to allow colleagues within an organisation to easily communicate and share files. MOSS is used to store and share ISP documents with appropriate staff according to clearly defined permissions and access rights.

The paper will report on the project evaluation which suggests that use of SharePoint has enhanced the student experience due to:

- Improved organisation and management of disability and dyslexia support provision within the Faculty.
- Enhanced communication of the support needs of disabled and dyslexic students.
- Improved communication between the Faculty and the University Disability and Dyslexia Service.
- Enhanced staff development opportunities relating to effective learning, teaching and assessment for disabled and dyslexic students including relevant legislation, accessible curric-

ulum, policy and procedures for the support of students made available via the site.

Intended learning outcomes

At the end of this session, participants should be able to:

- evaluate the use of SharePoint as a means to provide information to staff relating to the support needs of disabled applicants and students
- understand how technology can be used to promote compliance with legal obligations of the Equality Act (2010)
- consider the application of this approach to enhance learning, teaching and assessment within your own organisation.

Recommended reading

Data Protection Act (1998) Available at <http://www.legislation.gov.uk/ukpga/1998/29/contents> (Accessed 13th March 2012)

Equality Act (2010) Available at <http://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed 13th March 2012)

Jacklin, A., Robinson, C., O'Meara, L. and Harris, A. (2007) Improving the experiences of disabled students in higher education. The Higher Education Academy Available at <http://www.heacademy.ac.uk/assets/York/documents/ourwork/research/jacklin.pdf> (Accessed 13th March 2012)

Biography

Debbie is a Principal Lecturer within the Professional Education division of the Faculty of Health, Sport and Science. She held posts in surgical and intensive care nursing before embarking on a career in nurse education and is currently Programme Leader for the Masters in Professional Practice. Debbie has been involved in disability and dyslexia support since 1998 and is the Faculty disability and dyslexia coordinator. She is Chair of the Faculty Disability and Dyslexia committee and represents the Faculty on the University Disability sub group which involves advising on implementation of policies and procedures for disability equality across the University.

1.3 Developing nurse teaching competencies

1.3.1

Academic learning environment and student's approach to learning

Reet Urban, Assistant professor, Tartu Health Care College, Estonia

Co-authors: Tiina Kukkes, Kaja Solom

Abstract

Efficient learning results from the interaction of a number of factors. Awareness of the relationships of the factors that influence learning allows teachers to develop the learning environment that facilitates the nurse students' efficient learning. In this study 110 students were involved to determine their approach to learning (deep or surface approach), the relationship between academic learning outcomes and the factors influencing learning. The study was grounded on John Biggs's 3P (Presage-Process-Product) model of teaching and learning. Course Experience Questionnaire (CEQ) (Ramsten 1991) and Study Process Questionnaire - 2 Factors (R-SPQ-2F) (Biggs, et al., 2001) were implemented for data collection. Spearman's and Pearson's correlation coefficient was found between 1) the factors of academic learning environment and the learning approach; 2) the learning approach and the grades obtained; 3) the precondition of the students and the learning approach and learning outcomes.

The results of the study demonstrated no relationship between the preconditions of the learners (the results of high school graduation essay and admission interview into the higher education institution) and their approach to learning and learning outcomes. At the same time the factors of the academic learning environment, e.g. clear subject goals and requirements, interesting lectures, motivating learners and provision of feedback, demonstrated week relationship with a deep learning approach in students. The students with a deep approach did not consider the general work load too big and did not perceive that successful learning focused on facts only. The students with surface approach consider the too big workload and perceive that knowing the facts only is sufficient to get a good grades. Although one may conclude that assessing factual knowledge may support a surface approach to learning as the learner may have an impression that a good memory is sufficient for successful learning. There was no relationship between the approach to learning and the grades obtained. The implementation of a deep approach was associated with higher overall satisfaction with the subject course and the development of general skills like problem solving, analytical thinking, writing skills and teamwork.

References

- Biggs, J., Kember, D. & Leung, D., 2001. The revised two-factor Study Process Questionnaire: R-SPQ-2F. *British Journal of Educational Psychology*, 71, pp. 133-149.

- Ramsden, P., 1991. A performance indicator of teaching quality in higher education: The course experience questionnaire. *Studies in Higher Education*, 16(2), pp.129-150.

1.3.2

The competence of Finnish nurse educators

Leena Salminen, Senior Lecturer, Department of Nursing Science, University of Turku, Finland
 Co-authors: *Minna Stolt, Sanna Koskinen, Helena Leino-Kilpi*

Abstract

The competence of nurse educators is important in terms of producing high-quality and evidence-based nursing education, but nurse educators must first demonstrate their expertise in this role. Continuous changes in social and working life highlight the need for a change in teaching nursing, nurse educator's work and competence demands. The nurse educator has also a possibility to act as an expert of nursing science and as a partner in cooperation with the nurse leaders and mentors developing nursing and nursing education

The aim of this study is to explore the competence of nurse educators based on their own evaluations as well as those of nursing students, educational administrators, nurse leaders and nurse mentors.

A descriptive, cross-sectional survey design was used. The data were collected using a structured questionnaire (A Tool for Evaluation of Requirements of Nurse Teacher) for nurse educators, nursing students, educational administrators, nurse leaders and nurse mentors, which they completed and submitted via e-mail. The competence of nurse educators in this study is divided into five categories: nursing competence, pedagogical skills, evaluation skills, personality factors and relationships with students.

The results show that nurse educators rated their competence as being very good. When compared with the other groups, the difference was statistically significant in nearly every competence area. Nursing students and nurse mentors were the most critical in their evaluations. Despite the criticism, all the groups rated the level of competence of nurse educators as being good.

To maintain and improve the competence of nurse educators, interventions are needed and, moreover, it is important to develop different evaluation methods to reliably measure the nurse educators' level of competence. Communication between educators and nurses in clinical practice is important because it will decrease the theory-practice gap and improve collaboration with nurse mentors.

Biography

I am a senior lecturer at the department of Nursing Science in the University of Turku. I am responsible of nurse educator education in our department. My

main research areas are the competence of nurse educator and the outcomes of nursing education.

1.3.3

Methodologies used when teaching emotive and sensitive material.

Helen Sinclair, Teaching Fellow, School of Nursing and Midwifery, Queen's University, Belfast, United Kingdom

Co-author: *Jayne Price*

Abstract

Teaching emotive subjects can provide distinct challenges for educators, further complicated by the diversity of students and their own backgrounds and personal belief systems. How to address such challenges whilst promoting the optimum learning experience for students is largely absent in the literature.

The BSc(Hons) Trauma Studies is a innovative programme managed collaboratively by the School of Nursing and Midwifery, Queen's University and WAVE Trauma Centre, Belfast. WAVE is a cross community, voluntary organisation formed in 1991 to support adults, children and young people traumatised as a result of the 'Troubles' in Northern Ireland. The programme addresses academic content related to psychological trauma including international trauma, however, there is a particular focus on the Northern Ireland 'troubles'. This presentation draws on findings of a qualitative research study undertaken in 2011 which examined the experiences of part time students who completed a BSc(Hons) Trauma Studies. Data collection using semi structured interviews with 7 students was employed. Data was recorded and transcribed verbatim. Ethical approval was secured from the School of Nursing and Midwifery, Queen's University. Information was provided to potential participants and the opportunity to ask questions before consent was obtained. Participants shared challenges experienced to emotive content addressed and barriers to sharing their perspectives in classroom based dialogue.

Participant's identified a requirement to mobilise support mechanisms to manage these challenges. Despite the challenges, participants displayed a determination to complete the programme. These findings give useful insights to educators of the students perspective when emotive content is addressed. The findings also provided educators with guidance regarding teaching methodologies pertinent to programmes which address emotive material.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore the range of methodologies when teaching emotive or sensitive material.
- become aware of the student experience when material of an emotive or sensitive nature is addressed in classroom based dialogue.

Recommended reading

- Berliner, D. C. (2001) Learning about and learning from expert teachers. *International Journal of Educational Research*, 35, pp. 463-482.
- Nairn, S., Hardy, C., Parumal, L. and Williams, G. A. (2003) Multicultural or ant-racist teaching in nurse education: a critical appraisal. *Nurse Education Today*, 24(3), pp. 188-195.
- Westerman, D. A. (1991) Expert and Novice Teacher Decision Making. *Journal of Teacher Education*. 42, pp. 292-305.

References

Armstrong, L. (2007) The Significance of Interpersonal skills and tutor behaviour in determining quality of teaching and learning in adult education. *Journal of Adult and Continuing Education*, 13(2). pp.231-248.

Biography

Helen first registered with NMC in 1993 and initially worked in Care of the Elderly before moving into Oncology nursing in 1996. In 1998, along with a charitable organisation, Helen had responsibilities for the introduction and establishment of a new oncology counselling service within the Hospital Trust for patients, relatives and staff. From 2002, Helen has been a Teaching Fellow in the School of Nursing and Midwifery, Queen's University, Belfast. Helen's role now includes Programme Coordinating the BSc(Hons) Psychological Trauma Studies which focuses on the psychological aspect of trauma. Helen's teaching and research interests' focus on the psychological aspects of care and also oncology/palliative care nursing.

Concurrent session 2

Wednesday 3 October 2012

2.1 Research and innovation

2.1.1

An objective approach to evaluating an internet-delivered genetics education resource developed for nurses: using Google analytics to monitor visitor engagement

Maggie Kirk, Professor of Genetics Education, Faculty of Health, Sport & Science, University of Glamorgan, UK

Co-authors: Rhian Morgan, Emma Tonkin, Heather Skirton, Kevin McDonald

Abstract

Background: The Internet is a core resource to support teaching and learning in nurse education. Evaluating such resources is important to maximise the education experience, particularly for subjects traditionally perceived by nurses as being difficult. Scientific advances in genomic healthcare offer real promise for those affected by genetic conditions, however a knowledge-practice gap compromises healthcare delivery (Human Genetics Strategy Group 2012). The availability of clinically relevant education resources is critical to enabling nurses to develop competence to provide optimum care. Telling Stories, Understanding Real Life Genetics (www.tellingstories.nhs.uk) was developed to promote understanding of how genetics impacts on families and to demonstrate the relevance of genomic healthcare to professional practice. The website uses stories from patients, families and professionals, set within an educational framework (Kirk et al. 2011).

Methods: Google Analytics is a hosted service for tracking and analysing website usage. It provides time series data for a range of metrics including number and behaviour of visitors, location, traffic source, keywords and language. We present data from 2009-2011 and consider how Google Analytics can inform approaches to further enhance the visitor experience.

Results: Over 34,000 visitors from 123 countries have accessed the resource, with the United Kingdom, United States, Canada and the Netherlands the largest site users. Returning visitors spend significantly more time on site and view more pages than new visitors. Most referring sites are education establishments. Keywords used most frequently to search the site relate to specific genetic conditions.

Discussion: Google Analytics metrics indicate that Telling Stories is an accessible resource used by its intended audience and more widely. Further devel-

opment could enhance the resource for people of other languages and cultures.

Conclusions: Google Analytics is a useful tool for evaluating Internet resources and helps inform the development and delivery of website content relevant to nursing practice.

Intended learning outcomes

At the end of this session, participants should be able to:

- recognise the value of objective evaluation of Internet education resources using Google analytics
- recognise the value of storytelling within an education framework to promote student learning
- be aware of the relevance of genetics to quality nursing care.

Recommended reading

Kirk, M., Tonkin, E., Skirton, H., McDonald, K., Cope, B., Morgan, R. (2011) Storytellers as partners in developing a genetics education resource for health professionals. *Nurse Education Today* doi:10.1016/j.nedt.2011.11.019

Morgan R, Tonkin E, Kirk M (2009) A chance to be heard: what motivates people to tell their healthcare stories? *TAC (formerly IQJ) online article*: http://www.teamaroundthechild.com/images/stories/journal-pdfs/issue_5/stories5.pdf

Plaza, B. (2011) Google Analytics for measuring website performance. *Tourism Management* 32: 477-481.

References

Human Genetics Strategy Group (2012) Building on our inheritance. Genomic technology in healthcare. London: Department of Health

Biography

Maggie Kirk is the Telling Stories project lead. She made a career move to nursing from the field of mammalian genetics in 1985. She is leader of the Genomics Policy Unit, established in 1996 to explore the implications for professionals and public of advances in genomic healthcare. In this role she led the development of the UK Nursing competences in genetics. In 2004, Maggie commenced an additional role as Lead Professional Specialist (Nursing) at the NHS National Genetics Education & Development Centre. She was conferred with a personal Chair as Professor of Genetics Education in 2004.

2.1.2

Development of a paediatric surgical virtual learning case

Cathy Poole, Senior Lecturer Child Health, Child Department, Faculty of Health, Birmingham City University, UK

Abstract

It is well recognised that engaging students in blended learning whilst using a variety of teaching and learning strategies promotes optimal learning. The emergence of Web-based technology linked to so called virtual learning environments (VLE) (Kliger & Pfeiffer 2011, Chou & Liu 2005, Kiser 1999, Beller & Or 1998) is being embraced and embedded into the blended methodology.

The paediatric surgical virtual case (PSVC) has been developed using a virtual case creator software platform which has been designed by Birmingham City University. This software platform presents learners with more authentic learning experiences (Wynn, 2011) which better prepare them to improve their cognitive skills and in particular their decision making abilities. The structure of the PSVC presents learning opportunities which can be explored by students own pace, can be revisited as often as students wish and when they like. On screen prompts help students to navigate through the PSVC drawing them into additional leaning activities, information and patient information. Scaffolding of information aids the development of critical decision making which is as far as possible linked to real world clinical practices (Wynn 2011).

This PSVC is delivered during an acute hospitalisation module for second year child branch nursing students. It complements and supports a lead lecture on the assessment and management of acute surgery and a paediatric surgical simulation session which focuses on transferable surgical knowledge/skills and overall the promotion of surgical safety aspects.

This new PSVC has been piloted with one cohort of children's nursing students. Feedback to date from those students has confirmed that the virtual case;

- is easy to follow
- has helped to relate new knowledge to existing knowledge
- has prepared them for practice
- should be developed and used within the module

It is our intention to further evaluate and refine the PSVC.

Intended learning outcomes

At the end of this session, participants should be able to:

- appreciate the value of this paediatric surgical virtual case
- understand how this virtual case integrates with the blended approach
- describe the benefits of this web-based virtual case.

Recommended reading

- Savery, JR & Duffy, TM (2001) Problem Based Learning: An Instructional Model and its Constructivist Framework. Centre for Research on Learning and Technology Technical Report No. 16-01 Indiana University

References

- Chou, SW & Liu, CH (2005) Learning Effectiveness in a Web-based Virtual Learning Environment: A Learner Control Perspective. *Journal of Computer Assisted Learning* 21, 65-76.
- Kliger, D & Pfeiffer, E (2011) Engaging Students in Blended Courses Through Increased Technology. *Journal of Physical Therapy Education* Vol 25, No 1, 11- 14
- Wynn, N (2011) About Virtual Case Creator Online Simulations: Discover More Authentic Learning! Birmingham City University In-house Publication.

Biography

Cathy is currently employed as a Senior Lecturer in Child Health at Birmingham City University. She has over 30 years' experience in the health sector. Her current, previous appointments and personal professional development have given her a rich variety of academic and clinical exposure. Her public and private sector health and education roles have broadened her overall concept of teaching, learning and development. Her main interests lie in the devolvement of innovative teaching and learning tools to enhance student engagement in educational transaction.

2.1.3

Exploring the effectiveness of an interactive, technology enabled learning tool to enhance student knowledge in neonatal practice

Julia Petty, Senior Lecturer in Neonatal Studies, School of Health Sciences, City University London, UK

Abstract

Background: In nurse education, the place for learning technology has become increasingly essential and rapidly growing (Schneiderman and Corbridge, 2009; Bloomfield et al, 2010; Dennison, 2011). However, technology enabled teaching and learning in the neonatal speciality is limited as is

research into how to improve the student experience.

Aims: The research question is: Does an interactive, self-testing learning tool have a benefit for learners undertaking blended learning in the neonatal speciality in relation to enhancement of knowledge in neonatal specific biology? Specific objectives are:

- To explore whether interactive self-testing improves knowledge on this topic, as compared to traditional means of learning.
- To explore student satisfaction with an interactive tool in relation to facilitation of the learning experience.

Methods: A convenience sample of post-registration neonatal nurses prior to being 'qualified in specialty' (QIS) will be tested on neonatal specific biology and then given a CDrom containing both interactive self-testing and traditional, non-interactive learning formats. After completing both, the group will be re- tested on their biology knowledge and pre and post scores will be compared to ascertain any differences between interactive and non-interactive modes of learning. In addition, a questionnaire will be distributed asking the participants about their experience of the learning formats, their comparative use and benefit to learning and knowledge acquisition.

Results: Data analysis (summer 2012) will reveal whether or not the technology-enabled interactive tool has any value within self-directed blended study in specific biology for post-basic neonatal nurses

Discussion: The findings aim to commence exploration into how interactive tools and self-testing for learning can be integrated into blended education in neonatal care, an area that has not been studied in this speciality. This small scale, preliminary study will lead to further work investigating the application of new innovations to enhance knowledge for practice within neonatal nursing.

Conclusion: The study conclusions will be available from September 2012 on completion of data analysis.

Intended learning outcomes

At the end of this session, participants should be able to:

- discuss the significance of technology enabled, interactive learning tools within blended nurse education using the neonatal speciality as an example
- illustrate, by analysing the findings of a small-scale study, the effects of interactive self testing on knowledge acquisition in neonatal biology and perceived learner satisfaction.
- explore how innovations in technology enabled learning can improve the student learning experience and ultimately enhance knowledge for practice which in turn will benefit the neonate and family.

Recommended reading

- JISC., (2007) Effective practice with e-assessment – An overview of technologies, policies and Practice in Further and Higher Education HEFCE <http://www.jisc.ac.uk/media/documents/themes/elearning/effpraceassess.pdf>
- Nichol D., (2007) E assessment by design: Using multiple-choice tests to good effect. *Journal of Further and Higher Education* 31 (1), 53-64
- Nicol, D J and Macfarlane-Dick, D., (2006) Formative assessment and self-regulated learning: a model and seven principles of good feedback practice, *Studies in Higher Education*, 31(2), 199–218

References

- Bloomfield J, Roberts J and While A (2010) The effect of computer assisted learning verses conventional teaching methods on the acquisition and retention of hand washing theory and skills in pre-registration nursing students: A randomised controlled trial *International Journal of Nursing Studies*, 47, 287-294
- Dennison HA (2011) Creating a Computer-Assisted Learning Module for the Non-Expert Nephrology Nurse *Nephrology Nursing Journal* 38; 1, 41-52
- Schneiderman J and Corbridge S (2009) Demonstrating the Effectiveness of an Online, Computer based learning Module for Arterial Blood Gas Analysis *Clinical Nurse Specialist*, 23; 3, 151-155

Biography

Julia Petty is a Senior lecturer in Neonatal Studies. Her main responsibility is module leader for various post basic modules in neonatal care that form an integral component of the Neonatal Continuous Professional Development Portfolio within the School of Health Sciences at City University. She also teaches on and supports pre-registration programmes and students in neonatal, midwifery and child health programmes. She has a current research interest in the development and evaluation of innovative, interactive learning tools in the neonatal speciality. This has included the recent design and implementation of an online learning resource; Knowledge for Neonatal Nursing Practice.

2.2 Enhancing the student experience

2.2.1

Large group lectures – what students think

Ann Macfadyen, Principal Lecturer, Learning and Teaching Development, School of Health, Community and Education Studies, Northumbria University, UK

Co-authors: Jonathan Yaseen, Lisa Robson

Abstract

This session will present the results of a consultation with students, which aimed to access their views on several different aspects of the large group lecture as an effective learning strategy.

This consultation was the first (discovery) stage of an appreciative enquiry project which aims to explore how a large lecture situation can be a positive learning experience for students, and to aim to use this teaching method in the most effective way. The appreciative inquiry approach focuses on the strengths or positive attributes of a situation where an event/activity has gone well. Once these have been highlighted, analysis identifies not only what worked or went well, but also why this happened. The ideal circumstances can then be outlined, and achievable goals formulated (Cooperrider et al, 2005).

A new data collection tool was designed specifically for the consultation, and received very positive comments from students – over 200 of whom responded. An interactive image of a large lecture theatre was e-mailed to students in one School, and they were invited to click on different elements within the picture to construct a description of a positive large group lecture experience. By clicking on the images of a clock, the seating and the heater in the room, students were asked to comment on the timing and environmental factors which contribute to the ideal learning experience. By clicking on the images of the lecturer and audio visual equipment, they were able to feed back on the influence which these can have on a lecture.

An online survey tool was linked to the picture to capture the quantitative data within the students' responses and a team comprising both student and academic members analysed the qualitative comments.

Some of the results were unexpected, and the findings will be used inform development of this teaching approach within the School.

Intended learning outcomes

At the end of this session, participants should be able to:

- gain insight into the use of an innovative student consultation strategy
- articulate key concerns which can affect the student learning experience in a large group lecture context.

Biography

I am a Principal Lecturer in Learning and Teaching Development in the School of Health, Community

and Education Studies at Northumbria University in Newcastle upon Tyne. This role allows me to work with my colleagues across the school developing initiatives which aim to enhance students' experience of learning across a range of professional and academic programmes.

My professional background is in nursing and I worked in both adult and children's health services in Glasgow, London and Newcastle before moving into education. My research experience has involved projects which have consulted with children and their families about their experience of health care.

2.2.2

The sense of care in nursing students' process of learning

Isabel Rabiais, Professor, Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Portugal

Co-author: José Amendoeira

Abstract

Introduction: Analysis and reflection on the path taken is appropriate to assume that the nursing training should not be limited to the acquisition of technical and scientific skills, but emphasize the personal development of the students from the acquisition of other skills, particularly the relational skills.

Objectives: Understanding the nature of the interaction between students and teachers in guiding the learning process of care; Analyze the emotional student's experience in the process of acquiring skills to take care of another;

Methodology: is a qualitative nature study, case study, involving students from the beginning of the first internship until the end of the course, coaches and faculty mentors. We used the documentary analysis, thematic content analysis of student's narratives speech and interviews with students, mentors and teachers. The analysis was performed using the content analysis technique and oriented towards the emerging dimensions of areas of competence profile from General nurse set by Ordem dos Enfermeiros.

Results: the emotional sensitivity of students, emerges from the first clinical training, being developed gradually with a higher level of requirement, which makes them emotionally competent.

Findings: The theoretical-practical period constitutes itself as a venue of acquisitions, but it is in the period of clinical training that they learn the specific performance dimensions, and they grow up in the personal dimensions, structural, behavioural and contextual. In this special contact with the person cared for interaction, they (trans) form the learned knowledge for the promotion of sensibility, creating and renewing strategies for sharing of experience and affection between who learns and teaches you how to take care of.

2.2.3

Spiritual care - Why Bother? A non-traditional approach to nurse education

Marie O'Boyle-Duggan, Senior Lecturer, Faculty of Health, Birmingham City University, UK

Co-author: Barbara Green

Abstract

The concept of spirituality remains a challenging and exciting subject to explore with students of nursing. Evaluative feedback and classroom discussion within spirituality sessions highlight their concerns about fear and discomfort in relation to saying the wrong thing, being accused of discrimination or imposition of personal beliefs, for example:

'If a nurse got struck off for praying with a patient it does not give you much confidence to jump in whole-heartedly within the spiritual needs aspect of care'.

It is with the aim of addressing these concerns and contextualising the subject within the curriculum that this evaluative project has been undertaken.

In the context for current health care, 'kindness and compassion, dignity and respect must be central to care whoever provides it and wherever it is provided' (DH 2012). Underpinning the concepts of knowledge, values and attitudes (NMC 2010) is the assertion that 'spirituality is the essence of our being and one that gives us meaning and purpose to our very existence' (Narayanasamy 2010). This powerful statement is supported by the view that spirituality should be an integral aspect of holistic care and prominent in nurse education (Chan 2009). Supported by Narayanasamy (2006) in his assertion that 'learning opportunities in nursing are often limited to physical needs and information about spirituality was neglected', a more recent document suggests that a non-traditional approach to the teaching and learning of spirituality is required, which fosters toleration of difference and innovation rather than a 'cookbook' method. (Narayanasamy 2010)

Using these ideas to embed spirituality in the pre-registration nursing curriculum, innovative sessions have been implemented and evaluated with the aim of enhancing the student experience through engagement with the issues. This study presents the results and further recommendations.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore non-traditional teaching approaches
- consider the challenges of teaching spirituality to large diverse student nurse groups
- discuss the project evaluation and further recommendations.

Recommended reading

- Ahmed, M (2009) 'Should I pray or should I go?', in Community Care Magazine, October 2009, pp.16-17.

- Wright Stephen (2011) The Heart and Soul of Nursing, Nursing Standard 25,30, 18-19
- Narayanasamy A (2010) Recognising spiritual needs. In *Spiritual Assessment in Health* (McSherry W & Ross L eds), M&K Publishers, Keswick, pp. 59–79

References

- Chan M F (2009) Factors affecting nursing staff in practising spiritual care.
- Journal of Clinical Nursing 19, 2128-2136
- Department of Health (2012) Commission on Improving Dignity in Care London
- Narayanasamy A (2010) Recognising spiritual needs. In *Spiritual Assessment in Health* (McSherry W & Ross L eds), M&K Publishers, Keswick, pp. 59–79

Biography

After qualifying in 1974, Barbara Green completed her midwifery training and then left the Health Service for 3 years to pursue an honours degree in sociology with history. Returning to full time nursing, she worked as a staff nurse for a short time before gaining a ward sisters post in acute medicine.

A career in nurse education followed, with the achievement of a Certificate in Education and a Masters Degree in Nursing with Distinction.

Teaching student nurses has enabled her to fulfil an ambition to promote best practice in the care of older people, developing a particular interest in the role of spirituality education for health care.

2.3 Research and innovation

2.3.1

Distance education for the training of teachers in technical professional nursing in a school at the interior of the state of São Paulo, Brazil

Rosangela Andrade Aukar De Camargo, Full Professor, Department of Maternal-Infant and Public Health Nursing, University of São Paulo at Ribeirão Preto College of Nursing, World Health Organisation Collaborating Centre for Nursing Research Development, Brazil
Co-author: *Andresa M. Araujo*

Abstract

Background: The requirement of the Health Politics and the constant demand for the professional has favored the opening of professional education schools for the formation of nursing technicians in Brazil (Göttens, 2007). However, the number of nurses with pedagogical formation is not sufficient to fulfill these courses (Rodrigues and Peres, 2008). The purpose of this study is to evaluate how many nurses have finished and there difficulties to do a Long-Distance Education in the Specialization of Teachers.

Methods: This is a retrospective research in a private college of the State of São Paulo (Brazil). The course started with a nucleus of educators (Psychologist, Sociologist and Nurses) experienced in the area of teaching formation and in EAD, responsible for the curricular structure. They had elaborated a pedagogical material, the virtual environment and the actual process of evaluation for a course with a period of 660 hours of duration and 14 meetings on Saturdays. The sample for this research was of 120 students from the 2009 groups, in 11 regions of education. The tutors had established a dialogue with the students to find out problems about pedagogical questions on the teaching formation. The data has been collected from the system of communication (email, forum, chat) and in academic office.

Results: 88% of the students finished the course, and the difficulty in accessing the system was reported by 67% of them. 92% of respondents preferred the Forum because the scales of shifts limited the chats. 32% of the students approved the methodology of the course, however 63% still prefer face-to-face courses, because they value the dialogue face to face or because they do not dominate the technological process, 5% did not give their opinion.

Conclusion: Acceptance of distance learning courses to train teachers in nursing shows still pedagogical and technological resistance.

Intended learning outcomes

At the end of this session, participants should be able to:

- recognize situations when the open and distance learning (ODL) constitutes a teaching tool for nurses who have no access to face-

to-face courses and increase the skills of graduates, geographically dispersed, unable to move away from their daily lives.

Recommended reading

- Molzahn A, Macdonald M, Banister E, Sheilds L, Starzomski R, Brown M, Gamroth L, Paskulin LG, Silveira DT. Challenges and opportunities in graduate nursing education by distributed learning in Canada and Brazil. *Rev Gaúcha Enferm.*, Porto Alegre (RS) 2009 dez;30(4):755-61.

References

- Göttens, L.B.D., Alves, E.D. and Sena, R.R. 2007. Brazilian nursing and professionalization at technical level: a retrospective analysis. *Latin American Journal of Nursing*, vol.15, October, pp.1033-1040. Rodrigues, R.C.V., Peres, H.H.C. 2008. A panorama of Brazil's online nursing teaching. *Journal of São Paulo University School of Nursing*. vol. 42, n.2, June, pp.298-304.

Biography

Graduate at Escola de Enfermagem de Ribeirão Preto from Universidade de São Paulo (1981), graduate at Pedagogia Licenciatura Plena from Faculdade de Filosofia Ciências e Letras Barão de Mauá (1991), master's at Nursing from Universidade de São Paulo (2002) and ph.d. at Nursing from Universidade de São Paulo (2006). IT professional with experience on professional education schools for the formation of nursing technicians and graduate degree and in the area of distance education in undergraduate and ODL.

2.3.2

Developing a European masters level programme in migrant health: opportunities, challenges and innovations in curriculum development

Gibson D'Cruz, Senior Lecturer and School Director of Teaching, Learning and Quality, School of Nursing Sciences Faculty of Medicine and Health Sciences, University of East Anglia, UK
Co-authors: *István Szilárd, Ursula Viktoria Wisiak, Joachim Hannich, Gudrun Biffel, Monika Halánová, Carys Home, UnaRose Hogan*

Abstract

It is evident that the increasing numbers of migrants within the European Union countries poses many challenges for those involved in facilitating their successful integration within the host communities. Although the health of migrants is of paramount importance, it is notable that there are limited opportunities for professionals from the different disciplines e.g. nurses, allied healthcare professionals, police, social workers, etc. to gain knowledge and skills in relation to the biological, social, psychological and economic elements of integration and also into the competencies required to meet specific needs. To address this deficiency,

six European universities led by academic colleagues at the University of Pecs in Hungary were successful in securing funds from the European Commission ERASMUS programme to develop a European Masters in Migrant Health. The project subsequently became known as the CHANCE consortium, within which each of the six universities took responsibility for leading the development of one of the modules and for ensuring coherence and integration of their module within the overarching aims of the programme.

The presenters of this paper, as nurse lecturers based within the School of Nursing Sciences at the University of East Anglia, led the development of the 'Research and Epidemiology' module. This presentation will offer specific detail of this European-wide curriculum innovation and the value of, and insights gained during cross-institutional working. The paper will also describe our positive experiences of engaging in this project and of facilitating and hosting an academic workshop as a forum for dialogue and module development with our colleagues from the partner universities.

Intended learning outcomes

At the end of this session, participants should be able to:

- outline the key health issues related to migrant populations
- describe the educational needs of professionals who work with migrant populations
- discuss the complexities associated with developing international curricula.

Recommended reading

Rechel, B. Mladovsky, P Deville, W, ijks, b, Petrova Benedict, R and McKee M (Eds) (2011) Migration and health in the European Union Open University Press, Maidenhead.

References

Driab Pk, Primack, A, Hunt, DD Fawzi, W, Holmes, KK and Gardner, P (2007)

Global Health in Medical Education: A call for more training and opportunities. *Academic Medicine* 82, 3 226-330

Keating, S.B (2010) Curriculum development and evaluation in nursing Springer Publishing Company

Biography

In addition, to having an overview of the quality assurance process in his university, Gibson D'Cruz is currently working on a number of projects related to nursing education in a number of countries. He developed a pre-registration nursing programme for two universities in Cameroon and is now completing the same type of work for a university in Nepal. In addition to these curriculum development activities, Gibson has vast experience in supervising international students who are completing post-graduate studies and hopes to undertake further curriculum development in other developing countries.

2.3.3

A curriculum design to learn 'more and better' nursing

Célia Oliveira, Senior lecturer, Nursing, ESEL, Lisbon, Portugal

Co-authors: Maria dos Anjos Pereira Lopes, Célia Oliveira, Cláudia Bacatum, Luisa D'Espiney, Eunice Henriques, João Santos, Maria José Pinheiro

Abstract

If curriculum changes are the evolution and continuity are also moments of transformation and change. Given the social evolution and the evaluation of teaching-learning process outcomes obtained with the current curriculum, which supports the training of 1st cycle nursing students, it was considered necessary to update it.

We intend to share the path experienced in the conceptual change of curriculum construction.

Problem: Which pathway we must develop to build and implement a consistent curriculum with Bologna guidelines and a contemporary nursing thought?

Methodology: Was created a working group, advised by an expert in curriculum design. The work was conducted under the curriculum construction methodology, based on the curriculum frameworks of Bologna, national and European legislation and relevant literature.

In the beginning we look for some answers: What is the student profile we are looking for? What should distinguish nurses graduated from our School? What should be different in this curriculum? What ethical and theoretical core and what skills they need to develop? What challenges do we know we must face?

The curriculum was designed, supported by a nursing framework, based on Meleis, Benner and Orem and assumptions of pedagogical nature, namely, the student centeredness and competence development. The organizers of the core curriculum will be transition concept and the nursing process of care.

The philosophy of work was the involvement and contribution of all stakeholders in the educational process: teachers, students, employers, Nursing Council, and health care institutions and others. The path was validated by nursing and science education experts.

Outcomes: A design for an educational pathway that will allow students to learn 'more and better' nursing. Besides others Curriculum Units, the nursing ones speak for themselves in their names and purposes. This pathway created a cultural environment where teachers could think challenges about teaching and learning the nursing care.

Intended learning outcomes

At the end of this session, participants should be able to:

- share doubts and expectations
- listen to suggestions and criticisms.

References

Gobby, M., 2005. Tuning Educational Structures in Europe. Summary of outcomes: Nursing. Bilbao: Tuning Project.

Gobby, M., 2005. The Bologna Process: Implications for nursing. Annual Meeting RCN. London: European Nursing Students Group.

Lokoff, J et. al., 2010. A Tuning Guide to Formulating degree Programme Profiles. Including Programme Learning Outcomes. Bilbao.

Biography

PhD (Nursing); Master (Nursing Sciences); medical-surgical nursing course.

Nursing teacher since 1985; Course Coordination Committee member; Editorial Board member of 'Pensar Enfermagem' (Nursing Journal).

Concurrent session 3

Wednesday 3 October 2012

3.1 Developing nurse teaching competencies

3.1.1

Enhancing knowledge and skills in clinical research: a partnership approach

Clare Darrah, Senior Research Nurse, Norfolk and Norwich University Hospital Foundation Trust, UK

Co-authors: Noreen Cushen, Jenny Moore, Carys Horne

Abstract

It is clearly acknowledged that practitioners involved in clinical research occupy important roles in helping to achieve the key aims of the National Institute of Health Research. Furthermore, there is an aim to double the number of patients taking part in clinical trials and in other research studies over the next 5 years. However, despite this, it is also notable that there is a dearth of educational programmes designed to support those involved to fulfil their roles in clinical research which extends an opportunity for developing bespoke training and education for this group of health care professionals through the provision of educational programmes that focus on developing underpinning knowledge and key clinical research skills.

This paper reports on a local initiative designed to develop a level 3 and M level module entitled 'Foundations in Clinical Research: Knowledge, Skills and Practice' at the School of Nursing Sciences, within the Faculty of Medicine and Health Sciences at the University of East Anglia. The module, which adopts a 'blended learning' approach, is viewed to further enhance other provision such as that of Good Clinical Practice (GCP). The paper details the processes, key approaches and challenges involved in fostering partnership working between clinical colleagues actively involved in facilitating clinical research projects and within the Local Comprehensive Research Network, and academic colleagues within Higher Education. The presentation will also draw on data collated from extended student evaluations which evidence feedback and experiences and also highlight key areas for future module development and application to practice.

Intended learning outcomes

At the end of this session, participants should be able to:

- gain insights into the rationale, structures and processes involved in developing a module in clinical research skills
- develop an awareness of the current context of module development.

- gain insights into an approach to partnership working between a HEI and a local NHS Trust.

Recommended reading

Hackshaw, A. (2009) A concise guide to clinical trials. London, Wiley Blackwell.

3.1.2

Clinical leadership training: a blended learning approach

Alex Mears, Director, Institute for Leadership and Service Improvement, Faculty of Health and Social Care, London South Bank University, UK

Co-author: Colette Laws-Chapman

Abstract

E-learning educates students in a flexible way, it can be tailored to the individual, and enables them to learn at their own pace. It cannot give that collaborative learning experience that is important to developing a 'community of enquiry' (Glogowska et al, 2011). A blended approach combines the flexibility of e-learning with traditional learning, capturing the advantages of both.

We developed a blended leadership programme for community-based health professionals. The drivers of an identified need for education with a geographically dispersed learner group suggested a blended approach would be particularly appropriate.

Academic content has been developed at London South Bank University, derived from existing M-level material, contextualised to maintain clinical relevance and enhanced by inclusion of latest practice and theory. The e-learning platform, from Brickwall Health, a leading digital media agency, uses much interactive content.

The programme carries 20 credits at M level that can contribute towards a Masters award at LSBU or elsewhere. It mirrors a face-to-face taught module, which is a well-established pedagogical model, the building block for many masters' and other postgraduate courses. There are academically sound reasons for this model of delivery: it is pedagogically tested and evidence-based for optimal retention and high quality learning.

For added value and transferability, the programme is aligned with the latest version of the NHS Leadership framework, and includes membership of the LF professional development scheme.

This model of delivery is ideal for busy clinicians, and should yield a positive impact in terms of team functioning, staff morale and patient outcomes.

Preliminary evaluation data will be available to illustrate the effectiveness of the programme for students, as well as their experience, and that of their managers and the academics involved. Administrative data will also be presented to give an insight into the patterns of usage of the online content.

Intended learning outcomes

At the end of this session, participants should be able to:

- know how far e-learning has come as a route to deliver an interactive educational experience
- understand how a blended approach adopts the best aspects of both e- and face-to-face learning, and delivers a high quality, relevant learning experience
- be aware of early feedback from the programme participants.

References

- Glogowska, M., Young, P., Lockyer, L., Moule, P. (2011). How 'blended' is blended learning?: Students' perceptions of issues around the integration of online and face-to-face learning in a continuing professional development (CPD) health care context. *Nurse Education Today*, 31(8), 887-891

Biography

Dr Alex Mears trained as a barrister before undertaking a PhD in psychology at the University of Exeter. Post-doctorally, he spent some years as a health service researcher in the area of psychiatry before moving into a role as a senior manager at an NHS Trust. He joined the Healthcare Commission in a methodology development role in 2005, before being promoted into a strategy lead position. In 2011, he joined London South Bank University, as Director of the Institute for Leadership and Service Improvement, leading on the development of innovative educational products and high-quality research in health care.

3.2 Enhancing the student experience

3.2.1

Care4carers: Nurse students organize and carry out a carefree holiday for patients and their family caregivers*Kurt Debaere, Lecturer in Nursing, HOWEST University College, Belgium**Co-authors: Caroline Vanden Broecke, Chantal Versluys, Herlinde Dely, Wouter Decock***Abstract**

Bachelor in Nursing students organize and coordinate care for patients and family caregivers on a care holiday, increasing the autonomy of both student and patient and reducing the burden for the family caregiver. For a family caregiver an occasional break can be more than welcome. Caring for someone can ask a lot from the caregiver and the person for whom he/she provides care. At a certain moment both can be in need of a holiday. Only going on a holiday is often not that easy. It's impossible for the family caregiver to leave the patient alone when there's nobody able to take over. Additionally, for many family caregivers saying 'farewell' to go on a relaxing holiday alone is emotionally not easy. A holiday together with the patient is also not obvious. An accessible and adapted accommodation is not easy to find. The holiday should include all the care, if not the family caregiver needs to take care of everything again and might as well stay home. A holiday where both the caregiver and the patient can fully enjoy separate and still being together, seems to meet the needs of both. Both the family caregiver and the patient can recharge their batteries. The bachelor in nursing education of the University College West Flanders initiated a project with the last year students organizing and carrying out an all-inclusive holiday for 15 patients and their family caregivers. In the project students actively participate in the optimization of nursing care based on the principals of quality management in a real life environment supervised by nurse lecturers. While the family caregivers are enjoying the leisure time and participating in activities guided by students, other students are providing care and activities for the patients. Thus, offering a carefree holiday for both.

Biography

Mr. Kurt Debaere is a registered nurse (University College South West-Flanders), postgraduate in tropical medicine (Institute for Tropical Medicine Antwerp) and Master of Science in health education and health promotion (University Ghent). At University Ghent he also graduated from the post academic course: initial teaching course higher education and e-learning in higher education at the Catholic University Leuven. Furthermore he is a certified quality coach for public services. From 1993 he was working as a nurse in several hospital wards and diagnostic services in hospitals in Belgium. Between 1995 and 1998 he was working in

the Balkan and the Caucasus as a medical coordinator for Doctors Without Borders, preparing and supervising primary health-care and community healthcare projects. Since 1999 he teaches preventive healthcare and health promotion, social casework, public health and communication and works as a researcher on the study fields informal care support and empowerment in health care at the University College West-Flanders and Katho University College. Besides the teaching he is co-founder of low threshold support initiatives for informal caregivers (families) of chronicle ill, elderly and handicapped people in homecare in the north of West-Flanders. As responsible for the international office in the nursing education, he facilitates international exchange and participates in a south initiative introducing provider-patient communication as a new topic for training and research at health institutes in Nicaragua, Bolivia and Ecuador.

3.2.2

Supporting healthy child clinical placements in the community*Mary Griffiths, Practice Learning facilitator, Quality, Governance and Professional Development, Leeds Community Health Care, UK*
*Co-author: Melanie Robbins***Abstract**

In addition to providing community experience, the Specialist Community Public Health Nurses (Health Visitors and School Nurses) teams have been utilised to provide adult branch student nurses with child experience (in order to meet their EU Requirements) and child branch students with experience of the healthy child and normal child development.

Feedback from mentors indicated that although they found supporting students very rewarding and worthwhile they were experiencing some challenges when they were providing indirect client care, for example when report writing. We were keen that students would continue to have meaningful learning opportunities during these periods of down time, in consultation with practitioners and their managers a student reflective journal was developed based on the 5 outcomes identified in Every Child Matters (DFES 2004)

In the autumn 2011 a combination of circumstances meant that the number of student clinical placements available in the Children's public health teams was reduced. In response to this, Local Authority Children's Centres were approached with the aim of being able to provide student experience of the healthy child in this no nursing environment.

The presentation will discuss the student reflective journal and its value in the context of Specialist Community Public Health Nursing and the evaluation of the experience from the student and placement staff perspectives. In addition the presentation will explore the value and challenges of

placing students in a non statutory learning environment, which is an area with great potential as identified within the NMC Standards for Pre-Registration Nursing Education (2010), but which also present challenges for HEI's, Students and placement staff.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify the value of using a student reflective journal as part of a clinical experience
- recognise the value of non-traditional placements without having registered nurses employed
- identify the value of utilising non traditional placements as a way of increasing the clinical learning circuit in a safe, sustainable and quality assured way.

Recommended reading

- NMC 2010 Standards for Pre-Registration Nursing Education <http://standards.nmc-uk.org/Pages/Welcome.aspx>
- DFES 2004 Every Child Matters TSO London

Biography

Qualified as a SRN in 1979 following a shortened course for graduates at Sheffield School of nursing. Professional experience includes research, community and for the last 4 years as a practice learning facilitator at Leeds Community Healthcare NHS Trust.

3.3 Developing education with nursing practice

3.3.1

European Sector Council on Employment and Skills for Nursing and the Care Workforce: preliminary issues and challenges

Mary Gobbi, Senior Lecturer in Nursing, Centre for Innovation and Leadership in Health Sciences, University of Southampton, UK

Abstract

The development of European Sector Skills Council (ESSC) is part of the EU 2020 initiatives on employment and growth. This session provides an overview of the European Sector Skills Council approach, its possible relationship to EU Sector Skills Alliances and the implications for Nursing and the associated Care Workforce (NACW). The session will outline the preliminary issues emerging from a feasibility study on the Establishment of a European Sector Skills Council in Employment and Skills for Nursing and the Care Workforce. This 12 month study funded by European Commission's DG for Employment, Social Affairs and Inclusion is currently engaged in a consultation and fact finding exercise to discern the views and perspectives of stakeholders with respect to the existence and viability of such an EU Sector Council.

In the context of nurse educators and nursing education, the session will:

- Outline the potential functions of Sector Skills Councils
- Raise questions concerning the educational dimensions of the participation of Nursing and the Associated Care workforce
- Situate this initiative within the broader policy arena
- Invite audience perspectives on this potential development

References

EU 2020 5 key targets concern employment, research and development, climate change, education and poverty/social inclusion

Biography

Mary Gobbi is an experienced nurse educator, academic and evaluator with significant international experience in the development of competences, curricula and their relationships to regulation and practice. She has collaborated on several International projects and educational developments, including work in the US (EU-Atlantis), Canada (EU), Europe (through the Tuning Project and Bologna Process), Republic of Georgia (Tempus), Pakistan, and more recently South Sudan (UNFPA). Mary is a Senior Lecturer in Nursing and the University of Southampton.

3.3.2

Preparing nurses and midwives to deliver genetic-genomic healthcare: the development of competence frameworks through expert consensus using patient and professional stories

Emma Tonkin, Senior research Fellow, Faculty of Health, Sport & Science, NHS National Genetics Education and Development Centre, University of Glamorgan, UK

Co-authors: Maggie Kirk, Heather Skirton

Abstract

Advances in genetics and genomics are changing healthcare delivery. More accurate diagnosis, therapy development and the tailoring of treatments to maximise effectiveness and minimise side effects are three broad examples of this. As a result, there is an impetus for nurses and midwives in all practice areas to become competent and confident in delivering genetic-genomic healthcare. Individuals and organisations have requested explicit guidance to facilitate education and training.

Two national, expert consensus meetings were convened involving practitioners, educators, patient representatives and policy makers. Real stories from patients, family members and professionals were used to focus discussion. Through small group work, participants generated statements having considered for each story 1) the needs of the client/family and 2) what the nurse or midwife needed to know, think and do in order to meet those needs. Following an iterative process of review and refinement the statements were mapped to the current 'joint' genetics framework for nurses and midwives. Gaps and content that required updating were identified and changes made.

Two frameworks tailored for each profession have been produced; each setting out the minimum competence that should be required at registration. Detailed learning outcomes are aligned to the stages of UK pre-registration training, and practice indicators provide a tool to facilitate knowledge and skill development for those already qualified and their managers. These frameworks can provide a foundation of core competence that can be built upon as an individual becomes more experienced and/or a role changes to incorporate new knowledge or technological advances.

Recognising that the process of developing competences are viewed internationally as a catalyst to progressing genetics-genomics within nursing (Kirk et al., 2011), a combined programme of work is being undertaken to promote uptake and support their implementation.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand and appreciate the relevance of genetics-genomics within education and across healthcare
- be familiar with the nursing and midwifery competence based frameworks for genetics-genomics
- utilise as appropriate, the nursing and midwifery genetics-genomics competence based frameworks and associated resources, within their practice area or when delivering education/training.

Recommended reading

- Genetics in Nursing & Midwifery Task and Finish Group (2011) Genetics/genomics in Nursing and Midwifery: Task and Finish Group Report to the Nursing and Midwifery Professional Advisory Board. Department of Health [Online]. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131946 (Accessed 27 March 2011).
- Skirton H, Lewis C, Kent A, Coviello DA, the members of Eurogentest Unit 6 and ESHG Education Committee (2010) Genetic education and the challenges of genomic medicine: development of core competences to support preparation of health professionals in Europe. *Eur J Hum Genet* 18:972-977 doi:10.1038/ejhg.2010.64
- Kirk M, Calzone K, Arimori N, Tonkin E (2011) Genetics-genomics competencies and nursing regulation. *J Nurs Scholarsh*. 43(2):107-16. doi: 10.1111/j.1547-5069.2011.01388.x

Biography

In 2005 Emma Tonkin joined the NHS National Genetics Education and Development Centre as Education Development Officer for the Nursing Professions Programme. She is raising awareness about genetics/genomics applied to healthcare practice, and is involved in supporting education and training in genetics/genomics at both pre- and post-registration levels. Based at the University of Glamorgan within the Genomics Policy Unit, Emma is also actively involved in a number of projects including the development of the Telling Stories, Understanding Real Life Genetics web-based education resource (www.tellingstories.nhs.uk) and the evaluation of a British Heart Foundation initiative to train cardiac specialist nurses in genetics.

Concurrent session 4

Thursday 4 October 2012

4.1 Research and innovation

4.1.1

Dignity in care: enhancing ethical practice and critical reflection by the sTimul experience in a care ethics lab

Trees Coucke, Coordinator sTimul: care ethics lab, sTimul coach for the Dignity in care project, Moorsele, Belgium

Co-author: Kevin Poulton

Abstract

The 'sTimul experience' as an educational concept has been developed in the sTimul: care-ethics lab in Moorsele (BE). It will be undertaken in an international context and enriched with the expertise of cross-border partners. This expertise is found in the Catholic University of Lille (FR), by ZorgSaam Zeeuws-Vlaanderen and the University of Applied Science in Zeeland (NL), Partners in Care, hosted by East Dorset District Council (UK) and KAHO Sint-Lieven (BE) as leader of the project. The project has three main activities. In the first activity cross-border partners are sending more than 250 students and professional care providers from different settings to the care-ethics lab where they can experience first hand what it is like to be a receiver of care. In the second activity the sTimul participants will have the opportunity to share and to put into practice what they have learned, by regional networking events, cross-border study visits and the virtual communication platform. In the third activity an international group of experts in care ethics is working together to evaluate the project process and outcomes. Project aims are to strengthen knowledge in care ethics and to facilitate the development of best practice within organisations and related professions in order to increase the dignity of receivers of care and improve patient centred care. Target groups are elderly and care dependent people, professionals as well as students, tutors and trainers in health and social care and stakeholders on institutional and on governmental level. Stakeholder organizations can integrate the outcomes of Dignity in Care in their quality management systems. Policy makers are invited to adapt existing procedures and legislation concerning quality management systems.

Intended learning outcomes

- research and innovation in teaching and learning
- enhancing the student experience
- developing education with nursing practice – facing the challenges.

Recommended reading

- Experiential learning of empathy in a care-ethics lab. Vanlaere L., Coucke, T., Gastmans C., *Nursing ethics* 17(3) 325 – 336
- An explorative study of experiences of health-care providers posing as simulated care receivers in a 'care-ethical' lab. Linus Vanlaere, Madeleine Timmermann, Marleen Stevens and Chris Gastmans. *Nurs Ethics* 2012 19: 68 originally published online 2 December 2011

Biography

Trees Coucke is master in Nursing. She worked for KATHO Roeselare since 1990. Until 2005 she was lecturer in Bachelor of Nursing geriatric and general nursing. In 2005 she was the principle of a school for nursing. From 2007 on she was the coordinator of sTimul: care ethics lab of which she was a founders. She wrote a master thesis on 'Presence in elderly care' in 2006. The sTimul concept was subject for an international project 'Dignity in care'. She is the sTimul coach and the inspiration in this project. She was co-author in publications on the subject of the sTimul concept.

4.1.2

Pre-registration student nurses' experience of attending a one-day seminar on promoting patient dignity

Gary Parlett, Lecturer in Adult Nursing, School of Nursing Sciences, University of East Anglia, UK

Abstract

Promoting patient dignity is a central professional responsibility of all nurses. Yet, the concept of dignity from a student nurse perspective remains poorly understood. It is therefore important that higher education institutions explore what students understand about dignity and firmly embed the concept of promoting patient dignity within both existing and future healthcare education programmes (NHS Confederation, 2012).

This paper forms part of an action research project focused on developing educational activities to promote patient dignity within a pre-registration nurse programme. First year student nurses (n=14) were invited to attend a one-day 'Promoting Patient Dignity' seminar within an educational setting. Focus groups undertaken at the end of the seminar were used to collect data about student nurses' experiences of attending the seminar. This paper will discuss the data from the focus groups along

with the educator's experience of facilitating the seminars. The impact of using different teaching and learning activities will also be explored in conjunction with the importance of facilitating reflection on practice-based experiences. The emergent themes from the focus groups indicate the need to learn about dignity in small, cross branch groups and highlight the importance of seeing dignity from other people's perspectives. Data from the focus groups also illustrate the challenges that students can encounter from a mentor/role modelling perspective in relation to patient dignity.

Reflections on this project highlight the importance of listening to student voices when developing educational activities and the importance of using an action-orientated approach in order to facilitate learning and engagement.

4.1.3

Nursing education process as a contributor of nurses' values

Gunta Beta, teacher, Nursing, Riga Stradins University Liepaja branch, Latvia

Abstract

Aim of paper: Attitude and behaviour, objectives and resources are important to any individual in his / her personal field. However, of indisputable importance they are in the health care, when the outcome of nursing and education process of the individuals and the patients depends on responsiveness, goodness, respect, morals of the nurse and her / his fair and valuable working process. The general process of activity of a nurse includes factors of attitude, proficiency and communication, significant components of which are the personal and professional values of the nurse. Understanding about the values in personal, social and professional sphere and their integration in the process of professional socialization has been forming gradually.

Objective of research: To evaluate development of personal and professional values of nursing students.

Research methodology: An adapted questionnaire has been applied in the research, in which the students are required to evaluate 17 individual values of a nurse and 6 proficiency and 7 communication factors in relation to the design of nurse's image from two aspects: what qualities from the given the students generally consider as important ones, and to what extent the given qualities are currently possessed by the students themselves. In addition, within the context of personal values, according to M. Rokech (1973), development of the

terminal and instrumental values of students has been analyzed. Age of respondents and their study year has been considered in determination of priorities of the values in the research.

Respondents: In the research participated 150 nurses of the Nursing Faculty.

Conclusions: This research defines the value development dynamics in comparison with the educational level of nursing students.

This research approves the importance of education in value development, because by acquiring education in nursing on the basis of interrelation between theory and practice the student irrespectively of his/her age and previous education level adopts or improves new values basing on the existing values, thus establishing a complex of values, which will serve as a basis in the further period of the professional socialization.

In the design of the general professional image of a nurse there are correlations on the individual values development.

This research defines the value development dynamics in comparison with the educational level of nursing students.

This research approves the importance of education in value development, because by acquiring education in nursing on the basis of interrelation between theory and practice the student irrespectively of his/her age and previous education level adopts or improves new values basing on the existing values, thus establishing a complex of values, which will serve as a basis in the further period of the professional socialization.

In the design of the general professional image of a nurse there are correlations on the individual values development.

Recommended reading

- www.nursingworld.org
- www.essentiallifefskills.net/personalvalues
- www.summitcounselingassociate

Biography

Education

- 2011 - Doctor study in Pedagogical University of Liepaja, Latvia
- 2008- 2011 Nursing Faculty of Riga Stradins University, Latvia professional qualification: Nurse for Ambulatory Care
- 2003 – 2005 Master degree in Pedagogy, Liepaja Pedagogy Academy - Presentations of scientific works
- 2006 - Project of EU Structural Foundation 'Training of Medical College students in speciality of nurse at the Central Hospital of Liepaja'
- 2004-Goteborg University, Faculty of Health and Caring Sciences, Department of Nursing, Learning in Nursing Science, Sweden, topic 'Ethical Standards and legislation of medical stuff in Latvia

Research activities

- 2012 - Within framework of doctoral programme –Pedagogical factors as constituent of nurses proficiency
- Publications
- 2012-Aspects of Professional Identity of Nurses – scientific articles of Higher School of Rezekne, Latvia
- 2011-Aspects of Nurses' Education in Theory and Practice – scientific articles of Pedagogical University of Liepaja

4.2 Enhancing the student experience

4.2.1

Innovative initiatives to gauge the student experience in an undergraduate Bachelor of Nursing programme

Dominique Parrish, Director, Learning, Teaching and the Student Experience, Faculty Office, Faculty of Health and Behavioural Sciences, University of Wollongong, Australia

Abstract

A key factor in the success of higher education institutions is their ability to appreciate student experience and integrate this awareness into the generation of institutional priorities (Poindexter 2006). Australian universities annually administer a number of surveys that are designed to collect data about the student experience. Universities receive detailed reports presenting the findings from these surveys. These reports are disseminated to faculties and schools and provide different insights and have varying degrees of significance to the multiple stakeholders. However, evidence suggests that the utilisation and informed strategic action in response to this valuable information is limited (Neumann 2000).

In the Faculty of Health and Behavioural Sciences (HBS) at the University of Wollongong, the information gleaned from such survey reports have been the foundation for a broader, more comprehensive evaluative process. This evaluative process has been designed to ascertain student experience and in doing so inform future learning and teaching priorities, policy and practice. This paper will showcase the evaluative process that was developed to not only determine student experience but also triangulate the data and findings and thereby provide a more meaningful and sound basis from which future planning, in regard to learning and teaching, could be established.

The key to the developed process was the explicit engagement of students through focus groups, polls and student forums. The innovative approaches that were adopted in the facilitation of these focus groups, polls and student forums and suggestions for ensuring the success of such approaches are highlighted in this paper. The school and faculty strategic plans that transpired as a result of this evaluative process are testament to the value and impact that such an initiative can have. This paper will provide some examples of the strategic actions that resulted as a consequence of this student experience initiative.

Intended learning outcomes

At the end of this session, participants should be able to:

- present a synopsis of an evaluative process that was designed to generate a comprehensive perspective of student experience in an undergraduate Nursing program

- describe the innovative approaches that were adopted in facilitating student focus groups, polls and forums and suggestions for ensuring the success of these
- provide illustrations of how strategic actions can be informed by student experience data.

Recommended reading

- Neumann, R 2000 'Communicating student evaluation of teaching results: Rating Interpretation Guides (RIGs)' *Assessment and Evaluation in Higher Education*, vol. 25, no. 2, pp. 121–134.
- Poindexter, M 2006, 'Are colleges listening to students?' *Connection, New England's Journal of Higher Education*, vol. 20, no. 4, pp. 19–20.
- Scott, G 2006, *Accessing the student voice: Using CEQuery to identify what retains and promotes engagement in productive learning in Australian higher education*, DEST, Canberra.

Biography

Dr Dominique Parrish in her role, has responsibility for Faculty learning and teaching strategy, policy and practice and enhancing student experience, outcomes and engagement. She has lead numerous initiatives designed to promote equitable and positive student learning experiences and sound learning and teaching practices. Dominique has over 25 years experience working in the education sector and a wealth of practical experience in adult education. Dominique founded Learning Achievements and Solutions, a business that delivered services including policy and resource development, strategic planning workshops, online learning and web-based training, project management and organisational research such as staff and client satisfaction reviews.

4.2.2

Inter professional learning: an investigation into opportunities available to pre registration healthcare students across acute and community services

Sharon Green, *Practice Education Facilitator, Practice Education Team, Central Manchester Foundation Trust, United Kingdom*
Co-author: Julie Chapman

Abstract

Changes within healthcare commissioning and service provision have taken place. The Department of Health (DH) has driven this change through the Transforming Community Services agenda (DH 2009) with patients' needs and experience at the heart of it, which will require staff to be able to work inter-professionally. As NHS North West (2009:42) state 'The renewed focus on patient pathways as a means of improving services and the patient experience will provide both the opportunity and demand for more consistent inter-professional learning (IPL) and working in the future.'

The purpose of the investigation is to bring about a change in practice which will benefit patient and student experience, increase staff motivation and increase the quality of healthcare. IPL opportunities exist; however, they are informal and not always recognised as IPL. By scoping and the development of IPL practice, staff within the Trust will develop their knowledge and understanding of IPL. This in turn will benefit the student experience; encouraging them to develop their knowledge of other professions and communicate effectively to deliver high quality care.

The research seeks to discover what Inter-professional learning (IPL) opportunities exist in practice with a view to sharing the practice across the Trust to support further IPL development. The research questions are: What IPL opportunities do practice placements areas offer to students? Do students learning opportunities meet the definition of IPL?

This investigation is ongoing with a deadline of August 2012 when the findings and recommendations will be reported.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify informal IPL opportunities in practice
- describe the development of IPL knowledge within a large Trust
- describe the plan of action to develop IPL.

Recommended reading

- Caipe (2002) *Defining IPE*. Available online: www.caipe.org.uk/about-us/defining-ipe/
- Department of Health (2008) *NHS Next Stage Review: Our vision for primary and community care*.
- Department of Health (2010a) *Quality, Innovation, Productivity and Prevention*

References

- NHS North West (2009) *NHS North West Workforce, Education Commissioning and Education and Learning Strategy*.
- Department of Health. 2007a. *Creating an interprofessional workforce. An Education and Training Framework for Health and Social Care in England*. Department of Health. London

4.2.3

Learning leadership: supporting tomorrow's workforce

Barbara Davies, *Senior Lecturer, School of Health, Community and Education Studies, Northumbria University, UK*

Co-authors: Jaden Allan, Paula Ridley-Brown, Nikita Corkill

Abstract

The present day challenge for nursing is to produce a workforce able to work in more diverse environments and be proficient in many more

skills. With this comes an added responsibility for educational establishments to develop mechanisms that support students at times where there is potential for additional stress either from an academic, practice or social perspective. The Learning Leadership initiative provides opportunities to articulate experience and evidence through peer support. The concept of having peers who are slightly more experienced, who can act as information providers, role models and facilitators (Bulte, Betts et al. 2007) can enable students to believe that their own development is achievable. This humanistic approach encourages students to take control of personal learning by building opportunities for more experienced students to share experiences and reflect on progress. The scheme is not a substitute for formal education but an enhancement to student centred learning and support.

The benefit of this peer support initiative has been the sharing of current, real and valid experiences. Student feedback has been positive in terms of feelings of being prepared for practice. Students also appeared more willing to disclose their ignorance and misconceptions when attempting to replicate the behaviour of others to whom they could easily relate (Murphey and Arao, 2001). The Learning Leaders have also benefitted from the reciprocal relationship. Increased confidence, a better understanding of mentorship and feeling ready for transition to staff nurse are some of the areas of development identified. Additional benefits from peer support have been the improvement of organisational, time-management (Youdas, Krause et al. 2007) and communication skills (Krych, March et al. 2005).

The objective is to demonstrate the integration of educational theory in practice, to describe the application of peer support and to highlight the potential benefits of the Learning Leader concept.

Intended learning outcomes

At the end of this session, participants should be able to:

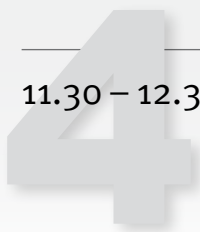
- demonstrate how peer support can enhance learning, personal and professional development and improve the student experience.
- develop awareness of the rewards and challenges experienced when integrating a peer support scheme into an educational based programme.
- gain insight into the student perspective and the impact the Learning Leadership scheme has had on their academic and practice experience.

Recommended reading

<http://www.tlso.manchester.ac.uk/students-as-partners/peersupport/pass/>

References

- Bulte, C., A. Betts, et al. (2007). 'Student teaching: views of student near-peer teachers and learners.' *Medical Teacher* 29(6): 583-590.
- Krych, A. J., C. N. March, et al. (2005). 'Reciprocal peer teaching: Students teaching students in the gross anatomy laboratory.' *Clinical Anatomy* 18(4): 296-301.



- Murphey, P., and Arao, H (2001). 'Reported Belief Changes through near-peer role modelling.' *TESL-EJ* 5(3): A1-A15.

Biography

Qualifying as a Registered Nurse in 1987 and an RSCN in 1990 I was appointed as a Paediatric Rheumatology Nurse Specialist in 2001. My interest in education developed and being employed as a Senior Lecturer in 2005 responsibilities included teaching students across the School of Health. Various roles within the university, such as Programme Leader and Guidance Tutor, have stimulated an interest in the student experience. My MSc research project explored the student experience in practice settings. It was because of this interest that I became involved in organising Learning Leadership to enhance student support within the University.

4.3 Developing education with nursing practice

4.3.1

A participatory action research study: using critical discourse analysis to develop the theory and practice of workforce development for specialist sexual health nurses in England

Anne McNall, Senior Lecturer, Post Graduate & Post Qualifying Studies, School of Health Community & Education Studies, Northumbria University, UK

The deficit of an effective workforce development strategy for specialist sexual health nursing to deliver the sexual health strategy (DH 2001) has been recognised (MedFASH 2008, DH 2010). The education of nurses within a speciality is inherently linked with the way practice is conceptualised in that setting. This session reports on the outcomes of a participatory action research study which identified that both sexual health services and sexual health nurse education were dominated by a medical discourse which did not prioritise the patient experience. The study sought to create a conceptual shift in the way the sexual health specialist nursing workforce were developed, which reflected and responded to both nursing discourses and the diversity of sexual health need within communities. This has enabled national change in the way sexual health advisers are developed through the Specialist Community Public Health Nursing (SCPHN) Programme (NMC 2007, DH 2008). It also led to a new model of Sexual Health Integrated Nurse Education (SHINE) for clinical specialist nurses which was developed, commissioned and delivered in one strategic health authority region. It is built upon a partnership workforce development approach using blended learning. The practice and educational partnership enabled development of an integrated e learning package, regionally agreed competency framework, and work based competency assessment supported by practice educator posts to respond to the need for more flexible modes of CPD underpinned by contemporary learning and teaching approaches. It has been cited as a preferred national model by a DH (2010) review of nurse education in sexual health. It is undergoing a realistic evaluation at present to inform its application in other regions of England.

Intended learning outcomes

At the end of this session, participants should be able to:

- expose the dominant discourses affecting sexual health nursing and nurse education and analyse their impact
- explore the challenges of providing Continuing Professional Development which enables nurses to lead the delivery of patient centred services.

- consider the relevance of participatory approaches to developing the workforce in contemporary health services.

References

- Department of Health(2008) Sexual Health Advising: Developing the Workforce. UNITE, SSHA, DH.
- Department of Health (2010) A review of nurse education for sexual health specialist nurses and recommendations for practice. DH. London.

Biography

Anne McNall is a nurse educator who has recently completed her thesis for the award of Professional Doctorate in Nursing. Her participatory action research study aimed to develop the theory and practice of sexual health nursing workforce development. Much of her current role at Northumbria University is in consultancy and enterprise related activity to develop capacity and practical solutions to address the complexity of workforce development of the wider sexual health workforce.

4.3.2

Nursing students' expectations of good preception in clinical education in Finland and Sweden: a focus group interview

Ann-Helén Sandvik, Lecturer, Health Care and Social Services,, Novia University of Applied Sciences, Vaasa, Finland

Co-authors: Yvonne Hilli, Hanna-Leena Melender, Elisabeth Jonsén

Abstract

Background: Clinical education is an important part of nursing education and significant to student learning and professional growth (Warne, et al., 2010). In the EU, clinical training has to constitute 50% of nursing education (77/453/EEC). During clinical practice, students must be precepted by professionals within the profession. Consequently, any practice placement must provide a supportive clinical environment for learning and development to take place (Jokelainen, et al., 2011).

Aim: The aim of this qualitative study was to deepen the understanding of how nursing students describe good preception in clinical education in the middle of their education.

Methods: Focus group interviews were conducted among 21 undergraduate nursing students at three universities in Finland and Sweden. Purposeful sampling was used to select the students. The interviews were taped and analysed using qualitative content analysis.

Results: Students perceived preception as guidance into the nursing profession, mutual learning and promotion of professional growth. The relationship between the student and preceptor was important. Students expected mutual trust, to be accepted for who they were and for the preceptor to act as a professional role

model. Moreover, students wanted actively created learning situations, dialogues and discussions, to ensure the development of their ability to act and think independently. Immediate and constructive feedback was also vital.

Discussion and conclusion: It is important to strengthen the elements of good preception in clinical education. One cornerstone of good preception is a supportive student-preceptor relationship. Students call for a preception that develops their understanding through reflection and enhances independent action and thinking. To facilitate the integration of theory and practice, preceptors need to have both nursing expertise and the relevant theoretical knowledge. Bridging the gap between theory and practice is still a challenge in modern nursing education.

Intended learning outcomes

At the end of this session, participants should be able to:

- acknowledge the students expectations on preception and learning in clinical education
- understand the significance of the student-preceptor relationship
- recognize the elements of good perception in clinical education.

References

- Council Directive 77/453/EEC of 27 June 1977 concerning the coordination of provisions laid down by law, regulation or administrative action in respect of the activities of nurses responsible for general care.
- Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. and Coco, K., 2011. A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20(19 - 20), pp. 2854 – 2867.
- Warne T., Johansson, U.B., Papastavrou, E., Tichelaar, E., Tomietto, M., Van den Bossche, K., Vizcaya- Moreno, M.F. and Saarikoski, M., 2010, An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today*, 30(9), pp. 809-815.

Biography

Ann-Helén Sandvik is a RN, MNSc and a doctoral student at the Department of Caring Science, Åbo Academy university in Vasa, Finland. She works as been a lecturer in nursing at Novia University of Applied Sciences, Vasa, Finland.

4.3.3

Action research as an approach developing clinical preception

Yvonne Hilli, Principal lecturer, Head of project, Health and Social Care, Novia University of Applied Sciences, Finland

Co-authors: Rika Levy-Malmberg, Hanna-Leena Melender

Abstract

Background: Action research is an approach that encourages practitioners to enhance and control their own practices within given contexts. Since action research is performed by or with practitioners, it is often referred to as action-based inquiry and, therefore, engages contemplation and reflection on phenomena. It is a collaborative approach to inquiry that seeks to build a positive operational relationship, as well as a productive and communicative approach (Stringer, 2007).

Aim: The aim of this research and development project is to construct different preception models deriving from the experiences, beliefs and attitudes in five units and to develop documents used before, during and after clinical education. Four educational organisations and five pilot units in western Finland are participating in the project.

Methods: During the first phase a cultural analysis, inspired by Berg, 2003, was made in all five wards. The staff was asked to write individual letters in order to examine the experiences and visions of the staff regarding clinical preceptorship. During the second phase the letters were analysed using content analysis. The result of the cultural analysis was a starting point for developing the clinical preceptorship models. In the third phase clinical preceptors and teachers who precept English-speaking nursing students were interviewed in order to develop the clinical preception. The fourth phase was evaluating the process.

Discussion and conclusion: All five pilot wards have developed their own preception models which they have implemented and intend to improve further. Action research is significant in being reflective and collaborative, driven by the desire for continual improvement. Continuing further education for the clinical preceptors is essential as well as a closer co-operation between the clinical practice and the faculty in order to narrow the theory practice gap and promote lifelong learning.

Intended learning outcomes

At the end of this session, participants should be able to:

- action research as a method to develop clinical preception
- develop of more student centred learning methods
- enhance the clinical preceptors' pedagogical knowledge.

Recommended reading

Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. & Coco, K., 2011. A systematic

review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing* 20 (19-20), 2854-2867.

References

- Berg, G., 2003. *Att Förstå Skolan*. Lund:Studentlitteratur (in Swedish) To Understand the School.
- Stringer, E.T., 2007. *Action research*. 3rd ed. California: Saga Publication

I have been working within nursing education over 20 years developing the curriculum and the cooperation with working life. At the moment I am the head of two pedagogical research and development projects aiming at developing the perception of undergraduate nurse students during their clinical education.

4.4 Developing education with nursing practice

4.4.1

Grasping the nettle: how and why mentors will fail underachieving students

Louise Hunt, Senior Lecturer /Lead Nurse - Practice, Department of Practice Learning, School of Professional Practice, Faculty of Health, Birmingham City University, UK

Co-authors: Paula McGee, Robin Gutteridge, Malcolm Hughes

Abstract

Introduction: This research was undertaken in response to concerns raised by Duffy (2003) that practical assessors were reluctant to fail student nurses in assessments.

Background: Phase one of this study sought to establish baseline data to compare failure rates in practical and theoretical assessments. The findings indicated that although failure rates were five times lower for practice than theory nevertheless some fails did occur in practice. Clearly some, but not very many, clinical assessors did fail students.

Black (2011) identified that mentors who failed student nurses in their final placement emerged as having a strong sense of moral duty and the courage to set aside fear and anxiety when making the 'right' decision. The study reported here builds on Black's work.

Methods: A qualitative approach was used to examine the experiences of assessors who have failed student nurses in practice. Semi structured interviews were conducted with 31 nurses who have participated in failing student nurses in a practical assessments.

Results and Discussion: The decision making processes undertaken by assessors who encounter an underachieving student nurse in practice will be explored and components of the processes which support mentors in making the decision to fail a student will be illustrated. The significance of a recovery phase following the experience of failing a student nurse will be discussed.

Conclusion: Practice based assessors' accounts suggest that they resolve to take a challenging and tortuous path when undertaking to 'Grasp the Nettle' and fail an underperforming student nurse. Significant support structures are necessary for this process to be seen through to a suitable conclusion

Intended learning outcomes

At the end of this session, participants should be able to:

- gain insight into the decision making process which mentors use to decide whether or not they will fail an underachieving student nurse
- reflect on the key factors which affect mentors' ability to fail student nurses

- consider components of the processes which support mentors in making such decisions.

Recommended reading

- Hunt, L A., McGee, P., Gutteridge, R. Hughes, M. (2011) Assessment of Student Nurses in Practice: A comparison of theoretical and practical assessment results in England. Nurse Education Today. <http://www.ncbi.nlm.nih.gov/pubmed/21640448>

References

- Black, S. (2011) Being a mentor who fails a pre-registration nursing student in their final placement: understanding failure. PhD Thesis. London. London South Bank University.
- Duffy, K. (2003) Failing Students. London: NMC.

Biography

Louise Hunt undertook her nurse education in the 1980s and practiced in thoracic and ENT surgery before becoming a Clinical Teacher and subsequently a Lecturer Practitioner. She has always had a keen interest in learning and assessment in practice and was a member of the team which pioneered the concept of Clinical Placement Support Units in the 1990s. She is currently the Lead Nurse for Practice at Birmingham City University where she co-ordinates practice learning and assessment. Louise is currently undertaking a PhD which focuses on what helps assessors to fail underachieving students in practical assessments.

4.4.2

Coherence in competence-based education and evaluation methods and processes for the analysis of curriculums and the implementation of competences in higher education

Evelyne d'Hoop, Senior Lecturer, Haute Ecole Leonard de Vinci, Belgium, Consultant, Haute Co-author: Dominique Lemenu

Abstract

Introduction: As part of a Leonardo Transfer of Innovation project, this presentation suggests several methods and processes for the analysis of coherence at the different stages of creating and implementing a competence-based curriculum for Bachelor's Degrees in nursing. The present project is the sequel to a previous one on the creation of a reference guide for competences in nursing.

Presentation objectives: Present and discuss the methods and processes developed during this project

Learning outcomes: Pinpoint the possible coherence/incoherence intersections in a given curriculum

- Integrate the coherence criteria of a given curriculum

- Understand how to analyze the coherence of a given curriculum, using specific indicators

Method used: The present work is the result of the collaboration between several nursing schools from Portugal, Lithuania and Belgium, following a reflexive and iterative approach.

After clarifying the concepts of Learning Outcomes (LOs) and drafting a list of them in connection with the competences previously identified, several tables were used to cross the results expected from students by the end of their programme with the course contents/teaching-learning methods/evaluation instruments used. This qualitative tool made it possible to specify the LOs worked on, as well as the teaching-learning methods and evaluation instruments used. A second, qualitative analysis grid was then developed. This grid was based on 6 coherence criteria, each of which includes several observable indicators, in order to address the actors at all levels of the education programme.

Results: The Project resulted in various recommendations for the writing of LOs, the implementation of a competence-based approach and the description of teaching-learning methods to be analyzed. The present presentation will focus on the qualitative grid only.

The tools developed during the COFOE Project make it possible to pinpoint the meaningful activities in a given programme, their links with competences and the elements to be improved. Therefore, they contribute to the development of vocational competences in both teachers and students. These tools also promote innovation in nursing with a view to meet the needs and priorities in healthcare.

References

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- Darling-Hammond L. & Bransford J. (2005). Preparing teachers for a changing world: What teachers should learn and be able to do. San Francisco: Jossey-Bass. McGhee P. (2005). The academic quality handbook: enhancing higher education in universities and further education colleges. New York, NY: Routledge

4.4.2

Cohérence en formation et en évaluation de compétences

Des outils d'analyse de programmes visant l'acquisition de compétences dans l'enseignement supérieur

Introduction

Dans le cadre d'un projet Leonardo de transfert d'innovation, nous proposons des outils d'analyse de la cohérence aux différents niveaux de conception et mise en oeuvre d'un programme de développement des compétences dans la formation infirmière initiale de niveau bachelier. Ce projet fait suite à l'élaboration d'un référentiel de compétences pour cette formation.

Objectifs de la présentation: Présenter et discuter les outils construits dans le cadre du projet

Méthode utilisée: Le travail a été réalisé en partenariat avec des écoles d'infirmières portugaises, lituanienne et belge, dans une démarche réflexive et itérative.

Après avoir clarifié les concepts d'acquis d'apprentissage (AA) et rédigé une première version de ceux-ci, en lien avec les compétences identifiées préalablement, différents tableaux de croisements ont confronté les attendus en fin de formation et les contenus/méthodes/instruments d'évaluation du programme. Ceci a permis de préciser de façon quantitative les AA travaillés, les méthodes d'enseignement et d'évaluation. Une grille d'analyse qualitative a ensuite été construite, pour les acteurs concernés par les différents niveaux de la formation, à partir de 6 critères de cohérence déclinés en indicateurs observables.

Résultats: Du projet ont émergé des recommandations pour l'écriture des AA, l'implémentation d'une approche par compétences et la description de dispositifs d'enseignement/apprentissage en vue de leur analyse. Seule la grille d'analyse qualitative de la cohérence sera présentée.

Conclusions: Les outils construits dans le cadre du projet COFOE permettent de repérer les activités d'un programme porteurs d'apprentissage, leurs liens avec les compétences et les lieux d'amélioration possibles. Ils favorisent ainsi le développement des compétences professionnelles des enseignants et des étudiants. Ils participent à la promotion de l'innovation dans le milieu infirmier pour répondre aux besoins et priorités de la santé.

Bibliographie

- Adam S. (2007). An Introduction to Learning Outcomes: a Consideration of the Nature, Function and Position of Learning Outcomes in the Creation of the European Higher Education Area. Online linconsulted on 15 March 2012.
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4.4.3

Using medical image data in nursing education

Andrea Pokorná, Senior Lecturer, Department of Nursing, Masaryk University Faculty of Medicine, Czech Republic

Co-authors: Tamara Váová, Nina Hrtoová

Abstract

The abstract introduces the employment of medical image data in nursing education within the project Effective Teaching in Secondary Health Care Schools. The project besides the participants from Masaryk University, involves 45 teachers and 857 pupils from three secondary health care schools in South Moravia. The project covers various areas, while the main ones are: teacher training in ICT and e-learning, preparation of comprehensive study materials and teaching activities in a shared environment, work with medical image data, teaching students using the created materials. One of its features is sharing and intensive cooperation taking into account the different curricula of the involved partner schools (general nursing, medical technicians, optometrists and dental technicians). Although it is difficult to ensure cooperation in so many different fields, the project brings forth a number of very positive results. A substantial part of the teachers' work and of the project coordination takes place in LMS Moodle which has proved to be very suitable for the preparation of teaching content and the related communication, but also as a sophisticated yet simple tool for alignment of the project activities. The conference presentation will focus on a specific part – using image data in non-medical workers' education with special attention to the ability to use theoretical knowledge in problem-based learning. Examples of teaching and educational use of medical image data in electronic form/environment will be presented: specific case studies, self-testing, tests for secondary school leaving exams. The benefits and potential risks of using medical image data in different types of non-medical health workers' education will be mentioned with special attention to the teachers' role and the pupils' learning needs. Dedicated to the project Introduction of Effective Learning Methods in Secondary Medical Schools Using Digital Medical Image Information CZ.1.07/1.1.02/02.0074, short title: Effective Teaching in Secondary Health Care Schools.

Intended learning outcomes

At the end of this session, participants should be able to:

- present using of medical image data in nursing education
- present possibility to used PBL in online learning
- present possibilities to teach in new way with the PACS (Picture archiving and communication system)

Biography

Since 2005 I work at Masaryk University, Faculty of Medicine, and department of nursing. I work as senior lecturer and departmental international coordinator. Professionally I am focused on the geriatric nursing (prevention of ageism), nursing education in clinical practice, e-learning education and wound management. My specialization is quantitative research – focused on mentioned area. Doctoral studies I have done (defended 2009) linked to the prevention of ageism and supportive intergenerational programs. I am involved in several scientific researches aimed at geriatric nursing and wound management in nursing. I am member of several scientific group: Czech nurses, EWMA, MEFANET etc.

4.5 Strategies to implement mobility in nursing education

4-5.1

International exchanges: what makes a good partnership?

Valerie Gorton, International Coordinator, Institute of Health and Society, Institute of Health & Society, University of Worcester, UK
 Co-author: Robert Dudle

Abstract

This paper will explore the relevance of partnerships in nurse education today and presents exemplars of quantitative and quality outcomes measurements.

Mobility of students and alternative cultural experiences are high on the agenda for nurse educators across the globe. Here in the UK the changes in nurse education standards in 2010 relating to Mobility for nursing students has driven the need to develop effective partnerships. (NMC 2010)

The global shortage of qualified healthcare workers indicates that mobility amongst qualified nurses will increase over the next decade and beyond. (Kingma 2007, ICN 2010) The challenges for nurses is in delivering care in an alternative culture, organisation and maybe language.

Including alternative cultural experiences within pre-registration nurse education programmes will prepare nurses to meet these challenges though it is essential that the quality of these experiences is robust and of a high quality.

So what makes a good partnership for international exchanges?

For many years theorists have examined the fundamentals of partnership working. Some of these activities have been with healthcare organisations but none specifically looking at partnerships in nurse education. However, Wildridge, et al, in 2004 undertook a review of the literature relating to the creation of successful partnerships and identified some key points which may be a good basis to commence the development and / or evaluation of good partnerships in nurse education.

- partnerships are not a soft option but hard work;
- partnerships take time to develop;
- partnerships must be realistic and aim for what can be achieved,

There is no doubt that creating, developing and maintaining partnerships requires hard work, trust, commitment and a willingness to work together. Nor should one underestimate the importance of personal dynamics and a clear identification of common goals in terms of quantitative and qualitative outcomes.

Recommended reading

- International Council of Nursing (2010). The Global Nursing Review Initiative
- Web:<http://www.icn.ch/publications/the-global-nursing-review-initiative/>

- Nursing Midwifery Council (2010) Standards for Pre Registration Nursing Education.

References

- Kingma M (2007) Nurses on the Move : A global overview health service research June 42 (3 Pt2) pp1281-1298
- Wildridge V, Childs S, Cawthra L and Madge B (2004) How to create successful partnerships—a review of the literature. Health Information & Libraries Journal, June Volume 21, Issue Supplement s1, pages 3–19,

4-5.2

Erasmus staff mobility: evaluating the experience of nurse teachers

Clive Warn, Senior Lecturer, Nursing and Midwifery, University of the West of England, UK
 Co-author: Susan Yates

Abstract

Erasmus student and staff mobility was established in the Department of Nursing and Midwifery at the University of the West of England (UWE) in 2006. Since then the number of partnerships and activity with European HEI's has steadily increased mirrored by a simultaneous growth in teacher mobility. Whilst Erasmus student mobility is relatively well known, there is a dearth of literature that evaluates staff experience of mobility suggesting the need for a better understanding of such experiences. The European Commission identify a range of objectives for staff mobility and it is timely to consider to what extent these are achieved (European Commission 2012). This concurrent session will present the findings from a study designed to evaluate the experiences of nine nurse teachers from UWE and HEI's in Norway and Finland returning from a period of staff mobility or 'cultural immersion' (Hanvey 1979). A short written questionnaire was sent to all teachers following their visit and content analysis was used to identify emerging themes, namely;

- The practice of teaching nursing
- Self and professional development
- Cultural learning and consciousness
- Developing partnership

The findings from this study will be explored and highlight benefits and challenges of staff mobility for the teacher, and for the organisation in relation to workforce development, service improvement and internationalisation. This presentation, in the midst of changes to higher education and nursing in the UK, will outline considerations and benefits in the development of effective relationships with other European HEI's through Erasmus staff mobility.

Intended learning outcomes

At the end of this session, participants should be able to:

- gain an increased understanding of the experiences nurse teachers engaging in Erasmus staff mobility or 'cultural immersion'
- reflect on the outcomes of an evaluation of nurse teacher experiences
- consider how staff mobility can be further developed in nurse education to promote internationalisation.

Recommended reading

- Taylor A.F. & Fry J. (2010) International collaboration: Erasmus teacher exchange to Sweden. British Journal of Midwifery 18 (7): 451- 455.
- European Commission (2009) Higher Education [online]. Available from: http://ec.europa.eu/education/lifelong-learning-policy/higher_en.htm [Accessed 28 March 2012].
- Wood M.J & Aitkins M. (2006) Immersion in Another Culture: One strategy for increasing cultural competency. Journal of Culture Drivers 13 (1):50-54.

References

- European Commission (2012) ERASMUS Staff Mobility [online]. Available from: http://ec.europa.eu/education/erasmus/doc1067_en.htm [Accessed 28 March 2012].
- Hanvey, R.G. (1979). Cross-cultural awareness. In Smith, E.C. and L.F. Luce. (Eds.), Toward internationalism: Readings in cross-cultural communication (pp. 44-56). Longman Higher Education.

Biography

Clive is a Senior Lecturer in Nursing at UWE. He has been involved with Erasmus and International experience projects for several years, establishing Erasmus for nurses and midwives at UWE in 2006. He has a clinical background in HIV nursing and palliative care, and manages palliative and end of life care education at UWE. He works in collaboration with a number of service providers to facilitate service improvement, often through work based learning.

Concurrent session 5

Thursday 4 October 2012

5.1 Research and innovation

5.1.1

Coherency-analysis grid for curriculum

Maria José Pinheiro, Professora Adjunta (Assistance Professor), Children and Youth Nursing, ESEL - Lisbon, Portugal

Co-authors: Dominique Lemenu, Amélia Valadas, Laura Viegas, Patrícia Alves, António Amaral, José Hermínio Gomes, Vida Staniuliene, Nijole Galdikiene, Evelyne d'Hoop, Christine Malhomme, Michel Couprenne

Abstract

Today, Higher Education trend is the Competency Based Curriculum, which has also been the change in the Nursing Education Programs in Europe. These curriculum aims for the integration by the student of multidisciplinary knowledge and the development of the competencies required for Higher education and the profession. A complex structure, very well-articulated is needed and has to be evaluated in order for improvements to occur

There was a need for a tool that could guide the program/teaching device evaluation, for the purpose of its validation or reconstruction. This tool could be used by curriculum committees and pedagogical teams for the introduction of improvement. To fulfill this need the COFOE Project «Coherence en Formation et Evaluation des Competences», a Leonard Project with FINE as a partner, constructed a Competency based Grid.

The work occur from January 2010 to March, 2012, with partners from Belgium, Portugal and Lithuania who worked together in a collaborative process of concepts discussion, conceptualization and construction of a Competency Based Coherence Grid, developed and improved in five international workshops. It was validated by submission to a group of experts from each country and by using it, to analyze the existing programs or parts of it, during National Workshop, that occur after each international meeting.

The Grid, can be used to analyze the whole program or parts of it, for it includes all elements of a Curriculum/Program. However when a teacher/group is interested in analyzing the coherency of curriculum unit, the different elements provided in the grid will assist him or her in locating the level of analysis.

The criterias are exhaustiveness, adequation, integration, cooperation, progression and competency based, with indicators for each level of the Program. However, at a certain moment, it is possible to consider a criteria more or less relevant, from the perspective of those directing

the education program, when so, the grid makes it possible to identify and analyze that criteria.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the existence and possible use of the Competency Coherence Grid
- comprehend of the use of the Grid for curriculum and teaching device analysis at different levels and criteria's
- comprehend of how it was constructed.

Biography

- Specialist in Pediatric Nursing
- Has a Master Degree in Family sociology
- Is developing her PHD thesis
- Is an Assistant Professor (professora adjunta) in ESEL - LISBON
- Since 2010 is the coordinator of the ESEL participation in the COFOE project.
- Since 2011 is a member of the Curriculum Committee for reconstruction of the Nursing Program od ESEL
- 2006 - 2008 Member of the Curriculum Committee which constructed the present Nursing Program
- 2004-to the present Coordinators and teaches two Master degree courses Atraumatic Care in Pediatric Nursing and Opção II
- Orients Clinical Learning projects of the master Degree in the Pediatric area and their final repost
- Teaches Pediatric Nursing in The ESEL 1st Cycle Program
- Member of The Technical Scientific Council of ESEL
- Participated in the writing of Best Nursing Practice for Diabetic Child published by OE

5.1.2

A meta-synthesis of person-centredness in nursing curricula

Deirdre McNamee, Associate Head of School, School of Nursing, University of Ulster, UK
Co-authors: Brendan McCormack, Tanya McCance,

Abstract

Background: Reports regarding poor standards of care often bring into question if nursing education is fit for purpose. Those who influence or are directly involved in nursing education and practice

recognise that reform is required to enable the future nursing workforce to be effectively prepared to meet this challenge and to progress the modernisation agenda (Department of Health 2012). The promotion of person-centred cultures both in nursing education and practice has the capacity to make a critical difference in this regard.

Meta-question: How is person-centredness manifest in nursing curricula?

Design: A meta-synthesis framework was used. Meta-synthesis involves the integrative secondary analysis and synthesis of findings from a range of existing qualitative studies which normally share a common topic or theme. Noblit and Hare's approach to meta-synthesis informed the conduct of the review (Noblit and Hare, 1988).

Data sources: Qualitative research studies published in English over the last decade were eligible for inclusion. A range of databases were searched including CINAHL, British Nursing Index, Medline, Embase, British Education Index, Web of Science and ASSIA.

Review method: Seventy-six papers generated from the database searches were subjected to two levels of screening. A team of six expert panellists reviewed the final sample of thirty papers and compiled individual, electronic notes using a data extraction grid template. Following the individual iterative review process the entire review team met to share their annotated interpretations and to synthesise the findings using creative expression.

Findings: Despite the fact that there was considerable discussion about the merits of person-centred practice there was no evidence of the systematic use of a person-centred approach in nursing curricula. Four key themes/ metaphors emerged from the meta-synthesis. Implications for curriculum design, delivery and research were identified.

Intended learning outcomes

At the end of this session, participants should be able to:

- describe the purpose and stages of meta-synthesis
- understand the extent to which person-centredness is manifest in nursing curricula
- outline the implications for nursing education and research.

Recommended reading

- DoH (2012) Liberating the NHS: Developing the healthcare workforce- from design to delivery. London: The Stationery Office.
- McCormack, B. and McCance, T (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*, 56(5), 472-479.

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- Noblit, G. and Hare, R. (1988)(1988) *Meta-ethnography: Synthesising qualitative studies*. Newbury Park: Sage

Biography

Collectively I have twenty-two years experience as a registered nurse. During the last twelve years I have been employed in Higher Education and I have been Associate Head of School since 2006. I firmly believe in the primacy of practice and the legitimacy of education and research in enhancing people's experience of care. I hold a public appointment as a Non-Executive Professional Member of the Northern Ireland Practice and Education Council for Nurses, Midwives and Health Visitors and an Honorary appointment with the Western Health and Social Care Trust.

5.1.3

Using research to identify teaching and learning innovations that will better prepare nursing students for professional practice

Dominique Parrish, Director Learning, Teaching and the Student Experience, Faculty of Health and Behavioural Sciences, Faculty of Health and Behavioural Sciences, University of Wollongong, Australia

Co-authors: Kay Crookes, Patrick Crookes

Abstract

In Australia, data is collected by universities across students' institutional tenure to measure and monitor student learning, engagement and experience (DEEWR 2009). This data is often used to assess the performance of a subject, course, faculty or university and also to inform potential marketing materials and campaigns. However, there is very little data (if any) collected to enable universities to assess how well their educational programmes are preparing students for professional practice. This paper is based on a pilot study that aimed to address this gap by asking recent university graduates to provide some feedback on how their undergraduate nursing education programme could better prepare them for professional practice.

A design-based research methodology (Reeves, Herrington & Oliver 2005) has been adopted for a wider faculty project and this pilot study is the first phase of this broader initiative. In this initial phase, interviews were facilitated with ex-nursing students who had completed their undergraduate Bachelor of Nursing university degree in 2009 or 2010 and who were currently employed as health-care professionals. Semi-structured interview questions were designed to explore students'

opinions on how the undergraduate Bachelor of Nursing programme could be enhanced. The interview findings were validated and further developed through additional quantitative and qualitative research.

The findings from these research investigations illuminated some manageable innovations that could be made to enhance the teaching and learning curriculum of undergraduate nursing students. This paper will provide details of the pilot study and present a synopsis of the findings from the research investigation. Recommendations for enhancing teaching and learning in the undergraduate programme and ensure that the nursing students are well prepared for professional practice will be discussed. Additionally, the paper will describe strategies that are being implemented in response to the outcomes of this pilot study.

Intended learning outcomes

At the end of this session, participants should be able to:

- present an overview of the research undertaken to facilitate the investigation of nursing graduates' opinions on how an undergraduate Bachelor of Nursing programme could be enhanced
- present the findings of research undertaken to investigate how teaching and learning in an undergraduate Bachelor of Nursing programme could be enhanced
- describe strategies that have been adopted in light of findings from an investigation of how teaching and learning in an undergraduate Bachelor of Nursing programme can be enhanced.

Recommended reading

- Department of Education, Employment and Workplace Relations (DEEWR) 2009, Indicator framework for higher education performance funding, discussion paper, December 2009, viewed 5 October 2011, <http://www.deewr.gov.au/HigherEducation/Documents/HIEDPerformanceFunding.pdf>
- Nelson, M 2002, 'Education for professional nursing practice: Looking backward into the future', *Online Journal of Issues in Nursing*, vol. 7, no. 3, viewed 7 October 2011, www.nursing-world.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No2May2002/EducationforProfessionalNursingPractice.aspx
- Reeves, TC, Herrington, J & Oliver, R 2005, 'Design research: A socially responsible approach to instructional technology research in higher education', *Journal of Computing in Higher Education*, vol. 16, no. 2, pp. 96-115.

Biography

Dr Dominique Parrish in her role has responsibility for Faculty learning and teaching strategy, policy and practice and enhancing student experience, outcomes and engagement. She has lead numerous initiatives designed to promote

equitable and positive student learning experiences and sound learning and teaching practices. Dominique has over 25 years experience working in the education sector and a wealth of practical experience in adult education. Dominique founded Learning Achievements and Solutions, a business that delivered services including policy and resource development, strategic planning workshops, online learning and web-based training, project management and organisational research such as staff and client satisfaction reviews.

5.2 Enhancing the student experience

5.2.1

The All Wales Nursing and Midwifery Initiative: partnership working and context

Moira Davies, Principal Lecturer, Faculty of Health Sport and Science, University of Glamorgan, UK
 Co-author: *Malcolm Godwin*

Abstract

The All Wales Nursing and Midwifery Education Initiative has influenced Nurse Education across Wales for the past decade enabling the five HEIs to work together in areas that are advantageous to all involved.

The implementation of the Fitness for Practice curriculum for Nursing and the Midwifery curriculum in 2002 the Welsh Assembly Government introduced a new approach in Wales to ensure the consistency and quality of pre-registration programmes. Elements of the curriculum were developed by the five HEIs with clinical partners and other key stake holders as part of the All Wales Initiative. Following the development of these elements the Project Group continued to evaluate and update the work as necessary.

With the success of this initiative over the past ten years it was agreed that a similar approach would be used in the current re-write of the curriculum. This would again allow for consistency and quality across Wales in the areas where a common approach enhances the student experience. The elements developed include Assessment of Practice, Selection and Admissions, Audit and Evaluation Mechanisms.

The development included representation from all HEIs in Wales, Clinical Staff, Students and Service Users. The benefits of this approach include one Assessment of Practice document and Audit tool enabling students and staff to move across Health Boards without difficulty. It also allows the Audit of Clinical Practice areas to be transferable across all HEIs reducing the need for multiple Audits.

The group report to CYNGOR (Heads of Faculty for Health across Wales) and the Welsh Assembly Government, and although elements are developed and recognised at an All Wales level it is acknowledged that each University operates as a unique organisation with its own policies and procedures.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore the role of the All Wales Group in the context of
- Quality Assurance
- Student Experience
- Evaluation and impact

Recommended reading

- NMC Standards for Pre-registration nursing education 2010

- QAA (2006) Code of Practice for the assurance of academic quality and standards in higher education. The Quality and Assurance Agency for Higher Education, Gloucester

References

- All Wales Nursing and Midwifery Education Initiative, final document 2012

Biographies

Moira Davies is a member of the All Wales group and a Principal Lecturer at the University of Glamorgan.

Malcolm Godwin is Head of the School of Health Care Sciences at Bangor University and Chairs the All Wales Nursing and Midwifery Education Initiative. The group includes representatives from All HEIs in Wales from Nursing, Midwifery and Practice Facilitators.

5.2.2

Developing teaching competencies in undergraduate nursing students: an essential curricular component or an enrichment opportunity?

Dianne Burns, Lecturer, School of Nursing, Midwifery & Social Work, University of Manchester, UK

Co-authors: *Monica Haggart, Steven Prymachuk, Patricia Wood, Philip Keeley*

Abstract

'Peer learning, where students support each others learning, is for many one of the most effective and natural forms of learning' (Boud et al, 2001). Indeed, peer learning partnerships have been identified as a valuable and effective strategy to assist student nurses with their learning, particularly within clinical settings (Christiansen & Bell, 2010), with additional emerging evidence to suggest that similar approaches used amongst qualified nurses have helped ensure quality of patient care (Keller et al, 2011).

This paper reports on the findings from one small qualitative evaluative study funded by the Learn Higher Centre for Excellence in Teaching and Learning (£5,000) which sought to identify and explore the student nurse experience of peer education from the peer educator and student recipient perspective.

The role of peer educator was introduced within a large undergraduate nursing programme in North West England. The overall aims of the Peer Educator Project were:

- To engage with students as partners in shaping the learning experience
- To increase the confidence of both junior and senior students in a supportive learning environment
- To assist students in developing collaborative learning partnerships

Perspectives of both peer educators (n=5) and student recipients (n=14) were obtained from a volunteer sample via individual and focus-group interviews. These and the subsequent data analysis activities were carried out by an experienced, independent researcher appointed by the project team.

This paper will discuss the findings of the project which suggest that the role of peer education in nursing can assist in enhancing a positive student experience that will often extend into the clinical setting. Furthermore, this study suggests that the peer educator role can assist students in the development of some of the key skills and attributes they will need for future mentorship and teaching roles.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify how peer educator roles can enhance the undergraduate learning experience
- explore how such roles can assist in the development of the key skills and attributes needed by future mentors/nurse educators
- consider the pros and cons of incorporating peer education strategies within current/future undergraduate nursing programmes.

Recommended reading

- Boud, D, Cohen R & Sampson, J (2001), Peer Learning in Higher Education: Learning from and with each other, Kogan Page Ltd: London UK
- Topping, K.J. (1996) The effectiveness of peer tutoring in further and higher education: A typology and review of the literature. *Higher Education* 32: 321-345
- Seacomb, J (2006) A systematic review of peer teaching and learning in clinical education. *Journal of Clinical Nursing* 17 p. 703-716

References

- Christiansen, A & Bell, A (2010), Peer learning partnerships: exploring the experience of pre-registration nursing students, *Journal of Clinical Nursing*, 19, p803-810
- Keller, R, Frank-Bader, M, Beltran, K & Bowar-Ferres, S.L (2011), Peer Education.

Biography

Dianne Burns is a lecturer and Adult Field Lead for the BNurse undergraduate nursing programme at the University of Manchester.

She has a particular interest in innovative curriculum development, leadership and management.

5.2.3

Putting people at the heart of the NHS: first year students' reflections on the patients' journey

Christine Organ, Lecturer (Adult Nursing), Department of Health and Community Sciences, Glasgow Caledonian University, UK

Co-authors: Janine Scott, Samantha Bannerman, Wendy Mayne

Abstract

Background: The integration of the NHS Health-care Quality Improvement Strategy (2010) was a key consideration during recent curriculum development for the revalidation of two degree nursing programmes in a Scottish university. Following successful approval we are now required to evidence that the curriculum is robust with regards to embedding the themes of quality improvement throughout the validated programmes. It is therefore essential that the theme of patient centred care is integral to the first year learning experience. This presentation addresses an ongoing evaluation programme which seeks to explore how first year nursing students are engaging with this important NHS initiative.

Research methodology: A qualitative approach was utilised involving documentary analysis of reflective written work submitted by the student participants. Thematic analysis was applied to the written reflective accounts, enabling reporting of key themes which emerged from the student learning experience.

Discussion: Rich data emerged which shaped the emerging storyline of the students perceptions of the patients' journey. It became clear that students gained experience of focusing on service users as diverse individuals, acknowledging the need to accommodate differences and promote independence.

Recommendations: The study concludes that student learning and awareness is commensurate with their stage on the programme. However, reflection on the service users' and carers' experience in these care encounters is less evident. A shift from a professional role-centred to person-centred perspective may need encouragement during the students' remaining journey through the programme.

Intended learning outcomes

At the end of this session, participants should be able to:

- appreciate the unique perspectives of first year student nurses and how this impacts on their prioritisation of care
- consider applying the principles of the quality strategy in ensuring delivery of person centred health care to the highest level attainable.

References

- The Scottish Government, (2010). The Health-care Quality Strategy for NHSScotland, Edinburgh

Biography

The presenter is a lecturer in Adult nursing and has taught in Higher education for 7 years and before this in a college of nursing for 10 years. Interest in year 1 stems from experience as a year 1 pathway lead and involvement with the students' progression on the BN curriculum.

5.3 Developing education with nursing practice

5.3.1

The perceptions of Bachelor of Nursing students' ability to apply theory into practice in a clinical setting

Jan Alkema, Lecturer in Nursing/Chairman assessment, Academy for Nursing, Hanze University of Applied Sciences, Groningen, the Netherlands

Abstract

In nursing the problem of integrating theoretical information into practice settings is well known as the theory-practice gap. Several studies focused on influencing factors of the application of theory into practice. However, no answer is given to the question how students experience their ability to translate theory into practice, what they see as influencing factors for their ability to close the theory-practice gap and what they do themselves to narrow that gap.

The applicant will present findings of a hermeneutical phenomenological study, performed in partial fulfilment of Edinburgh Napier University for the degree of Master of Science Advanced Practice in Nursing and Applied Education (2012). To conceptualize nursing theory he adapted Carpers' Fundamental Patterns of Nursing (1978) which describes empirical, ethical, personal and aesthetic knowledge and will present examples of current research in these patterns.

The research adapted the hermeneutical decision trail of Clarke (1999). Interviews with bachelor nursing students (n=6) revealed that students find themselves able to apply theory into practice but that they experience difficulties in understanding theory learned in the university. Without experience in a relevant area of nursing practice, they are unable to make informed judgments about the relevance of the theory they have been taught. Lectures with practice examples can enhance their ability to apply theory into practice, together with stimulating questions from teachers, practice mentors and preceptors. Also educational information should match with relevant issues in practice. Although simulation is not comparable to the 'hands on' experience, it supports the ability to apply theory into practice. If students experience that they are not accepted in practice, it would hinder them to apply theory into practice. When students experience a certain knowledge gap, they look for relevant information by themselves.

Finally the applicant will present a conceptual model of the phenomenon 'Students' ability to apply theory into practice', as well as recommendations for nursing education and nursing practice.

Intended learning outcomes

At the end of this session, participants should be able to:

- describe fundamental patterns of knowledge in nursing

- present influential factors to the ability of nursing students to apply theory into practice in a clinical setting
- discuss the presented conceptual model and compare this model with the current situation of their experienced professional practice.

Recommended reading

- Corlett, J., Palfreyman, J.W., Staines, H.J. & Marr, H. (2003) Factors influencing theoretical knowledge and practical skill acquisition in student nurses: an empirical experiment, *Nurse Education Today*, 23, pp 183-190
- Hope, A., Garside, J. & Prescott, S. (2011) Rethinking theory and practice: Pre-registration student nurse experiences of simulation teaching and learning in the acquisition of clinical skills in preparation for practice, *Nurse Education Today*, pp 1-12
- Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. & Coco, K. (2011) A systematic review of mentoring nursing students in clinical placements, *Journal of Clinical Nursing*, p.1-13

Biography

After his Bachelor Degree of Nursing, the presenter has started his professional practice as a general nurse in an university hospital on a neurosurgical ward. He then decided to specialize as a pediatric nurse and moved to a regional hospital. After specialization he worked as a pediatric nurse and simultaneously started as a lecturer at the specialization of pediatric nurses for eight years. Also he trained practice mentors and coaches from several clinical practices and coordinated other specializations such as for gynecological and obstetric nurses and hospital hygienist. Meanwhile he contributed to several curriculum developments such as writing modules and arrange assessments.

As for educational background, he got his degree as a nursing lecturer as well as a post-graduate degree in education, supervision and coaching. At the beginning of the twenty-first century, the presenter moved to the Hanze University of Applied Sciences, Academy for Nursing, to become a nursing lectures at the bachelor degree of nursing. Besides being a lecturer he mainly trained students in practice and coordinated the final year of the bachelor degree. From 2006 till 2010 he was the director for the practice period of 3th year bachelor students. In the same period he started with the Master of Science program at Edinburgh Napier University and last January he got his degree in Advanced Practice and Applied Education.

5.3.2

Equipping nursing students to recognise deteriorating patients

Anthony Pritchard, Lecturer, School of Nursing and Midwifery Studies, Cardiff School of Nursing and Midwifery Studies, Cardiff University, UK
Co-author: *Tim Barr*

Abstract

For many years in-hospital resuscitation was considered as the definitive measure in saving patients who were or had become critically ill. The patient would invariably be in a multi-system decompensated state that often resulted in a poor outcome. Over the past decade there has been a change in approach. Very few hospital patients suddenly 'plummet' physiologically and need immediate resuscitation – there are generally some warning signs that a patient is deteriorating for a number of hours prior to collapse. This led to the development of Early Warning Scores or Track and Trigger systems which use pre-defined parameters that might indicate deterioration. However, there was something missing. Nurses needed to understand the underpinning physiology/pathophysiology in a memorable way in order to interpret and indeed initiate the EWS. In response to this, Portsmouth Hospitals NHS Trust developed the one-day ALERT (Acute Life Threatening Events Recognition and Treatment) course in 1999. As the name suggests it covers the basic principles of initial assessment and treatment of patients who are unwell but perhaps not showing overt signs due to physiological compensation.

In 2008 as a School we decided that ALERT would be a useful additional course with which to equip our Adult Branch nurses prior to graduation. All third year students attend the one-day programme during their final clinical placement. The evaluations by the students are unequivocal – they enjoy it, can see its worth and feel that it serves as a safety net. We have just commenced the same training for the Mental Health Branch whose exposure to critically sick patients is limited but, equipped with ALERT could make a difference even if it just involves calling for a paramedic ambulance. In this presentation we will outline our implementation of the ALERT programme in undergraduate nurse education in our School of Nursing.

Intended learning outcomes

At the end of this session, participants should be able to:

- provide an overview of the drivers for equipping nursing students to recognise deteriorating patients
- explore the implementation of the ALERT course in the School of Nursing
- present future plans for the development and evaluation of these skills.

Recommended reading

- NICE (2007) GG50 Acutely ill patients in hospital
- [Http://www.nice.org.uk/CG50](http://www.nice.org.uk/CG50)

- Smith G (2003) ALERT: A Multiprofessional Course in Care of the Acutely Ill Patient Portsmouth: The eLearning Centre, University of Portsmouth
- Soar J and Smith G (2010) Prevention of cardiac arrest and decisions about cardiopulmonary resuscitation In: Resuscitation Council (UK) (2010) Resuscitation Guidelines 2010 London: Resuscitation Council

References

- NCEPOD (2005) An Acute Problem? Summary London: NCEPOD

Biographies

Anthony Pritchard

I am a Lecturer in Adult Nursing at the Cardiff School of Nursing and Midwifery Studies, Cardiff University, and Programme Manager for the Post Graduate Certificate in Non Medical Prescribing. My main teaching activities are clinical science applied to nursing, assessment and diagnostic reasoning and resuscitation skills at undergraduate and post graduate levels. I have a specific interest in resuscitation and recognition of the deteriorating patient. My clinical background is critical care nursing and I am an Accredited Resuscitation Council (UK) Advanced Life Support Instructor and a trained ALERT instructor.

Tim Barr

I am a Lecturer in Adult Nursing at the Cardiff School of Nursing and Midwifery Studies, Cardiff University. My clinical background lies within the field of Emergency Nursing and Nurse-led minor injuries management. I am an accredited Resuscitation Council (UK) Advanced Life Support Instructor and a trained ALERT instructor. Although formerly leading courses focussing on nurse practitioner-led and minor injuries/illness, I am now committed to undergraduate pre-registration nurse education with particular reference to the deteriorating patient and resuscitation skills and also the role of e-learning in undergraduate education. I have a specific interest in resuscitation and recognition of the deteriorating patient.

5.3.3

Elle's journey

Charlotte Peters, Senior Lecturer, School of Health and Wellbeing, University of Wolverhampton, United Kingdom

Co-author: *Vannessa, Deborah Eaglefield*

Abstract

Aim: To demonstrate how the art of developing a blended approach to student centred learning can address the challenges faced by hospital-based educators when designing a curriculum aimed at supporting the delivery of the quality agenda.

Background: Lord Darzi's Next Stage Review prioritises quality as a measurable outcome holding Trusts accountable from 'ward-to-board' for the delivery of nursing care, which is effective, safe and compassionate. With many competing targets

it is increasingly difficult to release staff outside of their mandatory training needs; hence innovative ways of developing and evaluating education within nursing practice are required in order to meet the challenges of the healthcare setting today and in the future.

Method: The aim of the curriculum is that nurses will gain a deeper understanding of strategies that are used to support the delivery of safe high quality patient care in the context of today's clinical environment. Nurses working within healthcare today have a wealth of experience their common goal to deliver a high standard of care however the setting in which they practice offers multiple challenges and often barriers to achievement of this goal. However, despite this healthcare settings are expected to offer assurance that quality patient care is delivered on every occasion.

Therefore given the context the curriculum was designed utilising constructivist theory, Kolb's experiential learning theory and the principles of adult learning. With the learner at the centre the design team have integrated interactive learning throughout the curriculum. The presentation will provide rationale for the selection of the theoretical framework and demonstrate how an interactive learning experience comes alive through the use of a series of films, clinical records, facilitated sessions, discussion and debate.

The presentation will demonstrate how the concept can be used flexibly within the inter-professional context across a breadth of healthcare settings nationally and internationally.

Intended learning outcomes

At the end of this session, participants should be able to:

- demonstrate how a blended approach to learning can create an interactive learning experience
- appraise how the theoretical framework selected can support the design and implementation of a curriculum that is fit for purpose within the arena of current nursing practice
- argue that the concept can be transferred to the national and international interprofessional context.

Recommended reading

- Fowler J. (2008) Experiential learning and its facilitation. *Nurse Education Today* 28 (4) 427-433.
- Gijbels H., O'Connell R., Dalton-O'Connor C. & O'Donovan M. (2010) A systematic review evaluating the impact of post-registration nursing and midwifery education on practice. *Nurse Education in Practice* 10 (2), 64-69.
- Moss C., Grealish., Lake S. (2010) Valuing the gap: A dialectic between theory and practice in graduate nursing education from a constructive educational approach. *Nurse Education Today* 30 (4) 327-332

References

- Curzon L. B. (2004) *Teaching in Further Education*. 6th Edition Cassell London.

- Darzi A. (2008) *High Quality Care For all*. NHS Next Stage Review. DOH London.
- Griffiths P. et al (2008) *State of the Art Metrics for Nursing: a Rapid Appraisal*. National Nursing Research Unit. London.

Biography

Healthcare education has always been my passion and focus. I initially worked on an acute medical ward after 2 years to broaden my skills set I moved to a general surgical ward, where I also completed my first degree. My next post was in Intensive Care; within this post I progressed to be the unit's Practice Development Nurse. I moved to my current role in 2003 and have recently completed a Masters degree in Clinical Education. I also work as an Associate Lecturer at the University of Derby and as a bank nurse at the Royal Derby NHS Foundation Trust.

Concurrent session 6

Thursday 4 October 2012

6.1 Research and innovation

6.1.1

The lecturer as a motivator and ambassador for internationalisation in nursing education

Mette Bro Jansen, Head of Internationalisation, Department of Nursing, Odense, University College Lillebaelt, Denmark

Abstract

In Denmark, the intention behind the nursing education programme is to educate students to be able to act in a globalised world through internationalisation, intercultural understanding and global outlook. The political agenda is to strengthen Danish education programmes internationally by integrating internationalisation in education programmes. In 2009, 46 European ministers of education agreed as part of the Bologna process that before 2020 at least 20% of all graduates from higher education programmes should take part in an exchange or international placement programme. In Denmark, this has led to an increased demand for and focus on internationalisation in the nursing education programme. Nursing students must acquire intercultural and international competences; thus, students must gain knowledge of and respect for other cultures, have the ability to reflect on own cultural values and understand how these values influence nursing practice.

How have we at the nursing education programme at University College Lillebaelt, Denmark chosen to work towards a common vision for internationalisation and how far have we come?

- Involving lecturers at all levels in different internationalisation tasks
- Internationalisation is defined as a focus area and is part of all official documents
- Internationalisation as a PR and recruitment strategy for own and foreign students
- Internationalisation by offering a number of exchange and placement programmes abroad for students, lecturers and clinical nurses
- Competence development of lecturers in e.g. English with the purpose of being able to teach in English
- English-language theoretical modules for Danish and international students
- Presentations at international conferences
- Participation in international projects

- Partnership programmes offering master education programmes
- PhD programmes

Preliminary conclusion: To meet the vision, lecturers are pivotal for internationalisation and must act as motivators and ambassadors for students and colleagues.

Intended learning outcomes

At the end of this session, participants should be able to:

- get new ideas and inspiration within the field of teaching and learning in nursing education
- increase awareness of University College Lillebaelt, Department of Nursing as a serious and innovative educational institution in Denmark
- get in contact with other institutions and find new partner institutions for future collaboration

References

- Nursing Programme, 2008. Pursuant to the Ministerial Order on the Bachelor of Science in Nursing Programme
- Bjerre, Maria, Ladefoged, Anne Marie, 2010. Stepping up study and internship abroad - a strategy for enhanced outbound mobility in the academy profession
- and professional bachelor education programmes. Danish Ministry of Education, Department of Higher Education and International Cooperation. Copenhagen.

Biography

Employment and assignments

- 2010- 2012 Member of the Academic Committee of the Florence Neeting www.florence-network.com
- 2012- Head of Internationalisation
- 2010- Coordinator of the Nordplus Network, Nordkvist
- 2005- Part-time employment as International Coordinator at the Department of Nursing, Odense
- 1998-2005: Part-time employment as student counsellor at the Department of Nursing, Odense
- 1995- Lecturer at The Department of Nursing, Odense
- Late 1991 to late 1994: Nurse in primary health care in the Municipality of Odense
- Late 1989 to late 1990: Nurse at Neurological Ward at the Hospital of Holstebro

6.1.2

How can the management strategically contribute to create and support internationalisation in nursing education?

Lena Busch Nielsen, Head of the Department of the Nursing Education, Department of Nursing Odense Denmark, University College Lillebaelt, Denmark

Abstract

We live in an increasingly globalised world. The choices of making an interesting and challenging working life depend on level of competence and knowledge.

Globalisation demands increased mobility and educational institutions must develop attractive professional environments to motivate students and staff to participate in internationalisation.

In Denmark, it is politically decided that education programmes must have a global perspective and the number of exchange programmes must increase.

Thus, at the strategic level it is important that the management of the educational institution actively supports student and staff mobility. The management must facilitate competence and career development for staff as well as support development and research projects with an international perspective.

The international strategy must be used as a management tool in a continuous learning and development process. Projects and agreements in the organisation must be described and implemented in decision-making.

At University College Lillebaelt, the management at the nursing education programme supports internationalisation by:

- making internal agreements and conditions enabling physical mobility of students and lecturers
- making management participation clear when drafting agreements and networking with collaborators in the field of internationalisation
- drafting of a strategy for competence and career development supporting staff to take part in internationalisation tasks and initiatives
- describing the international strategy of the nursing education programme and making sure it is implemented
- making agreements and initiatives visible internally and externally in different media

Preliminary conclusion: The Department of Nursing at University College Lillebaelt has successfully

implemented a strategy for internationalisation. The management actively supports and ensures that the organisation constantly develops and is known as a serious collaborator with partner institutions worldwide.

Intended learning outcomes

At the end of this session, participants should be able to:

- exchange experiences to qualify the work with internationalisation in the nursing education programme
- contribute to create an increased focus on the strategic work of the management
- internationalisation strategies contribute to getting an overview and manage the complexities of globalisation.

References

- Ministerial Order on the Bachelor of Science in Nursing Programme
- Ministeriel globalisation program

Biography

- Accreditation of the Nursing Education Programme
- International cooperation agreement with The University of Tasmania,
- Collaboration with Abertay University of Dundee, Scotland, the Southwest Tennessee Community College Memphis US, the Malone University, Cleveland US.
- International cooperation agreement with the Sydney South West Area Health Service
- Development an international competence profile
- Clinical assessment form in nursing education
- Evaluation and accreditation of nursing education
- Intensive programmes internally and externally - internationalisation at home
- Establishment of a syllabus committee for theory and clinical practice
- Establishment of courses taught in English
- International strategy work

6.1.3

Utilizing a web-based virtual environment in developing the preception of nursing students

Yvonne Hilli, Principal lecturer, Head of project, Health and social care, Novia University of Applied Sciences, Finland

Co-author: Marice Nedergård, Hanna-Leena Melender

Abstract

Background: Creating a virtual learning environment can help break down a sense of isolation many students may feel while conducting their

clinical education at a distance. Furthermore, the use of synchronous systems enhances student motivation and engagement, supports group identity and provides high-quality feedback (Falloon, 2011).

Aim: This study explored the use of the web-based environment, Adobe Connect Pro (ACP), among 11 undergraduate nursing students who were on their clinical training approximately 100 km from the university in western Finland.

Methods: Two members of the project group undertook this research in cooperation with three wards and the technology service unit at one hospital in the region. The nursing teacher was in weekly contact with the students, focusing on different themes based on the students' expected learning outcomes.

Results: The majority of the students appreciated the regular contact the web-based environment allowed them to have with their preceptor and felt that communication was easy, although some students still preferred face-to-face contact. It was noted that the web-based environment enhanced cognitive participation insofar as it enabled a quality dialogue to take place. It was noted that the regular contact made the students feel safe, making it easier for them to discuss important issues.

Discussion and conclusions: It was found to be important to develop a good introduction for the students and the staff concerning web-based technology. Likewise, it is important that the technical equipment is easy to operate and that there is a place on the ward where the dialogue can occur without disruption. The use of a web-based environment can provide better access and greater flexibility in learning for students whenever there is little or no opportunity for real encounters with the teacher.

Intended learning outcomes

At the end of this session, participants should be able to:

- utilise virtual communication enhancing the dialogue between the student and the nurse teacher
- Enhance dialogue between the clinical preceptor and the nurse teacher
- Enhance use of new technology in nursing practice as a tool.

References

- Falloon, G., 2011. Making the Connection: Moore's Theory of Transactional Distance and Its Relevance to the Use of a Virtual Classroom in Postgraduate Online Teacher Education. *Journal of Technology in Education* 43 (3), 187-209.

Biography

I have been teaching in the nurse program for over 20 years in different positions. The last few years I've been working with research and development as head of two pedagogical projects. The aim of the projects is to develop the cooperation between the faculty and the clinical practice and clinical preceptorship.

Concurrent session 7

Friday 5 October 2012

7.1 Research and innovation

7.1.1

How to prevent the ageist stereotypes about seniors – using supervision meetings in nursing education

Andrea Pokorna, Senior lecture, Department of Nursing, Masaryk University, Czech Republic

Abstract

Stereotypes and discrimination are serious problems of the modern society. Not only are the ageist attitudes to the elderly quite common in the lay population, but the problem with stereotyping is common also among health workers and many of them tend to ageism. The best way to prevent stereotyping in the clinical nursing practice is effective educational process focused on the identification of signs of ageism and using preventive strategies. The presentation will provide main educational strategies used in teaching of master students in geriatric nursing (supervision meetings, role modelling, using video based training etc.).

Based on the feedback from students, the most important educational goals and also teaching methods and strategies or the prevention of ageist attitudes were defined. These goals and teaching methods could be used not only in the undergraduate, but also postgraduate education.

Cognitive goals: To learn the symptoms and signs of the ageist attitudes to seniors and to adopt methods for the elimination of stereotypes towards the elderly patients.

Affective goals: To show and understand how serious the problem of ageist attitudes is and how to work with it.

Psychomotor goals: To use a special questionnaire to recognize the signs and symptoms of the stereotypes (ageist) attitudes to elderly people and try to find an effective communication styles to seniors for ageism prevention. The effectiveness of the presented strategies was verified during the last semester in tuition and the work will also continue also in autumn semester. After that the students will apply their knowledge and skills in clinical practice and a post test will be done given in order to ensure determine changes in their opinions and attitudes.

Intended learning outcomes

At the end of this session, participants should be able to:

- Cognitive goals: learn the symptoms and signs of the ageist attitudes to seniors and to adopt

methods for the elimination of stereotypes towards the elderly patients

- Affective goals: show and understand how serious the problem of ageist attitudes is and how to work with it
- Psychomotor goals: use a special questionnaire to recognize the signs and symptoms of the stereotypes (ageist) attitudes to elderly people and try to find an effective communication styles to seniors for ageism prevention.

The effectiveness of the presented strategies was verified during the last semester in tuition and the work will also continue also in autumn semester. After that the students will apply their knowledge and skills in clinical practice and a post test will be done given in order to ensure determine changes in their opinions and attitudes.

References

- Palmore, E. The ageism survey: First findings, *The Gerontologist* 41 (5) (2001) 572-575.
- Cohen, ES The complex nature of ageism: What is it? Who does it? Who perceives it? *The Gerontologist* 41 (5) (2001) 576-577.
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Biography

Since 2005 I work at Masaryk University, Faculty of Medicine, and department of nursing. I work as senior lecturer and departmental international coordinator. Professionally I am focused on the geriatric nursing (prevention of ageism), nursing education in clinical practice, e-learning education and wound management. My specialization is quantitative research – focused on mentioned area. Doctoral studies I have done (defended 2009) linked to the prevention of ageism and supportive intergenerational programs. I am involved in several scientific researches aimed at geriatric nursing and wound management in nursing. I am member of several scientific group: Czech nurses, EWMA, MEFANET etc.

7.1.2

e-Mentoring - a 'just in time' solution

Ian Govier, Development Manager - Nursing Leadership, Leadership Directorate, National Leadership and Innovation Agency for Healthcare (NLIH), United Kingdom

Co-author: Paul Schanzer

Abstract

e-Mentoring provides a 'just in time' solution' for busy health care professionals to receive mentorship using technologies that are increasingly electronic or 'e' in nature.

This presentation will introduce conference attendees to the principles of e-Mentoring. It will demonstrate the impact of national e-Mentoring programmes that offer healthcare staff, including registered nurses, an opportunity to explore real work based issues with highly skilled and experienced health and social care professionals as part of a mentor relationship. Results of independent evaluations will also be presented.

e-Mentoring allows both mentors and mentees to benefit from a blended approach to learning and leadership development that combines 'face to face' engagement with e-technologies such as e-Mail, telephone, desktop video conferencing and voice and video enabled net books and tablets.

The principles, skills and competencies underpinning e-Mentoring are transferable to all work sectors, including nurse education, and provide a 'just in time' solution to the challenges associated with today's pressurised and time constrained workplace environment. Mentees receive both support and challenge as they build and focus their leadership and management skills in the context of a live job challenge so that they can deliver tangible results in their workplace and improve patient care.

Intended learning outcomes

At the end of this session, participants should be able to:

- introduce the principles of e-Mentoring
- demonstrate the impact of e-Mentoring within healthcare organisations
- share the results, conclusions and recommendations from independent evaluations of e-Mentoring programmes in NHS Wales.

Recommended reading

- NLIH e-Mentoring Handbook

References

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- Clutterbuck, D. (2004) *Everyone Needs a Mentor: Fostering Talent in Your Organisation* 4th ed.
- Chartered Institute of Personnel and Development, London.

Biography

Ian Govier works for the National Leadership and Innovation Agency for Healthcare (NLIAH) as Development Manager for Nursing Leadership. He is also an Honorary Lecturer at the School of Health Science, Swansea University as well as being an Associate Consultant for the Royal College of Nursing. Ian's professional interests include leadership development, mentoring and coaching, and spirituality in health care; he has presented and published many papers on these topics. In 2005, Ian launched CTR Training & Consultancy and is highly regarded for adopting a knowledgeable, creative, inspirational and values based approach to personal, professional and organisational development.

7.1.3

The nursing process self efficacy scale: introducing a new research tool.

Keren Levitin, Nurse Educator, Nursing, Ben Gurion University, Israel
Co-author: Talma Kushnir

Abstract

Background: Becoming an academic RN in Israel requires 4 years of studies in order to acquire the necessary skills. In addition to studying a large theoretical body of knowledge, students spend many hours in the clinical setting under the instruction of clinical teachers. The purpose of the clinical rotation is to bring theory to practice by implementing the nursing process as well as acquiring professional attitudes, mastering communication skills, and slowly transform into competent nursing graduates. It is important to understand the influence of the clinical rotation on professional self-efficacy and other learning outcomes. In order to examine the association between student-teacher relations in the clinical setting, professional Self Efficacy (SE) and the actual performance of the students as the learning outcome, a new tool was generated.

Method: The Nursing Process Self Efficacy Scale was built following Albert Bandura's guidelines (Bandura 2006) and its' validity and reliability were tested in a pilot study. The actual performance of the student is rated by the clinical teacher, on an abbreviated SE scale, regarding the student's ability to perform the nursing process while taking care of patients. The abbreviated scale was validated and its reliability tested in

this pilot study as well. Content validity of both scales was determined by comparing the domains, and questions in each domain to the literature on the nursing process and by receiving expert opinions of nursing teachers from three different nursing schools. After final formulation of the questionnaires, 117 nursing students in 1st -3rd year of studies responded to the Nursing Process Self Efficacy Scale and 8 clinical nursing teachers answered the abbreviated SE scale. Reliability was tested using Cronbach' alfa.

Results: Both questionnaires were found to be valid and reliable (Cronbach' -0.96 for both questionnaires) and are currently being used in 2 different research projects.

Intended learning outcomes

At the end of this session, participants should be able to:

- be familiar with The Nursing Process Self Efficacy scale
- understand how to build specific Self-Efficacy scales
- realize different ways in which the SE scale could be used in research.

Recommended reading

- Pajares (2002). Overview of social cognitive theory and of self-efficacy. Retrieved 25/03/2012, from <http://www.emory.edu/EDUCATION/mfp/eff.html>

References

- Bandura, A. 2006, 'Guide for creating Self - Efficacy scales' in *Self Efficacy beliefs of adolescents*, eds. F. Pajares & T. Urda, IAP, Inc., USA, pp. 307-338.

Biography

RN, CNM, M.Med.Sc.

Employment: Nurse educator at the Recanati School for Community Health Profession, Ben Gurion University of the Negev, Israel, since 1995. Teaching fields: Women's Health and fundamentals of nursing - Lecturer and clinical teacher during clinical rotations. Midwife at the Soroka Medical Center in Beer Sheva Israel, since 2003.

Studies: Masters' Degree in Epidemiology, Currently working on my PhD, in the field of nursing education.

Research interests: Nursing education, Midwifery.

7.1.4

Does patient feedback given to final placement pre-registration nursing students have an impact on their practice in the clinical area?

Phill Hoddinott, Senior Nurse - Education, Nursing Directorate, Imperial College Healthcare NHS Trust, London, UK

Abstract

There is a strong focus by the coalition government to improve the quality of care within the NHS at every level, focusing on patient partnerships. There is minimal research on how this can be achieved at the point of care, using real time feedback. The importance of establishing quality care in clinical practice is vital. Embedding this at pre-registration nursing level has the ability to raise standards and create a different kind of workforce within the NHS.

The aim of my study was to ascertain the effect of patient feedback and action plans on pre-registration nursing students' in clinical practice. A secondary aim was to consider the key difference between the student's self-assessment and patient feedback on the student's performance.

This study comprises of a series of case studies, where third year final placement pre-registration nursing students were given feedback from patients. This feedback was used together with self-assessment to produce an action plan at time one of the study. Nursing students were followed up four to six weeks later (at time two) to identify whether their clinical nursing practice had been affected by patient feedback.

The results from this study demonstrate that the participating pre-registration nursing students placed great value in receiving patient feedback and viewed it generally as a positive experience. The student nurses reported feelings of apprehension regarding their involvement and raised issues of confidence regarding receiving feedback. The results of the study did identify some similar themes from both the student and patient participants'; there were however some differences and unique comments and themes identified.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the need for patient involvement of pre-registration assessment
- give an outline of a study where patient involvement of pre-registration assessment was implemented
- describe the barriers of patient involvement of pre-registration assessment.

References

- Koh, L. (2007) Refocusing formative feedback to enhance learning in pre-registration nurse education. *Nurse Education in Practice*, 8 (4) 223-230.



- Hamilton, P. (2009) User involvement in pre-registration nursing curriculum. Royal College of Nursing, London.

Biography

Phil Hoddinott

- Senior nurse in Education, learning and development
- Visiting senior lecturer, Buckinghamshire New University

Phil leads a team of senior nurses within the corporate nursing education team on initiatives to support student nurses, newly qualified nurses and healthcare assistants within the Trust. He liaises closely with the three main universities who provide pre-registration education to the Trust.

Phil is an adult registered nurse and has held a number of clinical and managerial posts in the UK and overseas, he continues to work clinically on the emergency floor at St Mary's Hospital.

Phil has completed an MSc in quality and patient safety at Imperial College London and has a particular interest on the use of feedback given to student nurses to help improve patient experience.

7.2 Enhancing the student experience

7.2.1

Using e-learning to support clinical skills acquisition: exploring the experiences and perceptions of graduate first year pre-registration nursing students

Jacqueline Bloomfield, Senior lecturer, Florence Nightingale School of Nursing and Midwifery, King's College London, UK

Co-author: Anne Jones

Abstract

Background: It is essential that clinical skills education accommodates the different needs of nursing students (Fleming et al. 2010), particularly in view of widening access to higher education and increasing numbers of mature-aged entrants (O'Brien et al. 2009). E-learning has been championed for its ability to engage learners and individualise the learning process and evidence supports its use for teaching clinical nursing skills (Bloomfield et al. 2010). However, graduate nursing students have diverse needs, and their perceptions and experiences of e-learning require exploration.

Aim: To explore graduate students' perceptions and experiences of e-learning when used to supplement traditional methods to learn clinical nursing skills.

Design/Method: Mixed methods, utilising qualitative and quantitative approaches, were used. Participants were recruited from a cohort of graduates (n= 180) enrolled in the first year of an accelerated pre-registration nursing programme at a London university. Students were required to complete e-learning prior to attendance at practical clinical skills sessions. Focus groups (n = 2) were conducted to explore participants' (n = 14) experiences of e-learning and to identify common issues. Discussions were transcribed and analysed using a thematic approach. Findings informed the development of a questionnaire which sought to confirm perceptions of the e-learning resources and perceived value for clinical skills development. Data from questionnaires (n= 86) were analysed using descriptive and inferential statistics.

Results/Discussion: Students found e-learning useful for learning clinical skills and although they viewed it positively regarding accessibility, flexibility and independent learning, did not want it to replace traditional teaching methods, Video clips were perceived as the most useful feature while an underestimate of time requirements and navigational issues were reported frustrations. Findings contribute to the ongoing discourse on how e-learning can support clinical skills education and provide unique insights from the perspective of graduate nursing students. Consideration of these factors is imperative for maximising learning and enhancing the student experience.

Intended learning outcomes

At the end of this session, participants should be able to:

- gain an insight into findings from a mixed method study undertaken to explore graduate students perceptions and experiences of e-learning when used to supplement traditional methods to learn clinical nursing skills
- identify factors considered important by nursing students in relation to the use of e-learning for clinical skills education
- discuss how nurse educators can effectively use e-learning within the clinical skills curriculum to meet individual learner needs and enhance the student experience.

Recommended reading

- Bloomfield J, Roberts J and While A (2010) The effect of computer-assisted-learning versus conventional teaching methods on the acquisition and retention of hand-washing theory and skills in pre-qualification nursing students: a randomized controlled trial. *International Journal of Nursing Studies*. 47: 287-294.
- Fleming S & McKee G (2010) Undergraduate nursing students' learning styles: A longitudinal study. *Nurse Education Today*. 31 (5), 444-449
- O'Brien F, Keogh B and Neenam K (2009) Mature students' experiences of undergraduate nurse education programmes: the Irish experience. *Nurse Education Today*. 29(6): 635-640.

Biography

Dr Bloomfield is a Senior lecturer at the Florence Nightingale School of Nursing and Midwifery, King's College London. She is a registered nurse with a clinical background in haemato-oncology, oncology and palliative care. Her teaching focuses on chemotherapy, cancer, haemato-oncology and blood stem cell transplantation. Her research interests focus on e-learning, simulation, nursing education and clinical skills acquisition. She has publications in clinical and academic journals and has presented her work at national and international conferences. In 2010 she was awarded a Florence Nightingale Foundation Travel Scholarship and travelled to the USA to look at the use of technology for clinical skills teaching.

7.2.2

Skills based learning in clinical practice to promote Inter-professional education

Phil Hoddinott, Senior Nurse ELD, Nursing Directorate, Imperial College Healthcare NHS Trust, UK

Co-author: Joanne Jones

Abstract

Inter-professional education (IPE) is a collaborative approach to develop healthcare students as future Inter-professional team members. Training

students to work Inter-professionally can facilitate this further which could improve outcomes for patients (Bridges et al 2011). There is increasing evidence to suggest that IPE enhances the working relationship between healthcare professional (Rudland and Mires 2005). It provides value to enhance clinical practice and knowledge and gives students a better understanding of team working. Many healthcare students arrive at university with little idea about how each professional groups work together within a multidisciplinary team. Various studies have been carried out but few have conducted integrated learning in a combination of practical and communication based research.

In 2010 a group of medical and nursing students who were interested in IPE opportunities linked to their clinical placement were asked for their views on setting up some regular sessions. The group identified that not only clinical skill were an important factor of IPE but also the opportunity to learn with other professional groups. Regular skill based sessions were then facilitated by the clinical skills tutor giving the medical and nursing students an opportunity to learn and enhance these clinical skills together and to support socialisation of the two student groups. These sessions have been evaluated well by both the student groups and further sessions and further initiative are being investigated in order to expand IPE opportunities.

Intended learning outcomes

At the end of this session, participants should be able to:

- Overview of IPE in clinical practice

References

Bridges, DR, Davidson, AR, Odegard, PS, Maki, PI and Tomkowiak, J (2011) Interprofessional collaboration: three best practice models of interprofessional education Published: 8 April Medical Education, 16: 6035

Rudland, JR, and Mires, GJ (2005) Characteristics of doctors and nurses as perceived by students entering medical school: implications for shared teaching Blackwell Publishing Ltd Medical Education (39): pp 448–455

Biography

Phil Hoddinott

Senior nurse in Education, learning and development

Visiting senior lecturer, Buckinghamshire New University

Phill leads a team of senior nurses within the corporate nursing education team on initiatives to support student nurses, newly qualified nurses and healthcare assistants within the Trust. He liaises closely with the three main universities who provide pre-registration education to the Trust.

Phill is an adult registered nurse and has held a number of clinical and managerial posts in the UK and overseas, he continues to work clinically on the emergency floor at St Mary's Hospital.

Phill has completed an MSc in quality and patient safety at Imperial College London and has a par-

ticular interest on the use of feedback given to student nurses to help improve patient experience.

7.2.3

L'éducation interprofessionnelle dans la formation en soins infirmiers

Mireille Clerc, Directrice, Direction, HESAV - Haute Ecole de Santé Vaud, Switzerland

Abstract

L'évolution des soins exige une qualité des soins et une sécurité des patients accrues qui reposent sur la collaboration entre les professionnels de la santé. Afin de préparer les étudiants à cette interprofessionnalité, nous avons introduit dans le cursus bachelor l'éducation interprofessionnelle.

L'expérience réalisée à Lausanne (Suisse) a réuni 370 étudiants (soins infirmiers, médecine, physiothérapie, sage-femme, technique en radiologie médicale) autour de situations cliniques concrètes et complexes. Sous la supervision de tuteurs, professionnels et enseignants, les étudiants ont fait connaissance et se sont concertés pour prendre les meilleures décisions dans l'intérêt des patients. Ils ont ainsi acquis des connaissances grâce aux autres professionnels et à propos de ceux-ci et se sont confrontés au travail en équipe.

Les étudiants et les tuteurs ont exprimé une très grande satisfaction à l'issue de cette expérience et le souci que ce travail se poursuive au-delà du niveau prégradué. Une évaluation approfondie est en cours de réalisation. Elle concerne notamment :

- La dynamique et le fonctionnement du groupe
- La pertinence des décisions prises par le groupe (outcome)
- Les acquis des étudiants (connaissances, partage de valeurs, réflexion sur les activités en milieu de soins, dynamique de groupe, perspectives professionnelles, etc.) et des tuteurs
- La préparation des tuteurs et des étudiants avant la mise en situation (concept de référence, documentation, vignettes proposées, etc.) et le suivi de l'expérience
- L'inscription dans les cursus (ECTS alloués, profils des étudiants, niveau de formation, validation, etc.)
- Les aspects organisationnels et logistiques.

Les résultats alimenteront les réflexions sur un modèle lausannois d'éducation interprofessionnelle afin de soutenir les praticiens, les formateurs et les gestionnaires impliqués dans le déploiement de la pratique collaborative interprofessionnelle. Ils permettront également de préciser la place et les modalités imparties à l'éducation interprofessionnelle dans le cursus Bachelor en soins infirmiers.

Intended learning outcomes

At the end of this session, participants should be able to:

- Adaptation de la formation des professionnels de la santé à de nouveaux modèles de soins
- Construction de l'évidence soutenant l'efficacité de l'interprofessionnalité (EBP)
- Elaboration d'un modèle lausannois d'éducation interprofessionnelle à l'intention des professionnels, formateurs et gestionnaires impliqués dans la pratique collaborative et interprofessionnelle

Recommended reading

- Caipe (2002): Centre for the advancement of Interprofessional Education. <http://www.caipe.org.uk/about-us/defining-ipe/> (consulté le 13 avril 2012)
- Norton, L. (2009). Assessing student learning. In H. Fry, S. Ketteridge, and S. Marshall (Eds.). A handbook for teaching and learning in higher education : Enhancing academic practice (3rd Ed). New York, NY : Routledge
- Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Hammick, M & Koppel, I. (2008). Interprofessional education: Effects on professional practice and health care outcome. Cochrane Database of Systematic Reviews, Issue 1.

References

- Gallant, S., Clerc, M., Gachoud, D., Morin, D. (2011). Apprendre ensemble pour travailler ensemble : l'éducation interprofessionnelle, un mythe ou une réalité ? Recherche en soins infirmiers. N0106. 40-46
- WHO (2010). Framework for action on interprofessional education and collaborative practice. Geneva : WHO
- D'amour, D., Oandasan, I., (2005). Interprofessionalism as the field of interprofessional practice and interprofessional education : an emerging concept. Journal of Interprofessional Care. Supplement 1 : 8-20

Biography

Mireille Clerc est directrice de la Haute école de santé du canton de Vaud (HESAV) qui offre quatre filières Bachelor en soins infirmiers, physiothérapie, sage-femme et technique en radiologie médicale. Elle est membre du conseil du domaine santé de la HES-SO (University of Applied Sciences). Physiothérapeute diplômée, elle a suivi plusieurs formations en management et en Sciences de l'éducation (MSc).

En charge, en Suisse romande depuis 10 ans, de la mise en place du processus de Bologne dans les formations de la santé, Mireille Clerc bénéficie d'une solide expérience dans l'ingénierie, la gestion et l'évaluation de ces cursus.

7.2.4

Communication skills training for undergraduate nurses

Cathleen Aspinall, Senior Tutor, School of Nursing, University of Auckland, New Zealand

Abstract

The necessity of effective communication skills in nursing for beneficial outcomes for patients and nurses have been well researched and documented (Hamilton, 2007). There has been research describing the communication skills that are necessary (Propp et al, 2010). While there was a shortage of research evaluating communication skills training in the first part of this century (Chant et al, 2002), there has been increasing evidence that communication skills training can improve patient-centred communication and enhance empathy, (Sheldon, 2011). Previous studies have shown that unstructured and short-term courses based on a didactic style have no effect on empathic skill (Ozcan et al, 2011). Therefore the development of an evidence-based approach to the communication skills training is important. The School of Nursing in the University of Auckland considers communication skills training to be an integral part of the nursing education programme. There is a need for evidence to support the shape and content of the communication skills programme so that it is known to produce nurses that are highly competent in communication with patients, their families and other health staff.

The School of Nursing at The University of Auckland requires an evidence-base for the development and ongoing quality improvement of the communication skills module of the Bachelor of Nursing programme for undergraduate nurses. This research project will identify the core content required for an effective module, and then in a longitudinal approach research the implementation of its programme and the outcomes. The first approach explores the impact of the module in assisting students to develop an ongoing plan for the development of their communication skills, with the Myers-Briggs personality inventory being used to assist students to identify their personality type and preferred communication styles. The students will also be pretested with the Interpersonal Communication Competence Scale (Rubin & Martin, 1994).

References

- Chant, S., Jenkinson, T. et al. (2002) Communication skills training in healthcare: a review of the literature. *Nursing Education Today*, 22, 189-202
- Propp, K.M., Apker, J. et al (2010) Meeting the complex needs of the health care team: identification of nurse-team communication practices perceived
- Sheldon, L. K. (2011), An evidence-based communication skills training programme for oncology nurses improves patient-centred communication, enhancing empathy, reassurance and discussion of psychological needs. *Evidence-Based Nursing*. doi:10.1136/ebn1156

7.3 Developing education with nursing practice

7.3.1

An exploration of the attitudes, knowledge, willingness and future intentions to work with older people among Saudi nursing students in baccalaureate nursing schools in Saudi Arabia

Samira Alsenany, Assistant Professor, Nursing School, Nursing School, Assistant Professor, Nursing School, King Abdulaziz University, Saudi Arabia

Abstract

Accordingly, more than 1000 million people will be over 60 years old by 2025, the vast majority in the developing world. The kingdom of Saudi Arabia, like most of the world has a growing older population with urgent health care needs. In the light of this, the aim of this study was to explore the impacts of an integrated gerontologic nursing program and clinical nursing practice on attitudes, knowledge, willingness and intentions with regard to work preferences towards the care of older people among nursing students, and to determine the effects of clinical nursing practice on nursing students' knowledge, attitudes, willingness and intentions/ work preferences towards the care of older people in three major university hospitals. The study also determined nursing faculty members' attitudes towards older people, shared faculty members' thoughts about gerontologic nursing education and drew implications for the gerontology curriculum in baccalaureate nursing schools. The study considered that the 566 nursing students who participated in this study from an integrated gerontologic nursing curriculum in three Saudi BSN programmes displayed a lack of basic knowledge of ageing (physical and behavioural aspects of ageing) on the modified Facts on Ageing Quiz 2 (FAQ2). The qualitative data represent in this data a need for greater effort in for the preparation of nursing students, with the provision of integrated skills and knowledge in the care of older people. This study is enriched by themes from the open-end questions included in the survey, which do not impart unambiguous answers but give some potentially telling insights into nursing students' views. In fact, this study aims to fill the gaps in gerontologic nursing education between nursing students and faculty members at nursing schools, especially as it is the first study to listen to their voices simultaneously to gain an improvement in the teaching-learning process.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand improvements in the teaching-learning process
- explore the impacts of an integrated gerontologic nursing program

- understand implications for the gerontology curriculum in baccalaureate nursing.

References

- Al Senany, S. (2009). Student nurses' attitudes and knowledge towards the care of older people in Saudi Arabia. 'Generation review'. *British Society of Gerontology Journal*, 19(4), October.
- Grant LD. Effects of ageism on individual and health care providers' responses to healthy aging. *Health Social*

Biography

- PhD Nursing 2010
- University of Sheffield, UK
- MPhil Nursing Research 2005
- University of Sheffield, UK
- PGDip ANP 2004
- One year Post Graduate Diploma in Advance Nursing Practice
- University of Nottingham, UK.
- MSc in Health Care Management 2003
- University of Wales, Swansea, UK
- BSN Bachelor degree in Nursing 1994
- Faculty of Medicine and Allied Sciences, King AbdulAziz

7.3.2

Bridging the gap? Educational challenges in reforming Norwegian health care

Bente Norbye, Associate Professor in Health Sciences, Department for Health Care Sciences, Desentralized Nursing Education University of Tromsø, Norway

Abstract

This presentation reports on new forms of professional education for nursing and health care professionals in Norway.

Health care systems in Norway have experienced extensive change since the 1990s, reflecting shifts in economic and political contexts, including staffing crises and demographic change. This has led to significant restructuring in service delivery and health care institutions, posing new demands for service providers, and requiring health care professionals, authorities and politicians to re-think the delivery and organization of services.

Government recommendations for improved health care services (Norwegian Ministry Report No. 47, 2008–2009) include a requirement for patients to receive proper treatment at the right place and right time. A main feature of the implementation of the reform therefore becomes the devolution of health care services to municipalities, including services traditionally associated with hospital care, with greater emphasis on preventive health care and on patients' capacity for controlling their own life situations. Consequently municipalities must themselves develop new ways of delivering and organizing health care services,

and professional development and education, to ensure success of the proposed reforms.

The Ministry report recommends increased support for the municipalities, where nursing education provides the largest group of workforce/health personnel. Questions therefore arise about what needs to be done systemically in nursing education to provide nurses and health care professionals with an appropriate and sufficient knowledge and competence base.

My work as coordinator of higher education focuses on enabling university-based professional educators to develop new action research-based forms of educational practice that will in turn enable nurses and health-care professionals to ask and answer questions of the kind, 'How do we improve our practices?' (McNiff and Whitehead 2006, Whitehead 1989). As collaborative communities of educational practice, we therefore produce our descriptions and explanations of practice in the form of our personal theories of practice.

Intended learning outcomes

At the end of this session, participants should be able to:

- learn about Norwegian health systems
- gain a working knowledge of professional education practices for nurses and health care practitioners in Norway
- develop insights into problematics of new reform systems

References

- Norwegian Ministry of Health and Care Services: Summary in English: Report no. 47 (2008–2009) to the Storting. The Coordination Reform. Proper treatment – at the right place and right time. Oslo, Ministry of Health and Care Services.
- McNiff, and Whitehead, J. (2006) All you Need to Know about Action Research (2nd edition). London, Sage.
- Whitehead, J. (1989) 'Creating a Living Educational Theory from Questions of the Kind, 'How do I improve my practice?''', *Cambridge Journal of Education*, 19 (1): 137–53.

Biography

- Associate professor at decentralized nursing education University of Tromsø.
- Leader for a research group for education at the Department of Health and Care sciences.

7.3.3

Innovative study programs in nursing education in Germany: combining the vocational training and a bachelor's degree in nursing

Andrea Thiekoetter, Professor for Nursing Management, Nursing Management, Fliedner Fachhochschule Duesseldorf-University of Applied Sciences, Germany

Abstract

Background: Since a few years in Germany, nursing education is allowed by law to be carried out by universities of applied sciences as an academic education within co operational institutions like nursing schools and hospitals. This includes the vocational training of three years plus the scientific education of nurses ending with a bachelor degree- in total four years. Therefore, different study programs do exist trying to realize this 'new education' for general nurses. But with these new study programs, lots of problems in nursing practice and education did appear.

Aims: Aim of this paper is to give an overview about the currently new situation in 'general nursing education' in Germany, and all resulting problems at universities, nursing schools, at hospitals, and in the practice field.

Methods: This descriptive study is designed by analyzing the variety of models in nursing education in Germany at universities of applied sciences focussing on nursing as a bachelor program combined with the vocational training.

Results: The findings of this study show that there are some integrative and also dual academic programs in nursing at the universities. All curricula are trying to promote nurses in their future practice fields and competencies they need for it.

Discussion: The most discussed problem at the moment is where these academic educated nurses should work afterwards: at patient's beds or in other positions like in the middle management, quality assurance etc.?

Conclusion: It's still a question if these study programs are helping to reduce the shortage of nurses which was one aim of the German government to change the law for nursing education. But in the discourse of professionalization regarding to the academization process in nursing, it's an important step of enabling the nurses within their education and providing them for the tasks in the future.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the process of academic education in nursing in Germany
- gain an overview about academic study programs for general nurses
- understand the difficulties in nursing education based on political decision.

Recommended reading

- Luparell, S. (2011) Incivility in Nursing: The Connection Between Academia and Clinical Settings. In: *Critical Care Nurse*, Vol 31, No. 2, APRIL 2011, p. 92-95.

References

- Lehmeier, S./ Schleinschock, M. M. (2011) Primärqualifizierende Pflegestudiengänge. Eine systematische Analyse dualer und grundständiger Pflegestudienmodelle in Deutschland. Lage: Jacobs.
- Stöver, M. (2010) Die Neukonstruierung der Pflegeausbildung in Deutschland. Eine vergleichende Studie typischer Reformmodelle zu Gemeinsamkeiten und Differenzen sowie deren Nachhaltigkeit. Lage: Jacobs.

Biography

Andrea Thiekötter is a Professor for Nursing Management at the Fliedner Fachhochschule Düsseldorf, University of Applied Sciences, Germany. She is a qualified nurse and worked for several years as a (head) nurse at the Florence-Nightingale-Hospital in Düsseldorf-Kaiserswerth. She studied health promotion and management at the University of Applied Sciences, Magdeburg, and was a nursing manageress at a catholic hospital for some years. She wrote her doctoral theses on the topic 'Nurse education in the German Democratic Republic' and got her PhD at the Martin-Luther-University Halle-Wittenberg in 2006. Her research fields are academic education of nurses, professionalization, nursing history, theory, management as well as qualitative research.

7.3.4

As student to nurse: development of skills in the context of teaching clinical

Marília Rua, Adjunct Professor, School of Health Sciences, University of Aveiro, Portugal

Co-authors: Maria Isabel Lobo de Silva Tavares and Alarcão, Wilson Jorge Correia Pinto de Abreu

Abstract

Nursing education has followed the sociocultural and scientific and technological evolution in an attempt to find answer to the client's demands and mainly to the complexity of the health care context.

In this study we sought to understand in which way the students develop their abilities on clinical teaching contexts and which are the factors that, under the bioecological human development perspectives (Bronfenbrenner and Morris, 1998) and its PPCT model are constituted as facilitators or inhibitors of that development.

We selected a predominately qualitative methodology, using a case study referring to the Course of the Nursing Degree, in University of Aveiro.

Data emerged from the narratives of students and supervisors about their experiences on clinical teaching. The final results allow us to conclude



that the development of abilities occurs in an integrating way, combining synergistically different dimensions, in a dynamic, dialectic, and progressive process. And also, under the PPCT model, certain factors which influence the development of abilities are highlighted.

For the Person - emerge the activities and roles played, the contact with suffering and death and affective-relational climate;

As to the Process, the proximal process are pointed out, as well as strategies of supervision and difficulties experienced by the supervisors. In the microsystem, the importance goes to the specificities of each Context and the involving atmosphere, whereas in the mesosystem the importance goes to the multicontextual participation and intercontextual knowledge

In the exosystem, the interinstitutional relationship and the partnership models is emphasized and, at a macrosystemic level, signs of the influence of the policies of hospital management and training, as well as the conceptual matrix of nursing, are rising in a subtle way. To what the Time is concerned, the importance of the continuity of the proximal processes and the periodicity of the clinical teaching deserved significant references.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the process of developing the skills of the nursing student in the ecological context of clinical teaching, from the perspective of various actors
- analyze the process of developing student skills in the context of clinical teaching in the light of Bioecological Theory of Human Development by Bronfenbrenner and Morris
- identify the different stages of development of skills of the student's

Recommended reading

- Abreu, W. C. 2007. Formação e Aprendizagem em Contexto Clínico. Fundamentos, Teorias e Considerações Didáticas. Coimbra, Formasau - Formação e Saúde.
- Bronfenbrenner, U. & Morris, P. 1998. The Ecology of Developmental Process. In: Damon, W. & Lerner, R. (eds.) Hand Book of Psychology: theoretical models of human development. 5th ed. New York: John Wiley & Sons.
- Alarcão, I. & Rua, M. 2005. Interdisciplinaridade, Estágios Clínicos e Desenvolvimento de Competências. *Texto e Contexto*, 14, n.º 3.

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- Alarcão, I. 2001. Formação Reflexiva. *Referência*, n.º 6, 54 - 59
- Bronfenbrenner, U. 2005. *Making Human Beings Human: Bioecological Perspectives on Human Development.*, Thousand Oaks, Sage Publications
- Yin, R. 1993. *Applications of Case Study Research*, London, Sage Publications.

Biography

Maternal Health Specialist nursing and midwifery.

Master of nursing science

PhD in Health Sciences.

Associate Professor

7.4

Developing education with nursing practice

7.4.1

Flying start England: the evolution of preceptorship towards a new national career transition framework

Chris Sykes, Practice Education Facilitator, Cambridgeshire County Workforce Group, NHS Midlands and East, UK

Co-authors: Angela Dempsey, Caragh Urquhart

Abstract

Introduction: The difficulties faced by staff undergoing transition from one role to another is well recognised (Barton, 2007) particularly in transitioning from student to newly qualified status (Kramer, 1974). The benefits of preceptorship during that transition period are clear in terms of improving confidence, socialisation into the workplace, improving skills and knowledge and delivering safe, effective care (DOH, 2009).

Background: Flying Start England, the NHS Preceptorship Framework, is set to be redeveloped in line with the NHS new landscapes, challenges and service transformations. Originally formed from NHS Scotland's Flying Start programme in 2009, the former programme was designed as a multi-professional framework to support newly qualified healthcare practitioners to successfully complete transition from student status to their newly qualified roles.

Proposed National Career Transition Framework: The National Editorial Board for Preceptorship believe that it is time to expand the notion of preceptorship to one of Career Transition, recognising that transition of staff from one role to another is a life-long process (Barton, 2007) and not just an issue for newly qualified staff. It also supports the application of lifelong learning and will provide a multi-professional focus. The National Editorial Board have joined forces with the NHS Leadership Academy in developing the new initiative, which will be linked to the NHS Leadership Framework and associated tools and frameworks, offering a leadership focus to career transition.

An initial scoping exercise has been undertaken to identify ways in which preceptorship resources and information can be linked to the Leadership Framework, and stakeholder engagement in determining how and what information needs to be included is ongoing through the National Editorial Board. It is hoped that the new framework will be piloted during the summer and in place nationally by the end of the year.

Intended learning outcomes

At the end of this session, participants should be able to:

- recognise the need for preceptorship in newly qualified staff
- gain an understanding of the principles of the new National Career Transition Framework

- recognise the role that educators can play in supporting preceptorship within their organisations.

Recommended reading

Draper, J., Sparrow, S., Gallagher, D. 2010 Crossing the threshold: Student's experiences of the transition to staff nurse. Final report of the PBPL funded project. [Pdf] Milton Keynes: Open University. Available at: <http://www.open.ac.uk/cetl-workspace/cetlcontent/documents/4b7bdoac1505a.pdf> [Accessed: 27th May 2011].

Department of Health 2009. Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. [Pdf] London: Department of Health. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digital-assets/@dh/@en/@abous/documents/digitalasset/dh_114116.pdf [Accessed: 30th March 2012].

Kramer, M. 1974. Reality Shock: Why Nurses Leave Nursing. St Louis: Mosby.

References

Barton, T. 2007. Student nurse practitioners - A rite of passage? The universality of Van Gennep's model of social transition. *Nurse Education in Practice*. September 7 (5), pp.338-347.

Department of Health 2009. Preceptorship Framework for Nursing. London: Crown

Biography

Chris Sykes qualified as an RGN at Ipswich Hospital in 1985 and went on to become a Ward Sister there in Dermatology, Neurology and Respiratory medicine. Chris joined the Fenland Evening Nursing Service in 1994, going on to become Lead Nurse for the service. Chris later trained as a District Nurse and Community Practice Teacher, and also worked as Associate Lecturer for Anglia Ruskin University – teaching on the BSc Specialist Practitioner (District Nurse) course and MSc Community Matron course. Chris is currently working as Practice Education Facilitator and is studying for her Professional Doctorate.

7.4.2

Supporting Learners in Practice (SLiP): development and implementation of an innovative multi-professional workshop for practitioners

Ann Butler, Practice Education Facilitator, Faculty of Health, Aintree NHS Foundation Trust, Liverpool, UK
Co-author: Debra Price

Abstract

An initial 2 day workshop was developed in collaboration with a local Higher Education Institute (Thomas and Devereux 2010) which aimed to enhance the abilities of registered nurses in effectively assessing student nurses and to also

support recognised mentors in their mentorship role.

In light of the changing role of the Practice Education Facilitator (PEF) to include multi-professional learning; it became evident that different disciplines utilise a variety of preparation courses to enable them to formally assess students.

Therefore, a working group led by PEF's involving a variety of different disciplines, looked at the existing content and adapted the presentations and delivery in order to meet the needs of all.

The content includes case scenario work and group discussion. Teaching methods include Power Point presentation, group work, and DVD (filmed and produced by PEF's). Topics covered include: the learning environment and supervision of students, the assessment process including documentation and action planning; failure to fail and assessment and accountability.

The revised content supports inter professional education drivers and the need for collaboration in health and social care to improve services and effect change (Barr 2002).

Furthermore, the NMC Standards for Education (2010) recommend that throughout each part of the pre-registration programme with the exception of progression points and entry to the register 'a registered nurse mentor, or where decisions are transferable a registered professional who is suitably prepared to support and assess students' can participate in the assessment process. It is intended that this workshop supports the aims of the NMC in relation to the practice element of the programme and the multi-professional agenda.

Intended learning outcomes

At the end of this session, participants should be able to:

- have an awareness of key challenges when implementing multi-professional learning in the workplace
- have recognition of the importance of inter professional education drivers and the need for collaboration in health and social care
- reflect on opportunities for collaborative relationships within practice to improve communication and the student experience.

Recommended reading

• Barr, H. (2002) *Interprofessional Education Today, Yesterday & Tomorrow*. Available at www.health.heacademy.ac.uk

• Nursing and Midwifery Council (2010) *Standards for Education*, London, Nursing and Midwifery Council.

• Thomas, J. A. Devereux, J. (2010). Pre-mentor preparation-a step in the right direction? *Practice Education Forum: RCN Education Conference*, Blackpool 2010

Biography

Ann has worked as a Practice Education Facilitator for the last 4 years. Prior to this post she has previous experience working in an education role with NVQ in Health care. Her clinical experience

has mainly been within Cardiothoracic surgery and high dependency working initially as a staff nurse before progressing to ward manager level. prior to moving in to education

7.4.3

An illuminative evaluation of an associate lecturer scheme

Elaine Beer, Director of Postgraduate Studies (Taught), School of Nursing and Midwifery Studies, Cardiff University, UK
Co-author: Maurice O'Brien

Abstract

Collaboration with local healthcare providers, developed an Associate Lecture Scheme (ALS) at Cardiff School of Nursing and Midwifery Studies, for a two day/ week secondment for clinical practitioners, in response to policy documents advocating Clinical Academic Careers.

The aim was to evaluate the ALS with respect to teaching, learning, research and scholarly activity, and personal and professional development: from the perspective of Associate Lecturers (AL), mentors and key stakeholders.

A modified Illuminative Evaluation, using semi-structured interviews and documentary evidence, was undertaken. Data analysis used a framework approach formulated around specific research objectives.

ALS engaged in a wide range of learning and teaching activities; there were benefits for both education and practice; ALS' clinical credibility reduced the theory practice gap.

Secondments with a research focus supported development of research skills, but these were less evident in teaching and learning focussed secondments. Research and scholarly activities were more likely to be developed at a later stage of the secondment. Research was viewed as an important area for collaborative development.

Personal and professional development opportunities were considered as positive, developing ALS' confidence and their careers. Mentors also developed from supporting ALS.

Scheme manager and mentor support was valued by ALS; but this required an investment in time and the need to balance this with demands of substantive roles. Organisational change, concerns regarding security of substantive clinical role and a lack of secondment backfill, resulted in early termination of some secondments.

The scheme introduced ALS to an academic culture laying the foundation for a 'clinical academic career'. It made important links between education and practice for students and staff; particularly in research and scholarly activity, an important area for practice and education collaboration. To advance future provision of clinical academic careers collaboration between education, research and practice is required.



Intended learning outcomes

At the end of this session, participants should be able to:

- illuminate the teaching and learning activity, research and scholarly activity and personal and professional development opportunities available within an Associate Lecturer Scheme.
- illuminate support mechanisms for teaching and learning activity, research and scholarly activity and personal and professional development for Associate Lecturers and their mentors.
- illuminate how key stakeholders view the implementation of the Associate Lecture Scheme and subsequent recommendations.

Recommended reading

- Brown SJ (2006) The experiences of lecturer practitioners in clinical practice. *Nurse Education Today* 26 601-608.
- Butterworth A, Jackson C, Brown E, Hesse J, Ferguson and Orme M (2005) Clinical academic careers for educators and researchers in nursing: Some challenged and solutions. *Journal of Research in Nursing*. 10 (1) 85 – 96.
- Fowler J, Mills MF, North-Rose A, Hamilton M, Johnson M, Anthony D, Power K, Ashton M (2008) Joint appointees' experiences within a school of nursing and midwifery. *British Journal of Nursing* 17 (22) 1416-1419.

References

- Parlett M (1981) *Illuminative Evaluation*. In Reason P and Rowan J (Eds) *Human Inquiry: A Sourcebook of New Paradigm Research*. New York. John Wiley and sons.
- UK Clinical Research Collaboration (2007) *Developing the best research professionals. Qualified graduate nurses: recommendations for preparing*
- Welsh Assembly Government (2009) *Post Registration Career Framework for Nurses in Wales*. Welsh Assembly Government.

Biography

I have worked in the School of Nursing and Midwifery Studies for 25 years in a variety of roles and I am currently Director of Postgraduate Studies (Taught). My clinical background is in operating department nursing, and when I initially joined the School I provided pre-registration and post-registration education relevant to this area of practice. Currently I oversee all postgraduate taught programmes and lead the Postgraduate Certificate in Education. My interests and professional development activities are in the area of educational leadership and management and it has been my privilege to manage the Associate Lecturer Scheme since its inception.

7.4.4

Evaluating the impact of professional development on practice change

Melanie Jasper, Professor of Nursing, College of Human and Health Sciences, Swansea University, UK

Co-authors: Gary Rolfe, Dawn Freshwater

Abstract

Background: The All-Wales Professional Development programme, launched 2010, aimed to ensure existing and aspiring ward managers were practising to nationally agreed competencies. Founded in reflective learning principles, the programme recognises each participant as occupying a different place on their own individual professional journey, and encourages genuine self-assessment of their knowledge and skills, and acknowledgement of the next stage of this journey. During the programme, participants identify areas of practice in their clinical environment that require change; design, implement and evaluate that change; and assess impact on patient care and outcomes.

Aim: This paper presents an evaluation of the impact of completing the programme through identifiable effects on patient care, addressing the challenges of implementing a universal programme located within individual professional development needs.

Methods: Patient/nurse stories exemplifying practice change and development following the programme were submitted electronically and supplemented by in-depth interviews with 20 programme attendees exploring how the processes of reflective activity and reflective leadership-in-action encountered during the programme acted as facilitators of practice change.

Results: The presentation of stories evidencing the impact of professional development and illustrations of practice development resulting in enhanced patient outcomes demonstrate direct links between leadership and managerial development, reflective processes and outcomes for patients.

Discussion: Challenges arising from the need for collaboration between education and practice; changing cultural expectations of professional development activity, and ensuring consistency across local health board approaches form the basis of discussion. The session will demonstrate the effectiveness of this individualised approach to professional development in terms of its impact on care delivery, patient outcomes and nurse involvement in practice change.

Conclusions: Patient/nurse stories can provide measurable outcomes of professional development. Facilitating cultural change in terms of expectations of professional development requires linking outcomes to activity, and follow-up support from the organisation once a programme is completed.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the place of professional development programmes in stimulating improved patient care;
- consider how patient/nurse stories can provide evidence of professional development
- understand how reflective processes-in-action can facilitate practice development.

Recommended reading

- Rolfe G, Jasper M and Freshwater D (2010) *Critical reflection in practice: generating knowledge for care* Basingstoke, Palgrave
- Jasper M (2006) *Professional Development, Reflection and Decision-making*
- Oxford, Blackwell Publishing ISBN- 13:978-1-4051-3261-9

Biography

I entered nursing education in 1990 following years of practice as a health visitor and midwife. Having developed an interest in professional and practice development as a lecturer, my expertise has focussed on reflective learning strategies. I am currently on secondment to the Office of the Chief Nurse for Wales, leading the Professionalism Project.

Symposium

Wednesday 3 October

1.4

Empowering the Professionalization of Nurses through Mentorship (EmpNURS) project

Aim of the symposium is to present the action plan, project intervention and preliminary results of the Empowering the Professionalization of Nurses through Mentorship (EmpNURS) project. The EmpNURS is a 3-years project (2010-2013) funded by European Commission's Lifelong Learning Programme. The thematic field of the EmpNURS project is in advancing empowerment of nursing culture and its operational focus is in Mentorship. The project is carried out by 11 partner organizations from Czech Republic, Finland, Hungary, Lithuania, Romania, the Netherlands and United Kingdom.

Why the EmpNURS project is important at this moment?

Nursing education system has experienced a remarkable transition when it moved from the hospital based or vocational schools to HEIs in Europe. This transition occurred across different time periods between 1960 and 2000's within different European countries. Caused by different development phases, supervisory practices vary widely among European countries.

In many new EU countries nursing as profession and educational field, has been underestimated – even though the education has been moved to Universities. It is important to advance professional empowerment both on collective and individual level.

Design and working model of the EmpNURS project:

- Basic exploration of clinical practice in four teaching hospitals in Brno, Budapest, Iasi and Kaunas.
- Planning the Mentorship training course for clinical staff nurses.
- Piloting the model (4 pilots).
- Evaluation of the process using qualitative and quantitative methods.
- Dissemination of the results.
- More information: www.empnurs.eu

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the importance of integration of education and practice organizations in promoting congruity of European nurse education

- recognize Mentorship model as a crucial element in the empowerment of nursing profession
- understand the role of clinical staff nurses as contributors of professional development of nursing students.

Enhancing the student clinical experience in cooperation of higher education institutions (HEI) and health care services

Mikko Saarikoski, Project Manager, Health Care Education, Turku University of Applied Sciences, Finland

Co-authors: Karen Holland, Nicole Janmaat, Heini Toivonen, Tony Warne

Abstract

Background: Nursing, as a profession, varies across Europe. Partly this is a consequence of significant differences in the way nurses are educated. One indicator of nursing development phase is activeness of qualified nurses in supervision process of student nurses during their clinical placements. However, such approaches are not universal because the Mentorship model can be moderately unknown; there are already countries where qualified nurses operate quite independently supervising nursing students and also countries where qualified nurses don't join this process at all.

Aims: The EmpNURS project is aimed at benefiting nurse educators and student and qualified nurses. The thematic field of the project is in advancing empowerment of nursing culture and the operational focus is in Mentorship. Action model of the project is basing on previous work (Saarikoski et al., 2008; Warne et al., 2010).

Methods: Mentorship training courses will be facilitated in four moderately new member states within the European Union. Each Mentorship course will be specifically geared to the cultural, professional and organizational needs of the participating partners. The EmpNURS consortium is consisted by 11 full partner organisations. Seven of these organisations are HEIs and four are teaching hospitals working at close cooperation together. Cities where the mentorship pilots are carried out are Brno, Budapest, Iasi and Kaunas.

Expected results: The anticipated project outcomes are: developed supervision skills of qualified nurses; a homogeneous range of Mentorship models; enhanced integration of education and practice organizations and promote congruity of European nurse education. An impact evaluation of the EmpNURS project will be undertaken using

both quantitative and qualitative methods. In particular the evaluation will assess the increased cooperation between health care services and education, and the impact upon the professional empowerment of nurses. The EmpNURS seeks permanent influences in professional practice of nursing in the joined organisations.

Intended learning outcomes

The Symposium audience will get a 'snap shot picture' about the aims, action model and evaluation procedure of a development project advancing the nurse education in four moderate new EU countries.

References

- Saarikoski M., Isoaho H., Warne T. & Leino-Kilpi H. 2008. The Nurse Teacher in clinical practice: developing the new sub-dimension to Clinical Learning Environment and Supervision (CLES) scale. *International Journal of Nursing Studies* 45; 1233-1237.
- Warne T., Johansson U.B., Papastavrou E., Tichelaar E., Tomietto M., Van den Bossche K., Vizcaya- Moreno M.F., Saarikoski M. 2010. An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today* 30; 809-815.

Biography

Dr Mikko Saarikoski has acted as a nurse teacher in Finland since the 1980's and as Research & Development Manager of Health Care Education 2004-2009. Since 2010 Dr Saarikoski has acted as leader of the EmpNURS project. His major work as researcher has been in development of research instruments for quality assurance of clinical learning environment. The origin instrument version – Clinical Learning Environment and Supervision (CLES) scale – was published in 2002. The more extensive version of the scale, CLES+T (2008), includes further the sub-dimension illustrating also the role of a nurse teacher in clinical practice.

A basic exploration of nursing students' clinical placement experiences in four EU countries

Ileana Antohe, Associated Professor, Nursing, University of Medicine and Pharmacy 'Gr T Popa' Iasi, Romania, Romania

Abstract

Background: The study was a part of EmpNURS project. It explored the basic situation of clinical placements for nurse students in Czech Republic, Hungary, Lithuania and Romania before the project interventions.

Aims: The aims of the study were to explore: (1) how nursing education systems occur in the context of clinical practice; (2) how students experience their learning environment and supervision by staff nurses, (3) to compare clinical placement experience of student nurses in old and moderately new EU countries.

Methods: The participants in the study (N=418) were pre-registration nursing students, just ending their clinical placements. A web based data collection system was used. The questionnaire included background variables, questions of placement's structural features and 25 items of a validated Clinical Learning Environment scale (CLES).

Results: The most common supervisory model was group supervision (56%); approximately a quarter (26%) had experienced individualised supervision. The students evaluated their clinical learning environment positively. Students' total satisfaction correlated most strongly with the supervisory model; most satisfied students had an experience of individualised supervision.

Discussions: The study gives a common picture of clinical practice of nursing students in four moderately new EU countries. The results highlight individualized supervision model as a crucial factor of students total satisfaction during their clinical placements.

Conclusions: The most common model for supervision was group supervision, whereas current models in older EU countries emphasise individualised supervision. Also supervisory role of clinical staff nurses is lower than in a wider study carried out in nine older EU countries (Warne et al. 2010). Students' total satisfaction was mainly on high level. There are few challenges in changing inappropriate and outdated approaches in developing new practices which better meet nursing care as an independent profession and education field.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand how nursing education systems occur in the context of clinical practice in Czech Republic, Hungary, Lithuania and Romania before the project interventions.

References

Warne T., Johansson U.B., Papastavrou E., Tichelaar E., Tomietto M., Van den Bossche K., Vizcaya- Moreno M.F., Saarikoski M. 2010. An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today* 30; 809-815.

Biography

I work in The University of Medicine and Pharmacy 'Gr T Popa' Iasi in Romania, in the Faculty of Medicine, as head of the Nursing department. I am associated professor in nursing, focusing on clinical nursing and internal medicine.

My background is in internal medicine and my Ph.D. degree thesis is in cardiology.

I am involved in mentorship development for nurse students since 2003, as member of the Thematic

European Nursing Network (TENN) and Empowerment of the Professionalization of Nurses through Mentorship (EmpNURS) Projects of EU Commission.

I am part of the international advisory board of Nurse Education in Practice.

The pilot mentorship programme: implementation, methodology and evaluation

Andrea Pokorná, Senior Lecturer, Department of Nursing, Masaryk University, Faculty of Medicine, Czech Republic

Co-authors: Olga Riklikiene, Erna Tichelaar, Éva Nagy, Gražvyde Masiliuniene, Mariann Bódi

Abstract

Background: Nursing educational system in the relatively new incoming EU countries is still different in comparison with the 'traditional' EU members. Even if some non-traditional EU countries have already started individual supervision at clinical workplaces, not all fundamental elements of true mentorship have been applied. This is why the EmpNURS project activities started as an opportunity to develop and implement a mentorship programme based on evidence and best practices. The mentorship training course was piloted in 3 countries: Lithuania, Czech Republic and Hungary.

Aims: The aim of piloting the course was to identify the possibility to apply evidence-based mentorship program in four EU countries based on one set of evidence and resources and to assess the process of the course implementation. One of the objectives was to evaluate the implemented activities and their influence on student nurses' clinical practice. Another objective was to recognize intercultural aspects which could influence clinical training of nurses in different countries.

Methods: First phase - literature review, critical revision of available resources. Second phase - piloting, arrangement and evaluation of the evidence-based theoretical part of a mentorship course.

Preliminary results and discussion: The mentorship course has been piloted in three countries so far. The preliminary results of the actual evaluation report positive responses from student-mentors as well as student nurses, but the main obstacles for effective application of mentorship course could be identified as the unpreparedness of healthcare staff and workplaces, and inefficient collaboration between educational and healthcare institutions.

The main problem on the personal level could be based on the inability to use reflective learning, fewer acceptances of the main characteristics of andragogy, lack of skills in competence-based assessment of student nurses.

Conclusion: The mentorship course was prepared and piloted in three new EU countries. The presentation will mention some of the main challenges.

Intended learning outcomes

At the end of this session, participants should be able to:

- describe process of preparation /foundation)of the pilot mentorship courses for nurses
- understand the implementation process from the course teachers point of view
- Identify the evaluative procedures in general which could be later apply as a model for mentors training evaluation.

Biography

Since 2005 I work at Masaryk University, Faculty of Medicine, and department of nursing. I work as senior lecturer and departmental international coordinator. Professionally I am focused on the geriatric nursing (prevention of ageism), nursing education in clinical practice, e-learning education and wound management. My specialization is quantitative research – focused on mentioned area. Doctoral studies I have done (defended 2009) linked to the prevention of ageism and supportive intergenerational programs. I am involved in several scientific researches aimed at geriatric nursing and wound management in nursing. I am member of several scientific group: Czech nurses, EWMA, MEFANET etc.

1.5

Innovative and inspiring learning environments

The symposium is based on the approach of OIS (Open Innovation Space). The OIS approach is used at Savonia University of Applied Sciences, Finland, in order to support students to integrate theory and practice in their studies. In addition, OIS aims to enhance collaboration between students, teachers, other staff and representatives from working life; to use different kinds of learning environments; and to produce new services and products to working life through different development projects. This symposium presents different kinds of experiences and innovations when using this approach in teaching and learning. The symposia leader Dr. Irma Mikkonen will chair the symposium. The symposium will include five different presentations presenting how the innovative OIS – approach have been used in social and health care education:

- Dr. Pirkko Jokinen will describe how nursing education will be carried out by using blended learning approach combined with the principles of OIS.
- Dr. Anne-Leena Juntunen will describe how OIS approach is applied in the adult education during the first year of the degree programme – freshman experiences.
- MNSc Marja Gröhn-Rissanen will present how a project course will be implemented in collaboration by students, teachers and working life representatives. The implementation includes research conducted by students and teachers.
- Lic.Sc. Marja Äijö and MNSc Päivi Tiilikainen will describe how by using virtual, Second Life, environment and virtual games the attractiveness of older people care will be enhanced among nursing students.
- Dr. Marja Silen-Lipponen will present how perioperative nurses' skills will be assessed and analyzed in collaboration with teachers, students and operating room nurses – and how the results will be benefited in the development of OR nurses' education.

Intended learning outcomes:

At the end of this session, participants should be able to:

- to use the acquired knowledge in enriching their own learning and teaching
- to assess their own teaching from the viewpoint of integration of theory and practice
- to use the ideas aroused in the symposium to support and motivate students' learning

Recommended reading:

Bonk, C. J., & Kim, K.-J. (2006). Future directions of blended learning in higher education and workplace learning settings. http://publication-share.com/bonk_future.pdf

Graham, C. R. (2006). Blended learning systems: Definition, current trends, and

References:

<http://ois10.blogit.fi/ois-in-english/>

Biography

Dr. Mikkonen is experienced in developing courses in health promotion and evidence based health care. She has teaching experience in patient education, health promotion, evidence-based nursing and research & development. She has been in charge of developing nursing curriculum at Savonia UAS and has intercultural curriculum development experience. Dr. Mikkonen has been the educator in Mentoring Programmes for health care professionals for 6 years and has skills in research for developing learning environments. At the moment Dr. Mikkonen works as a project manager in the R&D Competence Network for Health and Welfare in Savonia. She is in charge of coordinating research and projects related to social and health care.

A new way to become as a competent nurse

Pirkko Jokinen, Pribcipal Lecturer, School of Health Care, Savonia University of Applied Sciences, Finland

Abstract

There is a demand for radical changes in nursing education. New understanding of the nature of the curriculum and pedagogy, and changes in the pathways to nursing competency are needed. Educational organisations have to respond to challenges in the work environment: shortage of nurses, demands of life-long learning, learners' versatile needs and a practice-education gap are the challenges that force educational organisations and working life to find new ways to educate professionals. Blended learning approach might be a useful way to meet the challenge: blended learning enables an authentic learning environment which invite the students for dialogue between theory and practice, and provide access to expert and professional knowledge, skills and attitudes in real-world problem solving. Technologies in different forms as well as innovative mind-set are the means by which it is possible to construct a blended learning environment.

Savonia University of Applied Sciences in Finland launched competency- and practice- based nursing education in autumn 2010. The curriculum is based on blended learning approach, and the purpose is to develop nursing students' situated knowledge, skills and ethical consciousness. The education is part of the EU-funded project: SaWe – To become a competent nurse in networks and nets, 2010 – 2013. The aims of the project are to develop an innovative education model to adult nursing learners in collaboration with health care personnel and to construct a model which combines nursing students' learning with development of health care practices. Altogether 45 adult students started the programme. The students are working full-time. The programme includes about 30 contact days per year and the main portion of the study is implemented at work supported by eLearning. The students are encour-

aged to construct knowledge collaboratively, and they are stimulated to creative and critical thinking, questioning, and reflection.

Biography

Pirkko Jokinen is a Principal Lecturer in School of Health Care at Savonia University of Applied Sciences. She is currently involved in the development of adult nursing education and has a strong interest in the area of using virtual learning environment in combination with work-based and more traditional classroom learning.

A new kind of pedagogy in adult education

Anne-Leena Juntunen, Senior Lecturer in Social Services, Iisalmi campus, Savonia University of Applied Sciences, Finland

Co-author: Mervi Tikkanen

Abstract

In social discussions has been presented wishes of increasing work oriented learning in the education of Universities of Applied Sciences. At the same time the Finnish Polytechnics Act (351/2003) requires universities to provide higher education for professional expert jobs and to develop the work and business life of the area.

This was the starting point for a new pedagogical model experiment in adult education 09.01.2011-05.31.2012. Central in this education experiment is the academic year-long development project, in which the learning task, the student-orientation, innovative community-based work methods and virtual learning environments are linked.

During the education experiment adult students, teachers, key partner representatives and other organizations developed and introduced new products, or ways of working in the key partner communities. A starting point was the finding of a development object from the operating environment of the key partner. Investigative and innovative learning methods, such as client observations, employee interviews, surveys, idea-camp and workshops combined theory and practical knowledge.

In public disabled people services picture communication was developed for the day center and residential services. Voluntary work in the elderly services of foundation owned units was developed by recruiting new volunteers. In a private kindergarten the aim was the practicing of the green-care thinking. New voluntary and customer activating recreational activities was developed in third-sector substance abuse work.

The importance of the theoretical modelling of the learning process was emphasized. The refashioning of innovations with the solid cooperation as well as the integration of theory and practice were important. Genuine learning environments, the possibility of students to influence the development of working practices, team work and peer support motivated learning. The implementation of multi-sectoral cooperation and the guidance and

evaluation of the learning process of student teams was seen as a challenge.

Biography

Worked many years as a lecturer at Savonia University of Applied Sciences in the program of Social Services.

Worked projects related to developing teaching methods with working life

International working experience: e.g. within the project Weera: Women's entrepreneurship and employment in Sicily

The dissertation 2010: Developmental transfer and the possibilities of new working practices in day-care centre work. A research of a practical training of client work in Social Services (UAS) studies. University of Oulu, Finland.

Recently has been working in a pilot as a responsible coordinator developing teaching methods in Savonia (Open Innovation Space – project)

Research, development and innovation actions integrated in students' learning

Marja-Liisa Gröhn-Rissanen, Project Manager, Unit of Health Care, Kuopio, Savonia University of Applied Sciences, Finland

Abstract

The RDI-activities (research, development and innovation) in Health promotion- project course is the pilot course of OIS (Open Innovation Space) - project (2010–2012) funded by European Social Fund.

In the RDI-Activities in Health promotion –project course students from different fields, teachers and R&D staff as well as working life representatives jointly solve different health promotion assignments arising from needs of the region. In addition, need-based services and products may be produced as a part of studying. Students are active players working in various groups, facilities, communities and web-based learning environments.

First, students select (<http://tyhank.wordpress.com>) or search for their own work assignments for the project course. Secondly, the project agreement with working life representative will be signed. Next, students design and implement the partner's health promotion project plan and evaluate the process. The project report will be written. Students benefit of multidisciplinary expertise represented in the study project.

Research, Development and Innovation (RDI) Activities in Health promotion - project course is included in all curricula of health care students at Savonia. Students may choose the most appropriate time to complete the course during their education.

Biography

Worked many years as a head nurse of children clinic and clinical teacher for nursing students in specialized care

Worked projects related to healthcare technology such as Electronic Health Record

A virtual ideal home for senior citizens as a learning and development environment

Marja Äijö, Principal Lecturer, Health Professions Kuopio, Savonia University of Applied Sciences, Finland

Co-author: Päivi Tiilikainen

Abstract

Young students are not really interested in the studies of the care of older people. This has been the starting point for A Virtual ideal home for Senior Citizens as a learning and development environment (Hima) - project, 1.5.2010–30.4.2013. The North Savo Centre for Economic Development, Transport and the Environment has granted the funding from ESF.

The goal of Hima project is to create new approaches to increase the attractiveness to study the care of older people and to increase networking between companies and organizations as well as to increase the availability of products and services for Senior Citizens.

The project seeks to renew the teaching methods with regard to the care of older people by developing a virtual ideal home for Senior Citizens in the Second Life virtual world. In addition, a virtual learning game is developed in the project for theoretical studies.

The ideal home to be built in Second life is broadly defined as a physical, psychological, social, safe, and easily accessible home that enables living and coping independently at home as long as possible. The ideal home in Second Life will work both as a learning environment and information and networking forum for the products and services of companies and organizations. The questionnaire and interview data will be collected during the 2012. The game and Second Life can work as a further education environment for social and health care professionals.

The principal beneficiaries in the project are students and teachers, professionals in social and health care as well as companies and organizations offering products and services for Senior Citizens.

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Biographies

Marja Äijö has worked four years as a Principal Lecturer at Savonia University of Applied Sciences, Health Professions Kuopio. The teaching area is gerontology. Earlier she has worked at University of Jyväskylä.

Päivi Tiilikainen has worked 15 years as a senior lecturer of nursing and five years as a project manager at Savonia University of Applied Sciences.

Increasing safety of surgical patient: a multitask sheet as an aid for OR

Marja Silén-Lipponen, Lecturer, Project Manager, Unit of Health care, Kuopio, Savonia University of Applied Sciences, Finland

Abstract

Perioperative nursing is a field where technical and scientific innovations occur frequently. This implies, initially, the constant reappraisal of existing practices and also the progression of standards. Moreover, the emergency cases in perioperative nursing have increased and at the same time the patients' stays in hospital have shortened. In such hectic conditions, staff members may lack important skills which may jeopardize patients' safety. There are, however, legal and judicial practices that require precise formalization of activities and practices as well as a growing traceability of the skills being used.

The Operating Room Nurse Key Skills Management (ORNKSM) project (2010-2012) was launched to experiment the KSM-approach in perioperative nursing and to compare the different ways to train OR nurses among European countries. This project will provide practical tools on key management practices for educators and hospital managers in order to develop integration, assessment and training of nurses. The principal beneficiaries in the project are surgical patients.

The objective of the project is to enhance the overall safety of surgical patients and to renew the teaching methods and content with regard to the skills needed in OR teams. In addition, the objective is to apply different approaches of the experiments in different countries, to create a mapping of key practices from the results of the experiments and to develop a multitask sheet as an aid for OR educators and managers to check and verify their students' and nurses' skills.

In the project, three types of key practices faced by students and nurses in OR in real situations are identified: key practices which immediately affect the reliability of the process; sensitive practices which are the origin of incidents occurring in the process; and risk practices which are mastered by a sufficient number of people to the level required and do not guarantee permanent competence for the process in question. In identifying and formalizing the practices, focus group interviews and observation of the incidents in the ORs are used.

Biography

I am a perioperative nursing lecturer and a project manager of developing a simulation learning center into our University. My responsibility is also to coordinate, develop and teach research and project studies to university students.

As a lecturer in Savo vocational College the main area of teaching was emergency nursing and perioperative nursing. Also health informatics, curriculum development and pedagogical planning were the areas I worked with.

2.4

Employability of newly qualified nurses: selecting students in and supporting them out

Karen Elcock, Head of Programmes, Pre-registration Nursing, Faculty of Health and Social Care Sciences, School of Nursing, Kingston University and St. George's, University of London, UK

Abstract

This symposium presents findings from two programmes of work led by the Faculty of Health and Social Care Sciences at Kingston University and St. George's University of London. The first addressed innovative ways to improve selection of students onto pre-registration courses. The second was part of the Readiness to Work Programme that was established in 2008 focusing on improving employment outcomes for newly qualified nurses within the London Region. As part of this programme, four research projects were funded by NHS London and co-led by service and education leads.

The symposium is structured around three studies within these programmes, investigating the processes by which students are selected and subsequently how newly qualified nurses gain employment in their first position from the perspective of both student and employer:

- The Use of Multiple Mini Interviews to Improve Suitability of Recruits to Pre-registration Nursing. This small scale evaluation explored multiple stakeholder perspectives on the implementation and satisfaction with this innovative approach to pre-registration nursing selection.
- Recruiting Competent Newly Qualified Nurses in the London Region. This mixed methods study addresses concerns as to whether newly qualified nurses are competent to practice and focuses on the employers' perspective.
- Employment Opportunities for Nurses in London. This quantitative research project investigates the employment opportunities of newly qualified nurses in London and their experience of applying for a job.

The empirical findings of these three studies will be discussed to provide an insight into the challenges of recruiting and developing suitable candidates for employment as a newly qualified nurse.

The use of multiple mini interviews to improve suitability of recruits to pre-registration nursing

Beattie Dray, Principal Lecturer Recruitment and Retention, Faculty of Health and Social Care Sciences, School of Nursing, Kingston University and St. George's, University of London, UK
Co-author: Andrew Perkins

Abstract

There is considerable concern regarding the quality of recruits into nursing. The traditional method of interviewing enables students to pre-prepare anticipated questions and does not assess for values and attitudes. Whilst an individual's cognitive skills are essential for academic progress, the possession of non-cognitive skills, such as empathy and ethical judgement are attributes required and valued in those applying to join healthcare programmes and by the profession itself. The Multiple Mini Interview (MMI) has been established in medical education and in 2010 was introduced as part of the selection process for pre-registration nursing students at Kingston University and St. George's, University of London. Its use is unique within nursing recruitment and feedback from employers indicates their support for this method.

The MMI comprises a series of interview 'stations' where candidates respond to scenarios and are assessed on their display of the required attitudes, values and skills required by the Nursing and Midwifery Council (NMC) and future employers.

This part of the symposium will discuss the rationale, implementation and early impressions of the benefits and limitations of using this approach to recruitment from the perspective of the university, the student and service providers who will become their eventual employers.

Recruiting competent newly qualified nurses in the London Region

Sara Christian, Research Fellow, Faculty of Health and Social Care Sciences, Kingston University and St. George's, University of London, UK
Co-authors: Linda Burke, Jane Sayer

Abstract

This paper addresses employers' perspective of the desired competencies of newly qualified nurses. The study took a three-phase, mixed method approach and took place over a 12 month period. The aim of the study was to compare and contrast interpretations of competency in practice and to explore the expectations and experiences of the employing Trusts throughout the London Region.

The first Phase was a review of the literature focusing on:

- defining and understanding competency in the context of selection and recruitment

- mapping and comparing interpretations of competency in practice: the Knowledge Skills Framework (KSF) for Band 5 newly qualified posts and the Nursing and Midwifery Council (NMC) skill clusters required for entry to the Nursing Register

The second Phase was an electronic survey to all the Trusts in the London Region (67% response) identifying, comparing and contrasting selection procedures and experience of recruitment for Band 5 posts. Some very interesting findings emerged around the recruitment process and when asked what proportion of newly qualified nurses were perceived to be best suited for appointment the responses ranged from 5-70%.

The final Phase involved two stages of focus groups with Senior Nurses, Nurse Managers and Nurses in five Trusts. In these focus groups experiences of recruiting newly qualified nurses were explored in more detail and a selection of competency statements which emerged from the mapping exercise in Phase 1 were ranked. Some interesting findings emerged particularly in terms of the perceptions of competencies and 'value' statements.

In this paper we will present the key findings from this study and explore the emerging themes and their implications for future practice.

Employment opportunities for newly qualified nurses in London

Ruth Harris, Professor of Nursing Practice and Innovation, Faculty of Health and Social Care Sciences, Kingston University and St. George's, University of London, UK

Co-authors: Ann Ooms, Robert Grant, Sylvie Marshall-Lucette, Christine Chu, Jane Sayer, Linda Burke

Abstract

Securing employment after qualification is of utmost importance to newly qualified nurses (NQNs) to consolidate knowledge and skills as a professional nurse. It is not known what factors influence success in gaining this first post.

This study aims to investigate the employment opportunities for nurses graduating from London Universities and their experiences in seeking their first post. The main objectives were to:

- describe the characteristics of newly qualified nursing workforce at September 2009 and February 2010 time points from eight Health Education Institutes in London
- describe the first post gained after qualification and all posts undertaken within 6 months of qualification in terms of setting, nature and duration of contracts and geographical distribution
- explore employment patterns of different groups of nurses from London Universities including differences between age, gender, branch of nursing, ethnic group and level of achievement
- describe newly qualified nurses' perceptions of preparedness for and experiences of applying for their first job

All students who successfully completed a diploma or degree in nursing were invited to participate and complete three structured questionnaires pre-qualification at three and six months post-qualification. Their consent was also sought to access HEI held data on their progress during their course.

Data from 804 students were analysed using descriptive and multivariate statistics. Main findings include that 52% of students had been offered a post before qualification (85% of those had applied and been interviewed), most of which were a permanent full-time contract in a London Trust. In this presentation, the in-depth findings will be reported and their implications discussed.

2.5

Nurse educator's competencies: facing the challenges

Cécile Dury, Educational coordinator, Department of Nursing, Higher School of Namur (Henallux), Belgium

This symposium proposes presentations related to nurse educator's competencies and the challenges links to their new roles. The evolution of the nurses training at the European level asks the teacher to develop high-level disciplinary skills but also educational skills. There are lots of challenges to develop nurse educator competencies. The role of the teachers is not any more to transmit disciplinary knowledge but to become experts in group management, colleague's teamwork, reflective practice, and construction of active learning situations in a socio constructivist model. These changes of roles also have an impact on the professional identity of the teachers.

The various presentations will approach successively these ideas:

- A proposal for a Competencies Benchmarking of Nurse Educators
- The aim of this presentation is to characterize the nursing teacher's concepts on their professionalism, roles, competences and their identities construction
- Educational knowledge in teaching in nursing
- This presentation examine the teachers conceptions about teaching nursing and professional knowledge about teaching in higher education.
- Construction of teaching/learning to care from the perspective of nursing teacher
- This presentation analyses the facilities and difficulties of nurse teacher in their role.
- The OSCE, an educational project who support the development of the nurse teacher competencies
- A model for the implementation of a reflexive approach for the nursing training: challenges for the nurse teachers

Biography

Nurse in Intensive care

Nurse teacher

Educational Coordinator

Fine Europe executive member

President of a regional nursing association in Belgium

A proposal for a competencies benchmarking of nurse educators

Maria Guadalupe Mestrinho, Professor Coordinator, Chairman Department of Nursing Education, Nursing College of Lisbon, Portugal
Co-authors: *Cécile Dury, Carla Nascimento, Amélia Meireles*

Abstract

The changes that occur in nursing education in Portugal, due to its inclusion in the European area of higher education and those resulting from the reorganization of nursing schools and their relationships with professional contexts, justify studying the professionalism of nursing teachers.

The objective is to characterize the nursing teacher's concepts on their professionalism, roles, competences and their identities construction.

The teachers' professionalism presupposes an ideal of public service, ethical, personal, professional awareness, guiding values for the professionalism, understood as a set of competences comprising knowledge, attitudes and skills required for the professional performance.

This research is inspired by an interpretative paradigm that requires the understanding of the studied phenomenon, in which the methodological level is open and flexible, trying to articulate the conceptual framework and empirical data, to reach new conceptualizations. We have opted essentially for a qualitative methodology.

Data collection was taken by semi-structured interviews to twenty coordinator and assistant teachers, and by the observation of four assistant teachers. Teachers were selected by a convenience sample.

Data analysis was based on Miles & Huberman (1991) interactive model.

The results allowed an integrating view on the data, leading to the proposal of a model for nursing teacher's professionalism and a proposal for competences benchmarking of Nurse Educators.

Intended learning outcomes

At the end of this session, participants should be able to:

- share and to characterize the professionalism, roles, competences and identities of nurse educators in the Europe.

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Biography

Professor Coordinator
PhD in Education

Chairman Department of Nursing Education at Nursing College of Lisbon - www.esel.pt

Researcher UI&DE and UI&DCE, University of Lisbon

Member of FINE - European Federation of Nurse Educators.

Scientific and research activities: nursing education in Portugal and in the European area of higher education; roles and competences of nursing teachers; models for nursing teacher's professionalism; competences benchmarking.

Educational knowledge in teaching in nursing

Carla Nascimento Gonçalves, Nurse Educator, ESEL, Portugal

Abstract

Since its integration into the National Educational System that nursing education in Portugal has been the target of multiple and permanent changes, which, and why is higher education warrants a reflection on the professional preparation of teachers, not only as holder of a scientific and technical knowledge in nursing, but also as a teaching professional.

Because we agree with the perspective that argues for a reflective teacher professionalism, investigative and critical, based on a specific professional knowledge, this study focuses attention on teacher professional knowledge emerging movement reconceptualization of this function in higher education. Its examined teachers' conceptions about teaching nursing and professional knowledge about teaching in higher education.

This study was developed in the interpretive paradigm of research with a predominantly quantitative methodological approach. The study took place in the context of nursing education and its universe consisting of all the nursing faculty in public institutions of higher education nursing continental territory, with training in nursing.

The research data were collected within eight teachers exploratory interviews and a questionnaire to 227 teachers from ten nursing faculty.

The results of the study allowed us to unveil a professional teaching around a need for knowledge and pedagogical training.

Construction of teaching / learning to care from the perspective of nursing teacher

Amelia Meireles, Professor Coordinator, Professor in the Nursing College -Cabo Verde, Portugal

Abstract

The problem of teaching / learning to care focuses or should focus on the concerns of teachers of nursing. The challenges of Bologna reequacione requires that role of each of the actors involved in teaching / learning to care. The place now given to nursing student require that the process of

teaching / learning to develop a dynamics where each of the actors, even in continuous interrelation, to assume its responsibility in this process.

The main of a qualitative study based on Grounded Theory was know, from the perspective of nursing teachers, students and tutors, how to build the process of teaching / learning and how to care for their own involvement.

The results derived of prospect of eight nursing teachers, who were part of our convenience sample. Data were collected through interviews.

The results explain a teacher aware of his role, aware of the difficulties and flaws in the process of teaching / learning to care. Emerge four axes of the data defining the construction of teaching / learning to care (different intervenients in the process; pedagogical/didactic; background to teach/learn to care; and micro and macro policy level).

Biography

Professor in the Nursing College - Cabo Verde
Doctoral Student in Nursing at Catholic University of Lisbon

The OSCE, an educational project that supports the development of skills of teachers in nursing

Corinne Bay, Teacher Nurse, Paramedical (soins infirmiers), Haute Ecole Robert Schuman Libramont Belgique, Belgium

Abstract

Curricular reform installed since the last decade in our Higher Education Institution (HEI), prompted us to modulate the process of evaluating students. Gradually a prominent place is given to the formative evaluation by trying to make it truly trainer throughout the course of the student. Through it, the integration of evaluation into the learning process allows, among other things, to improve the teaching methods of teachers. We introduced the Objective Structured Clinical Evaluation (OSCE) at the Haute Ecole Robert Schuman in Belgium (HERS – Libramont) since 2009, in nursing.

Skills development of teachers and in particular: control and use of assessment tools for learning, multidisciplinary teamwork, wear a reflective look on his knowledge and teaching the anchoring of course content, ... is favored by the operation of the OSCE.

In a first step, we propose to account for this change from the results of a descriptive exploratory study conducted within the teaching staff of the HERS in Belgium that confirmed our choice. In a second step, we discuss emerging thinking and existing collaboration since the establishment of interagency working group HEI. Currently, this working group brings together seven HEI and attempts in particular to address the triple concordance (Objective-Assessment-Method). A common goal is to achieve quality improvement in nursing assessment related to the training reference.

A model for the implementation of a reflexive approach for the nursing training challenges for the nurse teachers

Béatrice Gobbe- Maudoux, Director of nurse school, HELHa Haute Ecole Louvain en Hainaut, Belgium

Co-author: Catherine Bonte

Développer la démarche réflexive en formation Bachelor en Soins infirmiers: quelles compétences spécifiques développées chez les enseignants en soins infirmiers.

L'enseignement en soins infirmiers en Belgique (Bachelor en Soins infirmiers, enseignement supérieur non universitaire) est centré sur le développement de compétences professionnelles. Le projet de la section soins infirmiers de la HELHa est de développer l'utilisation de la démarche réflexive en lien avec le référentiel de compétences qui sous-tend la formation, et susciter ainsi activement le développement professionnel des étudiants en formation.

Partant du principe que l'on ne devient pas réflexif en complétant une fiche réflexive, l'enjeu pédagogique est de créer un fil conducteur entre ces fiches pour qu'elles soient sources d'apprentissage et ne restent pas un ensemble d'outils utilisés de manière désordonnée. Le travail à partir de fiches réflexives demande un travail personnel de la part de l'étudiant. Les fiches proposées sont des supports pour que le processus de réflexion et d'autoévaluation s'amorce vers une prise de conscience du chemin parcouru et des améliorations à apporter. Ce parcours réflexif permet ainsi aux étudiants d'identifier leurs ressources, mais aussi leurs limites et les aspects de développement professionnel à travailler.

L'enjeu institutionnel est de fédérer l'équipe d'enseignants autour de ce projet et de rassembler autour d'un objectif pédagogique commun : former les étudiants à la réflexivité dans un but de développement professionnel. Cela nécessite de dépasser le stade de la production d'outils et de questionner ces outils utilisés à la lumière des théories de référence pour ensuite les améliorer. Pour accompagner l'étudiant dans ce processus, chacun se doit d'adopter une posture réflexive en tant qu'enseignant dans l'enseignement supérieur en soins infirmiers.

Notre exposé présentera succinctement ces outils et leur intention pédagogique et mettra en lumière les compétences spécifiques développées ou à développer chez les enseignants en soins infirmiers.

Symposium

Thursday 4 October

5.4

MINE: Mentoring in Nursing in Europe, an Erasmus intensive programme - connecting, co-operating and making quilts

MINE: Mentoring in Nursing in Europe, an Erasmus Intensive Programme - Connecting, Co-Operating and making Quilts

Caroline Reid, Head of Learning and Teaching, National Teaching Fellow, Centre for Learning and Teaching Enhancement, Middlesex University, UK
Co-authors: Alex Chapman, Laura Della Corte, Martina Jedlinska, Harri Koli, Dominic Lenaghan, Mirja Ojala, Caroline Reid, Kathy Wilson

Symposium outline: ‘MINE’: Mentoring in Nursing in Europe’ is an Erasmus funded Intensive programme (IP) focusing on the mentorship and practice learning of undergraduate nursing students exchanging in Europe, and their mentors. The IP aims to facilitate the movement, and enhance the experience of, pre-qualifying nurses to gain clinical practice experience in EU partner countries, by identifying and addressing the challenges posed for students, mentors/practice teachers and nurse academics. The programme adopts some innovative pedagogic approaches and focuses on connecting, being underpinned by connectivist learning theory; co-operating, adopting a co-operative inquiry approach to the project activities, which are then stitched together with a Patchwork text assessment approach. Funded by the EU Erasmus Lifelong Learning Programme, it is co-ordinated by Middlesex University with partners from Satakunta University of Applied Sciences -Finland, University of Firenze -Italy, University of Malta, University of Pardubice -Czech Republic and University College Lillebaelt, Denmark.

This symposium presents four linked papers (15minutes each) which capture the development, delivery, outputs and evaluation of the MINE IP and in doing so aims to:

- Describe the development of the MINE Intensive Programme and outline the context and work of this co-operative inquiry project to enhance Undergraduate nursing student exchanges in Europe.
- Consider the potential of connectivist learning theory to engage students in the creation of learning networks to promote communication and collaboration in learning and teaching across six partner countries.
- Explore the use of Patchwork Text as an assessment strategy, and the opportunities presented by creating a Digital patchwork approach that

adopts a range of digital assessment modes that are enabling for students working in a second language.

- Discuss the challenges for both students and mentors when participating in nursing theory and practice in a partner European country and present the student and mentor toolkits developed to support the preparation and facilitation of nurses and mentors for EU exchange experiences

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Siemens. G (2004) Connectivism: a learning theory for the digital age, available at: elearnspace.org/Articles/connectivism.htm

Biography

Caroline Reid is Head of Learning and Teaching at Middlesex University, she is a National Teaching Fellow, and has a professional background in Nursing. Caroline has been working to increase exchange opportunities for UG student nurses in Europe, and build this into the nursing curricula. Following a successful Intensive Programme funding bid to the Erasmus Lifelong Learning Programme she is currently leading a three year project with European partners from Finland, Italy, Malta, Denmark and the Czech Republic entitled MINE: Mentoring in Nursing in Europe, aims to explore and enhance the practice learning experiences of students on Erasmus exchange.

The developmental value of an Erasmus intensive programme

Mirja Ojala, Satakunta University of Applied Sciences, Finland
Kathy Wilson, Middlesex University, UK

MINE ‘Mentoring in Nursing in Europe’ is an Erasmus funded intensive programme (IP) co-ordinated by Middlesex University in collaboration with six European partners. Over the last 10 years, collaboration between Middlesex University and Satakunta University of Applied Sciences, has produced a BSc European Nursing programme which leads to initial registration of our students as qualified nurses, whilst incorporating a whole year exchange for these nursing students. Keen to engage new partners in this endeavour, and aware of supporting exchange students in practice placement, the MINE project aimed to enhance communication across partner countries and look holistically at the nursing exchange students experience, focusing particularly on the challenges of

undertaking a clinical nursing practice placement. Differing professional curricula, regulations and codes of conduct make supporting learners in their practice exchange an interesting challenge for mentors and this IP aims to celebrate, explore and address some of these challenges. This IP, run over three years in London, Malta and Finland brought together students, practice mentors and academics from across the partner countries to engage in a co-operative inquiry project to enhance ‘Mentoring in Nursing in Europe’.

Connectivism: a learning theory for communication and collaboration

Alex Chapman, Educational Technologies and Strategy Manager, Middlesex, University, UK
Caroline Reid, Head of Learning and Teaching, and National Teaching Fellow, Centre for Learning and Teaching Enhancement, Middlesex University, UK

Students’ learning increasingly adopts a range of information technologies and takes place outside the traditional classroom. Students use these technologies to form their own information networks and learning communities, an approach to learning that Siemens (2004) and Downes (2006) have defined as the theory of ‘connectivism’. In connectivism the starting point for learning occurs when knowledge is activated through the process of the learner connecting to and feeding information into a learning community, knowledge is distributed across an information network and can be stored in digital formats. Learning and knowledge are seen to rest in the diversity of opinions shared, and learning occurs through the use of both the cognitive and affective domain. An extended discourse has ensued around the status of connectivism as a learning theory since Siemens and Downes initially drew it to attention in the blogosphere in 2005. This paper will consider the application and value of connectivist learning theory in the development of the MINE Intensive Programme and outline the triumphs and challenges of adopting web 2.0 technologies to facilitate communication and collaboration across this diverse inquiry group comprised of six partner countries.

Creating a digital patchwork text

Laura Della Corte, Associate Professor, Universita Degli Studi De Firenze
Caroline Reid, Head of Learning and Teaching, National Teaching Fellow, Centre for Learning and Teaching Enhancement, Middlesex University

The MINE programme adopted a ‘patchwork text’ approach to the assessment of the learning

outcomes. Patchwork text is an innovative assessment approach that consists of a variety of small sections of assessment (patches), each of which is complete in itself. A patchwork text is gradually assembled during the course of a phase of teaching and usually comprises of a sequence of fairly short pieces of writing or work, designed to be as varied as possible and to cover the educational objectives of the teaching. At the end of the module the patches are 'stitched together' with a reflective summary and commentary to form a final composite piece of work. Building on the connectivist learning theory underpinning this IP, we endeavoured to create a 'digital' patchwork text adopting web 2.0 and digital modes for the assessment patches. The module assessment drew on a range of approaches with assessment patches that included the making of country videos, blogging, the development of a shared wiki and were sewn together within a student-led conference and creation of digital stories.

The student, the mentor and the academic – stories of MINE

Dominic Lenaghan, Student Nurse, BSC European Nursing, Middlesex University

Harri Koli, Staff Nurse, Satakunta General Hospital, Pori, Finland

Martina Jedlinska, Univerzita Pardubice, Czech Republic

The MINE Intensive Programme brought together nursing students, practice mentors and academics for a two week study period to explore nursing students and mentors experiences of practice exchange. To achieve this students and mentors worked co-operatively to explore the role of the nurse across partner countries and develop student and mentor toolkits to enhance the preparation and facilitation of the mentoring of Erasmus exchange students in practice. These resources were then presented as part of a student-led conference to showcase the learning from the IP. Evaluation of the programme comments on, 'an innovative and student empowering approach where everybody was considered as being a teacher, and everybody was considered to be a learner; 'I feel enriched by it, I learnt a lot about how to stay with people, sharing spaces, time and ideas..and, of course, about nursing and 'the group-working: comparing ideas and working together, using our personal abilities was great! In Italy we're not used to that kind of method'. The experiences of the participants, their stories of MINE, and some of the resources developed will be presented within this paper for discussion.

5.5

Enhancing the student experience within a continuing professional development framework

Vanessa Gibson, Teaching Fellow and Principal Lecturer, Post-qualifying and post-graduate studies, School of Health Community and Education Studies, Northumbria University, UK
Co-authors: Anne McNall, Elaine Thynne, Jill Kings

Abstract

This symposium explores the process in one HEI of identifying and enhancing the student experience of CPD provision, whilst also accommodating the wider drivers and changing context of health care practice. In this paper we aim to discuss how we utilised a participatory methodology to involve all stakeholders in enhancement of the student experience.

There has been significant change in recent years in the way Continuing Professional Development (CPD) for nurses, is conceptualized, funded and commissioned in England (DH 2012). To survive in a competitive market HEI providers must provide a portfolio of CPD which; enables practitioners to develop practice to best meet client need and improve patient outcomes, safety and experience (DH 2011), whilst also improving and enhancing the student experience. Under the conference theme of 'Enhancing the Student Experience' this symposium will demonstrate how we at Northumbria University, School of Health Community and Education Studies have developed a number of enhancements within our CPD curriculum. We wish to disseminate our proactive approach to curriculum development, student support and enhancements through the following 3 papers:

- Using participatory appraisal methodology to develop curriculum and support systems for CPD students.
- Enhancements to maximise CPD students' experience.
- The use of e-portfolios as personal learning management systems.

Aims of the symposium are to:

- explore the application of a Participatory Appraisal approach to inform curriculum development and systems change
- disseminate enhancement developments utilised throughout the CPD curriculum to ensure students are supported to maximise their learning opportunities
- share experience on the use e-portfolios to develop life-long learning and graduate skills.

The three papers are explicitly linked as all the papers discuss enhancements developed out of the insights gained during the participatory appraisal and will provide delegates with a detailed overview of our CPD framework.

The symposium will be Chaired by Professor Olivier Sparagano Associate Dean for Research and Innovation, Professor of Health and Biotechnol-

ogy, School of Health Community and Education Studies, Northumbria University.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore the application of a Participatory Appraisal approach to inform curriculum development and systems change
- identify and discuss enhancement developments utilised throughout the CPD at Northumbria University
- discuss the use of e-portfolios to develop life-long learning and graduate skills.

Recommended reading

Gristci O and Jacono J (2006) Effectiveness of continuing education programmes in nursing: literature review. *Journal of Advanced Nursing* 55(4) 449-456.

Ong, B.N. (1996) *Rapid Appraisal and Health Policy*. Chapman & Hall.

References

Department of Health (2011) *A framework for technology enhanced learning*. London. DH

Department of Health (2012) *Liberating the NHS: Developing the Healthcare Workforce: from Design to Delivery*. London. DH.

Biography

Vanessa Gibson currently works as a Teaching Fellow and Principal Lecturer at Northumbria University with a remit for Continuing Professional Development. She is programme leader for the BSc(Hons) Practice Development (Critical Care). Vanessa has strong links with local health-care trusts and participates in multi-disciplinary education both in the university and local health-care trusts. Vanessa is a Professional Advisor on the National Board of the British Association of Critical Care Nurses and has been involved in producing several national position statements. Vanessa has numerous publications pertaining to course developments and critical care nursing.

Using participatory appraisal methodology to develop curriculum and support systems for CPD students

Anne McNall, Senior Lecturer, Post qualifying and Post Graduate Study, School of Health Community and Education Studies, Northumbria University, UK

Abstract

In this paper we aim to discuss how we utilised a participatory methodology to involve all stakeholders in enhancement of the student experience.

Paper one explores the use of participatory appraisal (PA) methodology to gain insight into the views of students, academics, administrative and support staff on their experience of participating in, providing or supporting CPD, and how this

could be enhanced. PA is a flexible and practical action research approach that provides insight into multiple stakeholder perspectives of an issue. It aims to seek opinions from those not always involved in the decision making process yet often with the greatest insight into the issues (Lawlor et al 1999; Ong 1996, Philip 2001). Taket & White (1998) suggest it has particular value in situations where local knowledge could be used to influence policy and decision making. It is a positive inclusive approach in that it asks those identifying problems for their preferred solutions, leading to discussion and prioritisation. The PA approach developed a framework for discussion, analysis and shared decision making between key stakeholders on how the student experience and effectiveness of CPD could be enhanced. Beebe (1995) identifies three basic concepts of PA; a system perspective, triangulation of data, and iterative data collection/analysis contributing to a flexible yet rigorous approach which can be done in a relatively short period of time. The resulting action plan guided multiple developments required in the curriculum, support systems and processes to improve the student journey, experience and outcomes.

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- Chambers, R. (1993) Treading more carefully: participatory rural appraisal – past, present and future. *New Ground* 13, 12-13.
- Lawlor, D. et al. (1999) Rapid participatory appraisal of young people's sexual health needs: an evaluation of meta-planning. *Health Education Journal* 58, 228-238.

Enhancements to maximise CPD students' experience

Vanessa Gibson, Teaching Fellow, Post-qualifying and Post-graduate studies, School of Health Community and Education Studies Northumbria University, UK

Abstract

In this paper we aim to share excellence in developing a number to teaching and learning enhancements for CPD students.

The participatory approach methodology discussed in Paper 1 identified a common theme regarding anxiety about returning to study amongst CPD students. Therefore we provide a proactive approach to student support which starts pre-application and values previous study and experience, and supports the student throughout their education journey. This paper will include discussion of the following enhancements:

- *Pre-entry support for students* through the use of pre-entry 'surgery' profiling system where students have the opportunity to meet with academic staff and discuss their needs and receive expert advice on a one to one basis. These surgeries are often held on site at local hospital trusts to provide a more convenient service to busy professionals.

- *Flexible induction* through the use of an on-line induction package introducing students to university life and academic and library skills.
- *Personalised student support* through the use of a guidance tutor system that addresses the anxiety identified by some students returning to higher education and supports and monitors student progression.
- *Accrediting the students' professional experiences* through use of accreditation methods which include: Accreditation of Prior Experiential Learning (APEL), Accreditation of Prior Learning (APL), Accreditation of Work Based Learning (AWBL), and modules such as Recognition of Academic Practice Development and Clinical Skills for Developing Practice. This paper will show case our rigorous APEL mechanism which utilises an annotated student Curriculum Vitae and viva approach. This allows experienced students to gain academic credits for previous experience (Douglas et al 2003).

References

- Douglas M. Gibson V. and Gregg A. (2003) Does experience equate with learning in critical care nurses. *Practice Development in Health Care* 2(3) 139-147

The use of e-portfolios as personal learning management systems

Elaine Thynne, Senior Lecturer, Post-qualifying and post-graduate studies, School of Health Community and Education Studies, Northumbria University, UK

Co-author: Jill Kings

Abstract

In this paper we aim to share our experience on the use of technologies within the curriculum utilising e-portfolios as an example.

The use of E-portfolios as personal learning management systems. DH (2011) highlights the importance of utilising technology effectively to enhance CPD. They stress the value of learning management systems to allow students to keep a record of their learning journey. Health care is becoming increasingly dependent on contemporary technologies. Students are required both in their professional practice and as graduates to engage with, and demonstrate competence in the use of emerging technologies. In this session we explore our use of student owned, e-portfolios to facilitate development of these competencies in our diverse range of CPD students.

At the commencement of their programme students reflect on their academic ability and provide evidence within the e-portfolio of developing graduate knowledge and skills. The more able students can provide examples of their own forms of evidence, whilst less confident students can follow a range of suggested learning opportunities to demonstrate achievement of graduate outcomes. The interactive interface of the e-portfolio system provides an excellent medium for Guidance Teachers to gain clear insight into the

academic support needs of their students and to provide individualised, effective, supportive feedback using principles of assessment for learning and assessment of learning. This approach encourages students to take initiative and direct their own learning whilst providing flexibility in terms of time and place of learning (Gristicti and Jacono 2006)

References

- Department of Health (2011) A framework for technology enhanced learning. London. DH
- Gristicti O and Jacono J (2006) Effectiveness of continuing education programmes in nursing: literature review. *Journal of Advanced Nursing* 55(4) 449-456.

6.2

The problem of placement experience: is virtual simulation the answer?

Mike Walsh, Creative Director, Stilwell, Faculty of Health and Wellbeing, University of Cumbria, UK
Co-authors: Steve Mee, Kathy Haigh, Janet Major

Abstract

Practice placements of consistently high quality are becoming increasingly difficult to obtain. Changing health care delivery models combine with educational imperatives to exacerbate this problem. The Stilwell multimedia virtual community has been developed to meet this challenge, drawing on the narrative pedagogy of Diekelman (2003). The seminar will demonstrate the use of Stilwell as a virtual simulation to supplement and replace practice placements.

A virtual community has been defined as ‘...an online teaching application featuring a fictional community with multiple intersecting and unfolding character stories’ (Giddens et al 2010). The Stilwell virtual community is a real world portrayal of a fictional neighbourhood, not an avatar based computer gaming environment. It uses a range of media, including professionally acted and produced video and audio resources, to tell the stories of the characters who live in Stilwell. The result is an online, realistic narrative akin to a TV drama series, but utilizing multiple media. This narrative is capable of providing a highly realistic simulation of a range of care settings.

This approach allows us to give nursing students experience of areas such as mental health, learning disability and health visiting. It also allows us to expose post-registration students to difficult situations that would not readily be available to them such, as working with drug and alcohol dependent individuals, child protection and caring for asylum seekers. Stilwell also has a strong interprofessional care dimension.

Stilwell allows students to apply their theoretical knowledge to practice problems and learn from practice without the need to be in practice. This allows valuable practice placements to be reserved for students specializing in a field (such as learning disability) rather than used for general experience. It also allows post registration students (e.g. advanced practice) to gain consultation skills in difficult situations.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the principles behind a virtual community
- discuss how it may supplement or possibly replace practice placements for a range of students
- discuss the use of virtual communities as a virtual simulation, in particular in challenging and difficult situations.

Recommended reading

Giddens, J., & Walsh, M. (2010) Collaborating across the pond; the diffusion of virtual communities for nursing education. *Journal of Nursing Education*, 49(8), 449-455.

Walsh M, van Soeren V (2012) Interprofessional Learning and Virtual Communities; An Opportunity for the Future. *Journal of Interprofessional Care* 2012, 26; 43-48

References

Diekelmann N (2003) Teaching the practitioners of care: New pedagogies for the health professions. Madison: University of Wisconsin Press

Giddens, J., Fogg, L., & Carlsen-Sabelli, L. (2010) Learning and engagement with a virtual community by undergraduate nursing students. *Nursing Outlook*, Sept/Oct

Biography

My background is in Accident and Emergency nursing. Since taking up an academic role I have focused on advance practice education (nurse practitioner) and led the development of distance learning within our faculty. I have published numerous papers and several textbooks. My current interests are in the field of interprofessional learning and the development of the Stilwell virtual community. I have collaborated with Dr Jean Giddens in the USA in the development of The Neighborhood and also Dr Mary van Soeren in Canada, in the creation of Stilwell Ontario. These are North American virtual communities similar to Stilwell.

An overview of the Stilwell multimedia virtual community

Mike Walsh, Creative Director, Stilwell, Faculty of Health and Wellbeing, University of Cumbria, UK

Abstract

This paper will introduce the principles of narrative pedagogy showing how these concepts underpin Stilwell (Walsh 2011). Stilwell is a district of the town of Briggstow (real places, fictional names) and the virtual community follows the life stories of a range of its residents. Character stories are based on real life and present a strong, service user voice. The highly realistic narrative draws on a professionally made video tour of Stilwell, a photogallery, map and the local newspaper to create a strong sense of place and reality. Individual character stories are narrated in diary format, (social/medical histories, police files etc are available) and illustrated with professionally made critical incident videos and podcasts. Blogs kept by professionals and residents place each story in context. All resources are available online.

Students explore character interactions with health and other public services. A high degree of realism is achieved in what is a virtual simulation, allowing students to gain insights into how the world is, rather than how it should be (Jeffries 2007). Challenging situations that would probably not be seen on placement are included. These

form the basis for powerful learning as, with the unfolding story, students discuss the options open to staff. Stilwell supports interprofessional learning across the health and social care field as well as in local government and policing (Walsh and van Soeren 2012).

After this overview of Stilwell we will present two exemplars of its use in different areas (abstracts 2 and 3). This paper will then continue by presenting evaluation data on Stilwell and analyzing the benefits and problems associated with this approach, when it is used to supplement or replace direct practical placement experience. Time will be available to discuss the benefits and challenges of this approach at the end of the symposium.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the principles behind narrative pedagogy
- explain the functioning of a virtual community and the way in which stories are created and told.
- discuss the evaluation data so far obtained for the Stilwell virtual community.

Recommended reading

Walsh, M., & Crumby, A. (2011) Initial evaluation of Stilwell, a multimedia virtual community. *Nursing Education in Practice*, 11(2), 136-140.

Giddens, J. (2007) The Neighborhood: a web-based platform to support conceptual teaching and learning. *Nursing Education Perspectives* 28(5), 251-256.

References

Jeffries, P. R. (Ed.). (2007). *Simulation in Nursing Education From Conceptualization to Evaluation*. New York, New York: National League for Nursing

Walsh, M. (2011) Narrative pedagogy and virtual simulation: Future directions for nursing education. *Nurse Education in Practice*, 11(3), 216-219.

Living with a learning disability: a multimedia virtual simulation

Mike Walsh, Creative Director, Stilwell, Faculty of Health, University of Cumbria, UK
Co-authors: Steve Mee, Janet Major

Abstract

This Stilwell story follows a week in the life of a young man with a learning disability, Douglas Broughton, and shows students the problems he encounters whilst presenting them with a series of questions, tasks and reflections. The story was created from real life testimony and we will explain how this was used to create a multimedia narrative. The story is told mainly from Douglas' perspective but, in keeping with the tradition of narrative pedagogy, different and contrasting perspectives are brought forward from characters such as a care worker, nurse, social worker, paramedic and police officers.

Harassment by local youths allows us to explore how the police deal with what is now seen as hate crime (Valios 2011). Unintentional social discounting is portrayed where Douglas is gaining work experience and in the home where Douglas lives with several other residents, as he struggles to have his voice heard and to be taken seriously. We explore what happens when Douglas encounters the emergency services and is admitted to hospital, requiring surgery. This raises issues of consent and interprofessional working (Joyce 2007). The story concludes with a realization that there needs to be a review of Douglas' support plan including the possibility of direct payments allowing him to engage his own support worker.

Douglas' week shows students realistic and challenging problems which are associated with learning disability (Dept. of Health 2009). The story is accompanied by a self-directed workbook, each task linking to specific resources in the story. Students are also directed to weblinks for further reading. Eight hours is allocated for completion of the learning activities followed by face to face (or online) reflection and discussion about what has been learnt.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand the problems faced by those with a learning disability attempting to live as independently as possible
- discuss how effective interprofessional working can support people with a learning disability.
- discuss the value of this virtual simulation in releasing placements for specialist students in the field.

Recommended reading

See references above

References

- Valios N (2011) Did the Hoskins Tragedy Change Anything? *Community Care* July 7 2011, Issue 1870, pp22-23.
- Joyce T (2007) Best Interests, *British Psychological Society*, London
- Dept Health (2009) *Valuing People NOW*. HMSO, London

The experience of supporting and caring for vulnerable populations

Mike Walsh, Creative Director, Stilwell, Faculty of Health, University of Cumbria, United Kingdom
Co-authors: Kathy Haigh, Janet Major

Abstract

Stilwell offers students the opportunity to experience intensely personal and difficult interactions between patients and staff which would otherwise not be possible, as their presence would be too intrusive. Students however have to acquire the skills necessary for such interactions if they are to practice as professionals. Stilwell therefore offers

a virtual simulation of such interactions which can be dissected or stopped and discussed at any moment.

We will illustrate this through exploring two relevant stories and difficult situations which occur within them (Brown et al 2008). Samantha is a long term drug user, supporting her habit by prostitution while her boyfriend is committing increasingly desperate crimes to fund his own use. Their story is told in an explicit multimedia mix of resources including a video of a consultation between Samantha and a nurse practitioner which reveals the desperation of her plight as the NP's history taking exposes her multiple high risk behaviours and criminal lifestyle whilst posing serious ethical and professional dilemmas for the NP.

A second example shows the dilemmas faced by staff when a patient (Debbie) with a history of self harm threatens suicide (Walsh and Major 2011). In this story the practice nurse is able to establish a relationship with Debbie revealing a history of childhood sexual abuse (hinted at in her records). The question of whether her suicide threat is serious or not hangs over events at the health centre. Debbie's disturbed behavior presents a series of challenges to staff and ultimately the police who have to deal with the final crisis. Again serious ethical and professional dilemmas are presented in this interprofessional virtual crisis simulation (Walsh and van Soeren 2012).

We will review the unique learning that occurs from these stories (and others) which would not normally be available with real world practice placements and invite discussion with the audience

Intended learning outcomes

At the end of this session, participants should be able to:

- understand how Stilwell is able to give students an effective virtual simulation experience of difficult situations which prepares them for practice
- discuss how effective this approach is.
- consider some of the ethical problems created by ultra realistic virtual simulations.

Recommended reading

Walsh M, van Soeren V (2012) Interprofessional Learning and Virtual Communities; An Opportunity for the Future. *Journal of Interprofessional Care* 2012, 26; 43-48

See also 2 references given in section above

References

- Walsh M, Major J (2011) Child sexual abuse, A new approach to professional education. *Nursing Standard* 25:37, 35-40
- Brown S, Kirkpatrick M, Mangum D, Avery J (2008) A review of narrative pedagogy strategies to transform traditional nursing education. *Journal of Nursing Education* June 2008; 47:6, 283

6.3

Using simulation and technology to enhance education

Nichola Lambert, Senior Lecturer and Academic in Practice, University of the West of England, UK
Co-authors: Lucy Watkins, Fiona Bastow

Intended learning outcomes

At the end of this session, participants should be able to:

- support nurse educators to consider the practical uses of technology and simulation
- look at keeping education 'fit for practice' – ensuring that teaching is relevant and applicable.
- explore ways to increase student satisfaction

Recommended reading

- Comer, S. K. (2005) 'Patient care Simulations: Role Play'. *Nursing Education Perspectives*, November/December 26(6), 357–361.
- Jefferies, P.R. (2005) 'A framework for designing, implementing and evaluating Simulations used as teaching strategies in

References

- Hope, A., Garside, J. and Prescott, S. (2011). Rethinking theory and practice: Pre-registration student nurses experiences of simulation teaching and learning in the acquisition of clinical skills in preparation for practice. *Nurse Education Today*, 31, 711-715.
- McCallum, J. (2011). Exploring nursing students' decision making skills whilst in a second life clinical simulation laboratory. *Nurse Education Today*, 7, 699-704.
- Swanson, E.A., Nicholson, A.C., Boese, T. A., Cram, E., Stineman, A.M. and Tew, K. (2011). Comparison of selected teaching strategies incorporating simulation and student outcomes. *Clinical Simulation in Nursing*, 7, 81-90.

Introduction to practical application of simulation and technology in nurse education

Nichola Lambert, Senior Lecturer and Academic in Practice, University of the West of England, UK

Abstract

Simulation is described by Comer (2005) as a 'representation of reality designed to allow students to build patient care skills, while applying theoretical knowledge in a controlled setting'. It draws on familiar staples of nurse education like scenarios, case studies, reflection and group work, but combining them with technology means it is still developing strategy, particularly in terms of an evidence base. There is an acknowledged complexity in working with Simulation and Technology Enhanced Learning (TEL) as a means to support nurse education. Although TEL is seen by many Universities as flexible and cost effective – its

implementation is meeting a range of responses. Many educators are hesitant, fearing that it may be a disguised reduction in contact hours, feeling unskilled and questioning the wisdom of making teaching practice fit into the parameters of available tools.

However Simulation and TEL can produce benefits, they can be used to mitigate the upheaval and disparity in some placement settings. As inpatient services migrate to the community they accommodate fewer students and the variety and length of stay of clients (and students) reduces (Maas, 2007). Students are meeting clients with an 'increased complexity of care' (Ravert, 2004) and the Nursing & Midwifery Council (2010) introduced the Essential Skills Clusters in response to questions around 'fitness to practice' at the point of registration. Simulation has a role in addressing these concerns by connecting 'Theory' and 'Practice'. Jeffries and Rizzolo (2006) wrote that Simulation allows the application and integration of knowledge in a safe environment, and both Nehring and Lashley (2004) and Rauen (2004) noted improvements critical thinking, curriculum consistency and increased confidence in students as a result of this approach. This Symposium seeks to balance an overview of current practice drivers and educational theory with practical examples of the use of both Simulation and TEL.

Biography

Nicky has worked in a variety of services including PICUs, emergency clinic, acute wards and with a Crisis team, and experienced settings as diverse as the Maudsley in London, and Sydney and Brighton. She trained as a PMVA instructor at Broadmoor, and has worked as a Consultant and Visiting lecturer working for universities, council's and charities advising on managing violence, challenging behaviour, taking team days and supporting learning and development. She worked as a Ward Manager and a Practice Development Facilitator in Sussex and is currently an Academic in Practice and Senior Lecturer for the University of the West of England.

Meet Mohammed: the development of a simulation project for mental health students

Lucy Watkins, Programme Leader, Mental Health Nursing, University of the West of England, UK

In 2007 the Nursing Midwifery Council issued guidance to approved education institutions, allowing them to use simulation for up to 300 hours of a pre-registration nursing programme. It is well established that clinical placements are fundamental to student's development, therefore using simulation hours instead of practice exposure, must be seen by all stakeholders to 'add value'. For decades debate has occurred about the 'theory/practice' gap (Scully, 2011, Ferrara, 2010). Clinical academics have strived to reduce this gap, in part by looking at alternative teaching methodologies (Hope et al 2011, Moule et al, 2008). The literature suggests that simulation may help bridge this gap, as the interactive nature of simulation,

does not allow for passive learning, students need to play a part in the activity, which may allow for deeper learning, improved critical thinking skills (Jefferies and Rizzolo, 2006) and greater retention of learning (Swanson et al, 2011).

Our simulation project aimed to combine the teaching methodologies of: Simulation, Case Study and Technology Enhanced Learning, through the use of a virtual service user based in real time. The students spent two weeks with this project, which allowed them to consider and process their learning. This 'real time' environment enabled them to develop a sense of a 'therapeutic relationship' with the character of 'Mohammed' and encourages a feeling of presence or a sense of 'being there', which is meaningful in TEL strategies. Having an emotional component to learning aids students to make comparisons with real life and adds validity to their clinical decisions (McCallum, 2011). Avatars were used in the simulation project to relay information to students and to provide 'updates' on Mohammed's wellbeing. Students then had to make care decisions and interventions based on the information provided. This teaching methodology created an environment which allowed students to make clinical decisions and use their critical thinking skills, without the fear of error.

Biography

Lucy has worked predominantly within Forensic Mental Health Services in Bristol, in acute admissions and rehabilitation. She then began her interest in nurse education by undertaking a Practice Development post within the Forensic Services. Later she was employed by the South West 'Workforce Development Confederation' as a Practice Education Facilitator, supporting and facilitating placements for student nurses. In 2005 Lucy was employed by UWE to deliver and facilitate an Associate Practitioner Programme for Health Care Assistants. For the last 4 years, Lucy has been part of the Pre-Registration Mental Health Team and for the last 2 years, is the Programme Leader.

The 'virtual drug round' expanding skills and enhancing patient safety

Fiona Bastow, Senior Lecturer and Academic in Practice, University of the West of England, UK

This presentation will focus on the implementation and evaluation of a Virtual Drug Round (VDR). This is an online e-learning resource that allows student nurses to practice the skill of medication administration in a safe simulated virtual environment, enhancing the existing theoretical and practice learning in the pre-registration curriculum. Students practise this skill under supervision in the University's simulated environment and in clinical practice along with practical assessments in both settings. The rationale for this project was to look at providing more realistic, interactive teaching methodologies in order to address the high number of errors in medicine calculations and delivery within the United Kingdom (NPSA 2007, NRLS 2004). We developed a virtual patient in an

acute hospital setting for this pilot. The student has a virtual mentor who gives feedback and can alert and stop a student if they are making choices that pose a risk to patient safety. To enhance the real world experience, students have to deal with interruptions and follow through a drug error to learn about how to avoid and deal with errors when they occur.

Students evaluated the VDR across three campus sites and the four fields of nursing, using an online student questionnaire. After using the VDR, students reported improvement in knowledge and skills of drug administration as well as a greater understanding of drug errors and how to avoid them. Many students said the VDR had increased confidence and they felt more prepared for practice, which validates the findings from Nehring and Lashley (2004). The results show that the VDR is successful in enhancing learning. The next phase will be to develop this to support specific care areas. One example is second and third year adult nursing students who simulate advanced administration techniques such as patient group directives (NMC, 2010).

Biography

Fiona has worked in critical care adult nursing settings specialising in cardiac care in London, Sydney, Nottingham, and Bath. She joined the University of the West of England to lead clinical skills in 2007, developing the skills programme and preparing students for clinical practice. She developed simulation and implemented OSCEs across all nursing programmes. She teaches on a variety of modules in the Pre-Registration Adult Nursing Programme. She has a keen interest in patient safety issues and leads the Virtual Drug Round project that enables students to practice medications administration in a safe simulated virtual environment.

Symposium

Friday 5 October

7.5

Challenges faced in developing an undergraduate pre-registration nursing programme

Rhian Barnes, Professional Head of Adult Nursing, Lecturer, School of Nursing and Midwifery, Cardiff University, UK

Co-authors: Judith Benbow, Sue Ward, Kaye Greenough, Linda Cooper

Abstract

The aim of the symposium will be to present four major challenges encountered when developing a new undergraduate nursing programme and how a positive outcome was achieved.

The programme is reflective of the Nursing and Midwifery Council (NMC) Standards for pre registration Nurse Education (2012) and will commence in September 2012.

The symposium will provide the audience with:

- an insight into project management
- the importance of consultation and taking individuals with you
- How an innovative programme was developed, whilst meeting the requirements of all the stakeholders', to ensure a successful outcome.

The stakeholder in this case were the NMC, Cardiff University, All Wales core elements, clinical partners, user/careers, students and the academic and administrative staff within the School of Nursing and Midwifery.

The 4 major challenges were:

- Developing a generic modular pre registration nursing programme while retaining field identity
- Capturing the patients journey through the development of practice learning opportunities
- Ensuring a meaningful engagement with User in the development and delivery of the programme
- The impact that the All Wales practice assessment strategy had on the development of the programme

Each of these challenges will be presented as individual papers and the linkage will be drawn together in a summary which will offer an overview of the programme as the end product

Intended learning outcomes

The symposium will provide the audience with:

- an insight into project management
- the importance of consultation and taking individuals with you

- how an innovative programme was developed, whilst meeting the requirements of all the stakeholders', to ensure a successful outcome.

References

- NMC (2010) Standards for Pre-registration Nurse Education. London: NMC

The challenges of developing a generic modular pre registration nursing programme without losing field identity

Rhian Barnes, Professional head of Adult Nursing, School of Nursing and Midwifery, Cardiff University, UK

Abstract

The aim of this session is to

- Identify the challenges in developing a pre registration nursing curriculum
- Strategies employed to embrace the challenges
- How the challenges informed the final outcome

In 2010 Nursing and Midwifery council developed new educational standards for pre registration nursing. In Wales a decision was made that all schools of nursing would update their programme to reflect the standards by 2012. Within the SONMS we had developed our current programme in 2000 and although minor modifications had been undertaken the foundation and structure had remained unchanged. We continued to deliver a 1 year common foundation programme the following 2 years divided into branches, which were taught on different geographical sites by branch specific lecturers.

As project lead, my background was post registration and post graduate education with some minor involvement in the current undergraduate programme. This in itself posed a challenge and a decision early on was made to commence with a blank sheet of paper and to identify the key stakeholders and their requirements. These would fashion and inform the programme development.

The challenges faced were: identifying the key stakeholder, organisational culture, fear and resistance to change and ensuring that all the stakeholder requirements were reflected in the programme. The strategies employed to embrace the challenges were:

- wide and detailed consultation to inform and throughout the project
- considering and prioritising the requirements and demands of all stakeholders,
- focused project management

- maintain the user/patient and their complex needs as the focus.

The outcome of the strategies employed was that the key stakeholders fully informed the programme philosophy, structure, modes of teaching and learning and identified the 6 key themes that underpin the programme.

The project came in on time and was awarded 3 commendations.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify the challenges in developing a pre registration nursing curriculum
- gain an insight into strategies employed to embrace the challenges
- understand how the challenges informed the final outcome.

References

- NMC (2010) Standards for Pre-registration Nurse Education. London: NMC

Biography

During my 20 years experience in Nurse Education I have undertaken a variety of roles. One of the roles has been to lead on developing new programmes. The latest project involved leading the development of an undergraduate pre registration nursing programme.

At present my other role is that of Professional Head of Adult nursing. This involves being the voice of the professional field and ensuring research activity, educational development, innovation and engagement initiatives are closely linked with current trends, developments and innovations in clinical practice.

My clinical background is critical care and my main teaching learning and research activities are centred around Advanced Practice.

Capturing the patients journey through the development of practice learning opportunities

Kaye Greenough, Director of practice support unit, Lecturer, School of Nursing and Midwifery, Cardiff University, United Kingdom

Abstract

The NMC (2010) Standards for Pre-registration Nursing Education provide an opportunity to Higher Education Institutes to develop practice learning opportunities (PLO) offering students experience of practice across the health continuum in care settings in the NHS, independent and voluntary organisations.

The need for 'new nurses to be meet the essential mental and physical health needs of people of all ages (NMC, 2010:7) is central to the development of the hub and spoke PLO philosophy of the Cardiff BN programme. The need for these skills to be met in students' own field of practice supports field specific hubs with spokes that will provide all students with learning opportunities in alternative fields.

Hub PLO's provide students with seven different experiences within their own field of practice. They are of different durations ranging from 5 weeks to 14 weeks and offer an opportunity for students to apply theory from the generic theory elements to their field of practice.

Spoke PLO's provide opportunities for students to follow the patient journey in their own and alternative fields of practice and identify the importance of communication and multidisciplinary team working (NMC, 2010; NHS Institute for Innovation and Improvement, 2008). Learning will take place in diverse setting to mirror the patient journey with direct contact with healthy and sick individuals in the community and in hospital settings (Directive 2005/36/EC). The close relationship SONMS has developed through its public and patient involvement opens up links to voluntary and community organisations which will add to the student experience of the health continuum of the diverse population of South East Wales.

Spoke PLO's provide students with an opportunity to become more independent (NMC, 2010:9) within the second and third year with self-arranged spokes to achieve personal objectives within patient care and leadership and management.

This paper provides details of the development of the hub and spokes with partners and from an administrative perspective.

Intended learning outcomes

At the end of this session, participants should be able to:

- work with tradition practice partners to develop appropriate hubs and spokes across all fields of practice
- engage with patient and carer groups and the voluntary sector to develop practice learning opportunities across the health and age continuum in a diverse population

- develop administrative processes to manage the student experience across the programme.

References

- NHS Institute for Innovation and Improvement (2008) Quality and Service Improvement Tools: A Focus on The Whole Patient Journey http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/a_focus_on_the_whole_patient_journey.html accessed 27.03.12
- NMC (2010) Standards for Pre-registration Nursing Education London: NMC
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Biography

I am a RGN and hold a BSc (Hons) and MA Healthcare Ethics. I practiced for 20 years within surgery and critical care and worked within Clinical Governance managing complaints, public and patient involvement and policies and procedures. I entered HEI in 2003 as a lecturer in Critical Care and had a variety of roles Assistant Director of Adult, Programme Manager and currently lead for PPI and Director of Clinical Placements. My academic interests have developed and whilst I continue to have input into complex physical care I have also developed my interests in the ethical implications of healthcare and education of healthcare professionals

Engaging with service users and carers in the design and delivery of an undergraduate nursing programme

Susan Ward, Programme manager, Lecturer, School of Nursing and Midwifery, Cardiff University, United Kingdom

Abstract

It is now well recognised that service users and carers have a unique contribution to make to teaching and learning within HE nurse education programmes. They have direct experience of living with a condition and consequently are developing a knowledge base and expertise that will be relevant to nursing practice.

The NMC (2010) made explicit that the involvement of service users and carers was expected in all new undergraduate nurse education programmes.

At Cardiff University School of Nursing and Midwifery this posed a challenge for us as we did not have a sustainable and meaningful mechanism for engaging with service users and carers. This Guttridge and Dobbins (2010) identify is a widespread problem stemming from unresolved cultural, psychological and organisational barriers to effective and cost efficient involvement.

We did, however, have a recently approved Public and Patient Involvement (PPI) protocol which offered some direction. Within this we were able to identify ourselves at level 3 – Growing Involvement, on the Ladder of involvement (Tew et al 2004) and wanted to achieve level 4 –Collaboration by September 2012

We undertook a concerted effort to gain access to local networks. This activity revealed an enthusiastic population who were willing to collaborate with us if it meant that future nurses would be better equipped to provide competent care.

Establishing links and networks is recognised as a key challenge (Guttridge and Dobbins 2010), however , at our school programme approval event, we were commended on the involvement of our service users and carers, many of which were in attendance (in particular representing Somali community, mental health and children with special needs) and able to articulate to the panel their involvement and aspirations for future participation .

We are now implementing our PPI protocol and setting up a service user and carer group to maintain the momentum generated by our activities.

Intended learning outcomes

At the end of this session, participants should be able to:

- convey our experiences of establishing links with service users and carer
- share the users and carers ideas about how they can contribute to an undergraduate nursing curriculum

References

- Guttridge R and Dobbins K (2010) Service user and carer involvement in teaching and learning: A faculty of health staff perspective. *Nurse Education Today* 30, 509-514
- NMC (2010) Standards for Pre-registration Nurse Education. London: NMC
- Tew J, Gell C and Foster S (2004) Learning from Experience Involving Service Users and Carers in Mental Health Education and Training: A Good Practice Guide . Higher Education Academy, National Institute for Mental health in Higher Education. Trent Workforce Development Confederation, Nottingham

Biography

Qualified in 1988 in London but returned to Wales in 1990 to pursue a career in cardiac nursing. I worked in acute cardiac care from 1990 to 2001. I became a lecturer in 2001 having completed my PGCE a few years before. I now undertake teaching and learning activities across undergraduate and post graduate nursing programmes within Cardiff University School of Nursing and Midwifery. I have presented at several conferences on a variety of subjects and have publications around physical examination skill. I have recently been appointed as programme manager for the undergraduate BN programme.

The impact that the All Wales Practice Assessment Strategy had on the development of the programme

Judith Benbow, Director of Undergraduate Studies, Lecturer, Nursing, School of Nursing & Midwifery Studies (SONMS), Cardiff University UK
Co-author: Linda Cooper

Abstract

The aim of the presentation is to provide an overview of the integration of the standardised All Wales Practice Assessment Strategy into the Cardiff School of Nursing and Midwifery Studies (SONMS) unique Programme.

During September 2010 and November 2011 the 5 universities in Wales collaboratively developed the All Wales Practice Assessment Strategy for pre-registration Nursing courses leading to the Award of Bachelor of Nursing (Hons). The strategy prescribes the process, by which student performance is measured against generic and field standards for competence. Specific practice outcomes are identified, which work towards meeting the competencies in accordance with the Nursing and Midwifery Council (2010) Standards for Pre-Registration Nursing Education.

Simultaneously, Cardiff SONMS undertook an extensive consultation which included staff, students, clinicians, and user and carer groups, where key curriculum themes were created. The All Wales Practice Outcomes then served as a foundation to be combined with the consultation themes to produce the final modules and learning outcomes. The content of every module of the programme is mapped to the specific All Wales Practice learning outcomes.

This successful curriculum development process enabled both collaboration and individuality. A collaborative consistent approach for students and mentors across Wales in assessment of practice and some consistency in skills set and quality of graduates. And the development of a unique creative programme which has a strong local identity that serves the needs of the community, represents the School, and meets university and NMC requirements.

Intended learning outcomes

At the end of this session, participants should be able to:

- discuss the All Wales Practice Assessment Strategy
- explain the process and outcomes of the integration of the All Wales Assessment Strategy into the SONMS programme
- acknowledge and reflect on the value of standardisation and consistency of the All Wales assessment strategy coupled with local individuality.

References

- NMC (2010) Standards for pre-registration Nursing Education. Nursing and Midwifery Council. London.

Biography

Judith Benbow has a background in adult and critical care nursing and has enjoyed a variety of clinical and educational roles which includes an Education Adviser's post at RCN Wales. Judith is currently Director of Undergraduate Studies in Cardiff School of Nursing and Midwifery Studies.

Posters

Poster 1

Outcomes of a research project to identify the enablers and barriers to effective preceptorship for newly qualified nurses

Elaine Beddingham, Learning Environment Matron, Clinical Placement Learning Team, Chesterfield Royal Hospital NHS Foundation Trust, UK

Co-authors: William Whitehead, Pat Owen, Lorraine Henshaw, Merryn Barton, Carl Walker, Maxine Simmons

Abstract

The Nursing and Midwifery Council (NMC) (NMC, 2006) recommends that all new registrants have a period of preceptorship on starting their employment and state that a new registrant should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings to review progress are held. This recommendation is further supported by the Darzi Report (Department of Health (DoH) 2008), the NMC standards for pre-registration nursing education (NMC, 2010) and the Department of Health's Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (DoH, 2010).

In response to these recommendations, the Clinical Placement Learning Team at Chesterfield Royal Hospital NHS Foundation Trust considered ideas to modernise their current preceptorship programme, with the aim of improving preceptorship. Working in collaboration with the University of Derby, a research project was designed with objectives to identify how preceptees and preceptors are supported in practice, expectations of the preceptor's role and factors in the clinical area which support or inhibit transition to staff nurse.

The project adopted a three phase design consisting of a literature review, data collection, and analysis. The research process used a variety of data collection methods including semi-structured interviews with preceptors, preceptees, learning environment managers and matrons, and analysis of Trust documents relating to preceptorship.

The aim of the project was development of an evidence-based tool designed to enable understanding of the needs of the learning environment (e.g. ICU, acute medical ward, or rehabilitation ward), the preceptor; and the preceptee and assessment of the level and type of support required to facilitate effective transition from student to staff nurse.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify the enablers and barriers to effective preceptorship outcomes

- recognise the level and type of support required by preceptees and preceptors in the learning environment
- reflect on the needs of the learner and the learning environment in the support of newly qualified nurses.

Recommended reading

- Department of Health (2008) A High Quality Workforce, NHS Next Stage Review, London, DH
- Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, London, DH
- Nursing and Midwifery Council (2006) Preceptorship Guidelines, NMC Circular 21/2006, London, NMC
- Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education, London, NMC

References

- Hallin K. Danielson E. (2009) Being a personal preceptor for nursing students: Registered Nurses' experiences before and after introduction of a preceptor model, *Journal of Advanced Nursing*, 65(1):161-174
- Leigh JA. Douglas CH. Lee K. Douglass MR. (2005) A case study of a preceptorship programme
- Whitehead B. Holmes D. (2011) Are newly qualified nurses prepared for practice? *Nursing Times*, 107(19/20):20-23

Biography

Elaine Beddingham qualified as a registered nurse in 1985 and has worked in the NHS for 30 years in various clinical areas including ITU, PACU and pain management. Moving into an education role in 2008, Elaine currently works as a Learning Environment Matron within the Clinical Placement Learning Team at Chesterfield Royal Hospital NHS Foundation Trust, a large district general Hospital. Elaine has a lead role in the development of preceptorship at the Trust with an emphasis on the development of the learning environment to support preceptees and preceptors in their practice areas.

Poster 2

An educational innovation: development of a virtual learning environment library and information technology module

Judith Benbow, Lecturer Director of Undergraduate, School of Nursing & Midwifery Studies, Cardiff University, UK

Co-author: Mike Johnson, Elizabeth Gillen

Abstract

The aim of the presentation is to give an overview of an educational innovation (Rogers 2003); a new Cardiff School of Nursing and Midwifery Studies (SONMS) virtual learning environment (VLE) library and information technology (IT) module. The primary purpose of the innovation is to enhance the student experience by strengthening the management of library and IT learning and teaching materials.

Currently, academics recommend purchases for the SONMS library collection. However it is very difficult for librarians to subsequently manage the reading lists because they are kept as word documents within individual VLE modules. Also, the reading lists vary, for example some may be more contemporary than others. Through the university's Periodic Review process and a new Bachelor of Nursing (Honours) programme an opportunity has occurred that all the reading lists will be up to date at the same point in time. This is serendipitous for the innovation (Rogers 2003) so that some of the existing challenges we can try to overcome. It also offers a way to further embed IT-mediated knowledge working practices that are essential to developing the digital literacy skills of students and staff (Johnson 2008). All students, academic and library staff will access the one module.

This is a small change, with no added costs but key positive outcomes are anticipated. The module will enable closer two way collaborative management by librarians and academics. Enhanced consistency and updating of all reading lists to reflect the SONMS library collection. Enhanced student experience by the forgoing and the one central location will enable students to view the reading lists and IT learning and teaching materials not merely for one module but for the whole programme. To conclude, effective innovation starts small and the simpler it is the more potential it has for being effective (Hughes, 2006).

Intended learning outcomes

At the end of this session, participants should be able to:

- explain the educational innovation

- discuss the anticipated outcomes of the innovation
- acknowledge, reflect and apply the principles of innovation to personal practice.

Recommended reading

- Hughes, F. (2006). Nurses at the forefront of innovation. *International Council of Nurses; International Nursing Reviews* 53, 94-101
- Johnson, M. R. (2008). Investigating & encouraging student nurses' ICT engagement. In T. T. Kidd & I. Chen (Eds.), *Social Information Technology: Connecting Society and Cultural Issues*. Hershey, PA: Information Science Reference. Available at: <http://networkedlearning.blogspot.co.uk/p/about-me.html>
- Rogers, EM. (2003). *Diffusion of Innovations*. (5th edition). New York, Free Press

Biography

Judith Benbow has a background in adult and critical care nursing and has enjoyed a variety of clinical and educational roles which includes an Education Adviser's post at RCN Wales. Judith is currently Director of Undergraduate Studies in Cardiff School of Nursing and Midwifery Studies.

Mike Johnson has been a lecturer at Cardiff School of Nursing and Midwifery Studies since 2001, where I design, deliver and advise others about information technology related learning opportunities for all programmes in the School. I also lead or am closely involved with any learning technology projects we undertake. I have presented papers at the Networked Learning Conference in 2008, 2010 and 2012, and I review articles and write book reviews for the *British Journal of Educational Technology*.

Poster 3

Assessment of health care teaching quality at the faculty of medicine in Rijeka

Sandra Bo Kovi, Lecturer, Department of Nursing and Health Care, The Faculty of Medicine in Rijeka, Croatia

Co-authors: Gordana Brumini, Daniela Malnar, Branka Lui

Abstract

Aim: Assess the quality of certain health care courses based on the analysis of indicators indicating education quality of students at the Study of Nursing, and identify ways for improving the quality of education.

Methods: The presence of students in class and their satisfaction with the content and the method of the course was assessed. In order to get measurable indicators, Likert Scale, 1-5 scale, was used. Questions were related to interests in certain courses and to the satisfaction of the content and education methods. The first part of the questionnaire had the socio-demographic data (gender

and information about the students' presence and their initial interest in the course.

Results: Test results indicate a significant proportion of women in the overall number of the examinee. Each student attended the class more than 70%, and the activity on courses was very high. Students have shown medium or high initial interest in each course. Based on the analysis of indicators, an insight into the quality of specific education areas was obtained. After the data processing of claims examining indicators of teaching quality, the results have demonstrated students' satisfaction with the organisation of theoretical lectures and exercises within assessed courses.

Conclusion: Based on the results, the conclusion that nursery is primarily a female profession is made. The implementation of the Bologna process in education resulted in a very high number of students participating in classes. Expressed satisfaction with teaching that is carried out in assessed courses indicates a good organisation quality of health care courses.

Poster 4

'The teachable moment': an educational tool to develop general nurses' skills in small timely, non-judgemental interventions, in a Gastroenterology ward

Jayne Brown, Clinical Educator Staff Nurse, Gastroenterology, Ward, Royal Derby Hospital, UK
Co-author: Nichola von Fintel

Abstract

Background: The NMC (2008) identifies health promotion as an important role of a registered nurse. The *Essence of Care* (DOH, 2010), includes a Health Promotion Benchmark. Studies have advocated an integrated care model to reduce health risks for alcohol misusers. NICE (2011), has developed guidelines for the care of patients with alcohol abuse. It has historically been acknowledged that general health care professionals lack the knowledge and skills to provide appropriate support for those with alcohol misuse problems (Brown, Pirmohamed, and Park, 1997 and The Royal College of Physicians, 2001). Further staff training has been identified as imperative to the effective delivery of holistic timely non-judgemental care.

Aims: Development of a Work Based Learning Project by:

- Evaluation and interpretation of current evidence, identifying nurses' educational needs in relation to small alcohol interventions.
- Design of an educational tool considering staff needs and evidence.
- Create a relevant information resource for staff to develop skills in providing small alcohol interventions.

Methods: A Work Based Learning Project was initiated to provide evidence based educational tool, establishing post registration training, development in communication and health promotion for alcohol misusing patients. Staff commented on their learning requirements on a suggestion board. The project implemented training, to develop the knowledge and skills of staff in the provision of health promotion for alcohol misusers. **Results:** Development of an educational tool which encourages staff development and facilitate learning through a variety of methods enhancing competence and knowledge development.

Conclusion: The communication and health promotion skills of the nursing staff will increase in confidence for approaching patients, providing small, timely, non-judgemental support. Encouraging patients to consider behavioural change and utilization of the new integrated care systems.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore nurses attitudes and knowledge of small alcohol interventions
- improved understanding of the basic elements of small alcohol interventions
- develop communication and health promotion skills will increase nurses confidence in approaching patients, providing small, timely, non-judgemental support.

Recommended reading

- Brown, C. BSc. (Hons), RGN., Pirmohamed, M., MB., ChB(Hons), PhD., MRCP. and Park, K., BSc., PhD., MRCP(Hon). (1997) Nurses' confidence in caring for patients with alcohol-related problems. *Professional Nurse*. Vol.13.No.2.pg 83-86.
- Lacey, J., MSc., PGDhV., CPT., RHV(NP)., RN. (2009) Alcohol brief interventions: exploring perceptions and training needs. *Community Practitioner*.Vol.82 No.8. pg.30-33.
- McManus, S., S.R.N., R.M.N., Hipkins, J., M.Phil., Haddad, P., M.D., M.R.Psych., Guthrie, E., M.D., M.R.Psych. and Creed, F., F.R.C.P., F. Med.Sci. (2003) Implementing an effective intervention for problem drinkers on medical wards. *General Hospital Psychiatry*. 23. pg.332-337.

References

- *Essence of Care* (2010) Benchmarks for Fundamental Aspects of Care. Benchmarks for promoting Health and Wellbeing. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120394.pdf Accessed January 30th 2011
- National Institute for Health and Clinical Excellence (2011) Diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115. Available at: <http://guidance.nice.org.uk/CG115> Accessed 28/03/11
- Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and*

ethics for Nurses and Midwives. Nursing and Midwifery Council. London: NMC

- The Royal College of Physicians (2001) Alcohol-can the NHS afford it? Recommendations for a coherent alcohol strategy for hospitals. The Royal College of Physicians. London.

Biography

Currently working as a clinical educator in a medical gastroenterology ward, for the past 4 years. Prior to that worked for 12 years in a medical Hepatobiliary ward.

Poster 5

An innovative, interactive online tool to support preceptors

Yvette Brown, Senior Lecturer in Mental Health Nursing, Faculty of Health and Life Sciences, Department of Nursing & Health Studies, Coventry University, UK
Co-author: Julie Purvis

Abstract

Becoming a newly qualified registered nurse is both an exciting and daunting experience. It has been acknowledged for some time that this experience requires patience, support and understanding whilst newly qualified nurses (NQNs) 'find their feet' and consolidate their new role. Preceptors have been identified as key in providing this much needed support (NMC 2006).

The preceptorship framework defines a preceptor as a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship (DH 2010:6).

Although there are no formal qualifications or course to become a preceptor it is widely recognised that some preparation is necessary to undertake the role (DH 2010). Preceptors are most likely to be mentors to pre-registration students, however Sharples and Elcock (2011) emphasise that the role of preceptor is fundamentally different as both the preceptee and preceptor are qualified nurses and the preceptee a permanent part of the team.

Acknowledging the importance of preceptors and wanting to strengthen their preparation Coventry University and Coventry Warwickshire Partnership Trust collaborated to produce an online Preceptorship Tool. This is an innovative, interactive resource designed to help Preceptors develop their knowledge and skills.

The tool includes: the importance of preceptorship, the skills and attributes of a preceptor, case studies, self-assessment documents for preceptors, links to local and national policies, videos and a personal online portfolio for each preceptor.

This poster will present the content of the tool, how preceptors were supported in its use and implementation. Feedback from Preceptors will also be presented about the tool and benefits to their role.

Intended learning outcomes

At the end of this session, participants should be able to:

- explore how we can formalise the support to Preceptors in their role
- consider the benefit of Preceptors having their own online portfolio to support their role.
- consider the evaluation and feedback from Preceptors regarding having their own online portfolio to support their role.

References

- DH (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. London: DH
- NMC (2006) Preceptorship guidelines. NMC Circular 21/2006. Available on http://www.nmc-uk.org/Documents/Circulars/2006circulars/NMC%20circular%2021_2006.pdf
- Sharples, K and Elcock, K (2011) Preceptorship for newly registered nurses. Exeter: Learning Matters

Biography

Yvette Brown is a Senior Lecturer in Mental Health Nursing at Coventry University.

Within this role she leads and contributes to module and course development.

Personal interests include recovery in mental health, young people and mental health and service user involvement in higher education. She has been a mental health nurse for a number of years working in a number of mental health acute and community settings.

Poster 6

Training requirements and nursing skills for mobility in healthcare: The TRaNSforM project

Mary Brown, University Teacher, University of Nottingham, UK

Co-authors: Carol Hall, Marc Dhaeze, Elina Joupila-Kupiainen, Inge Bergmann-Tyacke, Evelyn McManus, Maria Margarida da Silva Reis dos Santos Ferreira, Samiye Mete

Abstract

Aim: This poster will present a self-assessment tool that can be used by nurses to review their skills needed for working internationally. The TRaNSforM framework will help nurses in caring for patients from different countries; and working with International nursing colleagues to help them to adjust to their new surroundings.

Abstract: An identified concern about the ways in which student nurses understand the challenges of moving to work in other countries and the opportunities for working in Europe (Avis et al, 2008) stimulated further interest in how a better preparation could be produced for nurses as a whole. This led to the development of the Training Requirements and Nursing Skills for Mobility

(TRaNSforM) project, between partners in seven different European countries funded by a Leonardo lifelong learning partnership project (European Commission 2010). In each country, silent partners were also identified including FINE and the RCN Education Forum.

The project used an in depth examination of David Cooperider's Appreciative Inquiry method of participation (Watkins & Mohr, 2001) with post-registration students, to gather ideas about how nurses could be better prepared for working in different countries. The methodology included a combination of National and international workgroups to explore skills for nurses in practice education and clinical leadership and to share and collate competences for mobility in practice. Evidence from the study enabled the development of a new and innovative framework for teachers to facilitate skills for mobility in nurse education.

Intended learning outcomes

At the end of this session, participants should be able to:

- reflect on how their students and practitioners may be best supported to develop skills for caring for the internationally mobile healthcare patients
- consider and respond effectively to the needs of students who wish to travel and work in different countries.
- critically discuss the state of the art in global healthcare delivery and the skills required to face such challenges for international education.

Recommended reading

- Avis M, De Wandel D, Dhaeze M, Hall C, Kukkes T, Urban R (2008) *Understanding Student Perceptions of Becoming a Nurse in contemporary European Society*. Paper presented at Federation of European Nurse Educators 7th Biennial Conference Nurse
- Watkins, J.M. & Mohr, B.J. (2001) *Appreciative Inquiry*, San Francisco, John Wiley and Sons
- FINE European Federation of Nurse Educators www.fine-europe.eu

Poster 7

Assessing a mentorship footprint: three reference guides for mentors, practice teachers and managers

Simon Cassidy, Practice Education Facilitator, Singleton Hospital, Swansea, UK

Co-authors: Alison Otten, Julia Moyse, Kevin Akerman, Susan Jones, Helen Taylor, Kay Jones, Helen O'Mahoney

Abstract

During each three year period, mentors and practice teachers need to evidence Nursing and Midwifery Council (NMC) triennial review criteria in order to remain on the local mentor register (NMC 2008; 2009; 2010). Non-compliance results in insufficient active mentors with a lack of

placement capacity to support the 50% practice learning component of the pre-registration nursing programme. Responding to these challenges, Practice Education Facilitators within Abertawe Bro Morgannwg University Health Board (ABMU) developed and promoted three reference guides for mentors practice teachers and managers highlighted here.

- The Mentor Footprint – helps mentors and practice teachers to assess their mentorship currency as to how they have met NMC triennial review criteria. The Mentor Footprint refers to the audit trail of planning, support and assessment decision making required by individual mentors as well as by learning teams.
- To assist mentors/ practice teachers demonstrate their knowledge, skills and competence on an ongoing basis, ABMU Health Board Practice Education Facilitators have produced a Mentor Portfolio. Mentors and practice teachers record their mentoring activity as an ongoing Record of Achievement in line with NMC triennial review criteria. Completed electronically or in hard copy, the Mentor Portfolio sits within an individual's Post registration and Practice development (PREP) profile and is discussed during Personal Development Review.
- A Guidance manual for mentors, practice teachers and managers has also been developed in order to respond to situations where nurses on the local mentor register do not meet ongoing NMC triennial review requirements. The document details ABMU Health Board guidance for managers in circumstances where mentors' status on the local mentor register may have lapsed. An accompanying flow chart provides a mechanism for deciding on an appropriate course of action in these situations.

The poster will highlight the mentor footprint, mentor portfolio and guidance manual and illustrate their interconnectivity.

Intended learning outcomes

At the end of this session, participants should be able to:

- illustrate the interconnectivity of three reference documents within one Health Board in Wales which support the currency of mentorship activity in practice learning environments
- examine good practice in recording mentorship activity in line with Nursing and Midwifery Council triennial review criteria (NMC 2008), including annual updating, by use of a Mentor Portfolio format
- offer a good practice guide for mentors, practice teachers and managers when responding to situations where nurses on the local mentor register do not meet ongoing NMC triennial review requirements.

Recommended reading

- Duffy, K., (2003) Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice. London. Nursing and Midwifery Council. Available from: http://www.nmc-uk.org/Documents/Archived%20Publications/1Research%20papers/Kathleen_Duffy_Failing_Students2003.pdf [Accessed: 27.11.11.]

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- Bradbury-Jones, C., Irvine, F., Sambrook., (2010) Empowerment of nursing students in clinical practice. *Journal of Advanced Practice*, 66 (9), 2061-2070.
- McColgan, K. (2008) The value of portfolio building and the registered nurse. A review of the literature. *Education and Practice* 18(2),64-69.

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- NMC (2008) Standards to support learning and assessment in practice. London.
- Nursing and Midwifery Council.
- NMC (2009) Additional information to support implementation of NMC Standards to support learning and assessment in practice. London. Nursing and Midwifery Council.
- NMC (2010) Standards for Education. Nursing and Midwifery Council. Available from: <http://standards.nmcuk.org/PreRegNursing/statutory/background/Pages/Standards-for-Education.aspx> Accessed: 27.3.12.

Biography

Simon is a Practice Education Facilitator within Abertawe Bro Morgannwg University Health Board. Alongside Practice Education colleagues, his remit is to support, advise, prepare and update mentors in practice. The Practice Facilitator role is embedded both within the Health Board and partner Approved Education Institutions. Simon has worked as a registered nurse in a wide variety of mental health and learning disability settings. He has a number of recent publications and conference presentations, chairs the All Wales Practice Education Facilitator Forum and is currently engaged in PhD research concerning mentors' assessment of pre-registration nursing students.

Poster 8

Moved to compassion by a stropky teenager: the narratives of student and lecturer on a journey to further curriculum outcomes via interactive role play

Marie Clancy, Senior Lecturer Child Branch Nursing, School of Health and Wellbeing, University of Wolverhampton, UK
Co-author: Ann Louise Partoon

Abstract

Aim of paper: To utilise the experiences of student and lecturer to enhance and develop a future curriculum.

Abstract

Ethics as a topic is seen as difficult to teach as students may struggle to relate the theories studied to their nursing practice. To try to get

across the complexities of ethical theory and prioritising the medium of interactive role play was used.

The aim was to get information from 'Kevin' (our actor; a deliberately withdrawn, stropky teenager) to help the students prioritise a liver transplant recipient list. The group fired questions but Kevin was reluctant and refused to engage. They struggled to communicate with him and were frustrated when they couldn't get him to even look up from his phone.

At this point the critical focus of the student journey began and the unexpected outcome of compassion emerged as one student began to teach her colleagues. As she knelt to communicate with Kevin her body language and tone softened him and he began to open up about years of parental abuse. Later debriefing from the actor playing Kevin and from the student group, this moment was seen as pivotal and powerful as the students realised the vital role of holistic and empathetic communication.

Our intention was to use our experience and provide an opportunity for the student, who is central to our teaching to become central in curriculum design.

Kolb's cycle of reflection was utilised by the student and lecturer immediately after the session individually; in a small group and in the wider class. Further reflection collectively was conducted with regards to future student learning needs. How the session could be refocused was examined based on the learning which occurred during this time and how a former student's insights, involvement and facilitation could benefit a new group of students. This aimed to avoid traditional student evaluations which can lack detail and in-depth thought to provoke curriculum changes.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand that utilising role play can allow a greater amount of freedom for the student to interact and as such outcomes can be surprising, thought provoking and unexpected and perhaps more importantly student led.
- realise that students can offer a valuable, credible perspective which can be utilised to enhance how the curriculum is taught and developed
- consider that learning is a process where student and lecturer feedback is vital to the growth of both parties. Involvement in this process can provide a rich evaluation which may open doors and allow the lecturer access to the student's viewpoint, where vital insights can shape and enrich nurse education.

Recommended reading

- Hendrick, J. (2010) Law and ethics in Children's Nursing. Wiley-Blackwell, Oxford.
- Kolb, D. A. (1984) Experiential learning: experience as a source of learning and development. Prentice-Hall, New Jersey.

Biography

Marie Clancy is a child branch nursing lecturer at the University of Wolverhampton and is particularly interested in the way in which students can be involved in curriculum redesign.

Ann Louise Partoon is a registered Children's Nurse at Berghalt ward, Ipswich Hospital. At the commencement of this project Ann was a child branch nursing student at the University of Wolverhampton.

Poster 9

Practice learning – yearlong with hub and spoke

Emma Collins, Clinical Placement Facilitator/
Preceptorship lead, North Staffordshire Combined
Healthcare NHS Trust, UK

Co-author: Christine Armstrong

Abstract*Summary of the project*

Drivers for the project were:

- Feedback from sign off mentors 'they would like to work with the student longer in order to carry out the sign off process'.
- The review of pre-registration nursing curriculum placement learning in conjunction with the requirement of a graduate qualification at the point of initial registration (NMC 2010).

Hub and spoke models for placement learning is not a new concept and an approach that is often used without its formal recognition. The project commenced in September 2011 involving one mental health student cohort group. The students in the group were allocated for year three of their programme to a hub placement and to a sign-off mentor. The key objective of the model is that it will allow for flexibility in the practice setting which will facilitate opportunistic learning eg allowing a student to follow a service users journey as and when the opportunity arises. Supportive evidence suggest that when developing a hub and spoke placement model flexibility in the nature of the spoke arrangements must be necessary. (Roxburgh et al 2011).

Each hub placement will identify and plan the integration of its spoke placements with designated practice hours to be achieved. The allocation of spoke hours will enable the students to be proactive in their own learning experience and for them to plan, where necessary to meet learning outcomes which cannot be met in the hub placement.

Hub and Spoke policy guidelines and relevant documentation have been developed inclusive of reciprocal feedback mechanisms to hub and spoke placements and these have been disseminated to all the relevant participants.

Student milestone checklist and student/mentor drop in sessions were initiated to monitor both the project and student progress in the hub & spoke yearlong project experience.

The project will be being evaluated formally at both mid and end points of the project utilising a focus group methodology. The project will be concluding in September 2012.

Intended learning outcomes

At the end of this session, participants should be able to:

- to improve the sign-off experience for both students and mentors
- to develop a evidence base for a use of a hub & spoke placement model to facilitate student placement experience
- to formally evaluate the hub & spoke project at both mid and end points of the project utilising a focus group methodology.

Recommended reading

- Nursing and Midwifery Council (2010), Standards for Pre-registration nursing education. NMC. London.
- Roxburgh M. Bradley, P., Lauder, W. (2011), The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre-registration nursing programmes. University of Sterling, NHS Education for Scotland.

Poster 10

A peer mentoring case study with nursing students: evaluation of perception

Laura Cominetti, University Lecturer and Clinic Tutor, University of Turin, Italy

Co-authors: Luigi Cirio, Pietro Altini, Patrizia Massariello, Ines Monino, Valentina Mussa, Francesca Manconi, Lucia Galaverna, Valerio Dimonte

Abstract

Peer education is an educational strategy that consists of an exchange of information, values and behaviour between people of similar status. The Nursing Degree Course in Turin guarantees such a situation.

The descriptive observational study was carried out at the end of the work placements in March and in June, and involved the entire first and third-year student populations.

The aim: describe the perception of the training experience. The data was obtained through the administration of a questionnaire.

Junior students perceive that the time dedicated to them by senior students was adequate and that orientation and reassurance, thanks to the understanding shown and the specific advice received, were crucially positive factors. Senior students provided support above all in the area of teaching clinical techniques and reasoning, and were seen as a role model and a stimulus to learning, but less involved in the evaluation of the first work placement than in the second. The perception of the usefulness of their role in the evaluation was

positive, but with lower percentages compared to other factors.

The senior students also believed that the time spent with the juniors was adequate, and that they worked well with the juniors in terms of providing them with guidance and reassurance. The seniors also say that they were role models and that the juniors provided a stimulus for them to learn themselves given that they were required to explain their own actions. The majority of those interviewed claimed that they had participated in the evaluation and that they deemed such an opportunity useful.

Statistically significant correlations only emerge in the senior student group between the variables of sex and age and the level of agreement with the participation in the evaluation of the third-year students.

Intended learning outcomes

At the end of this session, participants should be able to:

- create a relationship between mentor and student which is capable of increasing the learning capacity of the former.
- create a relationship between mentor and student which is capable of increasing reducing anxiety
- increase the pleasure on learning

References

- Sword W, Byrne C, Drummond-Young M, Harmer M, Rush J. (2002) 'Nursing alumni as student mentors: nurturing professional growth', Nurse Education Today, no. 5, pp. 427–432
- Boud D, Walker D. (1998) 'Promoting reflection in professional courses: the challenge of context', Studies in Higher Education, vol.23, no. 2, pp 191-206

Biography

Work Experiences

- Human Resources - University courses sector
- University lecturer and clinic tutor

Main activities and responsibilities

- Teaching in the faculty of medicine and surgery – course in nursing degree:-
- academic year 2003 'Clinical Nursing'
- Clinic tutor in a medicine and surgery department: from 1998 - ongoing
- Teacher of tutorial didactic for the course 'the support to the student during the learning of the nursing process', from 1998 - ongoing
- Teacher of tutorial didactic for the course: 'The peer-mentoring', from 2009 - ongoing.

Publication:

Il team building in sanità' attraverso modalita' di outdoor training. valutazione di esperienze' in Professioni Infermieristiche Aprile-Giugno 2011

Education and training

2007 to: 2009

Title of qualification awarded Masters degree
Doctor in Nursing and Midwifery Sciences

Poster 11

Is there a relationship between the entry qualifications of undergraduate pre-registration nursing students and their academic achievements on the programme?

Moira Davies, Academic Admission Tutor/Principal Lecturer, Faculty of Health, Sport and Science, University of Glamorgan, UK
Co-author: Glynis Bennett

Abstract

Selection criteria for pre-registration nursing programmes are multi-factorial and wider than academic qualifications. A range of other criteria is required by both the University and the Nursing and Midwifery Council (NMC); which includes evidence of good health and good character (NMC 2010). However to identify the applicants' academic ability to be successful and complete the programme, academic entry criteria has to be considered as this is one of the key indicators for academic performance while on the programme.

The aim of this paper is to establish whether there is a relationship between the academic entry qualifications of undergraduate pre-registration nursing students and their academic achievements on the pre-registration nursing programme. This will include reviewing the academic entry criteria, individual academic student profiles while on the programme and the final academic award.

To establish whether there is a correlation between the academic entry qualifications of pre-registration undergraduate nursing students and the achievement on the programme a quantitative study (Parahoo, 2006) was undertaken with retrospective review of the student information comparing the different qualifications on entry and degree classification on exit. This will enable a more informed discussion around the qualifications, and the grades, that are currently used to give an indication of possible success, and whether any of the qualifications are more indicative to use for entry onto the re-registration nursing programme.

The diverse range and number of Level 3 qualifications that are acceptable for entry onto the pre-registration nursing programme have been developed over many years, and there is much anecdotal evidence in relation to the performance of students on the programme in relation to their entry qualifications. However there is very limited evidence-based research in the literature that supports the anecdotal evidence in relation to which qualifications are a better predictor for academic success at HE.

Recommended reading

- Nursing and Midwifery Council (2009), Standards for pre-registration midwifery education. NMC Portland Place London
- Nursing and Midwifery Council (2008), Circular 13/2008, Good practice guidance for selection of candidates to pre-registration nursing and midwifery programmes. NMC Portland Place London
- Code of practice for the assurance of academic quality and standards in higher education. Section 10: Admissions to higher education - September 2006

Biography

I have worked in Nurse Education for over 20 years, currently working at the Faculty of Health, Sport and Science, University of Glamorgan, as the Academic Admissions Tutor and a Principal Lecturer, having trained and worked at Prince Charles Hospital, Merthyr Tydfil.

My current role involves the selection and recruitment of applicants for the pre and post registration students on both strategic and operational level. I also teach on the pre-registration nursing degree for Adult nursing with subject specialism in Behavioural Science and Teaching.

Poster 12

Empowerment in home care

Kurt Debaere, Nurse Lecturer, HOWEST University Colleg, Belgium
Co-author: Bert Desmet, Marie Maertens

Abstract

The project 'Powerful Aging at Home' aims to stimulate the autonomy of elder people by learning health care professionals to deliver care within an empowering framework.

The concept of empowerment has been reviewed through the literature, conditions for an empowering healthcare were given and good practices of patient empowerment were enumerated. It is concluded that communication between the patient and the care provider is a key factor in the empowering healthcare.

By focusing on elderly with communication problem (due to for example aphasia or dementia) the project is targeting maybe the most difficult situation for empowering home care. Because of the chosen target population the project will also develop an appropriate assistive technology system which helps those elder people to communicate with their care providers.

The 'Empowerment in Home Care' study explores strategies nurses and carers in home care may use in order to empower elderly receiving care at home. Focus groups with nurses and carers are organized within 3 home care organisations, discussing the main working principals of the empowerment barometer developed by Steenssens & Van Regenmortel from KU Leuven. Together with these

field workers we explore the strengths and constraints of empowering care and brainstorm about possible changes in the delivery of care to be more empowering.

Findings afford insights into the degree of empowerment of the currently delivered care and identifies strategies to achieve empowerment approaches to home care services.

Together with the 3 participating home care organisations we develop a pathway of change management and quality improvement.

By creating a blended learning platform we can educate health care professionals to deliver empowering care.

Poster 13

Developing a new curriculum for the professional bachelor in nursing

Marc Dhaeze, University College Ghent, Ghent, Belgium
Co-authors: Sonia Labeau, Liesbeth Van Heck,

Abstract

In the past two years, important changes occurred in the area of nursing education in Flanders. More particular at the University College Ghent, the educational model has dynamically evolved towards an approach where students actively gather both generic and professional competences in authentic learning situations with an emphasis on authenticity, internationalization and research. To meet these novel high standard requirements, a review and actualization of the former nursing curriculum was needed.

We started the process of reviewing our curriculum by analyzing our educational goals and by adapting them to the mission statement and vision on education of the University College Ghent. This process has led to the reformulation and expansion of this vision that we wish to disseminate within the professional bachelor in nursing (PBAN). During this process, five distinct nursing roles appeared to emerge from the overall nursing competences we aim our students to obtain: (1) the nurse as a health-care professional, (2) the nurse as a professional in a social context, (3) the nurse as a health-care manager, (4) the nurse as a professional who acts evidence-based, (5) the nurse as manager of (self-)development. As these roles were considered to be of utmost importance by all stakeholders, they were used as the framework for the further development of our entire educational program and as the learning pathways that constitute our nursing curriculum.

The concept of learning paths is, however, quite broad. To enable operationalisation, the five nurses roles needed to be translated into more workable entities, i.e. focuses. Thus, nine focuses were derived from the five roles: (1) somatic care; (2) psycho-social care; (3) health promotion and education; (4) diversity and international focus;

(5) management skills; (6) intra- and interdisciplinary cooperation; (7) evidence-based nursing; (8) individual development; and (9) quality of care. These nine focuses are the operationalised foundations of our novel nursing curriculum.

The entire team of nurse educators, students, and representatives of the professional field were consulted and involved in the process of developing the new curriculum. As a result, it is fully endorsed by all stakeholders. We are now looking forward to its implementation, which is planned for September 2012.

Poster 14

Enhancing education and practice through the establishment of brief intervention training into pre registration nurse training. essential or value added?

Maxine Holt, Principal Lecturer in Public Health, Nursing, Manchester Metropolitan University, UK
Co-author: Carol Haigh

Abstract

This project was commissioned by the CHaMPS Public Health Network. A programme of Brief Intervention Training was developed by the Public Health Network. This training has been incorporated into the three year training period for student nurses within 4 Northwest Universities. This evaluation study is carried out by Manchester Metropolitan University.

Aim: The aim of the project is to evaluate the impact of brief intervention training on the student nurses of the four Higher Education Institutions (HEIs) involved.

Methods: Focus groups and student questionnaires have been used to gather data over the three year period of the project.

Results: Phase 1 Results – The inclusion of Brief Intervention Training into the pre-registration curriculum was welcomed as timely and providing advantages to the students.

Phase 2 Results – Overall students reported high levels of confidence around giving advice around:

- healthy eating (81.8% of the total responses n=404 agreed or strongly agreed)
- Physical Activity (90% of the total responses n= 395 agreed or strongly agreed)
- Alcohol (76.6% of total response n=377 agreed or strongly agreed)
- Stopping smoking (74.1 of total response n=366 agreed or strongly agreed)

Confidence was lower around the provision of sexual health advice:

- 61.8 of total responses n = 305 agreed or strongly agreed

Phase 3 Results – The students were aware that opportunities for Brief Intervention were available

to them in the clinical area but appeared reluctant to initiate them.

Conclusions: The value in Brief Intervention Training as a valued added element to nurse training is recognised by the HEIs. Student confidence is theoretically high but, as the study progresses; this is only just being translated into clinical behaviour. It is anticipated that final data on translation to clinical practice will be available for presentation at the conference.

Intended learning outcomes

At the end of this session, participants should be able to:

- appreciate the need for brief intervention training in pre-registration nursing programmes
- understand the barriers to actualising this in practice

Recommended reading

- Communication Skills in Practice. Webb L 2011 Oxford University Press
- Promoting Health. Wills J 2007 Blackwell Publishing
- Health promotion in Practice Macdowall W et al 2007

Biography

Maxine Holt is a principal Lecturer in Public Health involved in developing public health curriculum within nursing programmes.

Carol Haigh is a professor in Nursing and lead investigator for the project

Poster 15

The current status of occupational commitment of nurses in Japan

Naoko Ichikawa, Department of Nursing administration, Graduate School of Medicine, The University of Tokyo, Japan

Co-authors: Mami Onishi, Katsuya Kanda

Abstract

Background: There are various types of commitment, such as organizational commitment, occupational commitment, and work commitment. Most Japanese nurse administrators have laid much stress on nurses' commitment to the organization as a predictor of the turnover rate. However, in order for nurses to develop continuously, we should not consider them only in the framework of an organization, but rather regard them as human resources of society. Therefore, the nurse's commitment to his/her occupation is important for his/her continuous development as a professional.

Aim: The aim of this study was to describe the current status of the occupational commitment of Japanese nurses.

Method: We conducted a cross-sectional survey using a self-administered anonymous questionnaire, of 2,966 nurses at three acute hospitals with over 300 beds in 2011. Our questionnaires also include items on the respondents' demographic

characteristics. A factor analysis with promax oblique rotation was conducted for occupational commitment (29-items).

Result: The valid respondents for analysis were 2,367 nurses (79.8% of the distribution). Factor analysis on the occupational commitment items obtained five subscales as follows: 'affective commitment' (11 items, Cronbach's coefficient alpha (hereinafter referred to as α) = 0.938), 'moral commitment' (10 items, α = 0.855), 'economic commitment' (4 items, α = 0.720), 'value-based commitment' (2 items, α = 0.687), and 'compensation commitment' (1 item). The five subscales demonstrated factor loadings above 0.32 for all items and explaining 61.9% of the total variance. The subscale for value-based commitment had the highest score (mean \pm SD: 4.80 \pm 1.23) among the five subscales and the subscale for moral commitment had the lowest score (3.34 \pm 1.07) among the five subscales.

Conclusion: We obtained five subscales on occupational commitment of Japanese nurses. It is necessary to understand various aspects of occupational commitment when addressing the development of nursing education.

Poster 16

Transition from a higher national certificate healthcare course to an undergraduate nursing programme

Louise Johnston, Lecturer in Adult Nursing, School of Health, Nursing & Midwifery, University of the West of Scotland, UK

Abstract

The Nursing & Midwifery Council (2004) require higher education institutions to acknowledge students' prior learning and this has contributed to the widening of access to pre-registration nursing courses. The aim of this paper is to improve understanding of pre-registration student nurses' first year experiences following transition from an HNC healthcare course. This is particularly important as the enhancement of the first year student experience is central to current policy (Mayes 2009). This study also intends to inform both further and higher education institutions with regards to the development of strategies to facilitate student transition. This was a small explorative study using a qualitative approach. The study was carried out at two campuses of a Scottish university. Research participants were student nurses nearing the end of their first year of an undergraduate nursing programme who had completed an HNC healthcare course prior to entering higher education. The data was obtained through semi-structured interviews and a content thematic analysis was carried out. Results from the data indicate that several factors have an impact on the transition experience of this group of first year student nurses. These include: support networks available in the academic and practice setting; preparation for transition to higher education and clinical practice; geograph-

ical challenges; academic challenges and practice experience. The results highlighted that although students felt generally prepared for university, they indicated feeling less prepared for the formal assessment process and self-directed learning. Essay writing and the use of references was found to be particularly challenging for this group. The findings also bring to light the advantages of peer support in both the academic and practice settings and indicate the significant relationship Mentors have with their students in the clinical setting.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand student nurses' experiences of transition from a further to a higher education institution
- gain insight into the students' academic experience
- gain an understanding of the students' clinical experience

References

- Mayes, T. (2009) Quality Enhancement Themes: The First Year Experience: Overview of the Enhancement Theme 2006-08: The aims, achievements and challenges, QAA Scotland: Glasgow
- Nursing & Midwifery Council (2004) Standards of proficiency for pre-registration nursing education, NMC: London

Biography

The author is a lecturer in Adult Nursing who has recently completed an MSc in Healthcare Education. She has more than 20 years clinical experience prior to entering higher education.

Poster 17

Principals and practice of nursing: an investigation of how nurses learnt their clinical skills 1930-1965 to discover past teaching and leaning techniques that could impact on current nurse education

Sarah Keeley, Clinical Skills Demonstrator, Practice Skills, Bournemouth University, UK

Abstract

An investigation was undertaken to systematically analyse oral history archives from retired nurses. This was to reveal how nurses perceived that they learnt their clinical skills. Four themes were identified; the use of Preliminary Training School (PTS), the use of simulation as a teaching strategy, registered nurses supporting students in practice and practice assessment. All of these themes link to the facilitation of nurse education today.

Intended learning outcomes

At the end of this session, participants should be able to:

- understand skills education both past and present
- understand the use of simulation as a teaching strategy
- understand clinical skills assessment.

Biography

Sarah Keeley is a registered nurse and has worked in a variety of community healthcare settings. She currently facilitates practice skills at Bournemouth University and has recently completed her MA in Health and Social Care Education.

Poster 18

Developing an education and development strategy for HCSWs

Robert Ledsam, Clinical facilitator, Learning, Education & Development Department, Cardiff & Vale UHB, UK

Co-author: Tessa Callaghan

Abstract

The role of the nursing HCSW has changed dramatically over the last 20 years. Support staff now provide essential care needs to patients that was traditionally considered the role of the registered nurse and have to give quality care by updating their skills and knowledge (Cox 2010). It has become vital to provide an education strategy for these staff that assist with personal and professional development, whilst engendering the value of lifelong learning.

Work based learning is evident within health-care. However, traditionally it has offered little in relation to accreditation of the learning that has taken place for staff in the employment domain. The Higher Education Academy (2006) discussed that changing patterns of work and the demands for higher level skills has led to employees needing a broader range of skills and knowledge.

Development of an education strategy across the spectrum for nursing support staff has enabled staff to be better educated, responsive to patient need and more in control of their development. The strategy involves working in collaboration with other health boards to share knowledge and experience, outside agencies to deliver various aspects of the education portfolio; accreditation agencies to ensure credit is obtain for corporate learning activities and higher education establishments for higher level education.

The poster will demonstrate the educational route developed. It provides a clear processes taken from point of induction in to work and educational developments over the course of their employment. It demonstrates clear links to educational levels through to potential degree level. Portrays clear collaborative working during this development path offering potential alteration of work

based developmental paths based on evidence based educational and skill development.

Recommended reading

- HCSW Code of Conduct and Code of Practice.
- The Role of Assistant Practitioners in the NHS: Factors affecting Evolution and Development of the Role.
- All Wales Guidelines for Delegation 2010

References

- Cox C (2010) Responsibility and Accountability: Nursing Management 17: 3-18 20th June 2010.
- Higher Education Academy (2006) Work-based learning. Illuminating the Higher Education Landscape.
- https://docs.google.com/viewer?a=v&q=-cache:uNfBZOTnoxsj:www.heacademy.ac.uk/assets/documents/research/wbl_illu

Biography

The authors have over 30 years experience working as professional registered staff. This includes general nursing, surgical nursing, health visiting. The experience also includes several years as educators both with experience in clinical work based education and within the higher education institution.

Poster 19

From recruitment and attrition to selection and retention: review of a mental health nursing course

Richard Luck, Admissions Tutor and Senior Lecturer in Mental Health Nursing, Coventry University, UK

Co-author: Robert Tummey

Abstract

Historically, attrition and retention in nurse education has been the subject of considerable discussion. The national average for attrition stands at 25%, with only 12.8% for more traditional undergraduate courses. These attrition levels are hard to bear in a profession needing continuous replenishment of numbers. Cameron et al (2010) found that four broad themes accounted for factors of relevance, including, Prediction, Programme, Social and Personal.

The Mental Health Nursing course at Coventry University has not escaped the impact of attrition, experiencing rates above the national average. The mental health team therefore made significant attempts to redress what is seen as a priority both locally and nationally. HEIs providing nurse education must respond to the benchmarks identified by the Strategic Health Authorities (SHA): i). Recruitment to target, ii). Retention of cohort numbers, and iii). Completion on time. It was these benchmarks and student nurse attrition research (Prymachuk et al 2009, Donaldson et al 2010) that informed the revision of three key areas of concern.

These areas helped to move from recruitment and attrition to selection and retention. They include:

- a) The selection criteria and process.
- b) Programme engagement and flexibility.
- c) Focus on reducing the impact of student personal isolation.

A range of measures were introduced incrementally across a two-year period. The combination then fully employed in selection for the new all graduate mental health nursing course that commenced in September 2011. Although the cohort has been with the university for only a few months, there has been no attrition to date. Several factors may contribute to this highly unusual occurrence, but the course team believe the improvements have had a significant impact. These successful strategies will be visually represented in a poster format. A chronological overview of the course will help to demonstrate how and where each strategy is implemented.

Intended learning outcomes

At the end of this session, participants should be able to:

- consider the different factors influencing attrition on nursing courses
- understand the research evidence for the subject
- consider the application of a number of successful strategies to improve selection and retention.

References

- Cameron, J., Roxburgh, M., Taylor, J., and Lauder, W. (2010) Why students leave in the UK: an integrative review of the international research literature. *Journal of Clinical Nursing* 1-11.
- Donaldson, J.H., McCallum, J., and Lafferty, P. (2010) Can we predict successful completion of the common foundation programme at interview? *Nursing Education Today* 30: 649-656.
- Pryjmachuk, S., Easton, K., and Littlewood, A. (2009) Nurse Education: factors associated with attrition. *Journal of Advanced Nursing* 65 (1), 149-60.

Poster 20

A model for enhancing integration of nurse education in clinical settings

Bridget Malkin, Senior Lecturer, Skills and Simulation, Birmingham City University, UK
Co-author: Regender Athi

Abstract

This presentation will demonstrate the development of a model for integrating nurse education in clinical settings which aimed to create an educational programme that met the self-reported

needs of nurse mentors within the confines of their clinical areas.

Nurse educators within the UK are facing the challenge of integrating education within clinical settings. International literature supports that nurse mentors are vital for meeting standards of learning and development in clinical practice, however the challenges of time, staffing levels and residual culture towards nurse education undermines this role (Brown et al 2008). ‘Time to Care’ indicates that to enhance patient care there is a need to integrate education with practice (HSMC 2011). There have been longstanding difficulties with maintaining and developing nurse mentors in clinical practice, ensuring they maintain current awareness of changes in nursing education. Despite the introduction of the Standards to Support Learning and Assessment in Practice (NMC, 2008), evidence indicates that mentors may still feel insecure in their role (Hunt et al 2011). The introduction of the graduate programme was an ideal opportunity to address these concerns. A partnership approach was utilised and developed to enable mentors to overcome these challenges.

This model for integrated working incorporated measures to address mentors expressed challenges as well as those of organisational culture, time and staffing identified within the literature. Analysis indicated mentor concerns within themes that are consistent with current evidence such as enhancing student development, completing documentation and failing students (Hunt et al 2011). Patient safety is dependent upon good practice. In view of current and future healthcare changes the primary challenge is to change organisational culture and embed education in clinical practice at an equivalent level of importance as delivering essential patient care for future nursing excellence.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify a strategy for integration of nurse education in clinical practice
- create a plan for model utilisation within their own settings
- evaluate the current challenges for nurse mentors/educators to implement educational strategies.

Recommended reading

- Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice London: NMC

References

- Brown CE, Wickline MA, Ecoff L, Glaser D, 2008 Nursing practice, knowledge, attitudes and perceived barriers to evidence based practice at an academic medical centre. *Journal of Advanced Nursing* 65(2) 371 -381.
- Health Services Management Centre (2011) Time to care? Responding to concerns about poor nursing care Policy paper 12 University

of Birmingham Health Services Management Centre (Sawbridge Y, Hewinson A)

- Hunt, L.A, McGee P, Gutteridge R, Hughes M (2011) Assessment of student nurses in practice: A comparison of theoretical and practical assessment results in England, *Nurse Education Today* published online 6th June 2011 article in press no volume or issue given.

Biography

I am a registered nurse with over 25 years clinical experience in predominantly nurse led environments. It was a natural progression to move into the formal academic environment. For the last 8 years I have worked at Birmingham City University as a senior lecturer. I have led and participated in research that has developed teaching methods and resources to enhance student education, published articles regarding nursing practice and educational improvement. I am the editor of ‘Principles for professional practice’ due for publication next year. I have recently taken on a joint role as mentor support and development within clinical practice.

Poster 21

Is the door still open?

Wendy Mayne, Programme Lead Bachelor of Nursing, Dept of Health and Community Sciences, Glasgow Caledonian University, UK
Co-author: Samantha Bannerman

Abstract

The emergence of nursing as a graduate profession coincides in Scotland with the recent Government White Paper on Post-16 Education Reform, which emphasises the importance of efficient, flexible learner journeys between college and university. Nurse educators remain committed to the principles of widening access and participation, adhering to a belief that articulation pathways should continue to support non-traditional students in their pursuit of nurse education. This paper discusses a range of activities, carried out in a Scottish university, in partnership with Further Education Colleges, in an attempt to enhance the student experience of articulation and transition.

In 2010 a Community of Practice (CoP) was formed to develop and enhance existing channels of communication, to forge greater understanding of transition, to work across boundaries, and to deepen knowledge of sector based criteria. Building upon the success of this project the CoP is now focussing upon the synergy between curriculum developments in both sectors, exploring how common principles embedded within the curriculum of Scotland’s Colleges can be aligned to the development of graduate attributes within pre-registration undergraduate programmes. Recently a new advanced standing articulation route has been created, to enable students to gain direct entry into the second year of the pre-registration undergraduate programme, and this paper explores some of the emerging issues associated

with supporting these students and facilitating their learning in both the university and the practice learning environment.

These projects have identified a need for further facilitation of knowledge exchange, exploring the impact of curriculum redesign as an 'all graduate profession' upon the student experience. Similarly, at a time of dynamic change within the further education curriculum, it is crucial that colleagues within higher education are aware of these developments and maintain and evaluate articulation pathways between the two sectors.

Intended learning outcomes

At the end of this session, participants should be able to:

- reflect upon the experience of students from further education as they engage with the undergraduate pre-registration programme
- consider strategies necessary to support students entering a programme with advanced standing

References

- Scottish Government, (2011) Putting Learners at the Centre: Delivering our Ambitions for Post-16 Education

Biography

The presenter is Articulation Coordinator for the Department of Nursing and Life Sciences, working closely with Colleges to enhance transition and articulation experiences. The presenter is Programme Lead of the Bachelor of Nursing, and has a research experience in the student experience from an educational perspective.

Poster 22

Critical care nursing - the real reality show

Sean Morton, Senior Lecturer in Nursing, School of Health Life and Social Sciences, University of Lincoln, UK

Co-author: Trevor Simpson, Paula Sloan, Lecturer, Fiona Morton

Abstract

Nationally and locally nursing education is entering an exciting time, the University of Lincoln (UoL) recently piloted a scheme to offer learning opportunities associated to practice which are challenging, stimulating and safe.

NMC (2010) standards allow programmes to incorporate simulation hours, academics at UoL looked at simulation in innovative ways to bring the clinical area to the classroom.

Simulation is challenging and is perceived to be expensive; the pilot demonstrated that we were able to avoid the cost prohibitive nature of simulation when designed and delivered using an imaginative mode of delivery.

UoL developed a day for students from two HEIs in Lincoln. This day demonstrated that the experience was exponentially greater than the cost to implement the learning day.

The event followed a patient journey with vignettes associated with a fall from a height. Initially, a prehospital care scenario, where the patient is attended utilising the Danger - ABCDE algorithm, this was a theme throughout the event.

The journey continues in the concurrent simulated areas, A&E department, an intensive care environment and theatre department.

Each vignette was designed around the specific learning opportunities for the student, and the objective was to enable the student to critically analyse and experience each phase of the patient journey and to look for similarity of models of care, including skills, knowledge base and priority of care.

The vignettes transformed passive observers into participant decision makers throughout the experience. One of the challenges that became an opportunity concerned how to blend students from the two universities, the groups were at different stages of their education and had received very different practice experiences and yet the simulation had to mean something to them all. This became strength of the day as students recognised their contribution to the simulation and to the learning of others.

The vignettes transformed passive observers into participant decision makers throughout the experience. One of the challenges that became an opportunity concerned how to blend students from the two universities, the groups were at different stages of their education and had received very different practice experiences and yet the simulation had to mean something to them all. This became strength of the day as students recognised their contribution to the simulation and to the learning of others.

Intended learning outcomes

At the end of this session, participants should be able to:

- see how effective collaboration with peers from practice and competing HEIs can work effectively
- identify innovative ways of embedding simulation into an interactive environment at minimal cost
- use our experiences as a benchmark to develop intra and interprofessional learning in the future.

Recommended reading

- Babsikou, FP, Gerogianni, GK. (2012) The importance of role-play in nursing practice. *Health Science Journal*, 6 (1) pp4-10
- Simpson, T (2009) Interprofessional Learning in practice: shifting the balance
- towards strategic development within NHS Trusts. Available from: http://eprints.lincoln.ac.uk/3304/2/Interprofessional_Learning_in_practice.pdf [Accessed 25 March 2012]
- Como, JM, Kress, M. Lewenthal, M. (2009) High Fidelity Simulation Use in an Undergraduate Nursing Program. 2009 ASCUE Proceedings, pp. 131-135

Biography

I am a Senior Lecturer in Nursing with extensive experience in both emergency care and different modes of delivery of simulated practice in the United States and the UK. The co authors of this work also have extensive experience in critical care and in academia as well as being currently

fully employed as a collaborative partner in a local NHS trust

Between us we have experience in delivering critical care education to all levels of nursing students, including those at post registration level, the team is also passionate about different modes of delivering nursing education and as result have been creative in the design of approaches which stimulate and stimulate students to learn.

Poster 23

Proa and aguagem - different careers in a same nature teaching

Amélia Maria Simões Figueiredo, Adjunct Professor, Public health nursing, Catholic University Portuguese, Portugal

Co-author: Natércio Afonso;

Abstract

The preliminary study here presented is part of a Ph.D. program in Education and aims to understand the nature of the process of reconfiguration of professional nursing faculty in Portugal.

In the conceptual framework we use the theories of Socialization in their dual origin in Boudon (1995), the Socialization as an unfinished process originating Secondary Socialization and the Social Identity as a product of a connection between two transactions, as referred by Dubar (2006). We look the school as Sarmiento (2000) as an organization with its own identity and refer to Perrenoud (2002) considering teachers as employees of organizations linked to education policy.

This essay is based on the narrative produced from two semi-structured interviews among the 14 made to exclusive dedication teachers who followed the paradigm shift in education. Its specific objectives: to characterize the teaching itineraries and identify the strategic profiles adopted. The issue takes us back to the biographical method. The interviews were transcribed by the researcher and validated by the subjects according to Tuckman (2002). Both interviews, initially, were subjected to coding of the segments in biographical, relational and reasoning sequences, which allowed to, in a second phase of recoding, get to the data transformation based on the interpretation of the researcher. The main categories preceded a network of structured categories, as suggested by Demazière and Dubar (2007).

After the individual analysis and comparison of those itineraries according to Huberman (1989), the results suggest a rapprochement between the two interviewees regarding age, gender and faculty time. To the difference of settings we associate the difference in scientific training chosen, and the career and professional category.

A common organizational strategy arises in a careerist different profile, marked by strong awareness of self, where it seems to dominate the ability, besides the professional title, in both.

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- Dubar, C., 2006. A Crise da Identidade A Interpretação de uma Mutação. Porto : Edições Afrontamento.

Biography

From Portugal, she has completed Nursing in the School of Nursing São Vicente de Paulo in 1982 and the specialization in Public Health Nursing in the School of Nursing Maria Fernanda Resende in 1995.

She is Master in Education Science - Adult Training since 2004 and Education PHD Student in the same area by the Institute of Education of the University of Lisbon.

After seven years of hospital experience, she started teaching in 1990 at the School of Nursing São Vicente de Paulo and, since 2006, after its transmission to Catholic University, is Adjunct Professor in Catholic University.

Poster 24

Strictly patients - developing the nursing health care support worker

Majella Suffin, Practice Education Facilitator (Healthcare Support Workers - Nursing), Corporate Nursing (Education), Abertawe Bro Morgannwg University Health Board, UK
 Co-author: Robert Ledsam, Sara Jolly, Elizabeth Bennet

Abstract

Method: A unique collaborative development between 6 Health Boards/NHS trusts and University of Glamorgan of a level 4 (CQFW) two year part time, nursing support staff educational program. Presented within:

- Context of direction of NHS Wales
- Benefits of patient safety, quality and experience
- Selection process
- Staff benefit of higher education in improving the patient experience
- Widening Access agenda

Result: The program affords support staff and the service with:

- Knowledge and skills to deliver care within the modern Welsh NHS. In doing so its primary aim being 'Aiming for Excellence Everywhere' (WAG 2011)
- Staff with the right skills, at the right level and in the right place (Designed to Work 2006).
- A competent workforce who can be relied on to undertake the shifting role of the support

worker Annual Quality Framework (2010) Together for Health (2011).

Conclusion: This learning program affords staff the opportunity to gain a certificate of higher education nursing support worker education.

- A bespoke qualification in Wales
- Instrumental in ensuring there is a flexible and sustainable workforce (WAG 2008)
- Allows staff to support patients to have a safe quality healthcare journey
- An educated workforce with experience of blended learning, in particular the distance learning aspect, which is attractive to employers and managers.

Intended learning outcomes

At the end of this session, participants should be able to:

- share the experience of collaborative working
- develop blended learning materials
- developing a sustainable workforce

Recommended reading

- Widening Access http://www.hefcw.ac.uk/policy_areas/widening_access/widening_access.aspx
- CQFW <http://wales.gov.uk/topics/educationandskills/qualificationsinwales/creditqualificationsframework/publications/handbook/?lang=en>
- Together for Health (2011) <http://www.wales.nhs.uk/sitesplus/documents/867/111101togetheren.pdf>

References

- Credit & Qualifications Framework for Wales <http://wales.gov.uk/docs/dcells/publications/100603cqfwfandigramen.pdf>
- DesignedtoWork (2006)<http://www.wales.nhs.uk/sites3/Documents/433/D2W%20Strategy%20English.pdf>
- TogetherforHealth(2011) <http://wales.gov.uk/docs/dhss/publications/111101togetheren.pdf>

Biography

Majella Suffin commenced SEN nurse training in 1983 at Kingston Hospital, Surrey, undertaking the conversion course to RGN in 1991, after completing the PGCEd, Majella is currently pursuing M Ed. Majella's had a varied career in nursing, but mostly in elderly care, her current role is as a Practice Education Facilitator for HCSWs with Abertawe Bro Morgannwg University Health Board. She has been instrumental in the development of accredited learning at CQFW levels 1, 2 & 4 and is a critical reader for the RCN 'First Steps' learning materials for HCSWs.

Poster 25

Third year nursing students' experiences of the mentoring role in their final placement

Robert Thomson, Lecturer in Adult Nursing, School of Health, Nursing & Midwifery, University of the West of Scotland, UK

Abstract

The Royal College of Nursing (RCN, 2007), highlight that the practice placement should provide the ideal environment for mentors to encourage student nurses' to relate theory to practice. The Nursing & Midwifery Council (NMC, 2008) standards to support learning and assessment in practice illuminate the significance of the mentor in supporting pre-registration student nurses', and in particular, 'sign off' mentors who have met additional criteria for signing students off as being proficient at the end of a final placement. It is therefore the mentors' responsibility to provide the student with appropriate opportunities to achieve the final placement competencies required for professional registration (Bondy, 1983). Nevertheless, it is apparent that a marked dichotomy exists between some student nurses' perceptions of mentorship and the actual experiences they are exposed to, but little is known about the final placement student.

Therefore, the aim of this small scale phenomenological study was to explore third year nursing students' experiences of the mentoring role in their final placement, particularly to establish their expectations of the mentorship role, as well as their perceived support and supervision needs. Unstructured interviews were used to generate the data. The study was carried out within one Scottish University, and seven final placement students' were purposively recruited. Colaizzi's (1978) procedural steps guided the analysis.

Five key themes emerged: being more independent, support, belongingness, feedback and anticipatory anxiety. The findings revealed that (n=4) of the participants were generally satisfied with the mentorship experience and level of support they received, however, not all participants (n=3) expressed such satisfaction. The findings confirm that the clinical learning environment and support from the mentor are key factors that influence student preparation for registration significantly. Without this level of support, students may be left feeling unprepared to deal with the transition. The study has not necessarily revealed the phenomenon to its full depth, but rather has begun to unravel some knowledge on third year nursing students' experiences of the mentoring role in the final placement. Therefore, this is an important but under researched area.

Intended learning outcomes

At the end of this session, participants should be able to:

- gain an understanding of student nurses' experiences of the mentoring role in their final placement

- understand student nurses' expectations of the mentorship role in their final placement
- appreciate student nurses' perceived support and supervision needs in their final placement.

Recommended reading

- Nursing & Midwifery Council (2008) Standards to Support Learning & Assessment in Practice. London, NMC.
- Holland, K., Roxburgh, M., Johnson, M., Topping, K., Watson, R., Lauder, W., & Porter M., (2010) Fitness for practice in nursing and midwifery education in Scotland, United Kingdom. *Journal of Clinical Nursing*. Vol 19 (3-4), pp461 – 469.
- Royal College of Nursing (2007) RCN Guidance for Mentors of Nursing Students and Midwives: An RCN Toolkit: London.

Biography

The author is a lecturer in Adult Nursing who has recently completed an MSc in Nursing. He has ten years clinical experience in Acute & Critical Care, where he was involved in mentorship, particularly final placement students'.

Poster 26

Promoting competence when supporting learners in practice

Claire Uren, *University Practice Learning Adviser, School of Health & Social Care, Bournemouth University, UK*

Co-author: Paula Shepherd

Abstract

This paper intends to explore recent innovations in practice assessor education, which were introduced in response to service need and influenced by research findings.

The impact of poor mentorship on students has been widely reported (Miles 2008; Kilkullen 2007). This may result in students suffering from lack of confidence and even leaving their programme of study. It can also influence the assessment process, with some practice assessors passing underperforming students (Duffy 2004).

Research undertaken by members of the University Practice Learning Adviser (UPLA) team identified how a variety of educational approaches empowered practice assessors to engage more fully in their roles. Two research studies, completed by the authors, identified challenges faced by practice assessors in keeping their knowledge and skills up to date. These studies used both qualitative and quantitative approaches to explore practice assessors views.

The UPLA team at Bournemouth University have developed innovative approaches to the provision of interprofessional practice assessor education.

These include workshops, workbooks, conferences and online resources, which provide flexibility to enable updating of knowledge and skills. These strategies aim to motivate practice assessors to confidently engage in their role, thereby promoting

rigour in assessment and improving the student experience. Opportunity to share knowledge and experience with other healthcare professionals has been considered helpful in expanding the practice assessor's repertoire of skills. This has enhanced learning and support across all health and social care programmes, leading to diverse placement opportunities for learners.

The unique role of the UPLA contributes to the flexibility of practice assessor education provision by being able to respond proactively to service need. Effective communication has improved working relationships between placement and education providers leading to effective partnership working.

Intended learning outcomes

At the end of this session, participants should be able to:

- identify effective teaching and learning strategies in practice assessor education
- review the support mechanisms which promote effective practice learning
- explore the benefits of interprofessional education

Recommended reading

- Bahn, D., 2007. Reasons for post registration learning: impact of the learning experience. *Nurse Education Today*, 27, 715-722.
- Loads, D., Brown, M., McKenzie, K., Powell, H., 2006. Developing mentorship through collaboration. *Learning Disability Practice*, 9 (3), 16-18.
- Thoms, D., 2009. Committing to the future. *Contemporary Nurse*, 32 (1-2), 3-5.

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- Kilkullen, N., 2007. The impact of mentorship on clinical learning. *Nursing Forum*, 42 (2), 95-104.
- Miles, S., 2008. Make or break: the importance of good mentorship. *British Journal of Midwifery*, 16, (11), 704-711.

Claire Uren qualified as a registered general nurse in 1990 and worked on an acute surgical unit in a district hospital for five years before moving to community nursing. Claire became involved in education in 2001, taking on the role of Practice Educator for Bournemouth University, whilst continuing with her practice role as a community nurse. Claire has become increasingly involved in education as a lecturer and practice education link for pre and post registration education in health and social care. Claire completed her Masters degree in Health and Social Care Education in 2010.

Poster 27

Training nurses in an international context - subproject of the ImPrim project

Marjale von Schantz, *R&D Manager, Health Care, Turku University of Applied Sciences, Finland*
Co-authors: Maika Kummel, Susanna Mört, Paula Vainiomäki

Abstract

*ImPrim (Improvement of public health by promotion of equitably distributed high quality primary health care systems)

The purpose of this subproject is to enhance and harmonize professional development in Public Health Care (PHC) by organizing training courses for nurses in an international context. Background factors of this subproject in the comprehensive ImPrim project, funded mainly by EU Baltic Sea region programme, were the poor position of nurses in the Post-Sovjet health care systems. There was lack of competence and team work skills. In addition, the attitudes towards nurses' independent work were negative.

Turku University of Applied Sciences and Blekinge Centre of Competence organized two weeks' intensive course for nurses from Estonia, Latvia, Lithuania, Russian Federation (Kaliningrad region), Finland and Sweden in 2010. The course included discussions about the role of nurses in respective countries and how to increase the scope and content of nurses' work in Primary Health Care. There was also training about team work skills, health promotion and various medical fields.

After the course, the nurses will carry out a test audit, where they describe the work load and practice work of a nurse in respective countries. Training nurses in an international context was an excellent way to create a network between nurses and to stimulate discussion about the position of nurses and the possibilities of nurses' independent work. The knowledge of what the nurses actually do in each country will give unique material of great scientific interest. This knowledge helps us to find out how nurses could work in a more comprehensive way in the future.

Measuring the effectiveness and sustainability of training could be difficult, but one way may be to measure the number of nurses who have got more individual responsibility. The training will continue in Turku (2012) with a Follow-up seminar for validation of experiences and outputs.

Poster 28

Working in partnership - Abertawe Bro Morgannwg University Local Health Board and the Open University in Wales

Julie Williams, Skills Coordinator for Healthcare Support Workers, Learning and Development, Abertawe Bro Morgannwg University Local Health Board, UK

Co-authors: Louise Hughes, Majella Suffin

Abstract

Delivery of appropriate education and training is imperative in an ever changing and developing NHS. Professional Development for Health Care Support Workers (HCSWs) is a particular priority in Wales as we look to service change through role redesign and a significant shift from secondary care to community and primary care.

Difficulties releasing staff from clinical care cannot be ignored and distance learning and 'e' learning becomes increasingly attractive to employers and employees alike.

The experience of Partnership working with the Open University in Wales (OU), www.open.ac.uk/wales, has proven invaluable in meeting the demands of education, service change and staff support. There has been positive evaluation of the impact of the learning on the professional development and practice of HCSW's.

Intended learning outcomes

At the end of this session, participants should be able to:

- Workforce Modernisation and professional development of support staff that are appropriately trained and empowered to deliver new models of care that will support changes in front line hospital, community and primary care services
- In order to deliver new models of care, the principles of appropriate delegation to competent non-registered staff and accountability must be understood and observed by the whole workforce.
- Achieving an increase in reflective practice and a greater understanding of patients' needs, together with and a perceived improvement in the standard of patient care.

Recommended reading

- Wales. Welsh Assembly Government (2011) All Wales Guidelines for Delegation. Cardiff. Welsh Assembly Government.
- Wales. Welsh Assembly Government (2011) Code of Conduct for Health Care Support Workers in Wales. Cardiff. Welsh Assembly Government
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- UK. Department of Employment and Learning (2006) Leitch Review of Skills. Prosperity for all in the global economy- world class skills. London HMSO
- Wales. Welsh Government (2011) Together for Health. Cardiff. Welsh Government.

Biography

Julie trained as a Dental Nurse and worked in Maxillo-Facial Surgery before becoming Dental Hygienist and Oral Health Improvement Practitioner, specialising in working with Adult Special Needs patients and those with complex medical conditions. She has a keen interest in education and currently works as a Skills Coordinator for Healthcare Support Workers in Abertawe Bro Morgannwg University Health Board .

Poster 29

A survey of the teaching of genetics and the history of eugenics in health and social care courses in Europe

Peter Zaagman, Program Lead - Nursing and Care Specialities, Department of Clinical Health Care, Faculty of Health and Life Sciences, Oxford Brookes University, UK

Co-author: Helen Atherton

Abstract

The poster will provide an overview of the outcomes of an email survey of educational establishments in the UK, Germany, Austria and Norway undertaken by members of the Association of Care Educators in Europe. The aims of the survey are to establish if the teaching of genetics and eugenics forms part of the existent curricula, and what form this takes, to inform the debate on genetic engineering and 'backdoor'/modern eugenics.

Intended learning outcomes

At the end of this session, participants should be able to:

- graphically and numerically illustrate the outcomes of the survey on of teaching of genetics and eugenics
- analyse differences and similarities across 4 European countries
- draw up recommendations for educators on the teaching of modern eugenics.

References

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Biography

Dr Helen Atherton, Principal Lecturer and Programme Lead for Nursing and Care Specialities, which encompasses Mental Health, Children's and Learning Disability Nursing and a Foundation Degree in Health and Social Care.

I have a strong interest in European and International collaboration in health and social care and a member of the Association of Care Educators in Europe (ACE Europe). The faculty is a member of FINE UK.