Royal College of Nursing

Partners in practice: nurses working together through change

Conference and exhibition hosted by the RCN Education Forum

BOOK OF ABSTRACTS

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Newcastle Civic Centre, Barras Bridge, Newcastle-Upon-Tyne, NE1 8QH

1.1.1
An e-survey of UK Higher Education Institutions (HEIs) strategies in recruiting male students.

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Alfonso Rubio Navarro, PhD Candidate, De Montfort University;
John Stephenson, Senior Lecturer, University Huddersfield

Aim

The aim of the research is to gain an insight into the strategies of Higher Education Institutions (HEIs) in recruiting males onto Pre-registration Nursing Programmes.

Abstract

There is a global shortage of registered nurses, leading to dangerous implications for health and social care. This is of particular concern in the UK where a number of factors are impacting on the ability to recruit and retain nurses. Brexit, withdrawal of bursaries for nurse training, government imposed pay caps and an ageing workforce are leading to a 'perfect storm' in reducing the workforce This potential crisis is in the context of a largely unexplored gender imbalance in the profession. Currently, only 11.4% of UK registered nurses are male (NMC 2017), with a similar number in training. The aim of the research is to gain an insight into the strategies of Higher Education Institutions (HEIs) in recruiting males onto Pre-registration Nursing Programmes. An electronic 14-item questionnaire was sent to the 75 HEIs in the UK offering Pre-registration Nursing Programmes. The extent of positivity towards men in nursing was assessed by a single score derived as a sum of all items, with high scores representing greater levels of positivity. Data was collected (June 2017) from representatives of 32 HEIs in the United Kingdom; a 42% response rate. The majority of respondents (19; 59.4%) felt that nursing departments should adopt a more proactive approach to increase the proportion of male nurses entering the nursing profession. There was no evidence that either the proportion of male staff members or levels of positivity towards men in nursing is associated with proportions of male students in nursing cohorts. However, there is evidence that the proportion of male nursing staff members in an institution is associated with perceived levels of responsibility on the part of institutions towards increasing the proportion of male nursing students. We believe this is the first survey on its kind in the UK to ascertain the views of HEIs on increasing the proportion of male students entering onto nursing programmes. Whilst the vast majority of HEIs believe they have a responsibility to do more to encourage males entering the profession, there is still a long way to achieve gender parity in the profession.

Intended learning outcomes

1. To evalaute the often unexplored gendered natutre of nursing in the UK.
2. To consider what strategies, if any, Higher Education Institutions have in place to attract more men in Nursing?
3. To consider a theoretical framework which accounts for the gendered natutre of Nursing.

Recommended reading list

1. Haydon, A. (2017). Student life - where are all the male nursing students? Nursing Standard, 31 (33), pp. 35
2. MacWilliams, B. R., Schmidt, B. & Bleich, M.R. (2013). Men in nursing. American Journal of Nursing, 113 (1), pp. 38-44
3. Larson, P.J. (2013) Strengthening the male nursing workforce. In Coleman, C.L. (ed) Man up! Indianapolis:Sigma Theta Tau, pp109-126

Biography

Dr Andrew Clifton is an Associate Professor of Nursing at De Montfort University. Andrew has a background in the health and social sciences and has developed a range of research interests. He has conducted Cochrane systematic reviews in mental health, older people and peer support. He has undertaken a range of qualitative studies on topics such as mental and physical health care for people with schizophrenia, gender equality in the nursing workforce, welfare issues and nursing policy evaluation. Underpinning much of Andrew's work is that he works collaboratively with a range of stakeholders including, clinicians, academics and patients.

1.1.2
No Physical Health Without Mental Health: Physical Health drop in clinic for Community Mental Health Team clients.

Miss Amy James, BSc Hons, Community Psychiatric Nurse/ Care Co-ordinator, South Kingston Community Mental Health Team at South West London and St Georges Mental Health NHS Trust, England

Aim

The development of a nurse led drop in clinic for community mental health patients, enhancing the nursing role to assess patients with serious mental illness and assess their physical health, drawing on the evidence-base and national guidelines.

Abstract

People with severe mental illness have significantly higher rates of physical illness, with a dramatic effect on life-expectancy (Naylor et al, 2012). Vice Versa, around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression and anxiety (Barnett et al, 2012). Creating a physical health drop in clinic for clients is an extremely positive resource for community mental health teams whom currently offer the basic minimum to monitor their physical health. Many clients do not seek any monitoring of physical health from their GP's in primary care. This could have a huge effect on the statistic of mental health morbidity rates. Currently, it is estimated that those suffering with Serious Mental Illness die between 10-20 years earlier than those of the rest of the population (Mind, 2014). The implementation of a physical health drop in clinic amongst community teams, allows all clients who feel unable to see their GP to get the physical health care they are entitled to on a regular basis. A drop in clinic could be the answer for some of our clients, feeling safe and re-assured in their normal place of care as well as reducing stigma. The clinic aligns with the new models of care introduced by the NHS five year forward view (NHS England, 2016), creating an important opportunity to deliver integrated, holistic care that responds to mental health, physical health and social needs together. The drop in clinic uses a psychosocial- biological approach and is attached to the Clozapine and Depot Clinic already in the service. The drop in clinic incorporates measurable tools such as cardio metabolic assessment to monitor and assess patient's physical health. Clients who are already at their community base for treatment are more likely to attend. The clinic informs and adds to current recent research (Gronholm et al, 2017) on efforts to implement and promote physical healthcare interventions within mental health. Furthermore CQC state of health and care in England 2016/17 review highlights that the best services locally bring better physical health to those with mental health conditions.

Intended learning outcomes

1. Developing mental health nurses role through enhancing their knowledge and assessment skills in physical health
2. To develop and implement a physical health drop clinic incorporating NICE, NHS and DOH guidance
3. Improving services offered to clients and the links between primary and secondary care through the development of the clinic.

Recommended reading list

1. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012). Research paper. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study The Lancet online
2. Psychosis and schizophrenia in adults: prevention and management. NICE guidelines [CG178]. NICE clinical guidance 1.3.6.1. February 2014.
3. NHS England (2016) Implementing the five year forward view for mental health. London: NHS. England.

Biography

Amy James is a Community Psychiatric Nurse/ Care Co-ordinator, working with South Kingston Community Mental Health Team at South West London and St Georges Mental Health Trust. With a desire for making a difference in the care of mental health patients, Amy has been working as the depot clinic lead with an incorporated physical health clinic whilst undertaking her preceptorship. As a newly qualified Registered Mental Health Nurse Amy has been working within a community mental health team for the past 4 months and has a passion to empower clients to live a stable life in the community.

1.1.3 OSCE Bootcamp - Preparing International Nurses for the NMC Test of Competence Part 2

Leanne Walford, RN Dip HE, BSc, PGCe, Practice Education Facilitator, The Royal Wolverhampton NHS Trust, England;
Katie Haywood, RN Dip HE, BSc, PGCe, Practice Education Facilitator, The Royal Wolverhampton NHS Trust, England

Aim

Share our knowledge and experience of supporting International Nurses in the final part

of their Nursing and Midwifery Council journey.

Abstract

The aim of the Nurse Education Team was to proactively implement an educational programme to support and prepare International Nurses for their Objective Structured Clinical Examination (OSCE). Recruitment of in country Nurses has proved difficult over recent years and has been recognised by the Department of Health, with nursing seen as an at risk occupation. The Royal Wolverhampton NHS Trust embraced recruitment of International Nurses. The Trust committed to developing and implementing an education programme to support our International Nurses on their NMC journey and completing their final assessment. The Nurse Education Team designed a robust programme called 'OSCE Bootcamp' which not only prepares candidates for their examination but also orientates them into the Trust and their new role. We recognise and appreciate that these staff join the Trust with a variety of knowledge and skills. The 'OSCE Bootcamp' programme is designed to embrace and enhance existing knowledge and skills, whilst guiding candidates to transfer these in line with UK nursing practice and Trust policies and guidelines. We developed a conceptual framework underpinned with educational theories to enable us to produce an adaptable curriculum suitable for candidates differing knowledge, skills and abilities. All International Nurses are enrolled onto the Trust six week, full time 'OSCE Bootcamp' programme consisting of five taught sessions per week. There is a high level of nerves and apprehension like any examination but the is increased by the restrictions of the examination and immigration requirements. As a result coaching is weaved in throughout the curriculum alongside mindfulness. The 'OSCE Bootcamp' programme consists of supervised clinical shifts to encourage learners to apply their acquired knowledge/skills and gain insight into UK nursing practice/clinical environment prior to their examination. This also allows candidates to identify areas of strengths and areas requiring further development. Peer assessment plays a large role within the programme, with candidates assessing and providing feedback to each overseen by a tutor. This enhances learning for our candidates by assisting them to reflect on their own personal practice and share knowledge.

Intended learning outcomes

1. Explore the challenges of preparing International Nurses for their OSCE examinations
2. Explore an educational programme designed to support and prepare International Nurses for their NMC test of Competence Part 2 OSCE
3. Recognise and appreciate the differing needs of International Nurses

Recommended reading list

1. The Nursing and Midwifery Council (NMC) Test of Competence. https://www.northampton.ac.uk/about-us/services-and-facilities/nmc-test-of-competence/
2. Nursing and Midwifery Council. Joining the register for nurses who have trained outside of the EU/EEA. https://www.nmc.org.uk/registration/joining-the-register/trained-outside-the-eueea/
3. Liddle C (2014) The objective structured clinical examination. Nursing Times; online issue.

Biography

Leanne trained as an Adult nurse in Wolverhampton in 2003 through the University of Wolverhampton. On qualifying her first post was at New Cross Hospital working in upper gastrointestinal and breast surgery. Before moving into Critical Care at Heart of England NHS Foundation Trust where she completed her degree in adult critical care obtaining a distinction. Leanne firmly believes in educational opportunities for all staff within the healthcare setting and has a passion for education. She joined the Nurse Education Team at The Royal Wolverhampton NHS Trust in 2011 obtaining her PGCE in 2013.

Katie Haywood trained as an Adult nurse in Wolverhampton in 2002 through the University of Wolverhampton. She has nursed in the UK and New Zealand, experienced in oncology and emergency nursing she has recently completed her PGCE and worked in education for nearly 4 years. Katie has a person centred approach and believes that staff's well-being is paramount in delivering the best patient care.

1.2.1 Departmental collaboration: Enhancing the student learning experience through cross faculty events

Dr Sharon Edwards, EdD, MSc, PGCEA, DipN (Lon), RN, SFHEA, NTF, Senior Lecturer, Buckinghamshire New University, England

Aim
To demonstrate how the use of 'live' simulation can engage two different student groups in their own learning, teaching, assessment process

Abstract
'Live' simulations incorporating performing arts students are used across pre and post registration nursing. One example is to formatively assess two 3rd year pre-registration modules using one 'live' simulation with performing arts students acting as patients. This involves the use of a capstone assessment using self and peer review. The use of 'live' human drama students in simulation is a way of thinking more creatively in how the learning for two very different groups of students can be approached and achieved with one activity. It is about all the students involved (nursing and performing arts) living the experience, and as a result being a part of the assessment of it and at the same time learning from it. The use of actors in the nursing student 'live' simulation is now a joint collaboration between HE departments, and has evolved into a formative capstone transformative assessment across Faculty with peer review between performing arts and nursing students. The whole process is explicitly stated, outlined and explained to both groups of students prior to it taking place. This paper attempts to detail how the combination of simulation, capstone assessment, peer-review with the addition of actors playing the role of patients can be a cross module and faculty capstone assessment event with:

- Nursing students peer-reviewing each other, and peer reviewing performing arts students
- Performing arts students peer-reviewing each other, and peer reviewing Nursing students.

Videos are provided for performing arts and nursing students to facilitate their own reflection and personal and professional development. This was developed to provide an environment for two different groups of students to learn and practice with limited consequences, immediate feedback and evaluation of their roles. Undertaken with the explicit intention of not only developing connections in performing arts and student nurses learning and understanding, but also to bring students into the community of assessment practice.

Intended learning outcomes

1. Demonstrate the value and benefits of including capstone assessment with self and peer review to engage students in the learning process
2. Identify the benefits of joint collaboration between HE departments and the potential for capstone assessment
3. Develop connections between learners and bring students into the community of assessment practice.

Recommended reading list

1. Gibbs, G. (1999) Using assessment strategically to change the way students learn, In: S. Brown and A. Glasner (Editors), Assessment matters in higher education-choosing and using diverse approaches, Buckingham: Open University Press
2. 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
3. Oliveira, S. N., do Prado, M. L., Kempfer, S. S., Martini, J. G., Caravaca-Morera, J. A., Bernardi, M. C. (2015) Experiential learning in nursing consultation education via clinical simulation with actors: Action Research, Nurse Education Today, 35, e50-e54

Biography
Currently working as a senior lecturer at Buckinghamshire New University, teaching on the BSc adult branch nursing. My teaching strategies encourage students to relate the theoretical principles gained in the classroom to their practice at the bedside in the hope they will gain a greater understanding of their clinical practice experiences. Completed a Doctorate in Education (EdD) using narrative inquiry in March 2013, and am a SFHEA and NTF of the HEA.

1.2.2 Task Shifting Programme

Alysia Humphrey, RN, QIS, Neonatal Staff Nurse, Salisbury NHS Foundation Trust, England

Aim
To introduce task shifting as a mode of enhancing advanced clinical skills for healthcare professionals to improve morbidity and mortality.

Abstract

The NHS is envied all over the world and so too are the nurses and midwives with their expertise. Liberia sits far from this prestige with few doctors, only 2 paediatricians and 10 obstetricians for a population of 4.3 million people; the lowest doctor/patient ratio in the world. This human resource problem is one of the most serious root causes of maternal and neonatal mortality in low-income settings. The charity Maternal and Childhealth Advocacy International (MCAI) is bridging this gap with a task shifting programme which allows experts in Obstetric and Neonatal care to become a trainer and share their knowledge on a two month placement in a local hospital. Task shifting provides a rigorous educational programme with high quality training sharing the burden of healthcare between professionals. Senior nurses or midwives engage in the training course which utilises distance learning in small group tutorials on a set curriculum, in addition to apprenticeship-based care with expert support. The programme's foundation integrates care between obstetric and neonatal teams to reduce mortality and morbidity of mothers and newborns. Through the training the obstetric clinicians become the lead professional in Caesarean Sections and to date have performed nearly 500 operations. On the neonatal side the practitioners perform resuscitation and neonatal care. MCAI alongside government departments agreed to formally licence their practice in the public health system of Liberia as "obstetric clinicians" and "advanced neonatal nurse practitioners". After the trainee has graduated they return to their local hospital, implementing their new practices and disseminating their knowledge with exponential benefits to the community. This mode shares international resources helping the Liberian community and facilitates the understanding of global issues. The post allows a short but substantial period away from the trainer's full-time job without compromising their work contracts. Such a diverse clinical setting also promotes innovation and initiatives from the need to exploit all resources to their maximum. Task sharing between doctors, midwives, nurses and physician assistants undertaking a comprehensive programme can be effective and sustainable in any country that has small numbers of doctors and especially helpful in rural hospitals.

Intended learning outcomes

1. Advantages to low-income countries to apply task-shifting model of teaching.
2. Advantages to trainers involved with task-shifting model of teaching.
3. Implementation of programme reducing maternal and neonatal morbidity and mortality.

Recommended reading list

1. Maternal and Childhealth Advocacy International (MCAI), Advanced Life Support Group (ALSG) in collaboration with Ministry of Health, WHO Geneva and Gambian WHO, UNICEF and UNFPA offices
2. MCAI 1995-2015:Twenty Years of Improving International Maternal & Child Health Care

Biography

Qualified from Oxford Brookes in 2012 with a BSc Nursing. Practiced on a busy trauma and orthopaedic unit for three year until a change to neonatal care. Completed Qualification in Specially (QIS) at Master level in 2016. Become involved with international charity MCAI and volunteered to teach neonatal care in Liberia for two months as part of their accredited programme for advanced neonatal practitioners.

1.2.3 "No man's land": an exploratory study examining the experiences of lecturers' 'sense of belongingness'.

Mrs Moyra Journeaux, MSc PG Cert BSc(Hons) Dip HE RGN, Senior Lecturer, Jersey Channel Islands, Channel Islands;
Ms Jacqueline Harley MSc PG Dip PG Cert BSc(Hons) Dip HE RMN, Senior Lecturer, Jersey, Channel Islands.

Aim

To explore the sense of belongingness and professional identity of lecturers working geographically outside of a university.

Abstract

The study site is a Nursing and Midwifery Higher Education Department within the States of Jersey. Through a contractual agreement with a UK university, the department is responsible for delivering undergraduate and post-graduate health and social care programmes. Lecturers are employed locally by the States of Jersey rather than by the partnership university. Thompson (2008 p68) refers to higher education as a field of play describing it as 'a boundaried site where… a competitive game is played'. However as a remote department, at times, it can appear as though the playing field is not level since the lecturers sit outside the boundary. Often this can lead to feelings of isolation or

marginalisation brought about by a perceived lack of belongingness, resulting from working geographically outside of the university. The aim of this pilot study was to explore the sense of belongingness and professional identity of lecturers working remotely from the university. In particular, the research question was: how do lecturers in a partnership organisation perceive and construct their belongingness and how does this impact on their identity? This small scale study was undertaken using a narrative research approach. Data was gathered from individual interviews, with a purposive sample of lecturers, based in a non UK higher education department working in partnership with a UK university. A total of six lecturers were interviewed. Interviews were transcribed verbatim and imported into NVivo. A thematic narrative analysis (Riessman 2008) was used to analyse the data. Interviews were coded individually giving an initial indication of the emerging themes. The main themes arising were a sense of isolation and fragmented identity. The findings suggest that locally lecturers articulate differences in how they are perceived as lecturers working in partnership with, but not employed by, the university. They expressed at times not feeling as if they belonged either within the university or the local employing organisation. This can lead to a fragmented sense of belongingness which impacts on the identity of lecturers, thus creating a sense of being in 'no man's land'.

Intended learning outcomes

1. To explore the sense of belongingness of lecturers in a partnership organisation
2. To explore the impact of belongingness on identity
3. To consider wider implications for partnership and collaborative working

Recommended reading list

1. Carter, E., Donald, J., & Squires, J. (Eds) 1993, Space and Place: Theories of Identity and Location. London: Lawrence and Wishart.
2. Riessman, C.K., 2008. Narrative Methods for the Human Sciences. London: Sage.
3. Thomson, P., 2008. Field. In: Grenfell, M., ed. Pierre Bourdieu: Key Concepts. Stocksfield: Acumen, 67- 81.

Biography

Moyra qualified as a RGN in 1989. In 1995 she moved to Jersey. Following a post as Senior Sister for Practice Development she joined the Nursing & Midwifery Higher Education Department in 2008. She is a Senior Lecturer and a Fellow of the Higher Education Academy. Moyra is past chair of the RCN Perioperative Forum Steering Committee and currently a member of the RCN Education Forum Steering committee. Moyra is a final year doctoral student, completing a Professional Doctorate in Education at the School of Social Sciences, Cardiff University. Her interests are: the history of nurse education and student identity.

Jacqueline qualified as a Registered Mental Health Nurse in 1990 and has held a number of clinical and managerial positions in N Ireland, Scotland and Channel Islands. She has been involved in a series of healthcare related innovations and projects including the establishment of a telepsychiatry service to an island. Jacqueline currently holds the position of Senior Lecturer in Jersey and is a fellow of the Higher Education Academy. She was conferred a BSc (2:1) in Professional Development in Nursing and MSc Health Studies. Jacqueline is currently undertaking a Professional Doctorate. She has presented and published both nationally and internationally.

1.3.1
Using data more creatively to improve student experience

Dr Ann Macfadyen, BN, BA (Hons), MSC, EdD, RGN, RSCN, PGCE, SFHEA, Academic Development Lead, Northumbri University, England; Carly Foster BA(Hons), MSc, Insight & Performance Manager, Northumbria University, England

Aim

To increase the participants' awareness of the effectiveness of two sources of evidence currently used to quantify and enhance student experience and progression.

Abstract

Increasing scrutiny of the quality and impact of teaching within Higher Education highlights the need for evidence to support the effectiveness of academic practice. Competition for students has resulted in greater emphasis on completion rates and the quality of the programmes. We will explore the effectiveness of two sources of evidence currently used to quantify and enhance student experience and progression. We will outline how one University has developed strategies to make student data more accessible to staff on order to inform programme delivery and student support. The student experience is a complex, but not unfathomable, series of contextual variables. One method of unpicking and understanding these variables is

Learning Analytics, which has been growing in popularity amongst UK institutions over the last decade. In general Learning Analytics is "the measurement, collection, analysis and reporting of data about the progress of learners and the contexts in which learning takes place" (Sclater, Mullan, & Peasgood, 2016, p.4) however its potential is far more exciting for the student journey. There is increasing focus on applying the outputs of Learning Analytics to future cohorts using feature-designed models and predictive analytics to create bespoke learning environments and experiences for students. This allows Universities to take an evidence-based 'what works' approach (Harrison and Waller, 2017, p. 81) to designing and resourcing student support and wellbeing programmes at the micro level (individual students), the meso level (programmes and departments) and the macro level (university wide). We will share the lessons learned from a pilot study that provides relevant and timely student information to personal tutors. Student satisfaction is an abstract concept, and the National Student Survey is a proxy measure, a barometer that focuses on only a part of this broader concept. The challenge in optimising student satisfaction is not merely the selection of the measures with which to assess this concept, but in the design of learning and teaching which delivers both a quality student experience and promotes optimum attainment. An evolutionary approach building on collaboration between strategic planners and academic staff has enabled educators to make increasingly intelligent use of this data.

Intended learning outcomes

1. Participants will be able to articulate the benefits of using student data to enhance academic support
2. Participants will be able to appreciate some the challenges involved in making data more accessible to academic staff
3. Participants will be able to demonstrate an awareness of the ways in which robust monitoring of data trends can contribute to culture of teaching excellence

Recommended reading list

1. Harrison, N. and Waller, R. (2017) Evaluating outreach activities: overcoming challenges through a realist 'small steps' approach Perspective: Policy and Practice in Higher Education, 21:2-3, 81-87
2. Sclater, N., Mullan, J. & Peasgood, A. (2016) Learning Analytics in Higher Education: A Review of UK and International Practice, Jisc, Available at https://analytics.jiscinvolve.org/wp/2016/04/19/learning-analytics-in-higher-education-a-review-of-uk-and-international-practice/ [accessed 23/0/2017]
3. Pickford, R. (2013) Leadership of the National Student Survey for enhancement Quality Assurance in Education 1(4) 344-358

Biography

Ann Macfadyen is an adult and children's nurse and she was involved for many years in both Children's Nursing Programmes and the MSc Education in Professional Practice Programme. She is currently working within Northumbria University's Quality and Teaching Excellence Unit. Her research experience has involved projects that have consulted with children and their families about their experience of health care and with staff and students about their experiences of Higher Education. Her Educational Doctorate was an action research project in the area of postgraduate research supervision for master's level.

Carly Foster is a strategic planning professional with eight years in the public sector including four years in Higher Education. She is currently completing a PhD with a focus on institutional approaches to student outcomes. Her current research interests include Learning Analytics and Active and Adaptive Learning.

1.3.2 Undergraduate Nursing Students classroom attendance and online engagement: the impact on student achievement.

Dr Carolyn Mackintosh-Franklin, Ba(Hons), MSc, PGDip, PhD, RN, RNT, Senior Lecturer, University of Manchester, England

Aim

To report on and investigation into the impact of UG nursing student attendance and online engagement, on overall academic achievement.

Abstract

This session reports on the impact of attendance and engagement on student achievement. This association is important for nurse education, as current provision in undergraduate programmes in the United Kingdom (UK) requires students to participate in 2300 hours of theory across a standard 3 years programme. However the benefits of mandatory attendance and engagement are unclear, with

much of the literature presenting contradictory findings.

Methods - The evaluative study used extant data from three sources: registers of classroom attendance, data from Blackboard© on online engagement and examination board spreadsheets, for one core module accessed by 353 undergraduate students on a nursing degree programme in the UK. Data was collated into one SPSS data sheet and analysed using descriptive statistics and the χ2 test for trend.

Findings - Findings indicate a nonlinear association between attendance, engagement and student achievement. Attendance at face-to- face seminars had no association with overall achievement, whilst completion of online tasks was marginally non-significant. However 100% engagement with all seminars and online tasks did indicate a significant association with achievement demonstrated as obtaining an A grade and being less likely to fail.

Conclusion - Although students with 100% attendance and engagement were significantly more likely to achieve an A grade, this is nonlinear and instead is more likely to be a proxy for other individual student factors such as higher personal motivation. Evidence to support mandatory attendance/engagement requirements as a facilitator of improved student achievement was not identified, and a review of current mandatory attendance practices would be timely. Nurse education may be better to focus on increasing students personal motivation to succeed, rather than enforcing mandatory attendance polices.

Intended learning outcomes

1. To consider the impact of attendance on student achievement
2. To consider the evidence for current mandatory attendance practices
3. To critically consider other factors which may impact on student achievement

Recommended reading list

1. Andrietti V (2014) Does lecture attendance affect academic performance? Panel data evidence for introductory macroeconomics. International Review of Economics Education. 15 1-16
2. Mearman A, Pacheco G, Webber D, Ivlevs A, Raham T (2014) Understanding student attendance in business schools: an exploratory study. International Review of Economics Education. 17. 120-136

Biography

Dr Carolyn Mackintosh-Franklin is a senior lecturer in the Division of Nursing, Midwifery and Social Work at the University of Manchester, with over 20 years experience in the field of professional nurse education. She has a particular interest in some of the fundamental questions that underpin current pedagogic practices in nurse education, and is a strong advocate of evidence based educational practice.

1.3.3 Deciding to Attend: A thematic analysis of motivation for class attendance amongst undergraduate nursing students.

Crystal Morris, RMN,BSc, MA, Lecturer of Mental Health, University of the West of England, England

Aim

To explore undergraduate nursing student motivation for attending class.

Abstract

This presentation derives from a qualitative study aimed at exploring student nurse motivation for class attendance.

Background: Student nurse absenteeism continues to be a problem faced by many education institutions. Absenteeism management strategies and policy are often ineffective and have been viewed as patriarchal and draconic measures by students and educators alike. Current literature is focused on reasons for absenteeism but there is limited exploration of student nurse motivation for attending class. Exploring student nurse motivation for attending class, can develop an understanding of attendance decisions from a student perspective, potentially leading to more impartial attendance policy and nurse education practices, with potential ramifications on student satisfaction.

Methods: A qualitative study was employed, comprising of two data collection methods: a focus group (N=7) and an open-ended online questionnaire (n=59). Convenience and purposive sampling was used with undergraduate nursing students from two UK universities. Thematic analysis was conducted of the combined dataset.

Results: The results reveal a diverse picture of attendance motive. The analysis presented three distinct perspectives to attendance: (1) value orientated, where students make class-by-class based

attendance decisions influenced by their perception of the value of attending that specific class, (2) desire orientated, where students express an unequivocal desire to attend all classes, and is based on a desire to acquire knowledge, develop as a person and/or nurse, and a focus on a long-term goal; and (3) obligation orientated, where students self-report their main (and sometimes only) reason for attending is to meet the statutory requirements of the programme and/or registration, and tend to be assignment driven.

Discussion: It has been proposed that attendance is more than just the absence of personal and environmental obstacles, that it is also influenced by the students own motivations and philosophical perspective towards their education, which is complex and multifactorial. As well as indicating to areas that may influence attendance decisions, and offering an insightful look into the student journey, the findings extend the dialogue on issues relating to the mandating of student nurse attendance in a time when many nursing students are essentially 'paying customers' of their education.

Intended learning outcomes

1. To identify student nurse perspectives to class attendance and possible motivations.
2. To highlight factors that may influence and/or encourage student nurse class attendance.
3. To consider the wider implications of attendance policy and in mandating attendance on undergraduate nurse education programmes in an era where not all students have access to the nursing bursary.

Recommended reading list

1. Macfarlane, B. (2013). The Surveillance of Learning: A Critical Analysis of University Attendance Policies. Higher Education Quarterly, 67(4), 358-373.
2. Bati, A. H., Mandiracioglu, A., Fatma, O., & Govsa, F. (2013). Why do students miss lectures? A study of lecture attendance amongst students of health science. Nurse Education Today, 33, 596-601.
3. Lipscomb, M., & Snelling, P. C. (2010). Student nurse absenteeism in higher education: An argument against enforced attendance. Nurse Education Today, 30(6), 573-578.

Biography

Crystal Morris is a lecturer of Mental Health at the University of the West of England where she inputs into both pre and post registration courses. Prior to this position, she has worked for several years within Hywel Dda University Health Board as a mental health nurse, supporting the needs of older adults with mental health difficulties in acute and community care. She has just recently competed her MA in Education for the Health Professions, which has supported her keen interest in understanding and improving upon the student experience.

1.4.1 Technology enhanced learning for novices: Using Kahoot! to facilitate learning for nurses.

Kathryn Bland, RNC, Teacher, BSc, MSc, Nursing Lecturer, University of Bradford, England;
Amanda Briggs, RN, Teacher, BSc, MSc, Clinical Skills Lead, University of Bradford, England

Aim

To demonstrate the use of game based learning platform Kahoot! as a teaching tool for nurses' education and training.

Abstract

The use of e-learning technologies within Higher Education is frequently limited due to insufficient time, experience or conviction of academic value (Plump and LaRosa, 2017). Yet the popularity and accessibility of technology frequently used socially suggest a rich yet untapped seam of learning opportunity. The need to maintain a quality learning experience in a climate of increasing student numbers and expectations has driven an exploration of different pedagogies used in the classroom. The educational game based app Kahoot! offers a way of uniting the desire to use technology to enhance learning with the pressures of time and confusion generated by inexperience. Easy to use and access, each Kahoot! game can be set up within minutes and requires no more than a control computer and a smart phone or tablet for each student. The app is free to download and is based on current behavioural design methodologies (Plump and LaRosa, 2017). Attractive in appearance, Kahoot! encourages inclusive education by using visual cues, imagery and easy to read formats, making it accessible to learners of all ages and learning abilities. Anonymous participation also encourages engagement without fear of answering incorrectly. It's application is versatile and is frequently used to assess existing understanding prior to introducing a new idea, consolidate learning

before moving on, revision, revisit learning outcomes, gain feedback and encourage student engagement. Yet Kahoot! also offers the teacher a record of participants' performance which can be used to assess and direct the learning of individuals (Fotaris, Mastoras, Leinfellner and Rosunally, 2016) as well as informing programme development. Student feedback indicates positive reception, suggesting improved motivation, analytical and problem solving skills (Fotaris, Mastoras, Leinfellner and Rosunally, 2016) resulting in requests for more frequent use. - This session will demonstrate the use of Kahoot! game based learning platform as a tool for enhancing learning through active engagement. This interactive session will offer the opportunity to try online game based learning first hand. Attendees will need to bring a smart phone or tablet on which they have downloaded the free educational app Kahoot! in order to participate (assistance available if required). No previous experience necessary.

Intended learning outcomes

1. Demonstrate the use of game based learning platform Kahoot!
2. Show potential for learner engagement.
3. Use Kahoot! as a means of evaluating learning.

Recommended reading list

1. Bicen H, Kocakoyun S (2017) Determination of university students' most preferred mobile application for gamification. World Journal on Educational Technology: Current Issues, [S.l.], Vol. 9(1) 18-23.
2. Fotaris P, Mastoras T, Leinfellner R, Rosunally Y (2016) Climbing Up the Leaderboard: An Empirical Study of Applying Gamification Techniques to a Computer Programming Class. The Electronic Journal of e-Learning. Vol. 14(2) 94-110.
3. Plump CM, LaRosa J (2017) Using Kahoot! in the Classroom to Create Engagement and Active Learning: A Game-Based Technology Solution for eLearning Novices. Management Teaching Review. Vol. 2(2) 151–158.

Biography

As a children's nurse, most of Kathryn's career has been spent in the challenging fields of intensive care and retrieval nursing. In her current role as Nursing Lecturer, focusing on anatomy, physiology and pathophysiology, Kathryn teaches students from all fields of nursing across both pre-registration and post-registration curriculums, as well as inter-professional students on post-registration programmes. Kathryn strongly believes that education of healthcare professionals influences the quality of clinical practice and therefore patient care. As such, she is experienced in employing a number of pedagogies in her teaching, including high fidelity simulation, debriefing, classroom and clinical teaching.

1.4.2 Evaluating Interactivity Design in the Context of Technology Enhanced Learning; an Overarching Case Study Methodology integrating Anecdote Circles and Surveys as Methods of Inquiry for Nursing Curricula.

Dr Catherine Hayes, PhD MSc MEd PGDip DPODM PGCE CSci, Reader in Pedagogic Practice, University of Sunderland, UK;
Dr Yitka Graham, Senior Lecturer in Public Health, University of Sunderland, UK.

Aim

The Nurse Navigator System was designed for students to iteratively provide feedback on their experiences of bridging the gap between clinical and academic contexts through interactive networks and social knowledge construction (Wu at al, 2016). At its core, and in keeping with social constructivist principles of any inquiry based learning approach, it was designed to ensure students were facilitated in being accountable for their own learning and the identification of their further learning needs (Draper, Clark and Rogers, 2016; Hogaboam et al, 2016).This session provides an insight into the overall implementation of the innovation in practice. The intention of this pedagogic approach was to facilitate and encourage students to become more autonomous in their academic and clinical practice and for them to engage with digital technology as a valuable and recognised part of their reflexive skill set in person centred care.

Abstract

Integrating digital technology and interactivity design to drive the co-construction of social knowledge was embedded in a new undergraduate nursing curriculum. Labelled as the 'Nurse Navigator System' (NNS) within the context of this new programme, this element of interactivity design is an ideal opportunity to examine where previous experience and the use of learning technology nurse education are aligned and can potentially be shaped to improve a pedagogic

development that has relevance to nursing curricula nationally and internationally.

Aim/focus of the innovation - The Nurse Navigator System was designed for students to iteratively provide feedback on their experiences of bridging the gap between clinical and academic contexts through interactive networks and social knowledge construction (Wu at al, 2016). At its core, and in keeping with social constructivist principles of any inquiry based learning approach, it was designed to ensure students were facilitated in being accountable for their own learning and the identification of their further learning needs (Draper, Clark and Rogers, 2016; Hogaboam et al, 2016).This session provides an insight into the overall implementation of the innovation in practice.The intention of this pedagogic approach was to facilitate and encourage students to become more autonomous in their academic and clinical practice and for them to engage with digital technology as a valuable and recognised part of their reflexive skill set in person centred care.

Methods used to assess the innovation: - Pedagogic evaluation involved the adoption of an overarching case study methodology which subsequently permitted the integration of anecdote circles and semi-structured questionnaires as methods. Data analysis was conducted via Framework Analysis (Ritchie and Spencer, 1994).

Key findings: - The four salient findings from the framework analysis provided an insight into: 1.Learner/People Interactivity, 2. Learner Interface, 3. Learner Content, 4. Situational Context

Intended learning outcomes

1. A fundamental understanding of where previous experience and the use of learning technology nurse education are aligned and can potentially be shaped to improve a pedagogic development that has relevance to nursing curric
2. Be equipped to implement the methodological framework adopted in this study, which provides an insight into a relatively underused set of research methods, ideally suited to evaluate in greater depth, student experiences of inquiry
3. Gain a critical understanding of principles underpinning curriculum development and the integration of digital technology and interactivity design in the context of experiential learning, which illuminates a context specific yet pote

Recommended reading list

1. Draper, J., Clark, L., & Rogers, J. (2016). Managers' role in maximising investment in continuing professional education: Jan Draper and colleagues look at ways to create positive cultures that make the most of learning in practice. Nursing Management, 22
2. Hofmeyer, A., Toffoli, L., Vernon, R., Taylor, R., Fontaine, D., Klopper, H. C., & Coetzee, S. K. (2016). Teaching the Practice Of Compassion To Nursing Students Within An Online Learning Environment: A Qualitative Study Protocol. Contemporary Issues in Education Research (Online), 9(4), 201.
3. Hogaboam, P. T., Chen, Y., Hmelo-Silver, C. E., Lajoie, S. P., Bodnar, S., Kazemitabar, M., ... & Chan, L. K. (2016). Data dashboards to support facilitating online Problem-Based Learning. Quarterly Review of Distance Education, 17(3), 75.

Biography

Dr Catherine Hayes is a Reader in Pedagogic Practice at the University of Sunderland. She is qualified in podiatric medicine and within the context of her role in health sciences pedagogy, has worked extensively in the field of professional practice and education. She is a Chartered Scientist and has been awarded several national Fellowships with learned bodies and institutions across the UK in recognition of her work.

Dr Yitka Graham is a Senior Lecturer in Public Health. Her teaching is underpinned by her strategic health services research role in the NIHR and with City Hospitals Sunderland. She is a Fellow of the Obesity Society, having undertaken groundbreaking qualitative research in the field of bariatric patient perceptions of adjustment to life following bariatric surgical intervention. This work is used to underpin the learning and teaching she undertakes with students at the University of Sunderland.

1.4.3 Using Blogs for structured learning activities in Undergraduate and Postgraduate nursing education.

Mrs Lisa Smith, BSc (Hons) Nursing. PGCert Teaching & Learning in HE, FHEA, Senior Lecturer in Emergency

and Urgent Care, University of Cumbria, England
Sarah Ruston, Senior Learning Technologist, UoC, BA (Hons). PGCert Teaching & Learning in HE, FHEA

Aim

Using innovative technology in a virtual learning environment to enhance student engagment and encourage peer learning.

Abstract

Rovai (2004) has suggested that online courses should contain a blend of peer interactions and individual assignments to help balance the independent and collaborative creation of knowledge. Learning with and from peers is essential for the sharing of nursing knowledge and experience. Managing online learning and formative assessment activities for large groups poses challenges. One of these challenges is managing feedback and feedforward for all students. In order to do this effectively; manage the online engagement and provide a supportive learning setting, blogs were introduced within our Virtual Learning Environment (Blackboard). As the feedforward involved areas of enhancement of the subject content and academic writing style, ensuring all students benefitted from this, was essential. The assessment activities (of which there are 6) were previously submitted to online discussion boards. With over 80 students these proved cumbersome and unwieldy, making the tracking of engagement difficult. A collaboration with our Academic Quality and Development department proposed the use of blogs to replace these. Structured materials and resources are provided via Blackboard with the main learning and interaction taking place through fortnightly 'thread work'. Students are delegated tasks, which they submit their answers through blogs. The blog format arranges submissions alphabetically, highlighting unread posts. This facilitates the monitoring of engagement and identification of those who have not engaged, allowing for a more efficient overview. The blogs are an opportunity for the development of a community of practice where learning and knowledge can be shared through the ease of technology (Wenger and Snyder, 2000). Holzweiss et al's (2014) study concluded that graduate online learners considered their best learning experiences to be activities which allowed for the creation and/or sharing of knowledge. Student evaluation quotes : - "I personally appreciated the way to post a blog when this became available, and I like that students can comment on each other's blogs." - "The on-line interaction and thread feedback throughout. This made the distance learning much more interesting and worthwhile." - "The tutor involvement, feedback and encouragement. The setup of the module online was user friendly and easy to navigate-really important for distance learning."

Intended learning outcomes

1. Demonstrating how new technologies can enhance student learning
2. Using blogs to share good practice whilst builidng on existing knowledge.
3. Describing the use of blogs and how this can facilitate educator workload

Recommended reading list

1. Wankel, C & Blessinger P (Eds) (2012) Increasing Student Engagement and Retention Using Online Learning Activities : Wikis, Blogs and Webquests, Bingley: Emerald Group Publishing Limited,
2. O'Neil, C, Rietschel, M, & Fisher, C 2014, Developing Online Learning Environments In Nursing Education, Third Edition, New York, NY: Springer Publishing Company.
3. Wenger, E. (1999). Communities of practice : Learning, meaning, and identity (Learning in doing). Cambridge: Cambridge University Press.

Biography

Lisa Smith has been a registered general adult nurse since 1999 where she worked as a staff nurse in Intensive Care and Accident and Emergency. Her career moved into Clinical Skills Education in 2006 where she worked with qualified nurses and undergraduate medical students. She started her career in Higher Education in 2015 where she now lectures on the Practice Development programme, teaching Consultation and Physical Examination skills, minor illness and injury and acute illness and major trauma modules.

Sarah Ruston is a Senior Learning Technologist in the Academic Quality and Development department at the University of Cumbria. She facilitates the learning of academic and support staff with their use of technology, especially the Virtual learning environment Blackboard and the University's e-portfolio system PebblePad.

1.5.1
Evaluating simulation as a teaching and learning strategy to develop student skills and confidence in End of Life Care.

Dr Sarah Burden, PhD, RN, SFHEA, Reader - Learning & Teaching, Leeds Beckett University, England

Aim

The purpose of this evaluation is to explore how use of a simulation workshop focusing on care of a person and their family in the last days of life, may contribute to the development of student skills and confidence in End of Life Care.

Abstract

Providing care to a person and their family near the end of life, is a challenging and memorable aspect of nursing practice (Anderson et al 2015). Patient deaths can be a source of distress and discomfort for a nurse; more so for a student, where a lack of discourse regarding end of life care in nursing education has been noted (Ferguson & Cosby 2017). Simulation has been suggested as an innovative strategy to help prepare undergraduate nursing students for end of life care (Gillan et al 2014, Ferguson & Cosby 2017). In response, a simulation workshop was developed and integrated into the final year of an undergraduate, pre-registration adult nursing programme. The case scenario, delivered using a high fidelity mannequin, and involving the multidisciplinary team and a relative, was designed to enable students to explore communication and decision making within a framework of person-centredness. Students worked through the scenario in 'real – time' over the course of a shift, and practised handover skills between groups and worked through a framework of prompts to structure peer feedback and debriefing. All students participated in the simulation activity. Ahead of the simulation, following permissions to access the cohort and ethical approval being granted, consent from students was sought to conduct an evaluation of the learning experience. Using a validated simulation survey tool, a questionnaire was administered pre-simulation to determine student attitudes to providing end of life care, and past experiences and skills in this area. Post simulation, a further questionnaire examining student development in these areas as well as their experience of the learning activity itself, was administered. The data were analysed with reference to Kirkpatrick's 4 level model for evaluation of training interventions. This paper will present an outline of the simulation, the findings of the student evaluation, and a reflection of the facilitator experiences. The paper provides an insight into how an End of Life simulation can be incorporated into a pre-registration programme.

Intended learning outcomes

1. Evaluate the use of a simulation experience focussing on End of Life Care to support student development in the final year of an undergraduate pre-registration adult nursing programme.
2. Share learning from facilitating this simulation experience.
3. Promote discussion regarding the use of simulation to enable students to engage confidently in End of Life Care.

Recommended reading list

1. Anderson NE. Kent B. Owens RG. (2015) Experiencing patient death in clinical practice: Nurses' recollections of their earliest memorable patient death. International Journal of Nursing Studies 52 695-704
2. Ferguson R. Cosby P. (2017) Nursing Students' Attitudes and experiences toward End-of-life Care: A Mixed Methods Study using Simulation. Clinical Simulation in Nursing 13 343-346
3. Gillan PC. Van der Riet PJ. Jeong S. (2014) End of Life care education, past and present: A review of the literature. Nurse Education Today 34 331-342

Biography

Sarah Burden is a Reader - Learning & Teaching, at Leeds Beckett University. She has lead practice learning for pre-registration nursing programmes for a number of years and has been involved in a number of practice focused projects across West Yorkshire, to support situated learning and the assessment of professional knowledge and competence.Research interests focus on health professional education to support workforce and practitioner development and competence. She has conducted studies into the anxiety experienced by student nurses involved in End of Life Care, and examined mentor judgements and decision making regarding student competence in practice.

1.5.2
Using simulated patients to support the development of communication skills and bereavement support in an undergraduate nursing curriculum.

Dr Deborah Coleman, DNP, MSc in Nursing, PGCE, BSc. Hons in Health Studies, RGN, Specialist Practitioner-District Nursing, Lecturer (Education), Queen's University, Belfast, Northern Ireland;
Dr Dorry McLaughlin, Lecturer in Palliative Care and Chronic Illness, Queen's University, Belfast, Northern Ireland

Aim

The aim of this pilot study was to explore third year nursing students' use of communication and bereavement support skills with a standardised patient.

Abstract

Background - Communication within bereavement situations is a skill many nurses do not develop until they are experiencing the reality of professional practice (Donovan and Forster, 2015). Role play with standardised patients offers the opportunity for students to immerse themselves in the experience within a protected and controlled environment and to receive valuable feedback from the patient's perspective (Nestel et al, 2014). A meta-analysis by Shin et al (2015) provided evidence that using a standardised patient approach in nursing education was a useful technique over traditional learning methods.

Aim - The aim of this pilot study was to explore third year nursing students' use of communication and bereavement support skills with a standardised patient.

Methodology - Although Human patient simulators (HPS) are able to show physiological responses, it is their inability to show emotional responses and nonverbal communication that makes standardised patients the preferred option to address the absence of the human element. This pilot study (n=20) used a combination of high-fidelity and low fidelity simulation scenarios sequentially. This enabled the students to apply communication strategies learnt to both a skill based procedural situation and then in a bereavement simulation. In the first scenario, a high-fidelity manikin was used to simulate an acutely ill patient. In a second scenario a standardised patient was used to simulate a bereavement scenario with the patient's wife following her husband's death. The bereavement scenario was developed to incorporate the theoretical underpinnings of bereavement care, followed a similar format to the high fidelity problem solving scenario, and was peer-reviewed by the SIM team prior to use. A proforma with four open questions was used for formative evaluation.

Results - Results indicated that simulation using standardised patients to develop communication skills in bereavement support was perceived by the students to be a valuable method of learning which they could transfer to clinical practice.

Conclusions - Facilitating learning with a simulated patient is particularly useful in replicating more authentic verbal interactions during difficult conversations. Further research is needed with larger sample sizes, incorporating students from other fields, and with a range of scenarios, dealing with difficult or challenging conversations. -

Intended learning outcomes

1. At the end of the scenario students should be able to discuss: The importance of active listening with a family member who has been bereaved
2. At the end of the scenario students should be able to discuss: The use of appropriate questioning and touch in a sensitive and empathetic manner
3. At the end of the scenario students should be able to discuss: The importance of providing verbal and written information on bereavement care and support services.

Recommended reading list

1. Donovan, H and Forster, E. (2015) Communication Adaption in Challenging Simulations for Student Nurse Midwives. Clinical Simulation in Nursing 11 450-457.
2. Nestel, D., Morrison, T and Pritchard, S. (2014) Simulated patient methodology. In Nestel, D., Bearman, M. (Eds), Simulated Patient Methodology: Theory and Practice. Chichester: John Wiley and Sons.
3. Shin, S., Park, JH., Kim, JH. (2015) Effectiveness of patient simulation in nursing education: meta-analysis. Nurse Education Today 35 (1) 176-182.

Biography

Deborah is a lecturer (education) in the School of Nursing and Midwifery at Queen's University Belfast. She is a co-ordinator for the year 2 Care Delivery module in the undergraduate programme and is Pathway Leader for the BSc (Hons)/Graduate Diploma Specialist Practice in Nursing Care of Older People. She is a Registered Nurse and Specialist Practitioner (District Nursing), having previously worked in practice as a member of a multi-disciplinary team, to meet the

health needs of older people living at home. She recently completed a Doctorate in Nursing Practice graduating in 2016.

1.5.3 Preparing undergraduate student nurses/midwives for spiritual care

Dr Linda Ross, BA, RGN, PhD, Reader, University of South Wales, Wales;
Wilfred McSherry, RN, PhD, FRCN, Professor of Nursing, Department of Nursing, School of Health and Social Care, University Hospitals North Midlands. NHS Trust, Haraldsplass Deaconess University College, Bergen, Norway;
Tove Giske, PhD, RN, Professor, VID Specialized University, Ulriksdal 10, 5009 Bergen, Norway;
Rene van Leuuwen, PhD, RN, Professor, Christian University of Applied Sciences Viaa, The Netherlands;
Annemiek Schepp-Akkerman, Researcher, Christian University of Applied Sciences Viaa, The Netherlands

Aim

To explore how undergraduate nurses/midwives are prepared for spiritual care

Abstract

Spiritual care is a key feature in healthcare policy and guidance internationally. Spiritual care is expected of nurses/midwives yet nurses consistently report feeling unprepared and want further education. Spiritual care is important to patients but is often overlooked. We therefore sought to address the disconnect between regulatory body expectation and the experienced reality of practising nurses and patients by conducting two studies. Study 1 was a prospective, longitudinal, multinational, correlational survey. A convenience sample of 2193 undergraduate nursing/midwifery students (69% response rate) enrolled at 21 universities in 8 countries completed questionnaires capturing demographic data (purpose designed questionnaire) and measuring perception of spirituality/spiritual care (SSCRS), spiritual care competency (SCCS), spiritual wellbeing (JAREL) and spiritual attitude and involvement (SAIL) on 4 occasions (start of course n=2193, year 2 n=1182, year 3 n=736, end of course n=595) between 2011-2015. Data were subjected to descriptive, bivariate and multivariate analyses. Results: Perceived competency increased significantly over the course of students' study (+0.4, $p<0.01$ on SCCS), which students attributed to caring for patients, events in their own lives and teaching/discussion in university. Two factors were significantly correlated with perceived spiritual care competency: perception of spirituality/spiritual care, where a broad view was preferable (SSCRS correlations range 0.32-0.55, $p<0.01$) and personal spirituality, where high spiritual wellbeing (JAREL) and spiritual attitude and involvement (SAIL) scores were preferable (SAIL correlations range 0.29-0.41, $p<0.01$; JAREL correlations range 0.15-0.37, $p<0.01$). Students' perceptions of spirituality/spiritual care broadened slightly but statistically significantly over the duration of their studies (+ 0.2, $p < 0.01$ on SSCRS). Conclusions: We have provided the first evidence that perceived spiritual care competence is developed in undergraduate student nurses/midwives and that students' perceptions of spirituality and personal spirituality contribute to that development. Implications for teaching and learning will be discussed. - Study 2 is an Erasmus funded project (2016-2019) using co-production and action learning. It will enable nurse educators/key stakeholders from across Europe to consider the research findings from Study 1 and, together with other available evidence/international best practice, to develop/test an innovative, flexible Spiritual Care Matrix for nurse/midwifery education which can be adopted by Higher Education Institutions across Europe.

Intended learning outcomes

1. Identify that the 2 key factors contributing to development of perceived spiritual care competency are the personal spirituality of the student and how they perceive spirituality and spiritual care
2. Explore the implications of these findings for teaching and learning in terms of opportunities and challenges e.g. innovative approaches to learning and teaching
3. To learn about the Erasmus Project and consider becoming involved

Recommended reading list

1. Ross L, Giske T, van Leeuwen R, Baldacchino D, McSherry W, Narayanasamy A, Jarvis P, Schep-Akkerman A. (2016) Factors contributing to student nurses'/midwives' perceived competency in spiritual care. Nurse Education Today, 36, 445-451.
2. McSherry W and Ross L (2015) Spiritual shortfall? Nursing Standard, 29, 35, 22-23. April 29
3. McSherry W and Ross L (2015) Heed the evidence

on place of spiritual needs in health care. Nursing Standard, 29, 38, May 20

Biography

Linda Ross leads research on spirituality in end stage heart failure, nurse education and dementia care and has published widely on the topic. Her PhD investigating nurses' perceptions of spiritual care was the first study of its kind and size. She leads the spirituality teaching for nurses and helped to develop spiritual care guidance for nurses for the RCN. She is a partner in an Erasmus funded project to develop best practice spiritual care education for nursing students across Europe.

Wilf is Professor in Nursing a shared appointment between Department of Nursing, School of Health and Social Care, Staffordshire University and the University Hospitals North Midlands. NHS Trust. He is also Part-time Professor at Haraldsplass Deaconess University College, Bergen, Norway. Wilf teaches on the concepts of spirituality and dignity. He led the RCN spirituality workstream and development of spiritual care guidance for nurses. He is currently leading an Erasmus European project titled "Enhancing Nurses and Midwives' Competence in Providing Spiritual Care through Innovation, Education and Compassionate Care (EPICC).

2.1.1
STOP LOOK CARE BOOK

Helen Rignall, RGN RM BSc HV, Primary Care Workforce Tutor, Brighton and Hove Clinical Commissioning Group (CCG), England;
Carol Hards,RGN BSc, Clinical Quality and Patient Safety Manager, Brighton and Hove Clinical Commissioning Group (CCG), England

Aim

The aim of the project is to help reduce unplanned hospital admissions by introducing an 'increased awareness model' that can be delivered by all care organisations across the city. The awareness model raises awareness of the importance of basic care and gives support on knowing when to refer on or ask for support

Abstract

Investigations into delayed discharges from hospital highlighted support workers especially home support workers, need to have an increased knowledge base, and core competencies to support their work. This is important because they are the ones on the front line of delivering care. The Care Certificate helps to address this, but it was identified that by Brighton and Hove partnership organisations that some crucial elements were missing from the core care certificate standards. A simple, easy to use book was created to give underpinning knowledge to, understand the range of normal, have increased awareness of the importance of certain aspects of care, recognise when someone is not as well as they should be, know how to make 'Every Contact Count' by understanding their role in health promotion and identify when to refer to a professional or other service, for more support and advice. Therefore potential complications may be acted on in a prompt way, reducing the risk of further ill health and deterioration and in the community setting help prevent unplanned hospital admissions. Two thousand books were distributed to health and social care organisations. A pre and post survey identified support workers needed increased training in various areas of care the main ones being, frailty, diabetic foot care and inhaler technique. The post survey also identified a prevention of a hospital admission, due to a carer using the book and asking for professional support. The book has been recognised and shared nationally. It has been adopted for use in many organisations around the country. A presentation was delivered to The South East Directors of Nursing, who applauded the project and the book. It has now been designed as a computer flip book and there are plans to produce the book as an App.

Intended learning outcomes

1. Understand the importance of basic care
2. Know when to refer or ask for support when caring for someone
3. To support the elements that are missing from the care certificate

Recommended reading list

1. The Cavendish Review 2013
2. Reshaping the workforce to deliver the care patients need Research report Candace Imison, Sophie Castle-Clarke and Robert Watson May 2016
3. STOP LOOK CARE BOOK

Biography

Helen Rignall is a Primary Care Workforce Tutor working for Brighton and Hove Clinical Commissioning Group. She has had a vast and varied career, qualifying as a Registered Nurse in 1986, a midwife in 1989, acquired a BSc in Health visiting in 1998 and BSc in Adult Intensive Care Nursing in 2009. She lived and worked in the Middle East for 7 years, learning about different cultures, health beliefs and healthcare. Currently she is delivering on strategic projects in primary care to support education and workforce priorities. Some of Helen's initiatives are being adopted and recognised nationally.

Carol Hards is a Registered General Nurse with over 20 years clinical experience specialising in Community Nursing and has a BSc in Health Studies. She worked as Nurse Assessor for NHS Continuing Healthcare before taking up her current post as a Clinical Quality and Patient Safety Manager for Brighton and Hove CCG. This role involves monitoring the quality and safety of commissioned services and working with providers to improve the quality of patient care throughout Brighton and Hove. She is particularly committed to the improvement of care in the community including Care Homes.

2.1.2
Disrupting the Neglect of 'Non-clinical' Staff

Carrie Hamilton, RGN, BSc, MSc, Director of Education, Training and Innovation, SimComm Academy, England;

Lesley Smith, Administration Manager, Medical Division, Hampshire Hospitals NHS Foundation Trust, England

Aim

Illustrate the positive outcome of providing simulation based education for non-clinical staff

Abstract

Background - Over 500,000 of 1.2 million NHS staff, work in the vital range of fields that support clinical care. These staff receive 0.01% of the NHS training budget, yet they have a significant interface with patients, the public and colleagues[1]. Communications (18.6%) and values/behaviours (13.9%) were the highest and third highest categories of complaints to the NHS in 2015-2016[2]. Senior managers at an acute Trust acknowledge that no standards guide administrative staff (e.g. medical secretaries, receptionists, clerks) in communication, additionally; this staff group were not routinely complying with their organisational values: caring, accountability, respect and encouraging. A multiprofessional group developed a 'simulation and standard setting' workshop. This was underpinned by the organisations' values and aligned with identified training needs.

Project description - Information was gathered from administrators to understand their 'activities-of-everyday-working', and from patients, the public and colleagues to help to explain this group's importance. This was later relayed to the administrators through simulation scenarios with a focus on 'what matters me' in four domains of telephone, email, letter and face to face communication. Demonstration, immersion, and feedback through 3.5hours of simulation involved simulated patients/relatives/colleagues (SPs) trained for roles within 'activities-of-everyday-working'. Emphasis on giving (and receiving) positive feedback was a vital thread. A standards roundtable workshop followed. Administrators were asked to draft 'standards', linked to the organisations' values in the four domains. A total of 190 medical/surgical administrators attended the 7 development workshops, with 4 managers (line and senior), 2 facilitators and 4 SPs per workshop.

Outcomes - Simulation activities led to rich input to setting standards. Investment in training resulted in key outcomes, all created by the workforce: Workplace standards, Orientation package, Quarterly newsletter, Standards pledge.

The workshop relevance will be reviewed prior to the training of 160 staff in 2018. The national simulation standards[3] guided the quality assurance components of this training. Involving staff in creating their own standards, means their 'buy in' is more likely. This makes appraisals more tangible, and assists managers and administrators to objectively discuss performance. Administrators are now able to recognise the value of their 'activities of-everyday-work'.

Intended learning outcomes

1. Recognise the absence of training offered to non-clinical staff
2. Understand the importance of 'ownership' within the standard setting process
3. Consider the effectiveness of simulation based education for non-clinical staff

Recommended reading list

1. [1]Inquiry on Maximising the Contribution of NHS Non-Clinical Staff 2016 – Health Service Journal Guide http://guides.hsj.co.uk/
2. [2]NHS Statisics 2015 – 2016: Data on written complaints: Ref: ISBN 978-1-78386-804-9 http://digital.nhs.uk/pubs/nhscomplaints1516
3. [3]Standards for Simulation Based Education in Healthcare 2016 http://www.aspih.org.uk/standards/consultation/

Biography

Carrie has worked in healthcare systems in the UK, USA and Canada. Her nursing background is intensive care, inflight nursing, tropical disease and emergency care. A Nightingale Fellowship enabled her to research the international perspective of simulated patients in health care education. She's led simulated patient programmes for many years and is now SimComm Academy's Director of Education, where simulation, communication, humanity and patient safety with simulated and real patient involvement in hybrid/multimodal education are key. Carrie is an executive board member of the Association of Simulated Practice in Healthcare and Senior Lecturer in adult nursing at Portsmouth University.

Lesley started work in the NHS in a Community Mental Health Team. Her progression from receptionist, to administrator, to medical secretary and PA roles, led her to administration manager positions, where she now manages a large group of staff covering ten teams across five services. Lesley understands the increasing importance of embracing change, supporting fresh ways of service delivery, trust initiatives and

development of staff, particularly within the administrative arena of clinical delivery. Lesley has been the driving force behind an extremely successful customer service improvement project, from initial concept, information gathering and analysis, planning and delivery.

2.2.2 Co-creating a Practice Development Quality Improvement Partnership (PDQuIP)

Professor Susan Hooton, RGN RSCN MA BSc, Professor of Nursing & Quality Improvement, University of Chester, England;
Liz Cooper, RN, MA, Head of Nursing, University of Chester;
Helen Patterson, RN, clinical Excellence Lead, Wirral University Hospital Trust, England

Aim

To present the outcomes of the 'recruit, retain and reward' QI project between Chester University and Wirral Hospitals NHS FT

Abstract

Improving the quality of care is everyone's business, however the Berwick Report (2013) found that not all nurses and midwives have the necessary skills, quality improvement (QI) knowledge or confidence to implement successful changes in practice. This project reports on an innovative QI partnership between Wirral University Teaching Hospital NHS Foundation Trust and the University of Chester which has now been running for a year. The partnership framework was developed using Kotter's (2010) change model. Clear aims and objectives - The focus for year 1 of the QI partnership is the 'recruit, retain and reward' project. This aligns with Trust and university objectives. The overarching aim:- Outcomes from the jointly managed PDQuIP projects will have a positive impact on nursing recruitment, motivation and retention, based on the trust's 2015-16 staffing baselines. Impact on education and practice: - Three workstreams have been running with sponsorship from the Nurse Director and on site coaching from QI trained university staff. Workstream 1 Clinical supervision - A new, flexible model of supervision has been approved and baselines have been set and are being monitored to increase the numbers of nursing staff undergoing supervision and their satisfaction with supervision. Workstream 2 - Preceptorship - An audit of preceptee QI knowledge and skills has resulted in a successful 'fresh eyes' education and coaching project, delivered on site, with 50% of preceptees completing QI training and outlining a basic QI project supported by their preceptors. First wave evaluation shows positive attitudes towards preceptees feeling they can make a change and feel that the programme helps build resilience in their new posts. Workstream 3 - Talent management - A Talent Matrix has been developed to assesses employee's readiness for advancement, potential ability and determines a mutually agreed 'zone' that the individual falls into during annual appraisal. This determines the suite of interventions and opportunities which can be applied to support and develop the individual.

The QI project has provided a framework and methodology to measure impact of the talent management matrix. 368 nursing staff have completed the Talent Matrix to assess their career aspirations and identify possible interventions to support growing our own future talent.

Intended learning outcomes

1. To share the background and motivation for the development of the Practice Development QI Parternship
2. To discuss the outcomes from the 'recruit, retain and reward' QI programme
3. To share the learning from year 1 of the PDQuIP partnership

Recommended reading list

1. Quality Improvement Made Simple (Health Foundation, 2013)
2. Habits of an Improver (Health Foundation, 2015)

Biography

Sue has over 30 years experience in the NHS and is an Institute of Healthcare (IHI) graduate. She has worked in senior governance and quality NHS positions and is now committed to developing a Quality Improvement strategy across the Faculty of Health & Social Care at the University of Chester.

Liz has a background of intensive care nursing in the NHS. She is now Head of Dept at Chester University and has a strong record of developing and working with health and social care providers on a range of educational and workforce initiatives. Liz is instrumental in supporting the new QI strategy at the University of Chester, which is being co-created with our practice partners.

2.4.1 'If we are laughing and joking, the patients see that we are human... we are not a robots'

Mr Jon Harrison, B Nurs. (Hons.), MA Education, Registered Nurse -

Child. FHEA., Senior Lecturer - Children's Nursing, Birmingham City University, England

Aim

To present the initial findings from a study which explored the ways in which humour is experienced by nursing students and mentors, whilst learning in clinical practice

Abstract

It has long been recognised within the world of health care, that the rapid advances in science and technology may 'threaten the humanism of the individual' (Robinson, 1991: 20). When considering the skills of the nurse supervisor of 2030 and the ways in which those in education can help to equip the future workforce for success, the importance of good communication must not be forgotten. Indeed, it is widely agreed that good communication and the formation of effective relationships between the students and their mentors is key to effective working and learning together within the workplace settings (Spouse, 2001). One aspect of communication that may influence the formation of successful relationships and occurs every day across a variety of communities in healthcare is humour. Whilst having a sense of humour and using humour has been identified as being an important character attribute of a good mentor (Gray and Smith, 2000), there is little consideration within the literature of the contribution that humour may have to the student nurse's learning within the mentor student relationship. This presentation will share the initial results of a study that has used a phenomenological approach to explore the experiences, as well as the meanings of these experiences, that both mentors and students have of humour whilst learning in clinical practice. Through the participant's voices, the presentation will consider the nature and function of humour in nurse education and explore the contribution that humour may make to the development of an effective mentor/student relationship. If the goal within nurse education is to develop the most effective practitioners of the future, then the need to maintain our human response within the potentially dehumanising world of healthcare should be at the forefront of our thinking.

References - - GRAY, M. A. and SMITH, L. N. (2000) The qualities of an effective mentor from the student nurse's - perspective: findings from a longitudinal qualitative study. Journal of Advanced Nursing, 32 (6), 1542-1549 - 8p. - - ROBINSON, V. (1991) Humor and the health professions. Slack Inc: New Jersey. - - SPOUSE, J. (2001) Workplace learning: preregistration nursing students' perspectives. Nurse Education in Practice, 1 (3), 149-56 8p.

Intended learning outcomes

1. To consider what humour is and discuss the main theories in relation to this
2. To review the initial findings from a study and consider the nature and functions of humour that may be experienced in the practice setting, between student nurse and mentor
3. To both inform, as well as encourage, those in education and practice to reflect on their own practice in relation to this phenomenon

Recommended reading list

1. NAHAS, V. L. (1998) Humour: a phenomenological study within the context of clinical education. Nurse Education Today, 18 (8), 663-672.
2. BAID, H. and LAMBERT, N. (2010) Enjoyable learning: the role of humour, games, and fun activities in nursing and midwifery education. Nurse Education Today, 30 (6), 548-552.
3. MCCREADDIE, M & PAYNE, S. (2014). Humour in healthcare interactions: A risk worth taking. Health Expectations, 17 (3), 332–344.

Biography

Jon is a Senior Lecturer in Children's Nursing at Birmingham City University (BCU). Jon qualified as a - Children's Nurse from the University of Birmingham in 2001 and enjoyed a number of years working in - the Children's Unit at City Hospital, Birmingham. - Jon's main responsibility at BCU is that of module coordinator for a second year Nursing Practice - module, on the BSc Children's Nursing Programme. In addition, Jon is also undertaking a PhD in - Education and his study is using a phenomenological approach to explore the experiences that nurse - mentors and student nurses have of humour, whilst learning in practice.

2.4.2 Theory into Practice

Mrs Ilana Pressick, Bsc, PgCert, FHEA, Teaching Fellow, Birmingham City University, England;
Lisa Taylor. Assistant Lecturer. Birmingham City University, England

Aim

During this presentation secrets will be shared about the innovation educational programme delivered

by Birmingham City University at Birmingham Children's Hospital. Delegates will gain knowledge to empower and enable them to meet the learning and emotional needs of the students whilst out in practice.

Abstract

Newly qualified nurses feel unprepared for practice and lack confidence in their own abilities according to our literature review. Birmingham City University with the support of Birmingham Children's Hospital have set up a new education programme to address this, because nurses need to work together during times of change. This education programme brings theory to the students whilst they are out on placement addressing contemporary issues that the literature review has bought to light. Taking education into practice is an innovative approach to today's current academic teaching. The programme was carefully aligned against their nursing programme. Whilst learning outcomes were set for sessions they were fluent in adapting to the learning needs of the students. This presentation will give delegates the secrets to what makes this programme successful. It will discuss teaching methods used and feedback from students. Delegates will gain knowledge empowering them to meet the learning and emotional needs of the students. Research was conducted to evaluate the effectiveness of this new educational programme, inform future practice and validate the programme. Initial findings indicate that the programme is very effective in addressing some of the gaps identified in our original literature review. It empowered students to confidently take knowledge and consciously apply to practice but also to recognise the theory they apply. Strong research themes emerging as reported by student are: 1) An increase in confidence not only in regard to clinical skills such as medicine management but also in regard to non-technical skills like communication and self-awareness. 2) Emotional support from staff and an increase in peer support and identification. 3) That the success to their learning whilst out on placement was due to the adaptability of sessions to meet their learning needs. The benefits of this programme have been endorsed by the research, resulting in the programme expanding and implementation across different hospital sites are currently being planned. Most importantly, this initiative seems to make a real difference to our students and in turn will hopefully have a positive impact on the way in which they care for children and their families.

Intended learning outcomes

1. How taking education out to practice can facilitate student support from education staff and enhance peer support.
2. How teaching in a clinical environment can enhance confidence and competence in clinical and non-technical skills.
3. Awareness of an alternative way to begin to bridge the theory to practice gap, by meeting the learning need identified by the learners themselves.

Recommended reading list

1. Felton,A. Royal,J. (2014)Skills for nursing practice: Development of clinical skills in pre-registration nurse education. Nurse Education in Practice 15(2015)38-43.
2. Monaghan, T. (2015) A critical analysis of the literature and theoretical perspectives on theory–practice gap amongst newly qualified nurses within the United Kingdom. Nurse Education Today 35(2015) e1-e7
3. Flood, L. Robinia, K (2014) Bridging the gap: Strategies to integrate classroom and clinical learning. Nurse Education in Practice 14 (2014) 329-332

Biography

Ilana Pressick is a Teaching Fellow within the Department of Children and Young People's Health at Birmingham City University. Ilana has worked in different intensive care settings since qualifying in 2009 and completed numerous post graduate nursing qualifications. She joined the university in 2016 and teaches on undergraduate and postgraduate courses in nursing. Currently she is involved in a research project exploring how education within a clinical practice area can impact on student nurses transition as well as a HEFCE research project. She presented at the CELT and Festival of Learning conference in 2017.

Lisa Taylor is a proud member of the Department for Children and Young People's Health at Birmingham City University. She shares her role between the university and Birmingham Children's Hospital, supporting students out in practice. Prior to working at the University she worked as a general paediatric nurse in a local trust, during which I gained experience in a wide variety of areas such as- general medicine and surgery, day surgery, out patients, CAMHS and HDU care. She also has an extensive managerial background from her ward manager role.

2.5.1
Creativity in pharmacology teaching enhances student learning and enriches the student experience

Maggie Bennett, RN, BSc(Hons), MSc, PGCE, Lecturer (Education), Queen's University Belfast, Northern Ireland;
Dr Katherine Rogers PhD Senior Lecturer (Education) Queen's University Belfast, Northern Ireland

Aim

To share an innovative creative teaching approach which can enhance nursing student's understanding of pharmacology and improve their learning experience

Abstract

Engaging with bioscience subjects, such as pharmacology, can be challenging for some nursing students because they lack confidence in their ability to study science. Recent evidence also highlights significant variation in the extent of bioscience teaching and assessment across nursing curricula in the United Kingdom (Taylor et al., 2015). Consequently, many nursing students have difficulty understanding and applying the essential pharmacology knowledge that should underpin their professional practice, to provide safe and effective patient care. To improve student engagement with pharmacology, nurse educators need to develop innovative and creative approaches to enhance the teaching and learning of the subject. This project was funded by an institutional Teaching Innovation Award, to explore creative ways of engaging undergraduate nursing students in learning key principles that underpin pharmacology in nursing practice. The project was facilitated by lecturers in nurse education, in partnership with an artist from Arts Care, a unique arts and health charity in Northern Ireland. Students through workshops were introduced to the art of felt-making. This creative technique engages all the senses and involves manually teasing out individual wool fibres, which are reconstructed to form intricate designs, before being finally bonded together using warm soapy water. At the end of the project the students (n=60) had created striking unique felt pieces reflective of their learning. Evaluation was based on individual pre-and post-workshop questionnaires, participants' self-reflection and post-workshop focus groups. Students report improvement in the essential pharmacology knowledge and overall enhancement of their learning experience. The creative process translated and transformed the students' learning and understanding of key pharmacology principles; while creating striking, memorable art works, which are currently touring as an exhibition entitled "Prescription" across health and social care trusts in Northern Ireland. The project was underpinned by the principles of good practice in undergraduate education: staff-student engagement, cooperation among students, active learning, prompt feedback, time on task, high expectations and respect for diverse learning styles (Chickering & Gamson, 1987). Evaluation of student feedback revealed the project was associated with positive emotion, engagement, meaning, positive relationships, and accomplishment – elements which have been identified as contributing to overall well-being

Intended learning outcomes

1. To explore the challenges and barriers nurse educators face in teaching essential pharmacology to undergraduate nursing students
2. To inspire nurse educators to embrace creative strategies to enhance the teaching of pharmacology
3. To highlight the wider benefits of unlocking the creativity of undergraduate nursing students

Recommended reading list

1. Chickering, A.W. and Z.F. Gamson, Seven Principles for Good Practice in Undergraduate Education. AAHE Bulletin., 1987.
2. Taylor, V., Ashelford, S., Fell, P. and Goacher, P. J. (2015), Biosciences in nurse education: is the curriculum fit for practice? Lecturers' views and recommendations from across the UK. Journal of Clinical Nursing, 24: 2797–2806.
3. Seligman, M. E. P. (2011). Flourish: A New Understanding of Happiness and Well-Being - and How To Achieve Them, London, Nicholas Brealey Publishing.

Biography

Maggie has been a registered nurse since 1992 and her clinical background has been in Intensive Care and Community Nursing. She has always had an interest in pharmacology and the development of innovative strategies to help students understand and engage with this challenging subject. Maggie was appointed to her current post as a Lecturer in Education, in the School of Nursing and Midwifery in Queen's University, Belfast in 2013.

2.5.2
Nurse first: Nurse Educator second;the impact on transition from clinical practice to higher education

Dr Susan Ramsdale, EdD, MA, PGCE,BSc(Hons), DipHE, FHEA, RN(MH) RNT, Snr Lecturer, University of Manchester, England

Aim

The aim of this paper is to explore the cultural, emotional and organisational factors at play in limiting the transition from nurse to nurse educator and how a bespoke induction process may help or hinder this transition.

Abstract

This auto-ethnographic investigation was designed to explore the phenomenon of transition from nurse to nurse educator. Participants comprised: myself, three Heads of School, four nurse educators, two lecturer-practitioners, two clinical service managers and two education commissioners from Health Education England (HEE). The rationale for this study sprang from a desire to improve the transition experience. The primary data collection methods were semi-structured interviews and my personal reflections. The data were organised through a Framework Analysis and categorised into analytical categories: (1) qualities of a nurse educator, (2) preparation needed to achieve skills and knowledge to be a nurse educator and (3) the position of nursing as an academic discipline. The research found that the culture of nursing is so pervasive that it permeates existence and thus nurses do not see the move into education as a career move but rather an extension of their nursing role. This is felt to be exploited by HEIs to ensure delivery of high workload nurse education curricula and in turn, impedes development of academic identity. The need for doctoral level qualification within nursing is viewed as pivotal in its quest for professional and academic status, yet core qualities and values of care and compassion are identified as equally important. Participants were unanimous in the need for a more bespoke induction process to improve the transitional experiences of nurses embarking on a career in education yet engagement within established academic communities of practice was not always seen as having a positive influence. Boyd, P. and Lawley, L. (2009) Becoming a lecturer in nurse education: the work place learning of clinical experts as newcomers. Learning in Health and Social Care, 8 (4) 292-300 - Findlow, S.(2012) Higher education change and professional-academic identity in newly 'academic' disciplines: the case of nurse education. Higher Education 63, 117-133 - McArthur-Rouse, F.J. (2008) from expert to novice: an exploration of the experiences of new academic staff to a department of adult nursing studies. Nurse Education Today, 28 pp 401-408

Intended learning outcomes

3. To identify the cultural, emotional and organisational influences at play within the transition from nurse to nurse educatore
4. To critique the pros and cons of a bespoke induction process for nurse educators in higher education
5. To understand the role of communities of practice in professional development

Recommended reading list

1. Smith, C. and Boyd, P. (2012) Becoming an academic: the reconstruction of identity by recently appointed lecturers in nursing, midwifery and the allied health professions.
2. Schoening, A.M (2013) From bedside to classroom: The nurse education transition model
3. Wenger, E. (2000) Communities of practice and social learning systems

Biography

Susan is a Senior Lecturer and Mental Health Field Lead at the University of Manchester. She qualified as a Mental Health Nurse in 1996 and worked across the North West in acute and crisis care settings before moving to nurse education in 2003. - Susan has led on both mental health and adult degree nursing programmes. - Susan is also Chair of Lancashire Women's Centres, a charity based in the East Lancashire providing a range of services for women including projects to support women offenders; victims of domestic abuse and sex workers, together with a range of mental health services for the wider population.

2.6.1
The Staff Nurse Toolkit

Miss Anne-Marie Borneuf, MSc,BSc (Hons) PGCert (FAHE), RN, Accredited with NWSEN, Senior Lecturer in Nursing, Manchester Metropolitan University, England; Stewart Rickels MSc, PGCert, BSc (Hons), RN, FHEA, Accredited with NWSEN, Manchester Metropolitan University, England

Aim

To present the preliminary findings of the use of a simulated ward

learning experience as a teaching and learning method for developing Year 3 student nurses' clinical leadership and management skills.

Abstract
Since the publication of the Francis Report (2013) which found poor nursing leadership and declining professionalism to be a contributory factor for poor patient care delivery, and still has a contemporaneous drive for informing change within nursing. There is a need to cultivate clinicians who are vocal and visible nurse leaders so that nurses of the future can transform service and improve clinical care provision. A critical part of this development is to develop the educational opportunities for student nurses who are about to qualify and empower them with the skills needed to be successful clinical leaders and managers. This is considered due to the forthcoming new Nursing and Midwifery Council (NMC) Educational standards (NMC 2017), where enhanced clinical nurse leadership and management skill development is under close review. The purpose of this research project is to evaluate the use of simulation in developing in developing the clinical leadership and management skills of the undergraduate nurse. The research team have set up simulated ward teaching sessions to develop the necessary clinical leadership and management skills for Year 3 Student nurses to support their transitioning status; hence having a toolkit of leadership and management skills for the student to use in real life situations upon qualification. An Appreciative Inquiry approach will be used to evaluate the method as it is one that identifies the strengths of the group, process or organisation whilst also exploring the damaging dynamics that are exposed (Reed 2010) in challenging NHS environments. Approximately, 10-15 students will be invited to participate in Focus Groups to explore how the use of the Staff Nurse Toolkit teaching and learning method has helped to develop them as a leader and a manager in the clinical field. The presentation will provide the results from this study.
Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office. NMC (2017) Educational Framework: Standards for Education and Training for all United Kingdom providers of nursing and midwifery education. London: NMC. Reed J (2010) Appreciative inquiry and older people – finding the literature. International Journal of Older People Nursing 5, 292–298

Intended learning outcomes

1. To appreciate how simulation teaching and learning can develop clinical management and leadership skills
2. To discuss the challenges of simulation teaching and learning
3. To develop an understanding of how the London Debrief Model can be applied in simulation teaching

Recommended reading list

1. Jaye, P., Thomas, L. and Reedy, G. (2015) The Diamond: A Structure for Simulation Debrief. The Clinical Teacher, Kings Research Portal, Kings College London: London, Accessed online 13/10/2016 https://kclpure.kcl.ac.uk/portal/files/32882540/The_Diamond_Fi
2. NMC (2017) Educational Framework: Standards for Education and Training for all United Kingdom providers of nursing and midwifery education. London: NMC
3. -

Biography
Anne-Marie Borneuf is a Senior Lecturer in Nursing at Manchester Metropolitan University. Her previous research has included Clinical Skills Development at undergraduate level as well as developing and evaluating the Greater Manchester Pan Manchester Assessment tool. More recently, her research interests have turned to developing skills in resilience, clinical leadership and management skills, and simulation teaching in Year 3 undergraduate nursing students.

2.6.2 Bringing nursing practice into the classroom with collaborative Team-based Learning: A model for 21st century nurse education?

Dr Jonathan Branney, BN (Hons) RN MChiro PhD PgCert PGCE, Lecturer in Adult Nursing, Bournemouth University, England;
Pushpinder Paddam, RGN, Practice Educator, Thoracic Medicine, Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust;
Kate Crabb, BSc (Hons), Clinical Lead for Dorset Adult Integrated Respiratory Service, Royal Bournemouth & Christchurch Hospitals NHS Trust;
Dawn Jacobs, RGN, Community Matron, Dorset Healthcare University NHS Foundation Trust;
Kara Winwood, RGN, Community Matron, Dorset Healthcare University NHS Foundation Trust

Aim

To determine if a collaborative Team-based Learning (TBL) approach between university-based and practice-based healthcare colleagues could effectively bring nursing practice into the university classroom.

Abstract

Introduction - It can be challenging to effectively contextualise nursing knowledge in the university classroom setting. Furthermore, pressures on placement capacity mean providing effective learning experiences in practice can be problematic. Our aim, therefore, was to determine if a collaborative Team-based Learning (TBL) approach between university-based and practice-based healthcare colleagues could effectively bring nursing practice into the university classroom.

Methods - A Team-based Learning (TBL) seminar was developed around caring for people with a respiratory disorder. TBL, a flipped classroom approach was chosen for being well suited to nurse education in the promotion of teamwork and clinical decision making. Seminar materials were developed by university-based and respiratory practice-based staff. Students were provided a recorded lecture and activities online to learn the required knowledge before class. In class, the first part of the session (a short test done as individuals and in teams of 5-7 students) was led by an academic nurse to check the students had the requisite knowledge to apply to patient case scenarios in the remaining part of the seminar. Clinically practicing colleagues then took on a stronger role in facilitating the student teams to make clinical decisions with a supporting rationale, based on case studies from their own caseload. The session ended with a patient telling his story of living with chronic obstructive pulmonary disease.

Results - When students were asked to explain what they enjoyed/found beneficial to their learning, the most popular response was that the seminar was 'Interactive'. They found the teamwork approach with sharing of ideas and input from practicing colleagues to be particularly beneficial. When asked what they would change, the most popular response was 'Nothing'. Practicing colleagues also gave favourable feedback and found that the TBL format allowed them to meaningfully impact the student nurses' learning, often challenging student teams' decisions by giving rich examples from contemporary practice.

Follow-up - In late 2017 and early 2018, data will be collected from students via questionnaires to assess the impact of their learning on their experiences in practice, whether they exhibit a preference for this collaborative TBL approach and examination results will be compared with those associated with traditional university teaching.

Intended learning outcomes

1. Understand the challenges in providing a contextualised learning experience for student nurses
2. Describe the benefits of team-based learning to nurse education
3. Explain why team-based learning might provide an effective platform for collaborative teaching between university-based and practice-based healthcare professionals

Recommended reading list

1. Benner, P., Sutphen, M., Leonard, V., Day, L., 2010. Educating Nurses: A Call for Radical Transformation. The Carnegie Foundation for the Advancement of Teaching: Stanford.
2. Dearnley, C., Rhodes, C., Roberts, P., Williams, P., Prenton, S., 2018. Team based learning in nursing and midwifery higher education: a systematic review of the evidence for change. Nurse Education Today 60, 75-83
3. Team-based Learning for Health Professions Education: A Guide to Using Small Groups for Improving Learning, 2007. Michaelsen, L.K., Parmelee, D.X., McMahon, K.K., Levine, R.E. (eds) Stylus Publishing: Sterling.

Biography

Dr Jonathan (Jonny) Branney is a Lecturer in Adult Nursing at Bournemouth University and he teaches on the BSc (Hons) Adult Nursing and the post-registration Critical Care Nursing courses. He has a substantial clinical background as both a registered nurse (critical care; accident & emergency) and a registered chiropractor. He is passionate about the role of biosciences in nursing education, using innovative teaching techniques wherever possible to engage students.

Pushpinder Paddam has many years' experience working as a nurse across the world in various roles including lately as a Community Matron. She is currently the Practice Educator in Thoracic Medicine, Royal Bournemouth Hospital, where she is passionate about educating nurses to effectively manage patients with respiratory disorders.

Kate Crabb is a physiotherapist and Clinical Lead for the Dorset Adult Integrated Respiratory Service. She leads a team of respiratory nurses, physiotherapists, support workers and consultants who work together to provide high quality care in patients' homes to support early discharge and admission avoidance

3.1.1 HEE's Reducing Pre-registration And Improving Retention (RePAIR) project

Professor John Clark, Dip HE, BSc, PG Dip, MA, PG-Cert, Director and Dean for Education and Quality, HEE South, Health Education England, England;
Professor Mary Lovegrove OBE, Academic Advisor, HEE RePAIR project;
Jan Zietara, Head of Programme Delivery, HEE South, England

Aim

To share the RePAIR project's work to understand the multi-factorial reasons contributing to improving retention of students on healthcare programmes

Abstract

Health Education England's Reducing Pre-registration Attrition and Improving Retention (RePAIR) project was established to address the Department of Health's Mandate requirement to reduce attrition in pre-registration training. The project focusses on nursing, midwifery and therapeutic radiography, and explores the student's journey from recruitment to the early clinical career. To demonstrate the importance of a shared responsibility for healthcare student retention, the RePAIR project is underpinned by a theoretical framework outlining the commitment required from HEIs, Service Provider Organisations, and students to improve the student experience with a view to improving retention. To understand the impact of interventions to improve retention, the project has agreed a standard definition of attrition and established a baseline position. This identified that across the RePAIR programmes, approximately 30% of students do not complete their studies 'on time'. This is an important marker of student supply and provides a 'pure' definition of attrition, which is not comparable with existing definitions. Through extensive engagement with students and staff and a national student survey, the project has focussed on a range of recommended interventions to support the learning experience. A network of sixteen case study sites has been established across the country to further explore what happens to those students who do not complete the course on time, and the value and impact of these interventions. The case study sites are supported by virtual subject-specific networks to enable the sharing of best practice across the country. These focus on Learning Disabilities, Preceptorship and Therapeutic Radiotherapy. The RePAIR project team has worked closely with York Health Economics Consortium to develop an economic modelling tool to understand the cost-benefits of implementing initiatives to improve retention.The project is developing an interactive PDF to disseminate the key findings and ensure they are easily accessible. This will be available from Spring 2018.

Intended learning outcomes

1. The RePAIR project aims to:
   1. Establish a baseline position of students who complete on time within a standard programme for courses within RePAIR
2. To identify the multi-factorial aspects of attrition and retention in pre-registration education and training
3. To identify examples of best practice to optimise retention

Recommended reading list

4. Beattie M, Smith A, Kyle R 2014, Sadness, socialisation and shifted perceptions: School pupil's stories of a pre-nursing scholarship, Nurse Education Today, Elsevier, London
5. The Association of UK University Hospitals, 2017 Nurse Retention Best Practice Guide
6. Duchscher J, 2009 Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses, Journal of Advanced Nursing

Biography

John began his career with a variety of nursing roles in critical and emergency care before taking up a role as a night nurse practitioner and manager at the Hammersmith Hospitals NHS Trust. John has held Associate Director roles spanning nursing and higher education. John moved to HEE when it was created in 2013, initially working at local level and since 2014 as Regional Director for Education and Quality across the South. John leads a number of national programmes for HEE including Dementia, RePAIR, End of Life Care, Advanced Clinical Practice, Safeguarding and also chaired HEE's Education Commissioners Network.

3.1.2 REaCH© (Responsive Education and Collaborative Health Programme) for Nursing Homes in a Northern Ireland Trust: Reducing ED

attendances/community nursing

Mrs Elizabeth Graham, RGN, Dip D/N, BSc (Hons), MSc, PGCE, FHEA., Assistant Director Person-Centred Practice, Nursing Innovation & Development, Bush House, Northern Ireland;
Mandy Ellis, Practice Development Facilitator, Whiteabbey Hospital

Aim

To develop an education and partnership programme with nursing home registrants.

Abstract

Aim: To develop a Trust education, training and partnership programme with nursing home registrants to reduce avoidable residents ED attendances in a Health and Social Care Trust in Northern Ireland.

Methods: 20 Care homes (814 residents, 160 registrants) engaged in a bespoke REaCH© (Responsive Education and Collaborative Health Programme for Nursing home Registrants) education programme. A patient profile of homes was completed firstly to help inform the education programme content and identify champions. The programme was co-designed with other professionals to include clinical skills education, Long Term Conditions management and education on Recognising and Managing the Deteriorating Patient. A Trust Practice Development Facilitator (PDF) maintained a visible presence in the nursing homes supporting staff develop clinical competencies, identify additional training needs and helped expedite hospital discharges where a care home training need was identified. The PDF also signposted staff to available specialist services and conducted high challenge/high support engagements with staff when high avoidable ED attendances of residents were noted through daily data analysis of hospital and community information systems.

Results: Evaluations demonstrated the initiative proved effective in terms of financial savings through reduced avoidable ED attendances by 31%; (n=309) from the previous year and reducing capita costs by approximately £319K. Referrals to community nursing reduced by 43%. Improved residents and staff experience was noted. The service has empowered the nursing home champions in the development of their new knowledge, clinical skills and competencies now cascading training to other care home registrants.

Conclusions: Due to compelling outcomes the model is sustained through permanent funding from the trust/integrated care partnership as a recognition of the need for on-going partnership, training, facilitation and education programmes. Other trusts have expressed an interest in this transferable model. The continued presence and support given by the facilitator has motivated and encouraged acquisition of relevant skills and knowledge by Nursing staff and due to the success of the project scalability has resulted in a further 20 homes becoming engaged and a data analyst and two additional facilitators appointed

Intended learning outcomes

1. Nursing home registrants are competent in specific clinical skills to support residents have less referrals to community nursing
2. Nursing Home residents have a reduction in avoidable emergency department attendances
3. Prctice Developement Facilitators maintain a visible presence in care homes supporting nurses achieve competencies and develop bespoke education programmes for nursing home registrants

Recommended reading list

1. Royal College of Nursing (2015) Care in Crisis: Independent sector workforce survey in Northern Ireland. RCN, Belfast
2. McCormack B Dewing, J (2010) Enhancing care for older people: A guide to practice development processes to support and enhance care in residential settings for older people. Dublin: Health Service Executive p25,44
3. National Health Service England (2016) Quick Guide: Clinical Input into care homes transforming urgent and emergency care services in England. NHS England Publications online guide gateway reference 04251 http://www.nhs.uk/quick-guides

Biography

Elizabeth entered community nursing at Band 5 in 1992; qualified as District Nursing Sister in 1996. Elizabeth escalated to Community Nurse Manager then Principal Officer 1998-2006 representing nursing on many regional forums. Elizabeth encourages nursing colleagues to enhance their professional knowledge and theory and has successfully mentored many students. Elizabeth has a strong academic background; qualified with Masters in Primary

Care and General Practice, has also undertook her Post Graduate Certificate in Education through Ulster University and has taught into the district nursing specialist programmes. She currently works as Assistant Director for Person-Centred Practice, Nursing Innovation & Development.

3.2.1 Identifying the effective aspects of motivational interviewing (MI) training to promote working with change across nursing.

Lucy Colwell, RN (MH) BSc Specialist Practitioner in MH, PgDip Cognitive Behavioural Therapy, PGCHSERN (MH) BSc Specialist Practitioner in MH, PgDip CBT, PGCHSE, Senior Lecturer in Mental Health Nursing, School of Health Sciences University of Brighton, England;
Jamie Cooper, MSc Health Science, PgDip Advanced Nurse Practitioner PgDip Health Professional Education, RMN, RGN, Senior Lecturer in Nursing, School of Health Sciences University of Brighton, England

Aim

This presentation will provide an overview of a project in which Motivational Interviewing (MI) training was delivered collaboratively between colleagues in higher education and a large mental health Trust within a multi-professional context.

Abstract

Motivational interviewing (MI) is a collaborative process. It is effective for facilitating change in practitioner and service user behaviour with benefits for both physical and mental health (2). Since the 1980's registered nurses (RNs) have been encouraged to train in the technique. However, there is a call for increased transparency and enquiry into how to promote consistency in the quality of MI delivery in practice (1, 2). Training was delivered within which RN s were introduced to the theoretical underpinning for and practice of MI alongside allied health professionals during a one and a half day workshop. Facilitators noted participants preferred learning styles and expectations at the beginning of the first day. Teaching and learning strategies were then aligned with these to promote the person centred 'spirit' of MI (2). This meant a focus on rapport building, noticing change talk, and evoking plans and ideas for future practice. Participants then practiced MI in their usual clinical areas and regrouped for a second half day to consider reflections arising from using the approach. Written evaluations mapped to the learning outcomes were collated at the end of both the full and half day workshops. Following the training, RNs felt more able to embrace the promotion of physical health within their roles, an increased confidence in working with resistance to change and an understanding of how to consider readiness for change. RNs noted a habitual temptation to "step in" and "save" when listening which was linked to feelings of stress and burnout. This was addressed through focusing on rapport building using open questions and affirmation alongside person centred action reflections (3). An unintended learning outcome was that RNs transferred MI skills for working within leadership roles to promote techniques for practitioner resilience and to collaborate across multi-professional teams. Recommendations for RNs using MI to work with change within clinical settings include practices that embed and maintain the person centred "spirit" of MI. We suggest that future training include planning for ongoing MI support and reflection within multi-professional communities of practice with MI as an identified area of special interest.

Intended learning outcomes

1. To explore how to promote consistency in the quality of motivational interviewing delivery in practice
2. To identify effective aspects of motivational interviewing training to promote working with change across nursing.
3. To consider the "spirit" of motivational interviewing and how to embed this within practice

Recommended reading list

1. Atkinson C and Woods K (2017) Establishing Theoretical Stability and Treatment Fidelity for Motivational Interviewing. Behavioural and Cognitive Psychotherapy 45, 337-350
2. Miller W, Rollnick S (2013) Motivational Interviewing Helping People Change. (3rd Edition) New York. The Guildford Press
3. Resnicow K, McMaster F, Rollnick S (2012) Action Reflections: A Client Centred technique to bridge the why-how transition in MI. Behaviour and Cognitive Psychotherapy 40, 474-480

Biography

Lucy Colwell is a part time Senior Lecturer in Mental Health Nursing at the University of Brighton and also practices as a clinical nurse specialist in Hastings, East Sussex. Lucy qualified as a nurse with the Nightingale Institute (Kings College

London) in 1997 and has since then maintained a special interest in children and young people' s mental health and the use of cognitive and behavioural therapies. She is passionate about nurse education and in particular in building sustainable resilient practices which promote mental health for practitioners, service users and the organisations within which and between which we work.

Jamie Cooper - Full time Senior Lecturer in Nursing at University of Brighton. Also works in practice as a locum nurse either practice nurse and advanced nurse practitioner in primary care. Trained as a RMN in York qualified in 1987, working in in-patient acute mental health and dementia day unit. Experience working in New Zealand as mental health nurse in 1990-1991. Completed RGN training in Sheffield in 1993. Since then worked in sexual health and infectious diseases. Worked in New Zealand for 10 years as a senior staff nurse on a busy medical and infectious disease ward before becoming Team Leader/manager of a 24hours respite/hospice facility for people living with HIV/AIDS. Within this taught at universities and hospitals on HIV/AIDS. Since 2005 have lived and worked in the UK. Experience in ITU, ambulance service (triage) and primary care settings. Various interests from asthma, long term conditions and motivational interviewing (MI). Also enjoy singing and playing music (including ukulele!)

3.2.2 Improving Engagement and Health Outcomes Through Child Centred Communication Training for HCPs

Nurse Joanna Reid, BSc Natural Science, MA Clinical Education, Project Lead - Me first, Great Ormond Street Hospital, England; Rachel Naunton, Physiotherapist, Project Developer, GOSH, England

Aim

Demonstrating an Effective Method for Improved Shared Decision Making and Patient Experience for Children and Young People

Abstract

Me first is an innovative and award winning training resource designed to enhance the knowledge, skills and confidence of healthcare professionals (HCPs) in communicating with children and young people (CYP). In achieving this, there are significant benefits including increased patient engagement, improved treatment adherence, patient safety and health outcomes. Developed by Great Ormond Street Hospital and Common Room in collaboration with young health consumers, Me first uses a range of educational strategies to achieve this. The Me first CYP centred communication model is the first communication model designed specifically for and with CYP. It is based on the literature and research on person-centred communication in healthcare, and on communicating with CYP in healthcare. Me first masterclasses facilitate peer-to-peer learning and provide practical advice and resources as well as quality improvement techniques to enable HCPs to build on their existing expertise and apply the Me first communication model to their clinical practice. mefirst.org.uk website contains learning materials to compliment the Me first training and is interactive enabling users to adapt the model to their practice specialty. A searchable resource hub enables users to share tools, projects and ideas that already exist throughout the UK. 98% of participants who have attended the masterclass (more than 300 over 2 years) rated the training and resources as good or excellent. Findings from an independent evaluation of the impact of the Me first masterclass demonstrate statistically significant gains for HCP's in: 1.attitude towards partnership with young people, 2.communication skills with young people, 3.changes to clinical practice, and 4. extent professionals' goals were achieved. Plans are underway to develop an evaluation tool that measures the impact of the masterclass training for HCPs on patient experience.

Intended learning outcomes

1. increased awareness of the techniques used by Me first to acheive CYP centred communication
2. increased ability to manage the challenges of CYP centred communication
3. understanding of the advantages for the HCP and for CYP health outcomes of CYP centred communication

Recommended reading list

1. Cahill, P. and Papageorgiou, A. (2007). 'Triadic communication in the primary care paediatric consultation: a review of the literature'. The British Journal of General Practice, 57 (544), 904-911.
2. Levetown, M. (2008). 'Communicating with children and families: from everyday interactions to skill in conveying distressing information'. Pediatrics, 121 (5), e1441-e1460.
3. van Staa, A. (2011). 'Unraveling triadic

communication in hospital consultations with adolescents

Biography

Joanna Reid is a Practice Educator at Great Ormond Street Children's Hospital and Project Lead for the award winning Me first project. The project improves child and young person-centred communication in healthcare. Joanna studied Nursing at King's College London, has a BSc in Natural Science (Physics and Psychology) from Durham University and is currently studying for MA in Clinical Education.

3.3.1 "IT CHANGES THE WAY YOU THINK" EXPERIENCES OF STUDENT NURSES AND LECTURERS ON INVOLVING PEOPLE AFFECTED BY DEMENTIA IN UNDERGRADUATE TEACHING

Dr Sally Anstey, PhD, MSc, RGN, Senior Lecturer (Adult Nursing), School of Healthcare Sciences Cardiff University, Wales;
Amanda King MSc, BSc, RMN Lecturer Mental Health Nursing, School of Healthcare Sciences Cardiff University;
Claire Job MSC, RN Lecturer Adult Nursing, School of Healthcare Sciences Cardiff University;
Paul Bickerstaffe BSc, RN (MH) Lecturer Mental Health Nursing, School of Healthcare Sciences Cardiff University;
Adele Morgan, Linda Willlis, Nigel Hullah, Andy Woodhead, Dementia Expert Advisory Group Partners

Aim

To give primacy to the voices and experiences of people with dementia in enhancing students learning and understanding.

Abstract

Demographic changes predict an increase in the population of people affected by dementia who will increasingly access health care services. Thus there is a need for health professionals to have the appropriate attitudes, knowledge and skills to care and support them and those important to them across all care settings. The aim of our study was to explore the impact on learning, practice and care-giving of undergraduate student nurses after hearing stories of people with dementia in the classroom setting as part of a living with dementia day. It also describes the process of planning and delivery eg. establishing partnerships, ensuring ethical integrity and support. This was a preliminary study using a qualitative descriptive approach to explore the views of student nurses and lecturers of a curriculum innovation in which people affected by dementia worked in partnership with academic staff to design, deliver and evaluate dementia education based on their stories and experiences. A purposive sample was recruited from third year student nurses (n=65) from one University in the UK who attended the living with dementia day and from the lecturers (n=6) who facilitated. Four student nurses and two nursing lecturers were interviewed. Semi-structured interviews were undertaken with questions focused on understanding patient experience and aspects of living with a dementia diagnosis. The results identified three broad themes, derived from the inductive thematic analysis these were: living with dementia, messages for practice and impact on learning. The students identified milestones and tipping points in the patients' journey and felt it had changed the way they thought about dementia positively influencing their professional behaviour. This study has shown the value of having people affected by dementia partners contribute to classroom learning which enabled student nurses to gain personal insights into their lives with dementia and helped them to see the person behind the diagnosis, facilitating a greater understanding of the condition and of how they would like to be treated. The next part of our work explores the impact on the people with dementia, our partners, who work with us specifically focussing on exploring their experiences including possible benefits and harms.

Intended learning outcomes

1. Exploring the value and impact for students of hearing stories of people with dementia
2. Enabling students to gain insight into the life of patients with dementia and helped them to see the person behind the diagnosis.
3. Developing the skills of knowledge transfer, how hearing the stories of people with dementia might resonate with and impact on the care of those with other long-term conditions/diagnoses.

Recommended reading list

1. Alushi, L., Hammond, J.A., Wood, J.H., 2015. Evaluation of dementia education programs for pre-registration healthcare students—A review of the literature. Nurse Education Today 35, 992–998.
2. Terry, L.M., 2012. Service user involvement in nurse education: A report on using online discussions with a service user to augment his

digital story. Nurse Education. Today 32, 161–166.
3. Buckley, A., 2016. Patient narratives 1: Using patient stories to reflect on care. Nursing Times 112, 22–5.

Biography

I am currently a Senior Lecturer (Adult Nursing), School Research Ethics Officer and Deputy Research Theme Lead: Palliative, Emotional and Supportive Care.at the School of Healthcare Sciences, Cardiff University. I am a Registered Nurse (Adult Nursing) and have a clinical background and teach across undergraduate and postgraduate programmes specifically cancer, genetics, palliative and end of life care, dementia, research and ethics.

One of our dementia partners will co-present but it will depend on their health as to which of them will be able to attend next year.

3.3.2 The understanding and undertaking of the components of the Mental Status Examination through role-play: A student perspective.

Rachel Huggins, BSc Applied Psychology, Student Mental Health Nurse, Swansea University, Wales; Beryl Mansel, MSc, RMN, PG Cert, Senior Lecturer, Swansea University

Aim

The aim of the presentation is to provide delegates with a student perspective of observations and interactions made during role-play to increase student confidence in they ability to assess patients.

Abstract

As a student nurse, applying theory taught in lectures to clinical practice can be challenging when working with vulnerable patients. This can cause reluctance for students to complete tasks such as assessment, especially if conducting for the first time. When caring for an acutely unwell patient, it can be even more challenging due to the accountability that the student will feel, especially the fear of missing a vital sign. The need to be able to actively practice assessment skills in the university with peers and tutors, where the implications are not detrimental, can increase confidence (Kameg. Howard, Clochesy, Mitchell & Suresky, 2010). Students engaged in an innovative small group work sessions as role-players and observers. By participating in small group work, there was an opportunity to learn, understand and apply the required skills. The learning occurred in an environment that felt safe and comfortable for majority of the students. When provided with a scenario of a patient with serious mental illness, students were able to synthesis observations and interactions made during role-play, to ask the questions from their intuition that they may fear in placement (Benner, 2010). - Having previously being introduced to the mnemonic “I AM A STAR” (Mansel & Bradley-Adams, 2017) for the mental status examination (MSE), it was possible to apply this framework when assessing the “patient” in role-play. The role-play session provided students time to consider appropriate questions to ask, avenues to explore and to practice observing the patient without stressors related to a busy clinical environment. - The confidence I acquired from practicing I AM A STAR framework in a small group enabled me to apply new learning to a summative assessment. The mnemonic resided more prominently during the assessment, and the simulation process bringing reality to the “patient”. The session increased my confidence to assess patients when out in practice, which my mentors had noticed. Furthermore, it has broadened my opportunities to achieve further development in my nursing skills.

Intended learning outcomes

1. To consider the student nurse perspective of use of role-play in academic theory.
2. The use of a mnemonic when undertaking a Mental Status Examination.
3. Increasing student confidence in nursing assessment and it's application in clinical practice.

Recommended reading list

1. Mansel, B., & Bradley-Adams, K. (2017). ‘I AM A STAR”: a mnemonic for undertaking a mental state examination. Mental Health Practice, 21(1), 21-26. Doi: 10.7748/mhp.2017.e1214
2. Kameg, K., Howard, V.M., Clochesy, J., Mitchell, A.M., & Suresky, J.M. (2010). The impact of high fidelity human simulation on self-efficacy of communication skills. Issues in Mental Health Nursing, 31(5), 315-323. Doi: 10.3109/01612840903420331

Biography

Currently a third year mental health nursing student at Swansea University, having previously completed a degree in Applied Psychology.

3.4.1
Optimising Dementia Care in Care Homes

Colin Sheeran, Research Coordinator, Four Seasons Health Care, Northern Ireland;
Joanne Strain, MSc BSc RN, Head of Nursing, Four Seasons Health Care

Aim

To critically evaluate the effectiveness of a specialised audit tool and educational programme in improving the safety, quality and experience of people living with dementia in care homes

Abstract

Introduction: - Approximately 500,000 people live in 20,000 care homes in the UK. With an increasing proportion of people living with dementia residing in care homes it is paramount that health care workers can deliver specialist dementia care.

Service Development: - The development of an audit tool known as TRaCAd (Thematic Resident and Care Audit for dementia), underpinned by over 320 externally recognised standards, was developed by Four Seasons Health Care. This audit tool is available on internal IPads which care staff complete. The system then produces a report of actions that the member of staff (and care home unit) must complete to optimise the care that resident living with dementia receives. The TRaCAd is made up of almost 300 questions and focuses on a variety of areas relating to the person's holistic care including: washing and dressing, elimination, end-of-life care, activities, nutrition, cognition, capacity and mobility.

Sample: - 20 care homes throughout the UK. 13 care homes were recruited from England, 4 from Scotland and 3 from Northern Ireland. 451 residents living with dementia lived across these 20 care homes.

Results: - The TRaCAd helped care teams identify 8,176 areas that could be improved within their dementia care units. Of these 8,176 areas that required action, 2,118 of these were fixed and resolved immediately once identified (25.91%). The remaining 6,084 actions were resolved before a care home became accredited (which was a maximum of 18 weeks later). Specifically, improvements were noted in the domains of spiritual care (47.89%), psychological care (43.68%) and social care (43.02%).

Discussion: - The TRaCAd audit helped care staff to improve quality of life for people living with dementia in care homes. The tool enabled care staff to facilitate care experiences which focused on broader aspects of holistic care such as a person's psychological, social and spiritual needs.

Intended learning outcomes

1. To describe the development of a specialised audit tool to enhance quality of life for people living with dementia in care homes.
2. To critically evaluate the effectiveness of introducing a specialised dementia audit tool to a number of care homes across the UK.
3. To provide recommendations about lessons learned for developing a specialised audit tool for care homes.

Recommended reading list

1. Sheeran, C. (2017) 'Communication toolkits in dementia care', Care Home Nursing Journal, 1, (1), pp. 6-9.
2. Royston, C., Strain, J., Sheeran, C., Bainbridge, S. and Mitchell, G. (2016) Optimising antipsychotic medication prescriptions for people living with dementia in care homes', BMJ Open, E-Letter. http://bmjopen.bmj.com/content/6/9/e009882.responses#optimising-antipsychotic-medication-prescriptions-for-people-living-with-dementia-in-care-homes
3. National Institute of Health and Care Excellence (NICE) (2015) Using quality standards to improve practice in care homes for older people. London: NICE.

Biography

Dr Gary Mitchell is the research coordinator for Four Seasons Health Care. Gary, a qualified nurse, has published over 35 peer-reviewed articles on nursing, dementia care, palliative care & oncology. He was listed as one of the UK's Inspirational Nurse Leaders by the Nursing Times in 2015 & was named Nurse of the Year by the British Journal of Nursing in 2016. Gary is passionate about enhancing quality of life for people who live with dementia.

Joanne Strain is the Head of Nursing for Four Seasons Health Care. She is responsible for the practice and development of approximately 3000 nurses across 300 care homes in the UK. She has written a extensively on care home nursing, dementia and palliative care. Joanne is passionate about care for older people and has postgraduate qualifications in dementia care and safeguarding.

3.4.2
Impact of a simulated 'dementia experience' on Care Home Staff

Shauna Rooney, Research Coordinator, Four Seasons Health Care, Northern Ireland;
Joanne Strain, MSc BSc RN, Head of Nursing, Four Seasons Health Care

Aim

To describe the impact of a simulated 'dementia experience' on care home staff

Abstract

Dementia can be considered as a stigmatising disease and in recent years there have been a range of empirical and anecdotal accounts of care practice which are task-orientated and serve to disempower people living with dementia. In response, there has been a focus on innovative approaches to dementia education which can illuminate how dementia impacts the person and can foster empathetic care practice for people who deliver care. The aim of this project was to develop a short interactive 'dementia experience' workshop for people who work in care homes. The 'Dementia Experience' was co-designed by people living with dementia, their family members and multidisciplinary dementia specialists. This presentation will provide evidence from six focus groups (n=40) of care home colleagues who participated in a 'dementia experience' workshop in a care home in Northern Ireland. The data was audio-recorded, transcribed verbatim and thematically analysed using Braun and Clark (2006) framework. The main themes that emerged from this study related to the following five areas: Working with the person's beliefs and values, the importance of engagement, the importance of shared decision-making, having a sympathetic presence and providing person-centred care. The majority of care staff who participated in focus groups suggested that these areas would correlate to person-centred outcomes which were broadly described as:

- Satisfaction with care.
- Involvement with care.
- Feeling of wellbeing.
- Creating a therapeutic culture within the care home.

Through provision of the 'dementia experience' care staff collectively reported the fundamental importance of helping their residents retain and reclaim their personhood which they understood could be under threat by non-personalised approaches to care.

Intended learning outcomes

1. To describe the development of a simulated dementia experience as a tool to foster empathy and understanding for care home staff
2. To critically evaluate the effectiveness of the simulated dementia experience on care home staff
3. To provide an overview on lessons learned in relation to the development of the intervention

Recommended reading list

1. Mitchell, G. and Agnelli, J. (2015) 'Person-centred care for people with dementia: Kitwood reconsidered', Nursing Standard, 30, (7), pp. 46-50.
2. Spilsbury, K., Hanratty, B. and McCaughan, D. (2015) Supporting nursing in care homes. Project report for the RCN Foundation: Patient care and professional development for nursing staff in care and nursing homes: A research and consultation project. RCN Foundation: London.
3. Dewing J (2008) Personhood and dementia: revisiting Tom Kitwood's ideas. International Journal of Older People Nursing. 3, (1), pp. 3-13.

Biography

Shauna Rooney is a project facilitator with Four Seasons Healthcare delivering the Dementia Care Framework across Northern Ireland. She is responsible for visiting approx. 31 of the care homes with a dementia service in Northern Ireland and providing specialist dementia education to their care teams, assisting said teams to implement better care practices and evaluation of the same.

In addition she occupies the role of dementia friendly community champion with the Alzheimer's Society. She delivers structured dementia awareness education sessions for local schools near Londonderry where she lives and also delivers specialist dementia education to undergraduate student nurses at Queen's University Belfast twice per year (reaching close to 500 people). These are activities she completes in her own time.

Shauna qualified as a Nurse in 2012 and has developed her career within the care home setting and has always had a passion for dementia care. Shauna is also a dementia care mapper. Most recently Shauna was a finalist in the National Dementia Care Awards as 'Dementia Care

Personality'. Joanne Strain is the Head of Nursing for Four Seasons Health Care. She is responsible for the practice and development of approximately 3000 nurses across 300 care homes in the UK. She has written a extensively on care home nursing, dementia and palliative care. Joanne is passionate about care for older people and has postgraduate qualifications in dementia care and safeguarding.

3.5.1 Transforming professional practice, perceptions and relationships through collaborative observation: a case study in children's nursing.

Nathalie Turville, RGN; RSCN; MSc, Senior Lecturer, Birmingham City University, England;
Ilana Pressick; BSc; RN Child; PG Cert; Teaching Fellow; Birmingham City University

Aim

To share the experience of working with students as co-researchers, observers and reflectors in an innovative project that uses classroom observation as a tool to develop learning and teaching.

Abstract

Classroom observations are perhaps most commonly associated with job-performance evaluations, often resulting in increased anxiety amongst staff and minimal impact on the development of teaching and learning. The HEFCE-funded project Improving learning and teaching through collaborative observation at Birmingham City University is markedly different from conventional observation practice. It reconceptualises and reconfigures observation as a method of inquiry, empowering students to play an active role in shaping their learning experience by openly discussing their experiences of teaching and learning with their peers and lecturers. The project is underpinned by the belief that improving student learning requires teachers and learners to co-construct a shared awareness and understanding about learning collaboratively. The project consists of two specially designed observation cycles over a period of 18 months that captures the student journey from the early experiences of higher education with a more structured approach to teaching and learning to the stage where students are expected to be more effective and reflective learners. This presentation will explore the first phase of the project which consists of one completed observation cycle. The observations took place during the delivery of a Year 1 introductory module for children's nursing students. Two students were recruited as co-researchers to observe two sessions that employed contrasting teaching strategies; gamification and the flipped classroom. The purpose of both observations was to consider how effectively these strategies were in linking theory to practice as facilitated by the lecturers. Following the observations, the lecturers and students reflected individually on the teaching and learning experience and then met as co-reflectors, sharing their insights in a supportive and constructive way. This joint learning and the implications for learning, teaching and staff-student relationships will be explored further. The observational tool has managed to break free from the constraints of performative lesson observation to redefine and reclaim it as a powerful tool for teacher and student growth.

Intended learning outcomes

1. Explore the use of the collaborative observation cycle in evaluating teaching and learning.
2. Evaluate the benefits of collaborating with students as co-researchers, observers and reflectors.
3. Identify how the project has enhanced the reflexivity of the participants.

Recommended reading list

1. O'Leary, M. & Cui, V. (2017) Improving learning and teaching through collaborative observation [blog]. Available at: http://blogs.bcu.ac.uk/collaborativeobservation/
2. O'Leary, M. (Ed) (2016) Reclaiming lesson observation: supporting excellence in teacher learning. Abingdon: Routledge
3. O'Leary, M. and Wood, P. (2017) 'Performance over professional learning and the complexity puzzle: lesson observation in England's further education sector', Professional Development in Education, Vol. 43(4), pp. 573-591.

Biography

Nathalie Turville is a Senior Lecturer within the Department for Children and Young People's Health at Birmingham City University. Nathalie qualified as a Children's Nurse in 1991 and specialised in neonatal cardiology and surgery. She joined the university in 2001and has taught on and coordinated a number of modules across pre and post-registration nursing. She remains committed to the

importance of education informing practice to promote the best care for the child and family. She is currently Co-Chair of the Faculty Academic Ethics Committee. She is also studying for a professional Doctorate in Education.

Ilana Pressick is a Teaching Fellow within the Department for Children and Young People's Health at Birmingham City University. Ilana has worked in different intensive care settings since qualifying in 2009 and completed numerous post graduate nursing qualifications. She joined the university in 2016 and teaches on undergraduate and postgraduate courses in nursing. Currently she is involved in a research project exploring the results of taking theory into practice and she is a participant in the HEFCE-funded classroom observation research project. She has also presented at numerous local conferences sharing her current research and her creative approach to teaching.

3.5.2 How to encourage nurses to use evidence based learning in their Practice

Anna Brockman, RN DN MSc, Practice Educator, Croydon Health Services NHS Trust, England

Aim

To develop training methods that will encourage nurses to use evidence based learning when delivering patient care

Abstract

Policies,guidelines and protocols are compiled using evidence based learning and research to provide optimum patient care. These are used in nurse education to standardise care and to provide a competent work force. Competency is achieved either during training or by supervised practice after the training and in some cases not at all. However observed practice of competent staff often does not match the training. A project was undertaken to determine why nurses are not providing taught evidence care for their patients. Leg ulcer management in a community setting was identified as an area with poor protocol compliance. In depth interviews with nurses indicated the following themes why they do not apply their learning to practice. 1. Training did not match their needs and left them under confident in the skill. 2. A lack of supervised practice and ongoing training lead to fear of malpractice. 3. A perceived organisational failure of recognition of the complexity of the role and the task. 4. Risk of compromising their professional status by inaccurate diagnosis and poor management. The Trust introduced the following changes: - a). The leg ulcer training was rewritten with an equal split of theory and practical sessions aiming at nurses being competent in practice by the end of the course with planned post course supervision to embed confidence with newly learnt skills. - b). The development of a framework to link practice to accountability thus encouraging regular measurement of outcomes. - c). The profile of the condition has been raised within the Trust and the guideline includes a time frame for assessment of new patients. - d). Nurse contact logs from electronic records are retrieved for discussion at annual appraisal. - e). Guidelines and protocols are to be easily available to staff. - f). Skills to empower patients to be self motivated to self care to be promoted. - g). The Trust is to develop a culture of accountability by nurses to provide optimum care. These results can be used for all procedures that have a detailed set of guidelines and protocols.

Intended learning outcomes

1. To regularly evaluate training so it develops confident and competent nurses
2. Provide nurses with adequate support post training so they practice independently and safely
3. Develop a culture of accountability so each nurse values their responsibility to deliver optimum care

Recommended reading list

1. Promoting learning transfer in post registration education: a collaborative approach. Finn F L et al (2010)
2. Improving chronic disease management through the development of an evidence based resource. Khalil H et al (2015)
3. Implementation of evidence based nursing practice: nurses personal an professional factors? Eixenberg M (2010)

Biography

The presenter has worked in the NHS for 35 years as both a nurse and midwife. Midwifery work included researcher for the Commission on changes to the Legislation of Midwives in 1990 and research work developing an early electronic patient record system with protocol prompts for ante natal care. Following a career break she returned to nursing in 2009, working in the community setting in Croydon Health Services NHS Trust where she is still employed. She achieved a PgDip District Nursing in

2014 and completed her MSc this year. - She currently works as a Practice Educator across both the acute and community settings.

3.6.1 Developing a Career framework for Nurse Educators

Sara Dalby, RGN, DipHE, BSc (Hons), MSc, Surgical Care Practitioner, Aintree University Hospital NHs Foundation Trust, England
Mrs Gill Coverdale MPhil; MPH; BSc (Hons); Cert.Ed., RSCPHN; RGNProfessional Lead – Education Standards and Professional Development (RCN HQ) Professional Learning and Development Facilitator (Yorkshire & Humber) Royal College of Nursing

Aim

To present a template for a career framework for nurse educationalists in a similar format to the clinical career framework and seek engagement, review, discussion and input from the audience of educators.

Abstract

The development of the nursing workforce and emergence of 'non-traditional' roles has resulted in some confusion regarding titles, scope of practice and education. With such a plethora of new roles it may be difficult for nurses and other stakeholders to understand all the various roles and possible avenues for career progression. An online career framework is currently being devised to help provide clarity for an array of stakeholders including; clinicians, managers and commissioners. There are current developments at the Royal College of Nursing to support the career development of nurses and demonstrate the vast array of roles. The focus thus far has been on clinical pathways with the next aim to develop a career framework for nurse educators which will stand alongside the clinical framework with links across the two frameworks for applicable roles. The aim of the session would be to present and discuss the current progress of the clinical framework with a demonstration of the template for the educational framework. Following this there will be an opportunity for engagement and debate from nurse educators to help devise the equivalent career pathway for educators. This discussion will have a direct impact on the development of the online pathway. The development of the pathway will help to guide the progression of nurses who wish to become nurse educations and demonstrate the extent of roles available.

Intended learning outcomes

1. Demonstrate the relevance of a career framework for the nursing profession
2. Engage with nurse educators to create discussion and contribution towards the review of current progress and the opportunities for nurse educators
3. Explore the development of a career pathway for nurse educators

Recommended reading list

1. RCN (2009) Integrated core career and competence framework for registered nurses
2. Public Health England (2016) The Public Health Skills and Knowledge Framework
3. Council of Deans of Health (2016) Educating the Future Nurse – a paper for discussion

Biography

Sara has worked in a number of roles and specialities across the surgical division. She is a qualified surgical first assistant, advanced nurse practitioner and surgical care practitioner (SCP). Currently working as a SCP for the head and neck and orthopaedic divisions. Sara is an associate lecturer at Edge Hill University involved with national advanced surgical CPD courses. Sara is a member of the working groups at the RCS regarding the extended surgical team and improving surgical training service and wider workforce. She has a secondment with the RCN involved with the NMC education consultation and career frameworks.

Gill has two roles for the Royal College of Nursing; she is Professional Lead for Education (Standards and Professional Development) and Professional Learning and Development Facilitator for the Yorkshire and Humber region. She is passionate about nursing and the delivery of good, high quality patient care. She has a background in community and primary care nursing and started her academic career in 2000 delivering programmes in community and public health nursing with both pre and post registration nurses. She has experienced working for the UK regulator, the Nursing and Midwifery Council as Education Advisor. Gill has also worked with the four UK governments and with international governments in Kuwait and Albania to develop health care professional and education standards. She has spoken widely at national and international conferences. Her role at the RCN is to work with stakeholders to direct the development of professional

education standards for nursing that reflect the changing requirements of healthcare provision; and lead and manage the RCN's framework for professional education, training and career development. This requires taking account of the four country political, policy and regulatory context.

3.6.2 The DNA of the Future Nursing Workforce: The BHR Apprentice to Advanced Practitioner Model

Kenye Karemo, Msc, Deputy to Chief Nurse, Barking, Havering and Redbridge University Hospitals NHS Trust, England;

Aim

This presents Barking, Havering and Redbridge University Hospitals NHS Trust's (BHRUT) bespoke and innovative approach to developing a sustainable nursing workforce based on a 'Growing-Your-Own'.

Abstract

Introduction - In 2017, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) developed the Apprentice to Advanced Practitioner Career Development Model (The Model) in response to its recruitment and retention challenges. The overarching goal is to nurture and develop its future nursing workforce based a differentiated and multi-modal approach to 'Growing-Your-Own'. It was developed to enable 'security of supply' and reduce over dependence on traditional talent pools such as internationally trained nurses (IENs) and student nurses.

Context and Background - Like many NHS Trusts in the UK, BHRUT faces critical nursing workforce challenges. Specifically, recruitment to the nursing workforce, particularly at Band 5 and Band 6 levels is one of the Trust's key workforce risks and remains the focus on intensive activity. BHRUT's geographical location presents interesting challenges with regards to the attraction, recruitment and retention of current and aspiring nurses. It's not considered as part of London and it's not quite Essex and this necessitates a purposeful, focused and differentiated approach to workforce planning, workforce development and career management.

The Drivers - Prior to the development of the Apprentice to Advanced Practitioner Model, BHRUT was reliant on the recruitment of student nurses and IENs to fill its Band 5 and Band 6 positions.

Developing the Model - In 2016, led by the Chief Nurse, an introspective reflective review of nursing workforce challenges was undertaken in partnership with divisional leads, recruitment and workforce colleagues. Opportunities to improve recruitment and retention and enhance staff experience of learning at throughout the 'employee journey' were identified. This was imperative, given national changes to funding for post-registration learning and development.

Current situation - We currently have staff working in all areas of the workforce - from Nursing Associates in Training, Apprentice Nurses and Healthcare Assistants - right through to Advanced Practitioners. Staff morale has improved in response to implementation of the Model.

Evaluation - A longitudinal study based on 'live' case studies, is in development to ensure the Trust's return on expectations are achieved and that reflections from significant 'touchpoints' in practitioner's personal and professional journeys are captured. Key metrics capture included turnover, workforce stability and staff engagement scores.

Intended learning outcomes

1. Identifying opportunities for career development - using what you've already got
2. How to develop 'Grow-Your-Own' appraoches to workforce development

Recommended reading list

1. Widening Participation, It Matters, Health Education England, 2014
2. Reshaping the workforce to deliver the care patients need, Candace Imision et al, NuffieldTrust, 2016
3. Barking, Haevring and Redbridge University Hospitals NHS Trust - Nursing, Midwifery & Allied Health Professionals Strategy 2017 - 2021

Biography

A professional, versatile and competent healthcare manager with 10 years' experience as an education, training and development leader, underpinned by 14 years' experience in the primary care, intermediate care (community services), mental health and acute care sectors. Considerable expertise in working with staff of all disciplines and grades. Experience in designing, delivering and evaluating learning interventions and programmes. A track record in the strategic and organisational development of in partnership with stakeholders, including inter-agency working and multidisciplinary project working. Significant expertise in education strategy development and

implementation. Significant record of achievement in leading and managing services in clinical settings.

4.1.1
Understanding nursing proficiency

Mr Graham Carr, MSc Ed Res, MSc Nursing, BSc (Hon) Nursing, SFHEA, RNT, RN, Senior Lecturer, School of Health and Social Care. London South Bank University, England;
Mrs Ruth Sivanesan MSc Nursing, PGCert Ed, BSc (Hon) Nursing, RNT, Placement Development Facilitator, Guy's and St Thomas' NHS Foundation Trust;
Dr Louise Terry, PhD SFEA LLB(Hons) FIBMS, Associate Professor and Reader in Law and Ethics, London South Bank University (LSBU)

Aim

To explore understandings of "competence" and "proficiency" at the end of pre-registration nurse training

Abstract

All UK nursing and midwifery education uses a competency-based approach to teaching. The NMC explain "competence" as the overarching set of knowledge, skills and attitudes, required to practise safely and effectively without direct supervision (NMC 2010a). This approach combines the learning domains of skills, knowledge and attitudes, as identified by Benjamin Bloom with the values and technical abilities that underpin safe and effective nursing practice and interventions (NMC 2017). Only when theoretical and practice competencies are achieved can any academic qualification and professional license be awarded. Assessment of competencies is one way learning is demonstrated when students transition through courses (Hager & Gonczi, 2009). Because competence is a journey it is measured at appropriate levels with a second term "proficiency" used to describe the level of achievement reached within any competency being taught or assessed e.g. first, second or third year (National Institutes of Health, 2017). This descriptive, qualitative study explored the understanding and experiences of nursing proficiency among student nurses from a London University who had completed their final pre-registration placements. The study drew upon research that members of this team have previously modelled which explored professional nursing development using Carper's (1978) patterns of knowing (Terry, Carr and Curzio 2017). The original study by Curzio, Terry and Carr (2012) explored nursing wisdom and expertise and identified a barrier to progression among newly qualified (NQNs) where Organisational knowing is lacking. By exploring participants understanding and experiences in this present study, proficiency in relation to organisational systems was also elicited. Three on campus focus groups were held during the final week prior to participants qualifying as Registered Nurses. The seventeen participants included a mix of Bachelor of Science (BSc) and Post Graduate Diploma (PGDip) pathways, in both adult and paediatric branches. - Each focus group was led by the research team, audio-recorded, transcribed and then subjected to "conventional" content analysis using the technique explained by Hsieh and Shannon (2005). Our initial analysis suggests that Bloom's domains of learning can be used a framework in which to structure a discussion of proficiency and competence among learners who are currently transitioning into licenced practice.

Intended learning outcomes

1. An analysis of the meaning of the terms "competence" and "nursing proficiency" among nursing students following their final placement
2. Exploration of the NMC definition of "competence" to incorporate the work of Benjamin Bloom as a framework to explore the knowledge, skills and attitudes expected among final placement nursing students.
3. To develop a deeper understanding about organisational knowing as an aspect of nursing proficiency

Recommended reading list

1. Hager, P and Gonczi, A (2009) What is competency? Medical Teacher 18(1), pp. 15-18.
2. Nursing and Midwifery Council (2010a) Standards of Competence for Registered Nurses. [Online] Available at: https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf (Accessed 27/4/17)
3. Terry, L., Carr., and Curzio, J. (2017) Expert nurses' perceptions of the relevance of Carper's

patterns of knowing to junior nurses, Advances in Nursing Science, 40(1), pp.85-102.

Biography

As a nurse and teacher Graham Carr has researched and taught nursing and medical education and practice for over 30 years. His many years as a GP Programme Director has focused his scholarship on acquiring nursing or medical wisdom and more recently the transitions learners undergo when they become registered practitioners. This paper is part of a body of work in cooperation with Dr Louise Terry also as LSBU.

Ruth Sivansen has worked in the NHS with student nurses for the last 11 years most recently as part of the Clinical Education Team at Guy's and St Thomas' NHS Foundation Trust. She currently works with student nurses and their mentors as well as part of the team supporting preceptorship in the trust. She is part of the team implementing education strategy in practice hence the desire to understand how student nurses view nursing proficiency. - Louise Terry's doctoral thesis explored withholding and withdrawing medical treatment. Much of her subsequent research focuses on issues related to ethical healthcare, including leading an international team exploring nurse educators' understanding of care and compassion. Her study with Graham Carr on nursing wisdom identified a new pattern of knowing necessary to nursing, Organisational Knowing. She is currently leading a study comparing the values, lived experiences and emotional labour of environmentally-engaged nurses in the UK and USA.

4.1.2 How do newly qualified nurses develop resilience?

Aimi Dillon, MSc Healthcare Education, Education Lead, Doncaster & Bassetlaw Teaching Hospitals, England

Aim

To illustrate the conceptual model of The Cycle of Developing Resilience

Abstract

The transition from student to newly qualified nurse is notably difficult and emotionally demanding. This initial period in a nurses' career is often linked with feeling overwhelmed and high levels of stress and burnout. Developing individuals' resilience to better cope during this period is something that many employing organisations are interested in. Understanding newly qualified nurses' resilience and how this develops can therefore better help those involved with supporting newly qualified nurses. Preceptorship is an ideal opportunity to explore resilience and ensure individuals have more awareness of their own. This study used a mixed methodology to examine perceptions of resilience in newly qualified nurses. Newly qualified nurses were invited to complete a resilience scale and to take part in a focus group. A further focus group consisting of clinical educators whose role it was to support new nurses was undertaken. Data was analysed using frequency tables for the scales and thematic analysis was undertaken for qualitative data. From the analysis, the conceptual model of The Cycle of Developing Resilience was developed to illustrate this complex process. This study made several recommendations for practice relating to preceptorship and the authors' wider organisation which include; implementation of a leadership session on preceptorship, development of preceptor training, increase support for newly qualified practitioners, implementation of action learning sessions on preceptorship. Further feedback has been generated since these have been employed and more recommendations made. One being, to develop a toolkit to support the use of the Cycle throughout the authors' organisation. - This research extends our understanding of resilience in newly qualified nurses and provides a model to better understand the process of how they develop it. Although aimed at newly qualified nurses it has been recognised that this model could be applied to anyone experiencing vulnerability in their career.

Intended learning outcomes

1. To gain insight into why this study was undertaken and what the gaps in the literature are
2. To understand how the Cycle of Developing Resilience was formed
3. To highlight the implications on practice within the authors organisation

Recommended reading list

1. Health Education England, 2015. Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. HEE, London
2. Jones, K., Warren, A., Davies, A., 2015. Mind the Gap. Exploring the needs of early career nurses in the workplace. Health Education England, London.

3. Reyes, A.T., Andrusyszyn, M., Iwasiw, C., Forchuk, C., Babenko-Mould, Y., 2015. Resilience in Nursing Education: An Integrative Review. Journal of Nursing Education. 54 (8), 438–444.

Biography

Aimi is a Registered Nurse that has worked within a variety of clinical settings and worked within education for the past 6 years. Her current role is Education Lead for Musculoskeletal & Frailty Care Group and Preceptorship Education Lead. She has a passion for education particularly when it comes to newly qualified practitioners, and has recently completed her MSc in Healthcare Education. Her dissertation was a service evaluation looking at how newly qualified nurses develop resilience.

4.1.3 From Foundation Practitioner to Senior Band 5: the role of the Foundation Programme Year 2 in recruitment, retention and professional development of Nurses and Operating Department Practitioners at Oxford University Hospitals NHS Foundation Trust

Katherine Proffitt, MSc, PGDip, BSc(Hons), RN, Clinical practice Educator, John Radcliffe Hospital, England

Aim

To present the development of the Foundation Programme Year 2; a recruitment and retention-based initiative developed to support nurses and operating department practitioners (ODPs) progress to a Senior Band 5 role.

Abstract

The recruitment and retention of nursing staff across the UK has posed significant challenges over the past few years, and Oxford University Hospitals NHS Foundation Trust (OUH) has been no different. Recruitment from within the EU between 2015 and early 2017 ensured a consistent workforce despite high staff turnover, however, a range of factors (IELTS Level 7 language requirement, BREXIT) have seen numbers of EU applicants and successful registrations with the NMC decline. The resulting impact on staffing levels and the ability to fill open vacancies has resulted in an unsustainable reliance on agency staff and reduced job satisfaction for existing staff. In order to improve staff retention, particularly amongst junior nurses who consistently present a higher than average turnover rate, a career progression and retention pathway has been developed for band 5 practitioners less than two years post-registration. Data from 2016 demonstrates that after 18-24 months service with OUH, staff are more likely to stay with the Trust, so structured support and clear progression are critical in the first two years post-registration. This will ensure focus remains on patient safety and care, rather than on filling vacancies and budgeting for staff shortages. Here we show the development of the Foundation Programme Year 2, the initial evaluations and intended career pathways of the first cohorts. The programme consists of three core study days which aim to develop skills in leading change, championing safety and ensuring effective learning in practice. It also allows protected time to undertake further study, as well as a financial incentive to remain with the OUH on successful completion of the year. It is predicted the programme will improve retention and job satisfaction and decrease turnover of this core group of staff. The programme will be evaluated for efficacy and participant satisfaction, and if successful will be expanded to include other hard-to-recruit groups such as physiotherapists, occupational therapists and midwives.

Intended learning outcomes

1. Discuss what support and professional development is required by newly qualified nurses and ODPs to ensure job satisfaction
2. Describe learning opportunities within your own Trusts to develop future leaders and confident, valued staff
3. To identify differences in recruitment and retention of home versus overseas staff and how an extended Foundation Programme can improve integration and retention

Recommended reading list

1. NHS Employers (2017) Improving Staff Retention A Guide for Employers. Available at: http://www.nhsemployers.org/~/media/Employers/Documents/Retention-Guide.pdf [Accessed on 10th October 2017]
2. The Association of UK University Hospitals (2017) Nurse Retention Best Practice Guide. Available at: https://www.medschools.ac.uk/media/2326/aukuh-nurse-retention-guide.pdf [Accessed on 23rd October 2017]

3. Scholes, J. (2017) Managing support for newly qualified practitioners: lessons learnt from one health care region in the UK. Journal of Nursing Management 25(2): 102-109

Biography

Kat is Deputy Ward Sister/Clinical Educator on the Gynaecology Ward at OUH NHS FT, with a long standing interest in education and a clinical background in early pregnancy and acute gynaecology. Kat joined the Trust in June 2017 as a Clinical Practice Educator in the corporate Learning & Education team, leading on cannulation and venepuncture training for non-medical staff and developing and facilitating the core study days for Foundation Programme Year 2. Now, combined with a clinical role, Kat focusses on staff development and learning within the ward setting.

4.2.1 Raising Awareness of Advance Care Planning to Health & Social Care Staff in Northern Ireland

Sue Patchett, RN PGCE, Nurse Education Consultant, BSO HSC Clinical Education Centre (CEC), Northern Ireland;
Tom Mulligan. RN, PGCE. Nurse Education Consultant, BSO HSC CEC;
Deirdre Cunningham. RN, PGCE. Senior Education Consultant, BSO HSC CEC;
Sharon Maginn. RN, PGCE. Nurse Education Consultant, BSO HSC CEC;
Nuala McCarron. RN. Nurse Education Consultant, BSO HSC CEC

Aim

To describe the planning, design & development of a standardised regional programme involving voluntary and Non-Voluntary Agencies

Abstract

Advance care planning (ACP) has been identified as one of the key priorities by the Northern Ireland Palliative Care Programme. The importance of allowing people the opportunity to discuss and record their preferences for the future has been widely recognised. A regional ACP booklet was developed by the Public Health Agency (PHA), in partnership with Macmillan Cancer Care, however it was identified that Health & Social Care professionals required training in both the concept of ACP and an opportunity to explore the communication skills in relation to this process. This resulted in the convening of a Regional Task and Finish group of key stakeholders from both the public and private sectors with the purpose to agree and develop an educational resource. The palliative care professional group within HSC Clinical Education Centre were asked by this group to collate and amend the presentation and pilot the delivery of the amended version on five occasions across the region to 116 participants. This programme was targeted at registered nurses from the public and private sector plus medical, AHP, and social work staff as ACP is considered to be "everyone's business". It was agreed that the programme should include the concept and process of ACP, legal and ethical considerations, review of current documentation and how participants can enhance their own communication skills in relation to this process. Whilst the collated feedback from participants was positive some salient points were identified to enhance the programme. A feedback report was shared with the Task and Finish group and amendments made to the initial programme based on this feedback. An example of which was the inclusion of an opportunity to complete an ACP Summary within the programme. A regional standardised programme has now been agreed and developed to support the role out of ACP training. Identified facilitators will be able to access the finalised programme on the All Ireland Institute of Hospice and Palliative Care (AIIHPC) educational platform. Furthermore, it will be reviewed on a bi-annual basis to quality assure the programme.

Intended learning outcomes

1. To outline the rationale for and implementation of the regional ACP programme
2. To highlight the key areas of change to the programme following delivery of the pilot ACP programme
3. To demonstrate the benefits of a regional approach to programme development

Recommended reading list

1. Macmillan Cancer Support and Public Health Agency (2016) Your life and your choices: plan ahead. 2nd Ed. Macmillan Cancer Support.
2. DHSSPSNI (2016) Advance Care Planning. Operational Guidance for Health & Social Care Staff in Northern Ireland. Draft. DHSSPSNI
3. DHSSPSNI (2010) Living matters dying matters; A Palliative and End of life Strategy for Adults in Northern Ireland. DHSSPSNI

Biography

Sue is a Nurse Education Consultant and has worked at Clinical Education

Centre since November 2014. She obtained her PGCE in 2016 and facilitates programmes related to palliative and end of life care, given her previous clinical experience. Sue worked previously as a Hospice Nurse Specialist, supporting people with palliative care needs, and those important to them, in the community setting. She also, spent 3 years working as a Macmillan Palliative Care Facilitator, supporting the Service Improvement Lead in addressing the recommendations of the NI Palliative and End of Life Care Strategy, one of which was Advance Care Planning.

Tom is a Nurse Education Consultant and has worked at the Clinical Education Centre since April 2014. My interests include Palliative care, Communication skills, and Supervision. Tom worked previously as Macmillan Clinical Nurse specialist within an acute setting for approximately ten years. He also worked as a Practice Education facilitator within a Regional Cancer Centre introducing and promoting a Palliative Link nurse programme.

4.2.2 Evaluation of graduate nurses' attributes and career pathways over the first two years from qualification in one North East Trust: 'A massive leap'

Dr Debra Porteous, Prof. Doc. (Ed), MSc, PgDip Ed (Health), BSc(hons), RGN, RSCN, FHEA, Head of Nursing and Midwifery, Northumbria University, England;
Elaine Coghill, Trust Lead for Education, Research and Practice Development. Newcastle Foundation Trust Hospitals

Aim

The study aimed to describe graduate nurses' attributes and career pathways over the first two years from qualification in one North East Trust. Its objectives were a. To describe and develop an understanding of the contexts of graduate nurses' work, b. To explore the perceptions of those involved including: graduates, preceptors, managers and c. To identify, describe and assess a range of outcomes of graduate nurses' work.

Abstract

Programmes preparing graduate nurses developed across the globe during the twentieth century. In UK debate about the most appropriate mode of preparation for registered nursing continued until 2012, when nursing finally became all degree.

Design - This was a qualitative evaluation of the experiences of a single cohort of newly qualified graduate nurses in UK.
Setting and Participants - A cohort of new nurse graduates entering the workforce of one NHS Trust, their managers and preceptors. The Trust was a large multisite healthcare provider organisation, incorporating community, secondary and tertiary hospital services.

Methods - Secondary data were examined for contextual information. Focus groups with graduates (n=13) at 6 months in post and around 12-15 months. Focus groups at 12-15 months with preceptors and line managers (n=8).

Findings - Newly qualified graduates did not expect the anxiety experienced managing their own patients once they ceased to be supernumerary. However, they were proactive in seeking to adapt. Preceptorship and supportive collegial relationships, especially with peers were valued. Staff turnover was reducing available support. Different generational attitudes could create barriers to effective working. Most graduates had clear ambitions for the future, many aiming at specialist care. Ambitions for travel were less among mature graduates. Once newly qualified staff settled into post most managers described their work as 'very good'.

Conclusions - Four key themes emerged; Hopes and expectations, vulnerability and support, respect and hierarchies and career trajectories. New graduates in this first all-graduate cohort appear to reflect previous studies on graduate nurses and on support for them. The transition to staff nurse was a 'massive leap' for new graduates. This study showed that they actively sought to learn and adapt. Different attitudes between generations emerged as an important issue. Previous studies have identified power hierarchies operating between doctors and nurses (DiPalma 2004), between nurses (Wilson and Spence Laschinger 1994), and between nurse and patient (Griscti et al 2016). Amongst the manager and preceptor respondents in this study were some who appeared to hold strongly hierarchical views. This study also suggests that the stage at which candidates enter a degree programme might affect aspirations, and have implications for staff turnover.

Intended learning outcomes

1. To explore the perceptions of those involved including: graduates, preceptors, managers
2. To describe and develop an understanding of the contexts of graduate nurses' work

3. To identify, describe and assess a range of outcomes of graduate nurses' work

Recommended reading list

1. DiPalma, C (2004) Power at Work: Navigating Hierarchies, Teamwork and Webs, Journal of Medical Humanities, 25, 4, Winter, 291-308, DOI: 10.1007/s10912-004-4834-y
2. Wilson, B. and H. K. Spence Laschinger (1994). Staff Nurse Perception of Job Empowerment and Organizational Commitment: A Test of Ranter's Theory of Structural Power in Organizations. Journal of Nursing Administration 24(4S): 39-47.
3. Griscti, O., Aston, M., Warner, G., Martin-Misener, R. and McLeod, D. (2017), Power and resistance within the hospital's hierarchical system: the experiences of chronically ill patients. J Clin Nurs, 26: 238–247. doi:10.1111/jocn.13382

Biography

Debra has 30 years teaching experience with students and colleagues in a professional nursing/ healthcare practice setting (1986-1995) and in a Higher Education setting (1995 – present), at undergraduate, postgraduate and doctoral academic levels. Clinical practice has focused on children's nursing where Debra has led teams of nurses/doctors to be nationally recognised for the care given to children and families. An area of interest is empowering parents and young people to have a voice in the care they receive.

4.2.3 Collaborative working to design and deliver a training package for the Health Visitor Family Resilience Assessment Instrument and Tool (FRAIT) Wales.

Michelle Thomas, RGN, RHV, RNP, MSc, PGCE, Senior Lecturer, University of South Wales, Wales;
Georgina Jones, Flying Start, Neath Port Talbot;
Liz Wilson, Carmathenshire Flying Start, Hywel Dda

Aim

To share our experiences of working in partnership and collaborating to develop the Training package to ensure effective use if the FRAIT in health visiting practice

Abstract

The Family Resilience Assessment Instrument and Tool (FRAIT) for Health Visiting in Wales has been developed in partnership with the University of South Wales, NHS and Prime Centre Wales. The study team comprises academics, health visitors and researchers and has been reliant upon the health-visiting workforce in Wales and their participation in testing the development of the FRAIT from inception to implementation. To ensure that the FRAIT is used as intended a training package has been developed and delivered across the length and breadth of Wales by three members of the study team.

This exciting work has involved developing and delivering the training materials, which have been shared between three members of the study team, a health visitor, social care manager and a health visitor lecturer. Developing the training materials has comprised of recording video footage, developing training slides, certificates, manuals and additional resources to enable trainers who attended training to take this forward and train the workforce in practice. Secondary to this has been the development of an online presence and participating in using technology to disseminate the information and training materials that are now housed on the FRAIT website with protected access. Health visitors that attend the training will be enabled to complete the FRAIT documentation as it should be completed in order to evidence their decision-making in Health Visiting practice in Wales.

This presentation will provide an outline of the processes that we have gone through since the inception of the FRAIT in 2014 up to the current point of service delivery and evaluation. We will address the challenges that we have faced and the practical issues that we have overcome to ensure that the training materials produced reflect the evidence base and meet the training needs of health visitors in Wales.

Intended learning outcomes

1. Increased awareness of the FRAIT
2. Sharing experiences of the challenges of collaboration across organisations
3. Sharing experiences of using technology to support health visiting service development in Wales.

Biography

Michelle Thomas is a lecturer at the University of South Wales. Michelle trained as an adult nurse in 1989 and trained as a health visitor in 1998. Michelle worked as a health

visitor in Cardiff in generic, Sure Start and Flying Start before taking commencing as a senior lecturer for SCPHN at the University of South Wales Pontypridd in 2011. Michelle is an external examiner for the University of Hertfordshire and editor for the Mother and Baby Academy online CPD modules. Michelle has been a member of the study team developing the Family Resilience Assessment Tool and Instrument since 2015.

Georgina Jones is a practising health visitor currently working Flying Start, Abertawe Bro Morgannwg University Health Board. She has worked in a variety of settings including within generic health visiting and within a co-located Social Services team, assessing and addressing the health needs of vulnerable families. Georgina has a degree in Sociology and an MSc in Public Health and Partnerships in Care. She is a practice teacher for students undertaking Specialist Community Public Health Nursing and is also a clinical supervisor for colleagues. Georgina is on the All Wales Quality Assurance group for the Healthy Child Wales Programme. Georgina has a particular interest in assessment and public health.

4.3.1
An exploration of final year adult nursing students' views and experiences of 12 hour shifts: A Qualitative Study

Tracy Kilbourn, MSc, FHEA, BSc, RN, Lecturer Adult Nursing, University of Essex, England

Aim

The aim of this study is to explore views and experiences of 12 hour shifts from the perspectives of nursing students.

Abstract

Abstract - Recently there has been a significant rise in registered nurses working 12 hour shifts in the United Kingdom. Nursing students are required to work 40% clinical placement hours alongside registered mentors (NMC 2010). Student nurses often mirror mentor shifts and subsequently work 12 hour shifts. Literature exploring 12 hour shifts from the student nurse perspective is dated, conflicting and inconsistent. The aim of this study was to explore final year adult nursing students' views and experiences of 12 hour shifts. The research approach adopted was a literature review together with generic qualitative empirical research methods. Ethical approval was sought and gained from the University Ethics Committee. Purposive sampling was used to recruit 24 BSc / MSc adult nursing students from one University. Data were collected using three focus groups each one hour in duration. Data were transcribed verbatim and then analysed using the Braun & Clarke (2006) six step thematic analysis framework where 5 main themes emerged. The Reality (of 12hr placement shifts), Patient Care, Shift Patterns and Practices, Learning: Quality vs. Quantity, Getting the Balance Right. Findings indicate 12 hour shifts present advantages and disadvantages for nursing students:

1. Participants highlighted the realities of 12 hour shifts as their preconceptions, physical issues and adaptation
2. Inconsistences in shift length, patterns and rotations highlighted difficulties associated with working 12 hour shifts
3. Continuity of patient care was viewed advantageous during 12 hour shifts, however deemed problematic when working multiple shifts in succession
4. Learning during 12 hour shifts was enhanced by good mentor support otherwise viewed just as clocking up required hours
5. Most participants preferred to work 12 hour shifts to compress the stress and balance lives.

Improved by clinical areas allowing flexibility in shift patterns. Recommendations for improving students' experiences of 12 hour shifts require greater student preparation, including developing physical and psychological coping strategies and developing negotiation skills. A review of placement guidelines to reflect 12 hour shift working was undertaken following this study. - Key Words: 12 hour shifts, nursing students.

Intended learning outcomes

1. To explore student nurses' experiences of 12 hour shifts
2. To identify possible interventions to improve the student experience of 12 hour shifts

Recommended reading list

1. Royal College of Nursing (2012) A shift in the right direction, RCN guidance on the occupational health and safety of shift work in the nursing workforce London: RCN
2. Ball J, Maben J, Murrells T, Day T & Griffiths P (2014) 12-hour shifts: prevalence, views and impact National

Nursing Research Unit
King's College: London.

Biography

Tracy Kilbourn RN, MSc, FHEA, BSc is a lecturer in adult nursing at the University of Essex. She qualified as an adult nurse in 1994 at St Bartholomew's College of Nursing and Midwifery. She has extensive experience in surgery and critical care nursing. Tracy was involved in setting up the Acute Pain Service as Guy's & St Thomas' Hospital and then became lead clinical nurse specialist at Southend Hospital for 10 years. After combining practice and education, Tracy moved into full time nurse education in 2011. Her interests are acute care, acute pain, clinical simulation and 12 hour shifts.

4.3.2 Stories from abroad: the meaning of an International experience for student nurses

Linda Sanderson, RGN,RSCN, RNT, MSc Health professional education, Nurse Educator, CLIC Sargent (North region), England

Aim

To report on doctoral research on the meaning of an international placement for student nurses

Abstract

There is a body of research about international placements for student nurses. This body of literature is supportive of student nurses undertaking International placements to enhance their learning so they can develop personally and professionally, particularly in the area of cultural competence. What is not so obvious in the literature is the opportunity for student nurses to tell the story of their experience, to consider what the international experience means to them as they become a nurse. My research question and approach is designed to address this gap in the literature, to hear directly from the student nurses about their international placement. My research question is 'What does an international experience mean to student nurses?' The sub question is: 'How does an international placement contribute to the student nurse experience?' I have taken a narrative approach to collecting the data to encourage the student to tell their story of their placement as fully as possible. I believe that by listening to the students' story of their experience of an international placement I can gain knowledge and a deeper understanding of that experience which in turn may help to prepare and support future student nurses more effectively and inform the policy makers at Universities to continue to support this activity or not. Within this presentation I will offer a brief summary of relevant literature and policy which supports international placements for student nurses. I will highlight the benefits and limitations to a narrative methodology and most importantly I will share the findings of my doctoral research which I hope will contribute to debate about the value of international placements for student nurses and the possible contribution it will make to the care of culturally diverse clients in the National Health Service.

Intended learning outcomes

1. Recognise the main strands of literature that support International placements
2. Consider the value of Narrative Inquiry to hear the voices of student nurses
3. Discuss the meaning of an International placement for student nurses

Recommended reading list

1. Clandinin, D.J. 2013, Engaging in narrative inquiry, CA, USA: Left Coast Press inc,
2. Campinha-Bacote, J. 1999, "A model and instrument for addressing cultural competence in health care", Journal of Nursing Education, vol. 38, no. 5, pp. 203-207.
3. Sanderson, L., Meek, J., Brittain, D., Heath, A. & Wood, Z. 2015, "From Preston to Zambia: what can student children's nurses learn from a two-week placement?", HIV Nursing, vol. 15, no. 3, pp. 81-84.

Biography

Linda Sanderson worked in a Regional Centre for Children's cancer care as staff nurse, sister and lecturer practitioner for 14 years. In May 2006 Linda moved into nurse education as Senior Lecturer then Principal Lecturer in Child Nursing at the University of Central Lancashire (UCLan). Linda took the lead on 'International Placements' 2015-17. Linda is currently in the final year of her Professional doctorate in Education "Stories from abroad; the meaning of an international placement for student nurses." In March 2017 Linda commenced in the role of CLIC Sargent's first Nurse Educator for the North.

4.3.3 The experiences of student nurses (adult field) who encounter child abuse or

neglect on their first community placement

Julie Tweedlie, RGN RM ADMPGCEA Bsc (Hons) MA, Senior Lecturer (Adult Nursing), Northumbria University, England

Aim

This paper will share the findings from my doctoral study where interpretative phenomenological analysis was used to explore the student nurse experience

Abstract

Child abuse and neglect continues to plague our society. Child deaths are in a long-term decline however sexual offences against children have increased dramatically, and the numbers of children in the child protection system are increasing (National society for the prevention of cruelty to children, 2015). At the same time it has become increasingly evident that adult nurses have a role to play in protecting children who are risk of harm (Powell, 2007,Taylor & Bradbury-Jones, 2015). As nurses play a significant role in safeguarding it is essential that they are prepared well in advance of registration. One of the most significant vehicles to this preparation is the BSc Pre-registration nursing programme. This presentation gives an insight into the lived experiences of undergraduate nursing students when they work in the community for the first time and encounter perceived cases of child abuse and neglect. The presentation will focus on illuminating the students' individual educational experience as they worked with registered mentors who were public health nurses during an eight-week community placement. The aim will be to encourage debate, exploring the needs of pre- registration nursing students and if the curriculum is fit for purpose in preparing students to be able to practice safeguarding effectively upon registration.

Intended learning outcomes

1. To present the findings from a doctoral study which explored the lived experience of a group of student nurses when they encounter what they perceived was child abuse or neglect whilst on their first community placement
2. To highlight if these student nurses felt prepared for the emotional events they encountered
3. To explore and encourage debate around the role of education in preparing and supporting student nurses who encounter emotional events whilst on placement

Recommended reading list

1. Taylor,J., and Bradbury-Jones,C. (2015) Child Maltreatment:every nurses business Nursing Standard ,29 (29) pg 53-58
2. Powell,C. (2016) Safeguarding and Child Protection for Nurses,Midwives and health Visitors (2nd Edition) Maidenhead: Open Uiniversity Press
3. Smith,J (2017) Interpretatative phenomenological analysis:Getting at the lived experience The Journal of Positive Psychology Vol 12, issue 3

Biography

Julie Tweedlie is a senior lecturer in adult nursing at Northumbria University. She has been lecturing for 25 years focusing on midwifery, adult nursing and child protection. Prior to this, she worked as a research midwife in the community and whilst mentoring students she gained an awareness of the emotional impact of encountering child abuse or neglect had on them. Since working as a senior lecturer, she has become increasingly aware of how these experiences influence the student experience, which culminated in studying for a professional doctorate in education using interpretative phenomenological analysis to explore this phenomenon.

4.4.1 Nurse academics' identities and contributions to the clinical practice environment: An appreciative inquiry

Clare Corness-Parr, RN, MSc, PGCE PG Dip, Head of Adult Nursing, University of Wolverhampton, England

Aim

The research aims to gain insight into how nurse academics perceive their nursing identities and contributions that they make to the clinical practice environment. The methodology uses a process of appreciative inquiry with nurse academics and nurses in practice (mentors).

Abstract

Over the past few years, the academic practice team within the University of Wolverhampton HEI was expanded and re-formed, so all adult nurse academics could engage more directly in the practice environment, in supporting student nurses in practice. Previously within the HEI, only specific members of

the adult nursing team had been responsible for engaging directly with clinical practice, mainly in the support of students, mentors and monitoring quality processes. The aim of the research was to further understand how nurse academics perceive their identities and how they could contribute to the clinical practice environment. The literature suggests that nurse academic identities are complex, fluid and situational (Duffy 2013, Johnson et al 2012, Leiff et al 2012). The literature also reveals that nurse academics have been influenced by a culture of subservience learnt from practice (Menzies 1993, Padilha 2011) and reinforced by the paternalism of the academy (Findlow 2011, Meerabeau 2005, McNamara 2008, 2009, 2010) and wider society (Gillett 2012). Appreciative inquiry methodology has been utilised for this research. Appreciative Inquiry (AI) methodology incorporates a process (4-D cycle of discovery, dream, design and destiny) for engaging people at all levels to create new stories or fresh thinking, by identifying what is positive and connecting it in ways that heighten action for change (Cooperider 2008, p. XV). A range of qualitative methods of data collection were included to gather data including: • Semi-structured interviews with nurse academics; • Focus groups (including theme board techniques) with nurse academics;• Focus group with nurses in practice at a local Trust. The intention from the research is to co-create recommendations for practice with the research participants. It is hoped to further understand nurse academic identities and the contribution that nurse academics can make to the clinical practice environment; through the lens of appreciating what works well.

Intended learning outcomes

1. To explore and understand nursing identities with a group of nurse academics who are engaging with a practice team.
2. To explore and understand how nurse academics perceive their contributions to the clinical practice environment, from an emancipatory perspective.
3. To understand how nurses in practice perceive the contribution of nurse academics, to the clinical practice environment.To elicit any blocking or enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment

Recommended reading list

1. Johnson M, Cowin L, Wilson I and Young H (2012)Professional identity and nursing: contemporary theoretical developments and future research challenges International Nursing Review p562-569
2. Cooperrider D, Whitney D and Stavros J (2008) Appreciative Inquiry Handbook : for Leaders of Change. Crown publishing inc
3. McNamara M (2008)Of Bedpans and Ivory towers? Nurse academics' identities and the sacred and profane: A Bernsteinian analysis and discussion paper International Journal of Nursing Studies Vol. 45 issue 3 p458-470

Biography

Clare is currently Head of Adult Nursing at the University of Wolverhampton. She is in the final year of her Doctorate and has recently completed HEA senior fellowship. She supports a large team of nurse academics. Clare has a wealth of experience in curriculum development and teaching across a range of programmes including pre-registration Masters, BN and TNA. Clare's clinical career included being an ANP in Urology, where she led a wide range of urology services. Clare has extensive experience working predominantly in surgery in a range of Trusts, having trained at the Royal Liverpool University Hospital NHS Trust.

4.4.2 The innovation of a Fellowship role to promote and support the piloting of alternative mentor models in clinical practice.

Gillian Baker, RN (Dip HE) DN, BA (Hons) NP, RNT, PGCEd, Quality Lead (Practice Learning), Health Education England Thames Valley, England;
Karen Sheehy, MA, PgCEA, PgCert Research, BA (Hons), SFHEA, RN, RSCPHN, Senior Lecturer Mentorship and Education, Oxford Brookes University and Mentor Fellow Health Education England

Aim

For the fellow to work in partnership with NHS stakeholders across Health Education England Thames Valley to develop a process for piloting new approaches to mentorship, to demonstrate an increase in placement capacity by introducing new mentorship approaches, to describe and evaluate with stakeholders the mentorship approaches and to

make recommendations for how the mentorship approaches could be used in NHS organisations to improve the learning experience of student nurses

Abstract

On the 1st April 2016 Health Education England Thames Valley appointed a Fellow for one year. The Fellow is a registered nurse and Senior Lecturer in mentorship and professional education at Oxford Brookes University. This post was developed due to the challenge of the numbers of adult nursing placements required in terms of placement capacity and the added pressure on nurse mentors who supervise and assess the students (DH, 2016, Willis, 2015)). Increasing capacity and improving the quality of the learning environment in both the NHS and the non-NHS sector are key HEE drivers and essential components of this role (NHS England, 2014). There is one overarching model which predominates within the field of student nurse mentorship in the UK; that is a one to one model (RCN, 2015, Kerfoot and Cox, 2005). This is whereby one student is allocated to one named mentor for the duration of their placement (RCN, 2015). New models of mentorship have emerged in recent years and the challenge to the Fellow was to encourage NHS Trusts to pilot different models (Hill et al 2015). A Mentorship Model Working Party, led by the Fellow, was established across the Thames Valley NHS organisations (nine NHS Trusts) which consisted of Learning Environment Leads and HEI Practice Leads (9 HEIs). The fellow met and assisted the NHS Trusts to set up Local Operational Groups (LOGs). The Fellow met with each LOG and encouraged them to pilot the most appropriate mentor model for their practice area(s). Resources have been developed with Oxford University Hospitals NHS Foundation Trust and Oxford Brookes University. All NHS Trusts are engaged and have either piloted models or are starting this year. Various models include, a Collaborative Learning in Practice (CLiP) model (Hill et al), training for coaches, a team approach, dyads, and Collaborative Peer Assisted Learning (CPAL). Examples of the models have been presented within the Working Party and we wish to share the findings of the innovation.

Intended learning outcomes

1. To understand the different types of mentoring models and how they can be applied to differing learning environments
2. From the mentoring models learn how placement capacity can be increased.
3. Understand the challenges and solutions form the different models.

Recommended reading list

1. Department of Health (2016) Delivering High Quality Effective, Compassionate Care: Developing the Right People with the Right Skills and the Right Values. A Mandate from the Government to Heath Education England April 2016-March 2017. London: DH.
2. Willis, P. (2015) Raising the Bar: Shape of Caring: A review of the future of education and training of registered nurses and care assistants. London: DH
3. Hill, R., Woodward, M. and Arthur, A. (2015) Collaborative Learning in Practice (CLiP): Evaluation Report. East Anglia: HEE East of England and University of East Anglia

Biography

Gillian Baker is the Quality Lead (Practice Learning) at Health Education England Thames Valley (HEE TV) and works with the Quality teams across the South region on the implementation of the national HEE Quality Strategy and Framework. This requires extensive leadership, change management and stakeholder engagement skills and thus Gillian demonstrates her commitment to the quality of education and training for all healthcare learners whether they be our existing or future workforce. Gillian has worked in Primary and Secondary care as a Learning Environment Lead, and holds qualifications as a Specialist Practitioner District Nurse, Nurse Prescriber and Registered Nurse Teacher.

Karen Sheehy is a Senior Lecturer at Oxford Brookes and a Health Education England Thames Valley (HEETV) Fellow. With a clinical background as a nurse and health visitor, she works in health professions education and has extensive experience of teaching education and healthcare topics in pre and post qualifying healthcare programmes. As a HEETV Fellow for a project in mentorship in professional education, this is supporting local NHS organisations with emerging models of mentorship. Her current doctoral research explores an innovative method of supporting pre registrant nurses in clinical practice.

4.4.3
STEP : Strengthening Team-based Education in Prcatice

Katherine Wilson, RN, BSc Nursing (Hons), MSc Nursing, PGCHE, Head of Prcatice-based Learning, Middlesex University, England;
Natalie Holbery, RN, BSc, MSc Nursing, Senior Lecturer, Capital Nurse, Middlesex University;
Dr Dawn Morley, SFHEA Lecturer in higher education and academic lead for MA in HE, University of Surrey;
Dr Sinead Mehigan, RN, BSc, MSc, PHd, Head of Department, Middlesex University;

Aim

To explore the findings of this HEE funded project and the development of related resources to enhance learning in practice.

Abstract

The Francis Report (Francis 2013) and the Shape of Caring Report (Willis 2015) highlighted challenges related the practice learning and mark a renewed focus in the overall significance of practice learning (Morley et al 2017). In addition to this there is also a clear emphasis on the need for nurses to undertake more flexible roles and an 'increasing requirement for nurses to have higher order knowledge and skills at the point of registration (NMC 2017). The STEP Strengthening Team-based Education in Practice is a Health Education England funded project taking place at a time of significant change in nurse education. This project, led by Middlesex University since 2016, involves HEIs and their local placement partners in the North Central and East London region. The project has researched significant areas of practice learning for student nurses and midwives. The STEP project team have identified 5 key themes. These themes are considered core in the development of an overall learning framework and have a number of common threads. The themes include: Academic-practice partnership working, Socialisation and Comprehensive Orientation, The Role of the 'Helpful Other', Student Peer Learning and Support, Expansive Learning. Placement experience commences with preparation for practice (Academic-Practice Partnerships alongside Socialisation and Comprehensive Orientation), relies on a team based approach (Helpful Others and Peer Support) and continues through to extending and deepening learning to promote 'graduateness' and enhance practice (Expansive Learning). The five themes investigated have led to the development of a range of online resources to support a team-based approach to education in practice. The proposed roles of Practice Supervisor, Practice Assessor and Academic Assessor will not have a prescribed preparation programme and so many universities and practice partners will be seeking guidance and direction in developing local programmes of preparation and hence a number of these resources / case studies are being developed to support the development of these new roles. The STEP approach is designed to enhance the student/learner experience and promote a richer, more social model of learning. Furthermore, it supports a collaborative approach to placement learning, recognising and strengthening the educational value of all members of the team.

Intended learning outcomes

1. To outline the STEP project: Strengthening Team-based Education in Practice, a large collaborative HEE funded project focusing on pre-registration nursing and midwifery across North Central and East London
2. To present the research findings and examples of the resources and approaches that contribute to a practical toolkit to support staff and students in ever changing and complex learning environments
3. To explore the use of the resources developed through the STEP project in the preparation of the new roles identified in the NMC Education framework (NMC 2017)

Recommended reading list

1. Morley, D., Wilson, K and McDermott, J., 2017. Changing the practice learning landscape. Nurse Education in Practice (in press) http://dx.doi.org/10.1016/j.nepr.2017.03.010
2. Eraut, M., 2007. Learning from other people in the workplace. Oxford Review of Education ,33 (4), pp: 403-422
3. O'Driscoll, M.F., Allan, H.T., Smith. P. A. 2010. Still looking for leadership – Who is responsible for student nurses' learning in practice? Nurse Education Today 30 (2010) 212–217

Biography

Kathy Wilson is Head of Practice-based Learning at Middlesex University and is responsible for enhancing and monitoring all aspects related to practice learning for nursing and midwifery

programmes. In the past three years Kathy has worked closely with Health Education England (North Central and East London local office) on a number of projects related to mentorship, placement and practice assessment and is currently leading on the STEP project i.e. Strengthening Team-based Education in Practice. Kathy currently chairs the pan London Practice Learning Group which represents practice learning across the 9 HEI's who have London commissions for pre-registration nursing.

Natalie has 20 years' experience as a registered nurse having completed her Bachelor of Nursing in Melbourne in 1996. Her career has included 16 years in emergency nursing in both Australia and the UK. - Natalie Holbery developed a passion for education and completed her Masters in Education in 2007 and has successfully led change within both academic and clinical settings. Natalie was a Darzi Fellow at Health Education England, North Central and East London where she worked on a number of educational and service improvement projects. She is currently the Clinical Lead for Capital Nurse (Career Progression).

Dawn Morley is the academic lead for an MA in Higher Education at the University of Surrey and the facilitator of a new MA module "Application of learning in professional settings". Her interest in the pedagogy of work based learning grew whilst studying for a professional doctorate (2009-2015); "A grounded theory study exploring first year student nurses' learning on placement". Dawn advises on work based learning curricula with ecology, vet and nursing students. Dawn is an external examiner for clinical education courses at the University of Essex and acts as an external consultant on the two year STEP project.

4.5.1 What are we teaching our nursing students about delirium? A survey of Scottish Universities

Claire Copeland, MBCHB, Consultant, NHS Forth Valley, Scotland;
Derek Baron, Erskine Nursing ome

Aim

The purpose of this paper was to explore and quantify not only what is taught to undergraduate nursing students but how it is taught across the universities in Scotland.

Abstract

Introduction - Delirium is a medical emergency affecting approximately 30% of hospitalised older patients. Within the care home setting 8-15% of people also experience delirium. Nursing staff spend greater periods of time with hospitalised in-patients than medical staff and their insight is frequently critical to delirium recognition. This exposure is magnified significantly when the setting is the care home environment, where care is delivered almost exclusively by nursing and care staff. Their ability to recognise delirium and intervene early can have a positive impact.

Method - In November 2016 a Freedom of Information (FOI) request was emailed to every provider of undergraduate nursing courses in Scotland to determine whether delirium was taught as a specific aspect of the curriculum. Each university was asked a series of eight questions: - Does your educational program teach on delirium at undergraduate level? What specifically is taught on delirium? What teaching methods are used to teach about delirium? How is the impact of delirium teaching evaluated? Who delivers the teaching on delirium? Do you involve the public, third sector or patients in the teaching of delirium? Where do you deliver the teaching e.g. lecture theatre, simulation, ward level? Are there opportunities for students to gain experience in an environment where delirium is present?

Results - 11 universities provide undergraduate nursing courses within Scotland. Nine responded to the FOI request, two did not. 8/9 Universities taught delirium as part of their course however only 3 were able to list detailed learning objectives specific to delirium. All were able to list a variety of teaching methodology but the most used was lecture style. Only 3/8 carried out any kind of evaluation. No institution involved any patients, public or third sector in the delivery of the teaching with the majority (7/8) using their own academic staff.

Conclusion - While delirium is widely taught there is failure to evaluate it or involve patients of members of the public. Future work should focus on getting a consensus agreement and develop an undergraduate curriculum for delirium.

Intended learning outcomes

1. To understand what specifically is taught on delirium at undergraduate level
2. Define how delirium education is delivered at undergraduate level
3. To define specific objectives for future delirium education work at undergraduate level

Recommended reading list

1. Sockalingam S, Tan A, Hawa R, Pollex H, Abbey S, Hodges BD. Interprofessional education for delirium care: a systematic review. J Interprof Care. 2014; 28:345–51. [PubMed: 24593332]
2. Irving K, Foreman M. Delirium, nursing practice and the future. Int J Older People Nurs. 2006; 1:121–7. [PubMed: 20925739
3. Inouye SK, Foreman MD, Mion LC, Katz KH, Cooney, Jr LM. Nurses' Recognition of Delirium and Its Symptoms Comparison of Nurse and Researcher Ratings. Arch Intern Med. 2001;161(20):2467–2473. doi:10.1001/archinte.161.20.2467

Biography

Dr Copeland is a Consultant Geriatrician in NHS Forth Valley - She is a Fellow of the Royal College of Physicians and Surgeons Glasgow (RCPSG) and an Associate Fellow of the Higher Education Academy. Her sub speciality interests are stroke, delirium and medical education. Dr Copeland is the education lead for the Scottish Delirium Association and is faculty for the RCPSG 'Managing Stroke' and 'Geriatrics for Juniors Connect'. She is also Clinical Faculty for RCPSG Certificate of Clinical Education course. - She is a big supporter of social media. She established the Scottish Delirium Association Facebook page. You can follow her @Sparklystar55.

4.5.2 Skills Practice and Care Enhancement (SPACE): Impact, Confidence and Competence

Susan Poultney, MEd, BSc, RN Child, PG Cert Research, PG Cert Research, HEA Fellow, Senior Lecturer in Children's and Young People's Health, Birmingham City Ujniversity, England;
Cathy Liddle, Senior Lecturer in Adult Nursing, BCU;
Kirsty Wedgbury, Senior Lecturer in Adult Nursing, BCU;
Kelly Davis, SPACE technician, BCU

Aim

Meeting the clinical development needs of students and aiding independent learning within a safe, supportive and creative learning environment.

Abstract

SPACE (Skills Practice And Clinical Enhancement) is an interdisciplinary, reflective learning environment used on a daily basis by students from a variety of healthcare programmes. It was created to provide a safe and stimulating learning environment where harm to others is minimalized and clinical care skills enhanced. SPACE allows the practice of low-high fidelity simulated learning both independently and as a group. This provides students with a learning experience closely reflecting clinical practice (Shin et al, 2015). Staff across disciplines are engaged to provide evidence based procedures that can be used across professions to aid students learning and ensure a benchmark standard for clinical skills practice. SPACE procedures are an essential part of SPACE, providing students with the underpinning knowledge and evidence base for the skill they are practising and a rationale underpinning each step of any task. Currently there are over 100 SPACE procedures, the majority of which are applicable across a wide range of disciplines. These procedures provide the students with a knowledgeable link to bridge the frequently reported practice theory gap (McGill, 2014). The VIPER presentation will be an interactive celebration of our SPACE facility. It will showcase the impact SPACE has on our students of all disciplines and their feedback of using the facility on a daily basis. The poster will include statistics of the use of SPACE presented in graph form including student attendance by discipline. The presentation will be accompanied by an example of an evidence based procedure to aid learning and ensure a benchmark standard. This will be used to interactively showcase the SPACE facility with delegates encouraged to participate with support from current healthcare students. The Team passionately believe SPACE is an outstanding facility that provides our students with a unique opportunity to practice their clinical skills in a conducive, pressure free environment before utilising these skills in clinical practice. The team believe it has a hugely positive impact on students and most importantly patients and families.

Intended learning outcomes

1. Experience of SPACE in action
2. To encourage discussion of supportive learning environments
3. To reflect on how to best support self directed learning for healthcare students.

Recommended reading list

1. Shin 2015
2. McGill 2014

Biography

Sue qualified as a children's nurse in 2001. After many years working clinically in diverse areas including HDU, PICU, ED and community care she started working in academia in 2009. Sue particularly enjoys teaching her special areas of interest including clinical skills, paediatric assessment, the critically ill child and children and young people receiving long term ventilation using a dynamic mix of simulation and teaching.

Kelly Davis - Kelly was awarded a degree in Human Biology (BSc Hons) from Loughborough University in 1998. Since graduating, Kelly has worked extensively across a number of scientific fields, including forensic science and secondary and higher education as a technician. Kelly came to BCU in 2014 as a Health & Social Care Technician to re-launch and run SPACE which had been closed for a period of time. - Kelly works in collaboration with the SPACE team and academic teaching staff to set up and deliver a multidisciplinary service, as previously SPACE had only catered for student nurses and midwives. Since the re-launch Kelly has supported over 9000 students. Student feedback on the service has been excellent and Kelly was delighted to be nominated for the 'Extra Mile Award' in 2015 and 2017. Kelly is very passionate about supporting and working closely with students as well as the SPACE team and academic staff to make SPACE a friendly, safe, welcoming and supportive environment for students to practise their skills.

Cathy Liddle - In 2000 Cathy joined Birmingham City University when it was known as University of Central England (UCE) following a career working at local Trusts. On qualifying in 1988 Cathy worked on a couple of medical wards, followed by a surgical gastro intestinal ward and then worked as a Ward Manager on a 'Private Ward' within the NHS which meant caring for patients from a wide range of specialties: liver, oncology, neuro and cardiac. At BCU Cathy teaches clinical skills to pre and post registration students and has experience of Programme Director for the Return to Practice programme. Apart from having a great involvement in teaching clinical skills Cathy is very interested in using OSCEs to assess students and has been responsible with other members of staff for introducing the OSCE as a form of assessment in the first year, which led to OSCEs being used in subsequent years of the programme.

Kirsty Wedgbury - Kirsty qualified as a Registered General Nurse in 1991 and is also a Registered Specialist Practitioner (Adult Nursing). Her background is in general surgery including surgical high dependency care. She has worked as an Advanced Nurse Practitioner in Vascular Surgery and a Consultant Nurse in Surgery. Kirsty has worked for Birmingham City University since 2002; she is a module leader and senior lecturer in clinical nursing skills for Level 4, 5 and 6 undergraduate nursing students. Kirsty is interested in teaching psychomotor skills in innovative ways, to enable students to learn complex clinical skills in a safe environment.

Students - There are several students who have worked closely with SPACE and the SPACE team in developing resources, providing feedback and working as student ambassadors. All of which are integral to this presentation. We will finalise which two students are able to join the SPACE team to deliver this poster ASAP dependant on their availability.

4.5.3
GeNET: A genomics nursing education toolkit to support delivery of the NMC standards of proficiency for registered nurses

Dr Alison Pope, PhD, Programme Manager, Health Education England, England;
Michelle Bishop, Education Specialist, Health Education England;
Dr Anneke Seller, PhD, FRCPath, Scientific Director, Health Education England

Aim

To introduce the HEE Genomics Education Programme (GEP) educator's toolkit, describe key elements and how they can be applied in the education setting. Provide an expert commentary on the importance of genomics and its relevance to nursing practice. An interactive debate to encourage participants as a critical friend, identifying any gaps in our approach and making suggestions for additional content.

Abstract

The implementation of a genomics service across the NHS has the potential to revolutionise the way healthcare professionals diagnose, treat and prevent illness, personalising the care delivered to patients and improving outcomes for individuals and their families. Nurses and midwives need to be cognisant of its implications for practice and have some underlying knowledge of genomics to ensure they can converse with patients and signpost them to the right services and specialists. The draft NMC Standards of Proficiency for

Registered Nurses outline the minimum requirement for a nurse to meet in order to be considered capable of safe and effective practice. These draft standards make mention of genomics and how nurses will be required to understand and interpret genomic information as part of their practice. With this in mind the HEE Genomics Education Programme (GEP), working with key stakeholders in the field of nursing and midwifery education, has developed a practical educators toolkit designed to support the delivery and assessment of these proficiencies. The HEE GEP has a role in providing national oversight and scrutiny for education and training in genomics and supports the wider transformation of workforce and services to integrate genomic technologies and personalised medicine into NHS healthcare. As such, we have led on the development of an educator's toolkit which includes 'tips and tools' for educators and assessors and the following content will be freely available via the GEP website for all UK educators:

- Tangible learning objectives
- Lesson plans
- Case scenarios including ethical dilemmas
- Links to e–learning resources
- PowerPoint presentations to support teaching
- Glossary of terms and analogies for describing complex concepts
- Examples of assessment questions
- Checklist for assessors of what you would expect a student to know about genomics and do in practice
- Images to support clinical teaching and describe scientific concepts
- Online 'train the trainer' webinars for lecturers and assessors.

This presentation will not only provide an overview of the work done to date but it will also provide an opportunity to receive input from a broader spectrum of the target audience for the toolkit.

Intended learning outcomes

1. Identify where genomics is present in the NMC proficiencies
2. Recognise how this will impact on teaching and assessment
3. Apply different aspects of the genomics educators toolkit in practice

Recommended reading list

1. Draft NMC Standards of Proficiency for Registered Nurses
2. https://www.genomicseducation.hee.nhs.uk/courses/courses/introduction-to-genomics

Biography

Alison Pope is the Operations Manager for Health Education's Genomics Education Programme (GEP). Alison is responsible for leading the GEP team in the delivery of key objectives in genomics education for HEE and the Department of Health, overseeing the development of resources and educational interventions to drive workforce transformation in genomics across the NHS. Alison has 24 years' experience working in a range of healthcare organisations and care sectors at national, regional and local level in the field of health education and workforce transformation.

5.1.1
Development of Nurse Educator role to support non-specialist staff in the care of children with cancer

Linda Sanderson, RGN,RSCN, RNT, MSc Health professional education, Nurse Educator, CLIC Sargent (North region), England

Aim

To highlight how a Charity has worked with the NHS to support the care for children with cancer closer to home

Abstract

The Nurse Educator role is a new and innovative role developed in partnership between a charity (CLIC Sargent, "Young lives Versus Cancer") and the NHS (The Children and Young People's Cancer Unit, Leeds Children's Hospital). The aim of the post is to support the continuing education of health care, social care and education professionals who deliver services to children with cancer and their families. In this presentation the rationale for the role will be considered; following a wide ranging scoping exercise informing CLIC Sargent's 10 year strategy it was found that knowledge and expertise are highly valued by families and helped them to have the confidence to care for their child at home. In other service user feedback families have said that they experience anxiety when schools, GPs, community services and local hospitals appear to have limited knowledge of the needs of children with cancer. General 'children' skills were seen to be very good, but specialist paediatric oncology knowledge less so. There is, therefore, a role for Charity support to enhance the availability of ongoing education in childhood cancer care. At a time of great change when resources for education are limited this role has flexibility to offer appropriate, timely and relevant training and/or education at a location more accessible than the tertiary centre. Examples of the education and training offered in this role will be highlighted. This role is reliant on a close partnership between the Nurse Educator, the Specialist and non-specialist services to ensure consistent, evidence based education is offered to support parents' confidence with care closer to home by helping them to see that there is someone who can link between specialist knowledge at the centre and non-cancer specialists e.g. community nurses, school staff, GPs, local hospital staff. A preliminary evaluation of the role will be shared. This is a model of education which could be replicated in other specialties. A partnership between a Charity and the NHS can enhance the care offered to an identified client group by supporting non specialist professionals to provide appropriate care close to home when it is safe to do so.

Intended learning outcomes

1. To consider the rationale for the role of Nurse educator in cancer care for children and young people
2. To discuss the innovative work of the Nurse educator
3. To reflect on the preliminary evaluation of the role

Recommended reading list

1. Sargent's 10 year strategy "Aiming High: Our ambitions for children and young people with cancer." http://www.clicsargent.org.uk/content/aiming-high
2. "Children's Key Worker Service Evaluation Project" (2015) http://www.clicsargent.org.uk/news/13-11-2015-nurse-key-workers-help-untangle-complex-cancer-care-children-and-young-people
3. Improving outcomes guidance for children and young people with cancer' (NICE, 2005)

Biography

Linda Sanderson worked in a Regional Centre for Children's cancer care as staff nurse, sister and lecturer practitioner for 14 years. In May 2006 Linda moved into nurse education as Senior Lecturer then Principal Lecturer in Child Nursing at the University of Central Lancashire (UCLan). Linda developed a 'Care of the child with cancer' module which she delivered at Preston and Leeds for several years. In March 2017 an opportunity became available to directly influence practice; combining education and clinical expertise in the specialty of Children's cancer care as CLIC Sargent's first Nurse Educator for the North.

5.1.2
A generic curriculum versus branch specialisation: what can be learnt from a trainee nursing associate pilot programme?

Susannah Tooze, BNurs (Hons), MPH, Lecturer, University of Wolverhampton, England;
Jackie Mitchell, Senior Lecturer (award leader for trainee nursing

associate programme), University of Wolverhampton;
Griffin Ganga, Senior Lecturer, University of Wolverhampton;
Teresa Shaw, Senior Lecturer, University of Wolverhampton;
Roy Thompson, Senior Lecturer, University of Wolverhampton

Aim

To reflect on the merits and constraints of delivering a generic programme of study to Trainee Nursing Associates, and to provoke discussion about the way in which this could inform future trainee nursing associate and pre-registration nursing curriculums.

Abstract

It has been a privilege to be involved in the creation and delivery of an innovative foundation degree programme for the first two cohorts of Trainee Nursing Associates (TNA's). Wolverhampton University is the education partner for one of the original 'trailblazer' partnerships, as well as for one of the subsequent 'fast follower' groups. A unique feature is the generic nature of the TNA role. The foundation degree aims to teach a range of skills, behaviours and principles that can be applied in any healthcare setting. The current cohorts at the University of Wolverhampton represent workers from adult, child, maternity, mental health and learning disability settings, as well as encompassing those from acute and community sectors. As the first year of the pilot programme ends, consideration is being given to curriculum development for subsequent cohorts. This has necessitated reflection on the lecturers' experience of delivering the programme to date, as well as scrutiny of local, regional and national feedback from TNA students. It has been identified that the generic nature of the programme presents both opportunities and challenges in relation to maximising students' educational experience. An example of one challenge has been facilitating understanding of how generic behaviours and principles can be applied in different healthcare settings. Conversely, it is believed that the learning environment has been enriched by the diverse range of experience within the cohort. The Nursing and Midwifery Council (NMC) consultation regarding future nurse standards and educational framework (2017) proposes a restructuring of the current pre-registration curriculum in order to move away from branch specialisation and adopt a more generic approach. This is underpinned by Lord Willis' Shape of Caring review (2015), which emphasises that the future workforce must be suitably equipped to work at the interface between physical and mental health, acute and community settings. It is pragmatic to reflect on the lessons that can be learnt from the delivery of a pilot generic nursing associate programme, in order to consider how future trainee nursing associate and pre-registration nursing curriculums can be modified to respond to the changing health and social care landscape whilst also enhancing students' educational experience.

Intended learning outcomes

1. To convey the opportunities and challenges of delivering a generic curriculum within a higher education institute, to trainee nursing associates in their first year of study, from the perspective of lecturers teaching on the programme.
2. To provoke debate regarding the merits and constraints associated with providing a generic curriculum for future trainee nursing associates and pre-registration nursing students.
3. To generate discussion regarding the way in which trainee nursing associate and pre-registration nursing curriculums can be modified to meet the increasingly indistinct healthcare needs of the general population, whilst also enhancing student educational experience.

Recommended reading list

1. Chesnaye, P. and Kemp, P. (2016) Integrating mental and physical healthcare. Nursing Times [online]. 112(32/33/34), pp.20-23. Available at https://www.nursingtimes.net/roles/nurse-managers/integrating-mental-and-physical-healthcare/7009790.article
2. Ion, R. and Lauder, W. (2015) Willis and the generic turn in nursing. Nurse Education Today [online]. 35(7), pp.841-842. Available at: http://dx.doi.org/10.1016/j.nedt.2015.03.016
3. The Kings Fund (2016) 10 priorities for integrating physical and mental health. Available at: https://www.kingsfund.org.uk/publications/physical-and-mental-health/priorities-for-integrating

Biography
Susannah is a new lecturer in higher education, employed by the University of Wolverhampton. She believes that education has the potential to positively impact every aspect of a student's life. Furthermore, she aspires to improve standards of patient care by providing high quality educational opportunities for current and future healthcare professionals. Susannah is a registered nurse with twelve years' clinical experience working in acute adult settings, predominantly accident and emergency. She holds a Bachelor of Nursing degree and a Master of Public Health (MPH) degree from the University of Birmingham. She is currently studying for a Postgraduate Certificate in Education.

5.1.3
Investing in the forgotten: Empowering nurses through implementing a Quality Improvement Strategy within Nursing Homes

David Fry, TBC Registered General Nurse, CHC Clinical Quality and Assurance Facilitator, Birmingham Cross City CCG, England

Aim
This paper aims to offer opportunity to debate the impact of a locally developed quality assessment framework in nursing homes in relation to highlighting and instigating a focused educational strategy to maintain and improve care standards.

Abstract
Birmingham Cross City Clinical Commissioning Group (BCC CCG) Continuing Health Care (CHC) Quality team took over the monitoring for nursing homes across the city, in order to have better oversight of Quality and Safety in Nursing Homes. Following the establishment of the in-house team in 2015 the following quality programme was set up; Redevelopment of a bespoke Quality Assessment Framework (QAF), which is up-to-date with current national and local standards. The ability to populate findings of quality assurance visits contemporaneously, generating an immediate action plan for the provider and a PDF copy of the report at the end of every visit. Increased clarity of actions required for the provider with an opportunity for transparent discussion. Development of a QAF annual visit programme to meet national requirements. Increased collaborative working between Birmingham City Council and BCC CCG to manage situations of concern, or suspension or closure of nursing homes. Ongoing raised standards and compliance year on year as QAF tool is revised annually and the compliance achievements can be seen. This paper seeks to provide a contemporary overview detailing the need to revolutionise the approach to quality in nursing home settings. We aim to detail the QAF assessment process developed and implemented by the CHC team. By adopting a bottom up rather than top down approach the CHC quality improvement strategy both enables and encourages direct ownership of the individualised quality improvement action plan. Central to the overall quality improvement strategy is developing direct changes to practice which are both sustainable and transformative for both residents and staff. In order to accomplish this it became evident that there was a critical need to increase education and training opportunities for nursing home staff, which in turn led onto developmental initiatives within both pre-registration and post registration nursing. Results from the intervention have been startling with clear improvements evident using the current reductionist quality monitoring approach. Key to the paper is to offer the opportunity to debate outlined impact analysis and how this could be further developed.

Intended learning outcomes

1. Recognise the key political and financial challenges currently facing the nursing home sector.
2. Understand the current Quality Assurance Framework implemented by Cross City CCG
3. Debate a range of analytical strategies to measure quality of care.

Recommended reading list

1. Wilcock, J. (2012) 'Don't be disheartened by a nursing home placement'. Nursing Times. Online available at accessed 17.10.17
2. Horton, S. (2011) Improving quality in care homes using an electronic tool. Nursing Times; 107: 10, 19 – 21.
3. Kerridge, J,L. (2008) Supporting student nurse placement in nursing homes: The challenges for the link tutor role. Nurse Education in Practice. 8, pp. 389 - 396

Biography
David's extensive clinical experience has been focused on community-based care. Working for the NHS in Cheltenham, Solihull, Coventry and Birmingham, as well as in the private sector as a clinical advisor

for a nursing home provider and as a clinical trainer. Care of the elderly is a core focus of David's on-going work, and as a member of Birmingham Cross City Clinical Commissioning Group's Care Homes Quality Team, his position allows him to champion and support nursing homes towards consistently achieving high care standards.

5.2.1
Working as a collaborative to give patients with chronic kidney disease the opportunity to be partners in care

Tania Barnes, RGN, ENB 136, WNB teaching and assessing, Shared Haemodialysis care course lead, Sheffield teaching hospitals NHS Trust, England;
Steven Ariss, ScHARR, University of Sheffield;
James Fotheringham, Sheffield Kidney Institute;
Martin Wilkie, Sheffield Kidney Institute

Aim

Use of a collaborative approach to establish evidence of key conditions that build and sustain a culture where patients are actively involved with their treatment as partners in care

Abstract

Greater patient engagement and supporting people to participate in the management of their own health is associated with better outcomes across a range of long-term medical conditions and is a key objective of the NHS Five Year Forward View plan. Shared Haemodialysis Care challenges the traditional medical model and provides a mechanism to improve patient experience and outcomes. SHAREHD is a Health Foundation-funded quality improvement (QI) programme which aims to encourage, educate and support unit-based haemodialysis patients to be more independent, giving them the choice and confidence to participate in aspects of their own care. The haemodialysis process consists of 14 tasks such as: preparing equipment, measuring weight and blood pressure and self-cannulation. With the support and supervision of healthcare staff, patients are given the opportunity to take on as many of these tasks as they feel comfortable and able to do, at a pace that suits their individual needs. We have established a collaborative network of dialysis units at 12 NHS Trusts in England to share the learning using rapid tests of change to establish the best methods to implement Shared Care. As part of the Yorkshire and Humber Shared Haemodialysis Care programme, we have initiated a cohort study in order to build a body of evidence that can support a nationwide change towards improved engagement. Central to this work are approaches that maintain and sustain engagement of both patients and staff in partnership. Better understanding of the barriers to culture change are key to developing responsive solutions. - Early evaluation and research data suggests: 1) correlation of patient activation data and the number of tasks that are undertaken, 2) variability between units suggesting favourability of tasks offered. Identifying not only the conditions conducive to patients feeling supported and involved but defining how these can be sustained will provide a replicable model. This can then be applied when working with patients in partnership not only within the renal specialty but across the NHS.

Intended learning outcomes

1. Understanding the barriers to changing roles
2. How working in a collaborative can increase patient engagement
3. Understanding the conditions conducive to patients feeling supported and wishing to engage in their care

Recommended reading list

1. Training nurses to support greater patient engagement in haemodialysis Tania Barnes · Katy Hancock · Marissa Dainton Journal of Renal Care 2013 September 09/2013; 39 Suppl 2(S2):10-8
2. Role of nurses in supporting patients to self manage chronic conditions Coates V (2017) Nursing Standard. 31, 38, 42-46
3. What I tell my patients about Shared Haemodialysis Care Tania Barnes, Andy Henwood, Martin Wilkie, Sonia Lee British journal of Renal Medicine Summer 2017 volume 22 number 2: 53

Biography

Working as a Nurse within the nephrology field for 29 years, Tania has clinical and teaching experience in all aspects of renal care. She has specialised as a Shared Haemodialysis Care Educator for the last 6 years, leading on a course to facilitate and support a quality change through patient engagement in haemodialysis units across the UK.

5.2.2
Working collaboratively across disciplines to construct an educational resource to improve care for families.

Barbara Davies, RN; RSCN; BSc(Hons); MSc, Senior Lecturer, Children's Nursing, Northumbria University, England;
Sister Ruth Wyllie; RN/ RSCN; BSc(Hons), Lead Nurse Paediatric Rheumatology, Newcastle Upon Tyne Hospitals NHS Foundation Trust;
Dr Christine English, RN, RSCN, DPSN, BSc (Hons), MSc, PGDE, PhD. Director of Learning and Teaching, Subject Lead Children's Nursing, Northumbria University.

Aim

To share the collaborative research experience that underpinned production of this successful educational E-resource for nurses.

Abstract

Background and Purpose: Advances in the management of paediatric and adolescent rheumatology have resulted in the emergence of highly specialised nursing roles. Nursing management is often complex and requires local nursing support resulting in more children and young people being exposed to generalist nurses who often lack appropriate knowledge and experience. There is a specific need, therefore, for evidence based education and support for these nurses to improve care provision for children and families.

Methods: Previously the team has undertaken multi-method research exploring specialist and non-specialist nurses' knowledge of caring for children and families with inflammatory conditions. The aim was to improve outcomes and experiences for this patient group through education and support for nurses. The research was conducted using online survey, focus groups and interviews with key nursing stakeholder groups. Four themes were identified:

1. Need for Increased Awareness about inflammatory conditions
2. Impact of Personal Experience and Nursing Role
3. Need for Increased Knowledge about Rheumatic Disease and Management
4. Design Components for a Impactful Learning and Information Resource.

The findings demonstrated that the level of need ranged from novice to expert and the next step was production of an educational tool to match these diverse needs. The research findings has guided the construction of an evidence based, educational, web-site for nurses. The website includes top tips for nurses; case studies; care plans; videos and photographs.
Conclusion: Clinical nurses and nursing academics have worked collaboratively with medical professionals, social scientists, psychologists and digital media experts to produce a unique and impactful resource. The nursing website launched October 2017 complements the existing medical website paediatric musculo-skeletal matters (www.pmmonline.org) with the potential to support and educate nurses globally.

Intended learning outcomes

1. Delegates at the end of this concurrent session will have awareness of research underpinning the PMM-Nursing website development
2. Delegates at the end of this session will understand the importance of collaboration for success
3. Delegates at the end of this session will have knowledge of content and access to this E-resource

Recommended reading list

1. Smith, N., Rapley, T., Jandial, S., English, C., Davies, B., Wyllie, R. and Foster, H.E. (2016) 'Paediatric musculoskeletal matters (pmm) – collaborative development of an online evidence based interactive learning tool and information resource for education in paediatric musculoskeletal medicine', Paediatric Rheumatology, 14(1).
2. Foster, H.E., Rapley, T.R. and May, C.R. (2010) Juvenile idiopathic arthritis: improved outcome requires improved access to care. Rheumatology, 49 (3): p. 401-3.

Biography

Barbara Davies is a Senior Lecturer in Children's Nursing in the Faculty of Health and Life Sciences at Northumbria University. Barbara started her career in adult nursing before training as a children's nurse. Initially Barbara worked in paediatric oncology and surgery as a staff nurse then became a Sister in ambulatory care. Together with Ruth Wyllie she then set up a regional service for children and young people with inflammatory conditions.

Christine English is a Director of Learning and Teaching and Subject Leader for Children's Nursing in the Faculty of Health and Life Sciences at Northumbria University.

Christine started her career in adult nursing and worked as a staff nurse in an adult medical ward initially before moving into children's nursing. She has held a range of positions spanning clinical practice, nursing management, education and research. She has also held a number of joint clinical/academic positions.

Ruth Wyllie is the Lead Nurse in Paediatric Rheumatology at the Great North Children's Hospital in Newcastle. Her background has spanned a clinical career that included oncology nursing, research and ambulatory care prior to setting up a regional service for children and young people with inflammatory conditions.

5.3.1 Work Based Learning Route BSc (hons) Adult Nursing Programme

Senior Lecturer Jane Douglas, MSc, PGDE, BSc(hons), DPSN, RGN, FHEA, Senior Lecturer, Northumbria University, England;
James Wade, PGDE, Ma Hons, Ba, RNT, Adv.Dip.Nursing,Senior Lecturer, Northumbria University

Aim

To share the partnership, collaborative and successful experience of this programme.

Abstract

A partnership has been established between Northumbria University (NU) and Northumbria Healthcare NHS Foundation Trust to deliver a fully NMC validated work based route through our current programme leading to the award of BSc (Hons) Nursing Studies\Registered Nurse Programme (Adult Nursing). Accreditation of Prior Learning (APL) allows qualified, experienced candidates to access the programme at mid point. Students are "work based" by nature of their employment with the Trust as student nurses. As with our other students, they are full time and supernumerary. This was the first programme nationally to access the maximum 50% APL allowance available through the NMC Nursing pre-registration educational standards. - The students enter our current programme at 18 months of the 3 year programme via existing year 2 and 3 modules. This provides an additional pathway to the award and NMC registration, within our current pre-registration nursing framework. For all but one module, module learning outcomes and assessment are the same as existing modules. We deliver the same high quality content, already developed collaboratively with the Trust, other employers, service users and other key stakeholders, whilst devising a new, innovative, workplace focused delivery model. Accreditation of prior experience and learning is robust in order to satisfy the University entry requirements for a degree programme and the NMC requirements for competencies to level 1 progression. The students experience and learning was mapped against module learning outcomes and NMC competencies (which together form APL criteria). The students also undertook an OSCE to give additional assurance of their APL to Stage 1 competency and an online numeracy test. One key innovation for this new programme is the provision of group coaching throughout the programme. This offers a real opportunity to push the students forward, enhancing their development whilst ensuring they are supported and enabled in what will is an intensive action orientated learning experience. Out of the ten students in our first cohort nine have recently qualified, three with first class honours degrees, and are employed as planned within the Northumbria Trust. We have one student planned to complete the programme in December 2017. Second cohort successfully in progress.

Intended learning outcomes

1. For delegates to learn about the outstanding partnership work involved in this programme.
2. For delegates to understand the validation and recruitment process and how we ensure a high quality programme is delivered.
3. To share with the delegates our learning from the successful delivery of two programmes.

Recommended reading list

1. New Year set to bring new routes into Nursing. Dean.E. Nursing Standard, 04.Jan 2017, Vol 31(19) pp.12-13
2. Exploring the transition from health care asistant to student nurse. Brennan G, McSherry,R. Nurse education in Practice (2007) 7, 206-214
3. Clinical Coaching-An innovative role to improve marginal nursing students' clinical practice. Kelton, M (2014) Nurse Education in Practice. Vol 14, Iss 6,709-713

Biography

Jane's Nursing career to date spans thirty-five years. Whilst in clinical practice Jane was highly motivated towards the delivery of high quality

compassionate care and worked collaboratively as a Staff Nurse, Ward Sister and Rheumatology Nurse Specialist, with ward and hospital multidisciplinary teams and outside agencies. As a Senior lecturer in Adult Nursing. Jane is lead for a third year module and teaches across other modules within the nursing curriculum. Jane is the Programme Lead for the Work Based Learning Route BSc Adult Nursing programme at Northumbria University which was the first of its kind nationally.

James specialised in Critical Care Nursing becoming a Cardiology Specialist Nurse. James passion for education and training soon resulted in him being seconded into the NHS Trusts Education and Training Department. Within his role as a Senior Lecturer James is a Module lead, Practice Learning Team Lead and also contributes to several other modules across the three year curriculum. James is passionate about improving patient safety and developing and supporting students to become highly competent, confident and compassionate nurses. James is Project Operational Lead for 18 month Work Based BSc (Hons) Nursing Studies\Registered Nurse Programme- the first of its type nationally.

5.3.2 Renal Nurses Perceptions on the Development of Critical Thinking After Undertaking the Renal Pathway Course

Ferdinand Bravo, RGN, Renal Practice-Educator, Brighton, England

Aim

To critically explore the perceived development of critical thinking of nurses after undertaking the renal pathway.

Abstract

Critical thinking (CT) is believed to be an essential characteristic of modern renal nursing to function effectively in a highly demanding renal service. A nurse who thinks critically is expected to possess a high level of renal nursing knowledge, can operate autonomously and could execute an evidence-based clinical decision. It was perceived that the acquisition of CT in renal nursing is to undertake a postgraduate renal pathway course. The achievement of CT is the centre of the renal pathway learning outcome but there is no clear articulation or feedback mechanism as to whether the learners are actually achieving CT during the assessment process or even after undertaking the postgraduate course. A qualitative study using interpretative phenomenological analysis (IPA) was conducted to examine the perception of CT development for renal nurses who had completed the renal pathway. 8 renal nurses were interviewed to collect data. Thematic analysis was used to analyse interview transcripts and identify emerging themes. 5 relevant themes were identified and comprehensively discussed in the study. One of the main findings was the collective perception of all participants that critical thinking was not developed by the renal pathway. A possible explanation is the lack of dedicated teaching sessions in CT and the lack of understanding of the lecturer in the topic. All participants agreed that the renal pathway provided strong theoretical background useful in their clinical practice. The participants also believed that this form of thinking can cross over between academic work and experiential learning. The development of CT was perceived to happen more in clinical areas requiring a combination of unique personal traits and an inspiration from a clinical role model. Information from this study suggested that CT is an integral of part of a personal and professional development of renal nurses. This study acknowledged that CT is a complex topic requiring clarity of its meaning and method on how it is going to be achieved. It is highly recommended that this concept should be incorporated in all aspects of learning in the renal pathway as the outcome has a positive impact on the overall patient service.

Intended learning outcomes

1. To explore the meaning of critical analysis
2. To critically explore the relevance of critical analysis in clinical practice
3. To critically explore the learning and development of critical analysis

Recommended reading list

1. Farrell A, Riey K, Wheeler S, McLean S. Application of critical thinking diagnostics in the renal setting. Journal of renal nursing. 2011 November 3(6): 273-278.
2. Tanner C. What have we learned about critical thinking in nursing? Journal of nursing education. 44(2): 47.28. 2005.
3. Fero L. et al. Critical Thinking Ability of New Graduate and Experienced Nurses. Journal of Advanced Nursing. 65(1): 139 – 148. 2008.

Biography

An overseas nurse originally from the Philippines. Started working in the UK since 2001. Main nursing background is adult nursing, critical care and renal. Completed Bachelors Degree in Acute Care Practice and Masters of Nephrology and Education in the University of Brighton. Currently working as renal practice educator on Sussex Kidney Unit of the Royal Sussex County Hospital Brighton and course leader of the Renal Pathway in the University of Brighton.

5.3.3 Assistant Practitioners: understanding and using students' experience of undertaking a Foundation Degree to improve the learning experience for students.

Ms Anneyce Knight, MSc, PGCE, BA(hons), RN, SFHEA, FRSA, Senior Lecturer Adult Nursing, Bournemouth University, England

Aim

To present the findings of a project which explored students' experience of undertaking a Foundation Degree in Health and Social Care to become Assistant Practitioners

Abstract

This presentation will discuss a project which explored students' experience of undertaking the innovative Foundation Degree (FD) in Health and Social Care to become Assistant Practitioners in 2015. This FD is a 'hub and spoke' collaborative provision between Southampton Solent University and NHS partners in Hampshire and Wiltshire. All students on the course are in, either part-time or full-time employment as Health Care Assistants/Health Science Assistants, in the partner Trusts and are over 21 years of age. The FD is a competency based, two year full-time equivalent course and comprises of 120 credits at both level 4 and 5. The structure of the FD is based on a day-release model, with much of the teaching and learning occurring in practice. It is recognised that students who are studying on degree programmes such as this, while continuing to work, face great challenges in terms of the time they have available and energy they can focus on their studies. This can potentially impact negatively on their study performance and eventual outcomes. The presentation will outline the curriculum of the FD, the project methodology, and provide a summary of the main findings from this study. The challenges these students faced are presented and, more particularly, the strategies they have implemented in order to improve their chances of completion and success in their studies. The findings from these students have been incorporated into a larger project looking at students in different teaching and learning contexts, such as those in military or other professions who are studying via blended learning, and others studying fully at a distance. The comparison reveals that similar challenges are faced, and that similar strategies are used to enable mature, professional, part-time, distance or blended learning students to find success in their University studies.

Intended learning outcomes

1. Describe the 'hub and spoke' structure and pedagogy of the Foundation Degree in Health and Social Care
2. Understand the methodology and findings of this project which explored students' experience of undertaking the Foundation Degree in Health and Social Care, in order to become Assistant Practitioners
3. Identify how the findings can be transferred to enhance other students' experience and areas for future development.

Recommended reading list

1. Hogg, S. & A. Doig. 2012. Engaging Blended Learning Students: An evolving approach to engaging students through the VLE. Journal of Learning Development in Higher Education, Volume 4, available from: http://www.aldinhe.ac.uk/ojs/index.php?journal=jldhe&page=article&op=view&path[]=139
2. Knight, A., Parker, J., Carmichael, H., Esser, A. and Aspden, C. (2015) Shaping the future assistant/associate practitioner workforce: a Hampshire case study. British Journal of Healthcare Assistants, 9 (3) March pp 144-149
3. Skills for Care/Skills for Health (2013) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. London: Department of Health

Biography

Anneyce Knight, Senior Lecturer Adult Nursing (Bournemouth University) has a clinical background in nursing before her move into Higher Education. - Prior to her

current post, Anneyce was Course Lead for the innovative Foundation Degree in Health and Social Care (clinical) for Associate Practitioners, a joint NHS and Southampton Solent University collaboration. Previously she was at the University of Greenwich where she held a number of positions. Her primary research interest focuses on Public Health and Wellbeing policy and practice. Her portfolio includes publications and presentations, both nationally and internationally, and she has been a visiting lecturer at several international universities.

5.4.1
Scoping review of student nurse skills acquisition and competency assessment

Lynne Currie, BSc (Hons) Diploma in Social Science, Research Analyst, RCN, England

Aim

To report the published literature on how nurse curricula delivers pre-registration education to inform RCN response to NMC Consultation on Standards for Nurse Education

Abstract

Aim: - To explore available published literature on how nursing curricula delivers preregistration education which enables student nurses to acquire a range of appropriate skills and how skills and competencies are assessed in readiness for registration.

Scoping Questions:

1. What methods of skills acquisition are in place across nurse education?
2. How are student nurse skills and competencies assessed across the four fields of nursing?
3. Are student nurse skills transferable and is there any universal comparator for skills required at the point of registration?
4. Is there a national standard of assessment?

Method - Non exhaustive search of two databases, BNI & CINAHL, using a variety of search terms. Only articles published in English were reviewed. The articles reviewed originated in a wide range of countries, with the majority originated in the UK. Most of the papers reviewed were research articles.

Findings: - Most of the papers reviewed explored the assessment of students' skills, competencies and the range of assessment tools currently in use. Simulation, specific clinical skills, global nurse competencies, the theoretical underpinnings of competencies, competency and competency-based nurse education were explored in fewer papers. The review highlights a number of challenges associated with the assessment of student nurse skills and competencies.

Summary and conclusions: - There are a number range of methods in use to assess student skills and competencies, but the review highlights a lack of consensus and wide variations in practice. With regard to assessing the transferability of student nurse skills against international comparators, the review offered limited evidence to support this. It remains unclear whether the assessment of student nurse skills are manifest across the four fields of nursing practice. There is some evidence to suggest that critical thinking, leadership, problem-solving and situation awareness skills have been prioritized across undergraduate nurse education at the expense of more specific nursing skills, which may be why some stakeholders hold the view that newly registered nurses are not practice ready. The evidence reviewed reveals a lack of standardized assessment resulting in too much flexibility within the system, a lack of international consensus around competencies, and a continued failure to mandate the use of a standard of national assessment.

Intended learning outcomes

1. An understanding of what the availalbe published evidence reveals in relattion to the acquisition of skills and competencies of stdent nurses and their assessment.
2. How the scoping exercise underpinned the RCNs response to the NMC Consultation on Standards of Nursing Education.

Recommended reading list

1. Bradshaw & Merriman (2008) Nursing competencies: 10 years on. Journal of Clinical Nursing 17: 1263-1269
2. Zasadny & Bull (2015) Assessing competence in nursing students. Nurse Education in Practice 15: 126-133.

Biography

Lynne Currie has worked at the Royal College of Nursing since 1989, and is currently working as a Research Analyst in the Department of Policy & Public Affairs. Her particular research interests include nurse leadership and its impact on both nurse and patient outcomes. Wider interests include patient

safety, human factors, safe design and strategies for continuous quality improvement. Her interest in research methodologies lean towards the qualitative.

5.4.2 Scoring concepts map: An integrated rubric for assessing first year undergraduate module

Dr Regina Joye, RGN, RM, RNT, BNS, Master in Equality, Lecturer, University College Dublin, School of Nursing Midwifery and Health Systems, Ireland;
Dr Aoife Mac Cormac Educational Technologist

Aim

To explore the role of concept maps as a learning tool and scoring rubric in a virtual learning environment

Abstract

Assessment and feedback has become a key focus in higher education to promote student engagement, motivation and deep learning with transferable skills (Higher Education Authority, 2016). Consequently, nursing modules are dynamic to motivate and engage student to develop knowledge, to enhance critical thinking, stimulate intellectual curiosity, humour and humanity in the delivery of person centred care in a complex health environment. For a large group size of first year nursing students ({N=164} 'Essence of Care for Clinical Practice' nursing module), small group concept mapping was introduced to assess knowledge integration and analysis. Also, an analytic (grid type) rubric was developed to score group concept map presentations to provide formative and summative feedback to students. The rubric was integrated into the university's VLE (Virtual Learning Environment), Blackboard, to facilitate student access and ease of grading. Concept mapping organizes information, themes and their relationships in a visual fashion. This allows nursing students to interpret, analyze and evaluate their logical flow of thought related to problems and connect new information to existing knowledge and analyses. This enables students to apply information to effectively solve patients' problems with compassion (Aberdeen, 2015). The scoring analytic rubric assists facilitators not only in outlining the assignment expectations and grading but also in providing timely feedback on assessments to students. Reliability, transparency and consistency are the key factors documented in the literature as the main benefits in using holistic or analytic rubrics (Jonsson and Svigby, 2007). This paper describes the use of concept maps and a rubric to assess two group concept map assignments for first year nursing students. A mixed-methods survey based on the tool developed by Moni and Moni (2008) was carried out to analyze students' perceptions of the concept map assignment. The role of the rubric in relation to formative and summative feedback was also examined. Preliminary data on student perceptions of the concept map assignment in relation to learning and of the online rubric are presented including the perceived ease of use and effectiveness as an assessment and feedback tool. Feedback from facilitators on the use of the online rubric for grading is also included.

Intended learning outcomes

1. Recognize how concepts map can be used as a learning tool
2. Illustrate how a VLE scoring rubric promotes feedback to large groups

Recommended reading list

1. Aberdeen, S. (2015) "Concept mapping: a tool for improving patient care", Nursing Standard. Vol. 29, no. 48, pp. 49.
2. Jonsson, A. and Svingby, G (2007) The use of scoring rubrics: Reliability, validity and educational consequences. Educational Research Review, Vol 2, Issue 2.
3. oni, R.W. and Moni K.B., 2008. Student perceptions and use of an assessment rubric for a group concept map in physiology, Advance in Physiology Education, Vol 32.pp 47-54.

Biography

Regina Joye is a lecturer in the school of Nursing and Midwifery and Health Systems, University College Dublin. She has worked as a nurse and midwife in Ireland, United Kingdom, America and Romania. For the purpose of effective engagement and mastery of knowledge she is cognizant in creating a conducive learning environment by engaging in three interrelated components 'relaxed alertness' 'orchestrated immersion' in complex experiences' and 'active processing'. Her interests include cultural diversity and equality in health care.

5.4.3
Assessment of nursing applicants: restating complexities

Michael Klingenberg, RCN, MSC, EdD, Senior Lecturer in Adult Nursing, Leeds Beckett University, England

Aim

The purpose of this presentation is to provide insights on assessment in selection processes which are different from those promoted in the current selection literature thereby opening spaces for discussion and potential change of practice.

Abstract

Recruitment into the nursing profession remains a principal issue. The assessment of applicants in selection procedures for nursing courses has been discussed for more than 25 years as the application of highly structured, reliable and valid methods. Such research however seems to overlook complexities of assessment. In addition, although more and more structure is requested by researchers and commentators alike, the problems with identifying “right” or “wrong” applicants appear to be as substantial as 25 years ago. This presentation will treat assessment differently; not as an application of methods but as a social practice. In doing so it will emphasise tensions which are under-discussed in the general canon of selection literature. Based on an extensive and original ethnographic study of selection assessment processes in three higher education institutions in the UK, which included interviews, observations and document analyses, this presentation discusses the interrelations of methods and the people involved in selection (be that applicants, service users or, academic or administrative staff). It will argue that the repeated request for ever more structured assessments may be misguided. The presentation will share some of the findings from a completed doctoral research project: Observing assessments for selection in practice shows how selectors orientate their actions to outcomes which they consider important at the time, such as protecting or sabotaging selection methods, protecting hierarchical or professional positions, or filling in gaps scripted methods could not sufficiently communicate. Importantly, concepts such as fairness or values, although seen as fairly stable in the literature and in current policy, become contested and (re)negotiated in practice. Assessment becomes, when observed ethnographically, a local practice, depending on and creating local pressures and solutions. Being “right” or “wrong” for nursing becomes an outcome of assessment processes rather than qualities inherent to applicants. This is an important observation for nurses and nurse educators. Reimagining assessment as a social practice rather than an application of methods, can help to foreground the professional expertise and re-emphasise the responsibility of nurse educators in a time when somewhat simplistic solutions to complex problems form the basis for policy.

Intended learning outcomes

1. Share learning from observing different assessment approaches in undergraduate nursing selection, in particular about tensions produced and addressed during assessments.
2. Promote discussion on the concepts of objectivity and subjectivity as effects rather than inherent qualities of assessment practices.
3. Evaluate the usefulness of ethnographic approaches when researching assessment practices.

Recommended reading list

1. HEE. (2014). Evaluation of Values Based Recruitment (VBR) in the NHS. Retrieved 05.08. , 2014, from https://www.hee.nhs.uk/sites/default/files/documents/VBR%20literature%20review.pdf
2. Taylor, R., Macduff, C., & Stephen, A. (2014). A national study of selection processes for student nurses and midwives. Nurse education today, 34(8), 1155-1160.
3. Timmermans, S., & Berg, M. (1997). Standardization in action: achieving local universality through medical protocols. Social studies of science, 27(2), 273-305.

Biography

Michael Klingenberg is a senior lecturer nursing in the School of Health & Community Studies at Leeds Beckett University. He is admissions tutor for adult nursing and leads a number of modules which promote critical engagement with nursing practice and policy. Research interests focus on applied qualitative methodology, in particular poststructuralist approaches which are underused in nursing research, as well as service

user involvement in nursing education. He has conducted studies discursively analysing concepts such as patient-centredness and has just completed a professional doctorate for which he interrogated selection processes in higher education.

5.5.1 Exploring the Reality and Preparing for the Shock

Helen Convey, RN, MA, Lecturer, University of Leeds, England

Aim

To share strategy and to disseminate the evaluation of a proactive approach to supporting BSc Adult Nursung students in their transition from student to registrant

Abstract

The period of adjustment from nursing student to qualified staff nurse was first described as 'reality shock' in 1974 (Kramer, 1974) and the period of transition is still recognised as a challenging time (Edwards et al., 2015; Kumaran and Carney, 2014; Pennbrant et al., 2013; Stacey and Hardy, 2011). Recognition of the challenges of transition and support for newly qualified nurses is important, although a systematic review found that the type of support offered was less important than offering some support (Edwards et al., 2015) - The strategy used to offer support was to review the ethical and professional practice learning and teaching resources of the final nursing module in a BSc Nursing programme. The learning and teaching approach was delivered in the summer of 2017. The aims were for learners to; explore what is known about transition and 'reality shock'; think about the strategies that support transition; consider how to respond to the challenges of transition; discuss their concerns regarding transition. The variety of blended learning resources that were used to achieve the aims included:

- Narratives capturing the experiences of our adult nursing graduates
- A talk from one of our adult nursing graduates
- A decision making exercise using a scenario which reflected the literature regarding transition
- A digital story
- Guidelines and standards for professional practice
- Information regarding current support systems for newly qualified nurses
- Self-evaluation tools and tools for reflection.

Evaluation of this learning and teaching intervention was positive; learners agreed or strongly agreed that it had contributed to their knowledge of 'reality shock' and that it had prompted them to think about planning for their own transition. The discussion of any negative experiences requires sensitive facilitation so that these experiences can be seen as positive learning opportunities. This learning and teaching approach can be used by other fields of nursing.

Intended learning outcomes

1. To increase awareness of the evidence surrounding reality shock
2. To appreciate the value of capturing graduate experiences of transition
3. To gain insight into the learning and teaching strategies that can be used to support transition

Recommended reading list

1. Stacey, G. and Hardy, P. 2011. Challenging the shock of reality through digital storytelling. Nurse Education in Practice. 11(2), pp.159-164.
2. Kumaran, S. and Carney, M. 2014. Role transition from student nurse to staff nurse: Facilitating the transition period. Nurse Education in Practice. 14(6), pp.605-611.
3. Edwards, D., Hawker, C., Carrier, J. and Rees, C. 2015. A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. International Journal of Nursing Studies. 52(7), pp.1254-1268

Biography

Helen is a part-time PhD student and a Lecturer in the School of Healthcare, University of Leeds, England. Her academic interests and research activities focus on ethical practice, decision-making, professional conduct and innovation in learning and teaching. Helen holds a Developmental University Student Education Fellowship, for excellence in learning and teaching. She teaches healthcare ethics and law across a range of professional groups and she's the Chair of the School of Healthcare Research Ethics Committee.

5.5.2 An Evaluation of an Objective Structured Clinical Examination Preparation Programme (OPP) for International Nurses; a Northern Ireland perspective.

Patrick Gallagher, MSC, PGCE, PG Dip, BSC (Hons), Dip HE, RGN, Nurse Education Consultant, Clinical Education Centre, Clady Villa, Knockbracken Healthcare Park, Belfast, N. Ireland;
Graham Divine, PG Cert, PGCE, BSC Hons, Clinical Education Centre, Clady Villa, Knockbracken Healthcare Park, Belfast;
Anne-Marie Phillips, BSC (Hons), PG Dip, PGCE, RGN, Clinical Education Centre, Clady Villa, Knockbracken Healthcare Park, Belfast

Aim

This study highlights the benefit of a Northern Ireland-based OSCE Preparation Programme in assisting international nurses attain Nursing and Midwifery Council (NMC) registration.

Abstract

Introduction - According to Moore (2017) there are over 24,000 nursing vacancies in the UK. With recent media reports suggesting there are approximately 1500 nursing vacancies in Northern Ireland there are concerns surrounding patient safety and the quality of care provision (Belfast live, 2017). In an effort to address these concerns healthcare trusts have recruited international nurses. These nurses must undertake stringent tests in order to satisfy the NMC that they can practice safely and effectively in the United Kingdom (NMC, 2017). The NMC have introduced an Objective Structured Clinical Examination (OSCE) as a means of assessing international nurses prior to registration. The OSCE is based on current United Kingdom preregistration standards (NMC, 2010). With only 49% of applicants successful on first attempt (NMC, 2017) the OSCE is considered a 'high-stakes' summative assessment. The OPP is designed to enhance the attributes of participants and increase their chances of first attempt success.

Methods - A 13 point likert scale questionnaire was used to collect quantitative data from international nurses who completed a nine day OPP. Questionnaires contained a "free response" section where participants could make qualitative comments. Over a three month period twenty four participants completed the OPP and returned questionnaires, representing a 100% response rate.

Findings - Questionnaire analysis demonstrated a positive endorsement of the OPP. Participants highlighted that the programme improved their knowledge and skills and this was reinforced through practice and high quality feedback. Data collected also suggested that the OPP enhanced both the confidence of participants and helped improve their communication skills prior to undertaking the OSCE.

Conclusion - Providing participants with the opportunity to undertake skills in a safe and non-threatening environment boosts their ability to practice more confidently. Participating in the OPP may have the potential of improving patient care through skills practice and enhanced communication. This study has implications for the preparation of international nurses to meet the NMC registration requirements.

Intended learning outcomes

1. The OSCE preparation programme enhances the participant's knowledge and skills through simulated practice
2. The OSCE preparation programme improved the participant's confidence through individual feedback
3. The OSCE preparation programme may enhance the participant's ability to successfully pass the OSCE at first attempt.

Recommended reading list

1. Moore, A. (2017) Nursing Shortages: how bad will it get? Nursing Standard, 31(27).
2. The Nursing and Midwifery Council (NMC) (2017) Pass rates and Number of Candidates [Online] Available at: https://www.nmc.org.uk/registration/joining-the-register/trained-outside-the-eueea/pass-rates-and-candidate-numbers/ [Accessed on: 9th October 2017
3. The Nursing and Midwifery Council (NMC) (2010) Standards for Pre-registration Nursing Education, NMC: London

Biography

Patrick Gallagher is a Nurse Education Consultant with the HSC Clinical Education Centre for Nurses, Midwives and AHPs. Prior to joining the organisation Patrick lectured in Queens University Belfast where he had responsibility for both undergraduate and continuing education modules. He has extensive experience in cardiology nursing and research interests include simulation based education and cultural issues within nursing. Patrick has a number of publications and is currently

undertaking a Doctorate in Education.

Anne-Marie Phillips is a Senior Education Manager with the HSC Clinical Education Centre for Nurses, Midwives and AHPs (CEC). She joined the organisation in 2009 having previously worked as an Emergency Department Sister in a busy teaching hospital. She holds a First-Class BSc (Hons) in Adult Nursing, a PG Diploma in Specialist Nursing Practice in Emergency Care and a PG Certificate in Education for Nurses. Anne-Marie is the Project lead for international recruitment in the CEC and is responsible for managing and overseeing the preparation of International nurses to complete the NMC Test of Competence part 2.

5.6.1
Using an educational board game to inform the current and future nursing workforce about genomics and its application in healthcare.

Dr Ed Miller, PhD, Senior Education Development Officer, The Genomics Education Programme, Health Education England, England;
Dr Michelle Bishop, PhD, Education Development Specialist, The Genomics Education Programme, Health Education England;
Dr Anneke Seller, PhD, Scientific Director, The Genomics Education Programme, Health Education England.

Aim

To provide an overview of the design and development of an educational board game and present findings regarding its implementation and use as a learning tool within academic and clinical environments.

Abstract

Genomics, the study of all an individual's genetic information is set to change healthcare. The use of this technology can help inform diagnosis, prognosis and ensure the right treatment is administered to the right individual at the right dose at the right time. As such genomics is likely to be encountered in routine practice more than ever before and nurses will be key to the success of implementing this technology. Health Education England's (HEE) Genomics Education Programme (GEP) has been charged with providing the education and training required to ensure the National Health Service is ready to deliver a genomics service. In response to the inclusion of genomics in the Nursing Associate curriculum framework the GEP has produced an educational board game to support learning and enable trainee Nursing Associates to start a discussion about genomics. The game also addresses the learning needs of all nurses, introducing genomics in a non-threatening and engaging way. Games are not uncommon in healthcare education. By promoting active learning through interaction and group discussion, games have been shown to reinforce knowledge and increase retention of key information. The content of the game was developed with nursing educators, those in practice and current nursing students as well as subject matter experts in genomics. This made sure the questions would be applicable to all areas of nursing practice, clinically relevant and accessible to the intended audience. To date the game has been used with trainee nursing associates, pre-registration nurses and clinical educators in a variety of situations. The observations made during these sessions showed that the game can be used in both formal workshops as part of a structured training day, as a one off teaching session or as a non-facilitated continued personal professional development session. Feedback from those playing the game demonstrated that this method was an effective approach to deliver a complex topic in an innovative and interesting way. A longitudinal study is now underway to evaluate the effectiveness of the game as a learning tool and how it is being used by educators.

Intended learning outcomes

1. Describe how genomics is used in healthcare and the rationale behind the need to educate the current and future workforce.
2. Summarise the process of educational board game design and development.
3. Judge the effectiveness of an educational board game to deliver genomics education to the nursing workforce.

Recommended reading list

1. Tomkin, E. & Skirton, H. (2013) The role of genetic/genomic factors in health, illness and care provision. Nursing Standard 20-26;28(12):39-46.
2. Foster, S. (2017) The Key to personalised medicine. British Journal of Nursing 26 (9): 535
3. Adbulmajed, H., Park, YS. & Tekian, A. (2015) Assessment of educational games for health professions: A systematic review of trends and outcomes. Medical Teacher 37: sup1, S27-S32.

Biography
Dr Ed Miller is a Senior Education Development Officer for HEE's Genomics Education Programme. He provides scientific input into the educational resources developed by the GEP for the NHS workforce. Before joining the Genomics Education Programme, Ed researched DNA damage repair and replication and has a PhD from the University Birmingham in this area. During his time as a researcher he gained valuable experience in science communication and public engagement developing, organising and presenting events to educate a wide range of audiences.

Dr Michelle Bishop is the Education Specialist for Health Education's Genomics Education Programme. Michelle supports the work of the Programme by providing educational and clinical expertise through resource production, leading curricula development for specialist workforce training and driving the wider NHS workforce transformation in genomics. Michelle has over 15 years' experience in genetics and genomics education in both Australia and the UK. Michelle has a background in molecular biology and Genetic Counselling and a PhD in the field of Genetics Education. She currently sits on the Executive Committee of the British Society for Genetic Medicine.

Dr Anneke Seller PhD FRCPath is the Scientific Director of Health Education England's Genomics Education Programme. She is also an honorary Consultant Clinical Scientist at Oxford University Hospitals NHS Trust. - Prior to joining HEE in January 2017 Anneke was the Consultant Clinical Scientist Director of the Oxford Regional Genetics Laboratories. She was also the Lead Scientist for the Oxford Genomic Medicine Centre. Throughout her career Anneke has made a significant contribution to genomic education and training, notably working on the Genetics pilot for the implementation of Modernising Scientific Careers and development of the assessment framework for the National School of HealthCare Science.

5.6.2 Reasoning, Reviewing and Reducing Antipsychotics in Care Homes using Technology

Paul Storey, Research Coordinator, Four Seasons Health Care, Northern Ireland;
Joanne Strain, MSc, BSc, Head of Nursing, Four Seasons Health Care

Aim
To critically evaluate the effectiveness of using a specialised antipsychotic medication App, for people living with dementia in care homes, in relation to increasing medical reviews and reducing antipsychotic prescriptions

Abstract
Introduction: Sustained administration of antipsychotic medications can be associated with adverse effects including accelerated cognitive decline and over-sedation. Despite this, there is evidence to indicate that 80% of people living with dementia, who receive these medications, may not derive appropriate therapeutic effect from these medications.

Service Development: Four Seasons Health Care (FSHC) have developed a specialist medication management application (App) which prompts review of antipsychotic medication that a person is prescribed. The 'App', runs on standard IPads. The standards set within the App are that each resident must have a documented annual review of medication from the resident's GP and a care plan that clearly indicates the rationale for prescription. If these standards are not met, a referral to the GP is created and, operating the find and fix principle that is central to the functionality of the system, the referral is tracked until it has been completed. The App records data on individual dose and uses a pre-programmed algorithm which automatically triggers an urgent review process if the dose exceeds the normal therapeutic range.

Sample: The App was operationalised in 46 care homes that provide care for 1,818 residents living with dementia throughout England, Scotland, Wales and Northern Ireland.

Results: Through our analysis we found that 310 residents (17.05% of total sample) are currently prescribed antipsychotic medications. We also identified 27 residents where prescribed dose of medication exceeded the normal therapeutic range, 62 residents were identified where there was not a clear rationale provided for the use of the antipsychotic medication and 6 residents were identified where a review had not been completed within the previous 12 months.

Discussion: The medication App has enabled our staff to detect and act on these findings. Furthermore we can report that the average time taken to resolve these issues is 2 days.

Intended learning outcomes

1. To describe the rationale for and development of an antipsychotic medication 'App' for residents living

with dementia in care homes.
2. To highlight the positive outcomes and limitations of using technology to guide shared-decision making about antipsychotic medications in care homes.
3. To consider the wider implications of antipsychotic medication prescriptions in care homes and to provide recommendations for practice.

Recommended reading list

1. Royston, C., Strain, J., Sheeran, C., Bainbridge, S. and Mitchell, G. (2016) Optimising antipsychotic medication prescriptions for people living with dementia in care homes', BMJ Open, E-Letter. http://bmjopen.bmj.com/content/6/9/e009882.responses#optimising-antipsychotic-medication-prescriptions-for-people-living-with-dementia-in-care-homes
2. Banerjee S. (2009) The use of antipsychotic medication for people with dementia: time for action. A report for the Minister of State for Care Services. London: Department of Health.
3. Department of Health (DH) (2015) Prime Minister's Challenge on Dementia 2020. London: Stationery Office.

Biography

Paul is a RMN and have worked in Older Persons Mental Health for over 13 years. I have worked with both Functional and Organic types of mental health and have developed a passion for Dementia Care. I have previously worked in the NHS in in-patient settings including Admission Assessment Wards and Challenging Behaviour. I later worked in the Older Persons Community Mental Health Team as a CPN completing Initial Mental Health Assessments, Memory Management and Community Challenging Behaviour/Care home liaison Team. I have worked for FSHC for over 6 year now and my current role is a Care Specialist within the Resident Experience Team. Before joining the Resident Experience Team I worked as a Dementia Care Project Manager.

Joanne Strain is the Head of Nursing for Four Seasons Health Care. She is responsible for the practice and development of approximately 3000 nurses across 300 care homes in the UK. She has written a extensively on care home nursing, dementia and palliative care. Joanne is passionate about care for older people and has postgraduate qualifications in dementia care and safeguarding.

5.6.3 Clinical assessment of UG nursing and the collaboration of 5 Universities to use one online document

Sharon Parker, Placement Quality Project Lead, University of Bradford;
Melanie Robbins, Nursing Lecturer, University of Leeds;
Debbie Holmes, RN RM BSc Hons MA Ed, Implementation Consultant, Pebble Learning

Aim

To showcase the benefits of a collaborative approach to the introduction of an electronic assessment document where Universities share placement and assessors.

Abstract

Five Unviersities from the North of England came together to collaborate on the implementation of a single electronic practice assessment document (ePAD) to meet all of the clinical placement requirements of their Nursing students. This includes assessment, all mentors from the Trusts and private placement areas access the document online to assess and to verify hours. With a move to online provision and a single familiar document anticipated benefits include:

- Reduced costs
- Document standardisation for assessors
- Shared practice
- Consistency around Quality Assurance
- Security against loss and damage
- Easy archiving
- Access to progress for mentors, academics and external examiners

Intended learning outcomes

1. To understand the benefits and challenges of a collaborative project across multiple stake holders and providers
2. To explore the process of moving to an electronic platform whilst meeting the requirements of the professional body
3. To improve Quality Assurance and generate new efficiencies

1.6.1
Paper 1: A mixed methodological approach to exploring students' views of the 'skills for practice' website, to assist with the learning of practical skills

Claire Ford, BSc (Hons), PG Dip, RN, Graduate Tutor in Adult Nursing, Department of Healthcare, Northumbria University, England

Aim

This paper will explore the creation of a website and video library of clinical skills, demonstrating its potential benefits to the student nurse experience

Abstract

Background - In academic institutions, the use of video resources, hosted via social media platforms such as YouTube, to support learning is gaining momentum (Rapp et al., 2016). However, Clifton and Mann (2011) and Akgun et al. (2014) acknowledge that while video resources can be beneficial, issues often arise in relation to inaccurate content. Therefore, a website was created, which utilises videos, podcasts and posters, but also ensures material is evidence-based and regularly reviewed. It acts as a central repository, can be accessed on any media device, at any time or location and offers students the opportunity to optimise their understanding by capturing, deconstructing and rebuilding clinical skill activities. Resources are standardised, simple and short, feature staff and students, and are created and maintained by healthcare academics. Methodology/methods - A mixed methodological approach was used as a means of data collection and analysis. Deductive quantitative numerical data was collected via semi-structured questionnaires, in order to elicit factual statistical data as well as opinions and views of the participants. This was sent to 2nd and 3rd year undergraduate nursing students. Qualitative inductive exploration was then undertaken with a sample nursing students, via semi-structured interviews. Findings - The website houses over 100 skills, is embedded within 12 healthcare modules across 9 disciplines, has 1100 members, 375 twitter followers and has received over 14600 video views. Initial survey results show that 73% of respondents feel that the website helped them learn clinical skills, with only 4% stating the opposite. Additionally, 70% thought the website appearance was good/very good and 80% found it easy to navigate. However, results also highlight that students often do not watch the entire video and regularly fast-forward to a particular section. Conclusion - Initial findings suggest that overall, the website and in particular the collection of skills videos, provide a positive contribution to the learning experience and aid in the development of clinical skills. It is hoped that the findings will provide insight into the future direction and development of the website and its resources

Intended learning outcomes

1. The presentation will demonstrate how simple videos can be easily created and used as an adjunct to practical teaching sessions
2. The presentation will discuss how creating in-house academic materials can be one way to ensure the accuracy of content
3. The presentation will explore how students prefer materials to be practical rather than theory-drive and feature familiar, environments, staff and students

Recommended reading list

1. Akgun, T. et al. (2014) 'Learning electrocardiogram on YouTube: How useful is it?', Journal of Electrocardiology, 47, pp. 113-117.
2. Clifton, A. and Mann, C. (2011) 'Can YouTube enhance student nurse learning?', Nurse Education Today, 31, pp. 311-313.
3. Rapp, A. K. et al. (2016) 'YouTube is the most frequently used educational video source for surgical preparation', Journal of Surgical Education, 73(6), pp. 1072-1076.

Biography

Claire is a Registered Nurse who joined Northumbria University in 2013, having spent time previously working within perioperative care and completing a Postgraduate Diploma in Midwifery. As a Graduate Tutor, she teaches on a range of modules but has a passion for women's health, gynaecology, perioperative care and using technology to enhance learning. Since her appointment, she has taken an interest in using other forms of media and technology to facilitate and enhance deep learning and is the co-founder of a website that acts as a central repository for videos, posters, and podcasts.

Paper 2: Using virtual reality in the classroom, a focus group exploration of nursing undergraduates' perceptions

Laura Park, BSc (Hons), RN, Graduate Tutor, Northumbria University, England

Aim

To explore undergraduate nursing students' perceptions of using virtual reality (VR) technologies in teaching non-technical skills.

Abstract

Introduction: Technology is continuing to advance and develop, and VR as an educational resource has the potential to increase educational worth (Saleeb & Dafoulas, 2011). Although this technology is in its infancy, it has had great success within the entertainment and gaming industries. However, due to reducing costs and greater accessibility to the necessary equipment, it is now making the transition to other areas, including education and healthcare (Dubovi, Levy and Dagan, 2017). While there is some evidence suggesting that VR may be useful to support nursing education, there is limited research addressing its efficacy (Smith and Hamilton, 2015). Therefore, to remain contemporary, maximise student engagement and add to the body of research examining this innovative teaching strategy, VR videos using a 360 camera have been created and used within an undergraduate nursing programme. These videos focus on simulating healthcare and promote the application of non-technical skills to encourage students learning of human factors, situational awareness and communication.

Methods: Following creation and ethical approval, testing of the VR non-technical scenario as a teaching aid occurred in a specific 2nd-year seminar. Students were asked to watch the VR video and then to discuss its content against the seminars learning aims. Purposeful sampling was used, and 17 2nd year undergraduate adult nursing students who took part in the seminar and experienced the VR video participated in one of three focus groups. Focus groups were audio recorded, transcribed verbatim and analysed using thematic analysis.

Initial findings: Thematic analysis is still ongoing, but preliminary data analysis suggests that Power, Scenario realism, Technology and the Environment are significant emerging themes. Further development into the level of immersion was also highlighted in the data, with a student wanting to interact with the scenario.

Conclusion: The next immediate steps are to continue with data analysis. It is hoped that the findings will provide insight into the use and development of VR and 360 video filming specifically within nursing undergraduate programmes and TEL.

Intended learning outcomes

1. This paper will demonstrate the use of Virtual Reality as a learning aid in nurse education
2. This paper will explore the limitations of Virtual Reality as a teaching tool
3. This paper will provide insights into the development and creation of Virtual Reality videos

Recommended reading list

1. Saleeb, N. & Dafoulas, G. (2011) 'Effects of virtual world environments in student satisfaction'. International Journal of Knowledge Society Research, 2(1), pp. 29-48.
2. Dubovi, I., Levy, S. T., & Dagan, E. (2017) Now I know how! The learning process of medication administration among nursing students with non-immersive desktop virtual reality simulation. Computers & Education, 113(Supplement C), 16-27.
3. Smith, P. C., & Hamilton, B. K. (2015). The Effects of Virtual Reality Simulation as a Teaching Strategy for Skills Preparation in Nursing Students. Clinical Simulation in Nursing, 11(1), 52-58.

Biography

Before joining Northumbria University as a Graduate Tutor Laura worked as a Nurse in stroke care. Her teaching interests are now predominately within clinical skills and simulation within the pre-registration adult nursing programme. This passion for clinical skills teaching and an interest in technology has resulted in Laura co-creating and developing the skills for practice website. She is also currently undertaking a PhD which aims to gain understanding and meanings of interprofessional relationships within a stroke care multidisciplinary team.

Paper 3: Technology Enhanced Learning (TEL) in an Undergraduate Nursing Cirriculum, Benefits, Solutions and Challenges

Dr Andrew Melling, PhD, PGCE, BSc (Hons), RN, Reader in Adult Nursing and Midwifery, and Health Director of Technology Enhance and Online

Learning, Faculty of Health and Life Sciences, Northumbria University, England.

Aim

This presentation will highlight the key drivers, potential benefits and possible pitfalls associated with implementing TEL in an undergraduate nursing curriculum.

Abstract

Introduction: Healthcare staff, including nurses, need to engage effectively with technology and demonstrate improved levels of digital literacy to enable effective patient care (DoH 2016). New generations of undergraduate nursing students have been exposed to technology from an early age. They demonstrate different learning styles, behaviours and have different expectations of how they will learn. Both factors explain why any undergraduate nursing curriculum needs to embrace TEL. However, in reality this is often difficult to achieve and does not guarantee student satisfaction or development of digital literacy skills. One of the biggest challenges is teaching staff, who themselves often lack the skills to engage with technology in the classroom.

Intervention: At Northumbria University, over a period of years, staff have transformed the delivery of the taught curriculum and embraced blended learning. This has included utilisation of flipped classroom techniques, e-lectures and lecture capture. A range of online resources, e-learning packages, websites and virtual scenarios have been developed and integrated into the curriculum. The support and development of teaching staff, many of whom initially lacked confidence and technological skills, has been key to this success.

Outcomes: Student abilities and satisfaction has been gauged through a number of large cross sectional surveys. Students now rate their own digital literacy skills highly. They found the e-learning materials relevant, easily accessible and the materials allowed flexibility of learning. However many students still prefer face to face teaching, even if this is in lecture format, as they feel it allows better interchange of ideas and discussion. These findings are being explored in greater depth in a number of focus groups and 1-1 interviews but is a reminder that most students want their learning supported by both taught and online materials.

Conclusion: Challenges for Higher Education providers include staff preparedness, student expectations and a tendency to over innovate rather than scale up what works. TEL should continue to be driven by the pedagogy and learning opportunities that it offers and not by the technology itself

Intended learning outcomes

1. This presentation will explore the rationale for increasing the use of technology enhanced learning (TEL) in a nursing cirriculum
2. This presentation will highlight the potential risks and limitations of blended and e-learning in a nursing curriculum
3. This presentation will showcase some innovative examples of TEL and simple solutions to enhance the student experience

Recommended reading list

1. HEE & RCN Joint Publication (2017). Improving digital literacy.
2. Prensky, M (2001). Digital Natives, Digital Immigrants. On the Horizon. 9 (5): 1–6
3. DoH (2016) Making IT work: harnessing the power of health information technology to improve care in England.

Biography

Andrew Melling is a Registered Nurse and Academic. After working for many years in the NHS and then in Industry for a BioPharma he returned to the North East in 2008 to take up an academic post as Senior Lecturer at the University of Northumbria. He is now a Reader in Adult Nursing within the Department of Healthcare and Director of Technology Enhanced and Online Learning across the Faculty of Health and Life Sciences. His research and academic interests now focus on patient temperature management, wound healing, nurse education, assessment of competency and the role of technology in enhancing learning.

4.6.1 Paper 1: The Royal College of Nursing and human factors – past, present and future

Ross Scrivener, Knowledge & Resources Manager, Nursing Department, Royal College of Nursing, England.

Aim

To describe the work of the RCN in developing patient safety related resources

Abstract

The Royal College of Nursing has contributed to a range of publications about Human Factors. The RCN lobbied for Human Factors approaches to be embedded across the NHS. This resulted in 2013 with the National Quality Board concordat between key NHS organisations, regulators and professional bodies. In 2016 the RCN worked on a project from the Academy of Medical Royal Colleges that produced "Quality Improvement – Training for Better Outcomes". This made recommendations for integrating Human Factors in quality improvement curricula. The RCN has also used its role as a trade union to develop Healthy Workplace toolkit to support health care employers and RCN representatives in implementing healthy working environments with high quality employment practices. In 2018 the need for wider engagement on Human Factors approaches is as pressing as ever. Our current consultation on the digital agenda with the nursing and midwifery workforce is highlighting concerns about what is being done to prepare healthcare professionals for rapidly changing workplaces. We would like to use this opportunity to share our work and discuss options for progressing this urgent training and professional development agenda.

Intended learning outcomes

1. To define the RCN position on patient safety and Human Factors
2. To describe patient safety related initiatives and resources developed by the RCN including the healthy workplace toolkit
3. To explore options for developing a stronger narrative on Human Factors

Recommended reading list

1. Shorrock, S and Williams, C (editors) (2017). Human Factors and Ergonomics in Practice. Improving system preference and human well-being in the real world. CRC Press.
2. Russ et al (2013). The science of human factors: separating fact from fiction. BMJ Qual Saf 22:902-808. https://tinyurl.com/y7pnmjey
3. Shorrock, S (2016). The varieties of human work. Blog post. https://tinyurl.come/y7v9huyg

Biography

Ross Scrivener is Knowledge and Resources Manager and eHealth Lead at the Royal College of Nursing. He has worked in the clinical audit department at University College London Hospitals and the Research Division at the Royal College of Paediatrics and Child Health. Ross gained an MSc in medical informatics from Guy's and St Thomas' School of Medicine and City University before moving to the Royal College of Nursing. He was a lead author on "Principles for Best Practice in Clinical Audit" (Radcliffe Medical Press 2002) He was a member of the interprofessional group that developed "Quality Improvement – training for better outcomes" (2016) on behalf of the Academy of Medical Royal Colleges. He is co-author of "Improving Digital Literacy" (2017) from the RCN and Health Education England. He also manages the online learning offer from the RCN. He is currently co-lead on the recent consultation into digital skills development.

Paper 2: Developing human factors capability in the NHS

Dr Shelly Jeffcott, PhD, Principal Educator (Primary Care), NHS Education for Scotland

Aim

Identify ways to build HF capability in NHS services

Abstract

There is considerable interest in the application of HF/E to healthcare, and anticipation of the benefits that it might bring. This presentation will focus of the experience of a human factors practitioner working with clinicians and managers. Interventions are challenging to implement and benefit from thorough problem definitions and multiple dimensions of change where possible. Success depends on collaborating with a broad range of clinicians, administrators and safety and quality professionals while advocating an HF/E view of the world. This presentation reviews how HF/E expertise is being developed, together with tools and improvements specifically tailored to a complex sector. This can fundamentally impact care delivery and help save lives.

Intended learning outcome

1. To describe the scientific discipline of Human Factors and key concepts that underpin it
2. To demonstrate approaches to human factors education in healthcare
3. To provide perspectives on the application of human factors in healthcare (system resilience,

interaction design and HF/E capability building in the NHS)

Recommended reading list

1. Shorrock, S and Williams, C (editors) (2017). Human Factors and Ergonomics in Practice. Improving system preference and human well-being in the real world. CRC Press.
2. Russ et al (2013). The science of human factors: separating fact from fiction. BMJ Qual Saf 22:902-808. https://tinyurl.com/y7pnmjey
3. Shorrock, S (2016). The varieties of human work. Blog post. https://tinyurl.come/y7v9huyg

Biography

Shelly is a Human Factors specialist with 15+ years' experience in patient safety research and implementation. She is the Human Factors Lead for one of Scotland's biggest Health Boards, working with operating theatre teams to design and test safety interventions. She worked for a Health and Safety Executive Project looking at Safety Culture in the rail sector. She then worked as a Senior Research Fellow focusing on decision making in Critical Care. Her first NHS Scotland role was as a National Improvement Advisor within Healthcare Improvement Scotland. She has also created a Masters module in 'Human Factors for Patient Safety'.

Paper 3: Interaction design for healthcare – the case of intravenous infusion practices

Dr Dominic Furniss, PhD, Senior Research Associate, University College London

Aim

To describe the role of design in HF/E practice

Abstract

Human Factors is about helping people do the "right thing" consistently and making the "wrong thing" hard to do by designing out the potential for making mistakes. This does not mean designing out fallible humans, but designing systems of work that support staff to perform well. Human Factors draws on elements of other disciplines such as psychology, anatomy and physiology, engineering, design and statistics to gain insight into the nature of human interactions with the world and its complex systems. We illustrate this through a recent study of intravenous medication administration. While many errors do not result in patient harm, infrequently some do. Furthermore even minor errors can cause anxiety for staff and patients, and reduce patients' confidence in their care. As a result, the administration of intravenous medication has been identified as a significant topic of concern by regulators, manufacturers and healthcare providers. Our study of intravenous medication administration involved 16 trusts in England, which highlighted differences between work-as-imagined and work-as-done: 10.3% of infusions had a medication administration error and 47.5% of infusions had a discrepancy with local procedures. Our study highlights error inducing factors and positive deviations in the design and management of intravenous infusion practices. These include the design of pump alarms, local policy, workflow, and how learning from incidents is managed on the ward. Designing artefacts and working practices well could make the system more resilient to unwanted deviations.

Intended learning outcomes

1. To describe the scientific discipline of Human Factors and key concepts that underpin it
2. To demonstrate approaches to human factors education in healthcare
3. To provide perspectives on the application of human factors in healthcare (system resilience, interaction design and HF/E capability building in the NHS)

Recommended reading list

4. Shorrock, S and Williams, C (editors) (2017). Human Factors and Ergonomics in Practice. Improving system preference and human well-being in the real world. CRC Press.
5. Russ et al (2013). The science of human factors: separating fact from fiction. BMJ Qual Saf 22:902-808. https://tinyurl.com/y7pnmjey
6. Shorrock, S (2016). The varieties of human work. Blog post. https://tinyurl.come/y7v9huyg

Biography

Dominic Furniss is a researcher a co-investigator at University College London, United Kingdom. His research focus is on understanding the design and use of medical devices in sociotechnical systems. He has authored/edited three books on qualitative research and

fieldwork for healthcare. He has a keen interest in public and patient involvement. In 2014 he received a UCL Public Engagement Award for his contribution to this area.

Poster number 1
Implementing a mental health training programme in the acute hospital setting.

Paul Abernethie, RMN, Project Development Nurse, St George's Hospital, England;
Katy Lowe, RMN, Project Development Nurse, c/o Springfield Hospital

Aim

To examine the challenges and opportunities of collaborative working between the acute and mental health Trusts.

Abstract

The Parity of Esteem agenda promotes the aim of ensuring that equal emphasis is placed on mental healthcare and physical healthcare. In South West London two general hospitals are engaging in projects intended to increase the level of knowledge and confidence that staff have when working with people who have mental health needs. South West London and St George's NHS Trust (SWLSTG) is working in partnership with St George's University Hospitals NHS Foundation Trust and Kingston Hospital NHS Foundation Trust to identify the needs of the hospitals and develop training programmes in response.

Analysis: These projects will utilise a variety of quantatative and qualitative measures to evaluate the effectiveness of any training initiative. There will be a strong focus on feedback from participants, with the dynamic development of training in response.

Findings: These projects are currently in progress. However, it is envisaged that preliminary findings will be available by the time of the conference. As a result of the training programmes implemented at the two hospitals improvements are expected in the following areas:

- Staff survey – focusing particularly on assaults on staff
- Staff confidence when working with people who have mental health needs
- Number of patient complaints related to mental healthcare
- Costs related to 1:1 enhanced observations reduced.

The mental health training needs at the acute hospitals are being met by utilising resources from within SWLSTG. This is being reciprocated with the acute trusts offering training in physical health. Staff are sharing their expertise and experience in this exciting and innovative programme with the intention of improving the experience people have when receiving health services within South West London.

Future Objectives: - Experience suggests that to sustain any positive outcomes, collaborative working between the Acute and Mental Health Trusts must be sustained and continue to grow. To embed improvement in training pathways for our staff, it is recommended that further funding is made available beyond the initial 12 months.

Intended learning outcomes

1. Understand the intended aims of the project
2. Evaluate the impact that the project has had on staff
3. Explore the challenges and opportunities of collaboration in this project

Recommended reading list

1. NHS Five Year Forward View. NHS England (2014).
2. Treat as One: Bridging the gap between mental and physical healthcare in general hospitals. National Confidential Enquiry into Patient Outcome and Death (2017).
3. Whole-person care: from rhetoric to reality - achieving parity between mental and physical health. Royal College of Psychiatrists (2013).

Biography

Paul Abernethie is a qualified Registered Mental Health Nurse, having qualified in 1998. He has subsequently spent the majority of his career working in, and managing the Liaison Psychiatry Service at St George's Hospital. During this time Paul has developed a keen interest in education and training – designed to improve patient outcomes across a variety of care settings.

Katy Lowe qualified in 2011 and has worked in a variety of settings since. She has spent most of her nursing career working in Early Intervention in Psychosis services, both inpatient and community. Katy spent 1 year in Sierra Leone working in global mental health and recently enjoyed a stint as a lecturer in Mental Health Nursing. She is now working on a project to improve mental health skills at Kingston Hospital.

Poster number 2
Leading rapid practice change through learning and innovation

Angela Jones, Clinical Team Leader, Marie Stopes International, England;
Nikki Lorrimer, Regional Clinical Operations Manager, RN;
Nicola Moore, Associate Director of Governance, BSc, Dip Midwifery, Dip Risk

Aim

To demonstrate how leadership, collaboration, and the use of rapid PDSA with an innovative use of skype and digital compliance monitoring led to improvements in practice, the learning culture, governance and quality assurance.

Abstract

The findings and recommendations of the MSUK CQC report 2016 led to a period of rapid change to practice and procedure as policies were developed, competency assessments introduced and a manual compliance monitoring programme implemented. MSUK has a dispersed model organisational structure which had proven difficult when managing and leading change and creates challenges in terms of consistency, reliability and quality of learning. Responding to the CQC and introducing new processes while addressing service pressures became a significant challenge for both clinical and governance staff. It became apparent that a new approach to implementation was required to ensure changes to practice and quality assurance methods were embedded throughout the organisation. A working party was established to share respective knowledge and skills about learning in practice. Due to the quick turnaround required, a rapid PDSA (Plan, Do, Study, Act) project approach was chosen to address the issues in one area prior to an organisation wide roll out. To acknowledge different learning styles multiple methods of learning were incorporated into the change programmes including seminars, webinar Skype sessions, one to one supervision and competency sign off. The compliance monitoring system was redesigned, simplified, systemised and automated in an innovative and cost effective way to provide a comprehensive assurance method.

Intended learning outcomes

1. Leadership and collaborative working are essential to change management in practice
2. Recognising the benefits of using a rapid PDSA approach prior to organisation wide roll out
3. Innovation can come from crisis and it does not need to be expensive.

Recommended reading list

1. Fitzsimmons, E and Cooper J (2012) Embedding a culture of evidence based practice. Nursing Management , 19 (7) 14-19
2. Monitoring for Compliance: A Strategic Approach: http://www.corporatecomplianceinsights.com/compliance-monitoring-strategic-approach/

Biography

Leader and registered nurse with extensive senior experience in the health sector and Professional Advisory Services. Passionate about improving person-centred health care. Experienced in identifying barriers to provide high clinical quality service and enabling others to achieve high personal performance. Applies an innovative mindset to design improvement solutions, influence senior stakeholders, and inspire people and organisations to manage change to deliver tangible outcomes. Adept at working in complex environments, including distressed organisations and crisis situations.

Poster number 3
Learning to write letters to families; moving from a classroom exercise to practice development, facilitating Admiral Nurses' critical self-reflection skills.

Christine Carter, RMN BSc(Hons) MSc PGdip Teaching Fellow, Senior Lecturer in Dementia Studies, University of worcester, England;
Suzanne Wightman Practice Development Lead Admiral Nursing Dementia UK

Aim

To explore creative ways to enhance critical self relection and demosntrate learning techniques from the classroom into practice

Abstract

Letter writing is a way of commending families by looking at their resources and strengths; it has been linked to a reduction of the theory-practice gap and producing a higher level of reflection in clinicians such as nurses (Erlingsson 2009). Student nurses in Erlingsson's research were asked to write and send therapeutic letters to families they were working with. Thinking critically and writing in a critically reflective way are skills required at Master's level, with Admiral Nurses undertaking a Master's module needing to demonstrate both in their assignments. Admiral Nurses are specialist nurses working with people with dementia and families with complex needs. As module leader I used a letter writing exercise with Admiral Nurses as a way of transferring critical reflective thinking into writing whilst

reframing their potentially emotive work with families. The exercise involved them thinking about a family they were actively working with and constructing the outline for a letter to one family member, focusing on their own reflections of an interaction and drawing upon the strengths and positives present within that family relationship. Writing a letter in the first person was challenging, differing vastly from the more common production of a clinical summary, but feedback was overwhelmingly positive. Unlike the Erlingsson research the letters were not actually sent to families but used to facilitate discussion and a high level of self-reflection. A full debrief of the exercise was carried out due to many letters being deeply emotional. The success of this exercise within the classroom has transferability into practice through the honesty and authenticity which emerged, allowing for deeper critical reflection of themselves as Admiral Nurses and their relationship with the families they work with. I am currently working with a Practice Development Lead and an Admiral Nurse from the module to use this technique within their monthly Practice Development days to think about families in a different way and develop self-reflection, creativity and a sense of emotional intelligence within their work.

Intended learning outcomes

1. Understand the role of critical self reflective learning with specialist nurses and creative ways of achieving this.
2. Demonstrate how a teaching and learning excercise can tranfer from the classroom into practice.
3. Explore and understand more creative approaches to self reflection and working with families who are affected by dementia

Recommended reading list

1. Erlingsson,C (2009) 'Undergraduate Nursing Students Writing Therapeutic Letters to families: An Educational Strategy' Journal of Family Nursing 15:83 pp 83-101.
2. Cottrell S (2011). Critical Thinking Skills, Developing Effective Analysis and Argument 2nd Ed.. Hampshire; Palgrave Macmillan.

Biography

Christine is a Mental Health Nurse and worked as manager for a Mental Health Liaison Team, covering two acute hospitals working with mental health problems or dementia. Christine worked in pre-registration nurse education as a lecturer in mental health nursing and older people. She has a degree in Health Studies, a MSc in Social Research and a Post Graduate Diploma in Adult Education. Christine is also module lead for the MSc module for Admiral Nurses and has been involved in a number of projects and educational developments and has publications around these and liaison nursing with people with dementia.

Poster number 4
Improving pre-registration nursing students' contribution to patient safety through raising concerns - recommendations from a descriptive phenomenological study

Elizabeth Cooper, MEd, BSc(hons), NT,RGN, SFHEA, Deputy Head of Department: Acute Adult Care, Faculty of Health and Social Care, University of Chester, England

Aim

promote debate about current approaches which guide nursing students to raise concern in placement

Abstract

Listening to students who raise concerns has been fundamental part of the NHS patient safety and whistleblowing policy since the Francis report (2013). Through collaboration, educators and placement partners responded to this change, adjusting local policies and guidance to promote students to speak out when concerned. Nursing strategy focuses upon raising concern as a difficult decision, requiring moral courage, commitment and ethical conviction which is reflected in the few small-scale studies of students' experiences. These studies, in conjunction with earlier work confirms that the decision to speak up is complex, influenced by personal, situational and professional factors. In acknowledging this complexity, understanding the reality of raising concerns for students is needed to inform how educators and the NHS can work together to value students' contribution to patient safety. This paper presents findings from a descriptive phenomenological research study completed as part of a professional doctorate which explored nursing students' experience of raising concern in placement. Discussing the findings with practitioners hopes to strengthen the relevance of the research by providing valuable feedback on the proposed impact of this study for educational and workplace practice. Drawing from the study's findings, this paper

aims to promote debate about current approaches which guide students to raise concern. The paper will outline three stages in students' concern raising experience, situate the stages within current NHS and Nursing practice, recommend areas of improvement to education and placement practice and provide opportunity for discussion on the proposed recommendations. In addressing these aims and objectives, this paper seeks to promote reflection upon current practice, challenge the belief that raising concern is purely about whistleblowing and inspire delegates to think about students who raise concerns in a new, positive light: as current contributors to effective patient care and future compassionate Nurse leaders.

Intended learning outcomes

1. Paper will outline three stages in students' concern raising experience
2. recommend areas of improvement to education and placement practice
3. provide opportunity for discussion on the recommendations and impact on future practice

Recommended reading list

1. Nursing and Midwifery Council (2015) Rasing concerns in practice (guidance). at www.nmc.org.uk
2. Health Education England (2014) Building and stregthening leadership: Leading with compassion at https://www.england.nhs.uk/wp-content/uploads/2014/12/london-nursing-accessible.pdf
3. Cropper,B (2009)Compassion in leadership at www.thechangeforum/compassionate_leadersship.htm

Biography

Liz has been a registered nurse for thirty years, with the last twelve years within Education. She has worked within Hospitals for her practice career, and has maintained a keen interest in practice education, supporting learning in the workplace and using education to improve nursing practice. Her current doctoral studies arose from the call for nursing students to raise concerns, which offers opportunity for education and practice to work together to improve patient care.

Poster number 5
USING RUBRICS TO ENHANCE UNDERGRADUATE LEARNING AND ENGAGEMENT WITH ASSIGNMENT FEEDBACK

Dr Loretta Crawley, RGN, RM, RON, RNT, BNS, M. Equality Studies, PhD, Lecturer /Assistant Professor, UCD School of Nursing, Midwifery & Health Systems, Ireland;
Dr. Jacqueline Burke,RGN, RPN, RNT, BNS, MeD, PhD . Lecturer/Asssitant Professor UCD School of Nursing, Midwifery & Health Systems;
Dr. Aoife MacCormac , BSc, PhD, Educational Technologist UCD School of Nursing, Midwifery and Health Systems Room B306, UCD Health Sciences Centre, University College Dublin, Belfield, Dublin 4, Ireland

Aim

To describe the development of the Rubric and how it benefitted students and lecturers

Abstract

This presentation outlines the process involved in developing a rubric to provide assignment feedback via the Virtual Learning Environment (VLE) and an initiative to encourage students to engage with that provided feedback. Within higher education there is an extensive body of research concerning the significance of feedback and how this promotes student learning. In University College Dublin (UCD) a key learning outcome of BSc nursing programmes is that students develop a sense of professional awareness, professional responsibility and accountability and will develop critical thinking and critical self-appraisal skills. Assessment criteria of knowledge/understanding, application/ linking theory to practice, analysis and critical thinking, quality of argument and expression and finally, presentation and writing skills will be discussed in the context of the rubric used. The rubric was developed in the academic year 2016-2017 with the aim of enhancing first year undergraduate BSc nursing student engagement with assessment feedback and to develop critical thinking and self-appraisal skills. As part of the UCD module titled 'Perspectives on Nursing', students were required to tackle theoretical concepts which explored nursing ethics; professionalism; nursing theory and models of nursing. Two hundred and eighteen (218) students across three disciplines of nursing were registered to the module. The module was assessed formatively by eLearning activities of four online journal inputs (30%) and a summative written assignment (70%). Each student received individualised rubric feedback for all assessment

components which amounted to five in total. In order to enable student engagement with the feedback the summative written assignment incorporated a component requiring the students to reflect and provide self-assessment action points on how the rubric feedback assisted them to complete the final written assignment. Twenty percent (20%) was awarded for this to motivate students to actively engage with lecturers' feedback and hence promote greater critical reflection and self –appraisal. Blackboard analytics across the criteria knowledge/understanding, application/ linking theory to practice and presentation and writing skills demonstrated an improvement across the four journals as well the final written assignment. There was also an increase in the higher grades from A to C+. Student Self-assessment action points demonstrated engagement with feedback. -

Intended learning outcomes

1. Develope a rubric to provide assignment feedback via the Virtual Learning Environment (VLE).
2. Innovative strategy to motivate students to actively engage with lecturers' feedback to promote greater critical reflection and self – appraisal.
3. Discuss the overall benefits to students and lecturers.

Recommended reading list

1. Cox, G., Brathwaite, B. and Morrison, J. 'The Rubric: An Assessment Tool to Guide Students and Markers' in Domenech, J et al (eds) (2016) Advances in Higher Education chapter 9 Editorial Universitas Politecnica de Valencia.
2. Agius, NM., Wilkinsong A (2017) Students' and teachers' views of written feedback at undergraduate level: A literature review. Nurse Education Today available online :http://ac.els-cdn.com.ucd.idm.oclc.org/S0260691713002438/1-s2.0-S0260691713002438-main.pdf?_tid=8e729e3a-93db-11e7-95bd-00000aacb35d&acdnat=1504795865_62b0ca50a70fd50d6807d767b620f6e9(accessed 7th September 2017).
3. Wllenschlager, M.,Hattie, J., Machts, N., Moller, J., Harms, U. (2016) What makes rubrics effective in teacher-feedback. Transparency of learning goals is not enough. Contemporary Educational Psychology,44-45.

Biography

Dr Loretta Crawley joined UCD School of Nursing, Midwifery & Health Systems as a lecturer in 2002. Loretta has a PhD, a Masters in Equality Studies and a Bachelor in Nursing Studies. Loretta has extensive experience in nurse education and is the module coordinator of the stage one core nursing module delivered by UCD School of Nursing, Midwifery and Health Systems titled Perspectives on nursing. Together with her academic colleague and the educational technologist she lead on the first cycle blended learning redesign of the module. In 2016 designing and implementing the Rubric was the second modular enhancement.

Dr Jacqueline Burke also has extensive experience in nurse education and is the joint lecturer on the stage one core nursing module delivered by UCD School of Nursing, Midwifery and Health Systems titled Perspectives on nursing. Together with her academic colleague and the educational technologist she worked on the first cycle blended learning redesign of the module. In 2016 designing and implementing the Rubric was the second modular enhancement.

Poster number 6
"By three methods we may learn wisdom: First, by reflection, which is noblest; Second, by imitation, which is easiest; and third by experience, which is the bitterest": Developing a training package to reduce noise levels in the Intensive Care Unit.

Julie Darbyshire, MA, MSc, Critical Care Research Programme Manager, University of Oxford, England

Aim

To describe the development of a multi-component training package designed to reduce noise levels in the intensive care unit.

Abstract

Introduction: The intensive care unit (ICU) is a cacophony of unfamiliar noises that are terrifying to patients. Up to 75% of patients experience ICU-acquired delirium (Salluh et al., 2015). These patients remain longer in hospital, and can have long-term psycho-social problems after they go home (Ely et al., 2001). Noise levels in ICUs are around 60dBA. This is about as loud as a busy restaurant. The World Health Organisation recommends that

noise levels in patient care areas should be <35dBA, comparable to a library.

Methods: Using the AEBCD framework (Locock et al., 2014) we developed an intervention to address noise levels in the ICU. This included replacing metal bins with plastic, initiating an alarms management policy, and raising awareness through a new educational programme. The programme was developed in collaboration with a medical educationalist and draws on theories of adult learning (Kolb and Fry, 1975, Honey and Mumford, 1986). An e-learning module includes patient interviews and evidence-based information on the effects of noise. A short simulation-based experiential session includes live and recorded sounds combined with common ICU activities. Staff therefore experience the ICU from the patient perspective.

Results: To date 116 individuals have completed the experience. Feedback indicates 100% of participants found it useful, 97% said that they would change their practice after the session, and 95% thought that staff in the ICU could do more to create a less stressful environment for patients. From a word cloud generated from patient reports of their experience in the ICU, the most frequently selected words by participants are 'worrying', 'frightening', 'stressful', 'confusing', 'uncomfortable', 'scared', 'afraid' and 'alone'. Post-intervention measures indicate a reduction in sound levels of ~4dB.

Conclusion: Staff are unaware of how much noise normal activities create. Putting them in the position of the patient allows them to experience the ICU from a new perspective. Measurable change was achieved through robust theoretical design, a patient-focused approach, and innovative binaural recording techniques which increased the realism of the experience. We are now evaluating sustained cultural change and knowledge transfer through ethnographic observations and follow up questionnaires.

Intended learning outcomes

1. Describe the benefits of using the AEBCD method
2. List the four main learning styles and explain why educational programmes need to be multimodal
3. Appraise methods for evaluating impact of training programmes

Recommended reading list

1. LOCOCK, L., ROBERT, G., BOAZ, A., VOUGIOUKALOU, S., SHULDHAM, C., FIELDEN, J., ZIEBLAND, S., GAGER, M., TOLLYFIELD, R. & PEARCEY, J. 2014. Using a national archive of patient experience narratives to promote local patient-centered quality improvement: an ethnographic process evaluation of 'accelerated' experience-based co-design. Journal of Health Services Research & Policy, 19, 200-207.
2. KOLB, D. A. & FRY, R. 1975. Toward an applied theory of experiential learning. In: COOPER, C. (ed.) Theories of Group Process. London: John Wiley
3. KIRKPATRICK, D. L. & KIRKPATRICK, J. D. 2006. Evaluating training programes: the four levels, San Fransisco, CA, Berrett-Koehler

Biography

Julie is the Academic Research Programme Manager for the Critical Care Research Group based at the Oxford University Hospitals NHS Foundation Trust. Julie's research interests focus on patient-oriented improvements in healthcare delivery, public understanding of research, and the importance of publishing trial results for the lay audience. Julie holds higher degrees in both art and science and she is the lead researcher for a programme of studies investigating noise levels in the Intensive Care environment and the relationships between noise, sleep, and ICU-acquired delirium.

Poster number 7
Developing a diabetes passport of learning for nurses to increase staff knowledge and improve inpatient diabetes care.

Ravinder Dosanjh, RGN, Project Lead Nurse Diabetes, ABMUHB, Wales;
Louise Giles , RGN , Lead Nurse Education, ABMUHB;

Aim

To update and improve knowledge of diabetes and ultimately positively impact up on the quality of care received by inpatients with diabetes.

Abstract

Background: The National audit of Diabetes Inpatients (NaDIA) has consistently identified deficiencies around inpatient management of patients with diabetes. A local review of training identified that education of staff required a fresh approach in updating knowledge

and skills, to ensure that nursing staff are up to date with current diabetes management.

Aims: To update and improve knowledge of diabetes and ultimately positively impact up on the quality of care received by inpatients with diabetes.

Methods: The 'Think Glucose' Improvement toolkit was used to develop a face-to-face diabetes update for staff delivered by Diabetes Specialist Nurses. The face to face session was delivered to nurses and included in the preceptorship programme. A blended learning approach was achieved with a subscription to an Elearning package the 'National Patient Safety Suite'. The update included content provided by the diabetes multi-disciplinary team, including pharmacy, dietetics and podiatry. Nursing staff were encouraged to complete modules essential to role; eight modules were identified for registered nurses and three modules for health care support workers to complete the diabetes passport.

Results: More than 2,400 staff have completed face-to-face training, 2,681 eLearning modules studied with 363 completions of the hypoglycaemia module; 155 nurses have achieved the 'Think Glucose' diabetes passport. The outcomes are being monitored and point of care data has identified an increase in blood glucose testing achieving a reduction in hypoglycaemia. In January 2016 the total number of blood glucose tests in hypoglycaemic range was 7.01% compared to 4.18% in August 2017, with a mean of 4.98%.

Conclusion: A combination of face-to-face sessions and access to Elearning modules can be an effective way to deliver diabetes education for nurses. By adopting this programme we have demonstrated improvements in hypoglycaemia management for inpatients due to enhancing knowledge and skills in diabetes management.

Intended learning outcomes

1. To update diabetes knowledge of nursing staff using a blended learning approach
2. To increase knowledge and skills of nursing staff in diabetes managment
3. To improve in patient care of patients with diabetes

Recommended reading list

1. Walsh N, George S, Priest L, Deakin TA, Karet B, Simmons D. The current status of diabetes professional educational standards and competences in the UK. A report from the Diabetes UK Health Professional Education Task and Finish Group. Diabetic Medicine 2011;28:1501-1507.
2. Eyres G, Richards L, James J, Morton A, Sweeney G. The NHS Diabetes Safe Use of Insulin e-learning module: is it making a difference to health care professionals? Practical Diabetes 2012;29:312-314.
3. An Integrated Career and Competency Framework for Diabetes Nursing (4rd Edition) access via website: http://www.trend-uk.org/

Biography

Ravinder is a registered nurse since 1991 gaining experience in medical nursing specialising in haematology and coronary care. In 1998 completed the diploma in community health and qualified as a Registered Health Visitor. In 2006 , embarked on a journey into the transfusion world as a Blood Transfusion Practitioner and studied the degree in nursing and PGCE. Since 2015, working in diabetes as a Project Lead Nurse for diabetes with a passion for education, quality improvement and patient safety.

Louise is a registered nurse with 33 years experience now working within nurse education, driving forward excellence in practice through education and practice development. A Florence Nightingale Scholar with special interest in the embedding of Schwartz Centre Rounds in partnership with the Point of Care Foundation.

Poster number 8
Entering new territory: a collaborative approach to designing innovative nursing curricula.

Katie Meah, Pg dip. Health Visiting; Pg Diploma Health Development; BSc (hons) Nursing Learning Disability RNLD, SCPHN, Pg Cert Higher Education, Teaching Fellow in Learning Disabilities, Birmingham City University, England

Aim

To outline effective leadership strategies used to develop partnership working and enhance collaborative design towards an innovative approach to nurse education.

Abstract

There is a global shortage of registered nurses and in the UK the ageing workforce, removal of the bursary system for nurse education and unattractive terms and

conditions of employment in many clinical areas have led to a perfect storm. It is now widely recognised that there is the urgent need for reform in workforce development and a radical change in graduate nurse education to equip nurses to work more flexibly across a broad range of primary and secondary care settings. In recognition of this the NMC is in the process of developing radically different standards for registered nurses and a new educational framework. Those engaged in nurse education must respond and provide a range of pre and post registration programmes to equip nurses to care for the changing needs of the population and manage the unprecedented pressure on NHS resources. Birmingham City University (BCU) is one of the largest healthcare providers in the UK educating more than 800 pre-registration students per year in addition to a wide range of post registration specialist provisions. BCU is also the only provider of pre-registration nurse education to the military. The task of redesigning the nursing curricula is significant but through effective collaboration and an openness to explore innovative approaches a new and exciting programme is emerging. Successful teamwork, well defined leadership and the utilisation of change management strategies have been fundamental. A stepped approach exploring the why, how and what aspects of the process incorporate the views of stakeholders at each stage has been essential. This has included ongoing feedback via face to face and online interaction, beginning with the development of a shared underpinning philosophy. Although not always comfortable this collaborative approach including service users, military personnel, practice partners, students, academics and a wide range of support staff has proven highly effective. Entering new territory can be daunting but using an adaptive leadership approach and working in partnership with those who have a wealth of experience has created exciting opportunities for an integrated approach to pre and post registration education equipping the nursing workforce of the future. -

Intended learning outcomes

1. To appreciate the importance of collaboration in curriculum design
2. To describe the use of an adaptive leadership approach
3. To identify strategies to address the changing and often competing demands of nurse education

Recommended reading list

1. Faculty of Medical Leadership and Management, The King's fund and the Center for Creative Leadership (2015). Leadership and leadership development in health care: The evidence base. Available at: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf
2. Nursing and Midwifery Council (2017a) Draft standards of proficiency for registered nurses. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec7-draft-standards-of-proficiency-for-registered-nurses.pdf
3. Willis, P. (2015) Raising the Bar. The Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. Available at: http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf

Biography

Allison Evans qualified as a RGN in 1988 and worked in primary and secondary care settings before becoming a qualified counsellor/psychotherapist. In 2010 she joined Birmingham City University as a lecturer in adult nursing. Allison worked on a variety of pre and post registration courses before becoming a senior lecturer leading a large core module on the BSc (Hons) Nursing programme and commencing a PhD in Emotional Intelligence in undergraduate nurses. She is currently employed as the BSc Nursing Programme Development Lead and remains passionate about equipping students to become competent, compassionate practitioners.

Poster number 9
Developing whole-systems recovery programmes for families

Miss Catherine Gamble, RGN RMN RNT BSc MSc, Head of Nursing, South West London and St Georges Mental Health NHS Trust, England

Aim

To evaluate the impact of recovery programmes on family members care giving experiences

Abstract

Recovery based early intervention models increasingly promote the development of person centred

approaches and self-management skills. An important factor within this paradigm is a growing awareness that a person's recovery from psychosis is largely dependent upon the informal peer support they receive. Peer support roles for family members are emerging (Kling et al., 2008) yet little relevant literature is available to formulate what is required to integrate the natural support families can provide into routine mental health care. As Mental Health providers seek to promote social inclusion and engage family members, there is need for further detail concerning the specific development programmes required. By exploring Experience of Care-giving (Szmukler et al., 2003) data, skills development workshop feedback and the narratives of family member's involved in recovery based programmes this paper will consider ways to incorporate peer support and family inclusion measures into routine activity. Recommendations on how to run skills based workshops, recovery programmes and sustain a family inclusive service will also be outlined.

Intended learning outcomes

1. Consider ways to promote peer support & family inclusion
2. Review the impact of a recovery programme on family members care giving experiences
3. Share understanding of how to promote family inclusive services

Recommended reading list

1. Szmukler, G., Kuipers, E., Joyce, J., Harris, T., Leese, M., Maphosa, W., Staples, E. (2003) A exploratory randomised controlled trial of a support programme for carers of patients with a psychosis. Soc Psychiatry Psychiatr Epidemiol 38: 411–418
2. Lobban, F. and Barrowclough, C. (2009) (Eds.) A Casebook of Family Interventions for Psychosis, Chichester: Wiley and Sons
3. Kling LW, Dawes FJ, Nestor P. (2008). Peer Specialists and Carer Consultants Working in Acute Mental Health Units: An Initial Evaluation of Consumers, Carers, and Staff Perspectives International Journal of Psychosocial Rehabilitation. 12 (2), 81-95

Biography

Catherine Gamble is Head of the Nursing at South West London and St George's Mental Health NHS Trust and the RCN's MHN professional lead. Catherine has a special interest in promoting families' inclusion in recovery based services. Catherine has published widely and has received wide recognition for leading and evaluating numerous practice development initiatives. Catherine is a Eileen Skellern memorial lecture laureate, RCN's MHN and Royal College of Psychiatrist award winner. She has held various NHS roles in acute and community psychiatric services and is an elected member of the NHS Confederation Mental Health Network.

Poster number 10
Developing an understanding of informal and non-formal learning between nurses and 5th year medical students

Jon. Geddes, BEd Hons.MA in Education MA Health Promotion, PhD Student, Northumbria University, England

Aim

Developing an understanding of non-formal learning interactions between Nurses and final year Medical students in the work place.

Abstract

Developing an understanding of non-formal learning interactions between Nurses and final year Medical students in the work place. There is little recognition that non-formal teaching of medical students in the clinical environment is an accepted function of what nurses do on a day to day basis. Gilmour et.al. (2014 p.173) states that nursing contribution to medical education in the clinical environment is under researched and poorly understood. This is the foundation on which this focused ethnographic study is based. Fieldwork included 20 observational sessions lasting between 2-3 and half hours in 2 wards in an acute general hospital in the North east of England. Data collection also included shadowing nurses and medical students on the wards, semi structured interviews with nurses and medical students as well as recording ad-hoc conversations. These data collection methods led to the gathering rich data to enable the development of an understanding of the non-formal learning of medical students in the ward environment and the educational mechanisms, motivations and activities at play in the role of the nurse as an educator. Through content analysis and triangulation of the different data collected initial findings highlight that non formal learning takes place through synchronous and asynchronous means on the ward. One of the key findings being that

reified knowledge and cultural knowledge of work practices, some of which are often taken for granted are key aspects of this non-formal learning for medical students. In particular, learning associated with orientation issues and socialisation of the ward as a work environment were identified. Medical students acknowledge the importance of the nurse as educators in their non-formal learning. The nurses felt they were key educators of medical students into the team but generally this was not recognised by fellow health professionals or management and the learning was taken for granted. Nurses also felt that there was no acknowledgement of this role within their own training. Emerging recommendations therefore relate not only to the importance for medical students to recognise and benefit from this non formal learning but also that nurse training should prepare nurses for this role.

Intended learning outcomes

1. Understanding Educational role of nurses on the ward
2. Educational mechanisms

Recommended reading list

1. Qualitative Inquiry and research design John Creswell
2. Learning in social Action Griff Foley

Biography

Jon Geddes is a Final year PhD student at Northumbria University

Poster number 11
Collaboration through action research to strengthen pre registration clinical eduction

Laura Gilmore, DipHe, BSc, MSc, RN (Child), Clinical Teacher, Department of Child and Family Health, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, Kings College London, England;
Clare Allberry, MSc, RN (Child). Clinical Teacher, Department of Child and Family Health, Florence Nightingale Faculty of Nursing, Midwifery and Palliative care, Kings College London

Aim

To share the learning from first year the Clinical Teacher project. To inspire educators with the work that is being undertaken. To advocate the role of clinical educators in Higher Education Institutions. To stimulate debate about development of the

Abstract

Three key factors came together in 2016 that provided the impetus to explore clinical education roles within Higher Education. Firstly, student evaluations consistently reported skills teaching as highly prized; secondly the Nursing and Midwifery Council review of education standards for student nurses and finally, difficulty in recruiting to clinical teacher posts. In the Department of Child and Family Health, at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, Kings College London a 'Clinical teacher' research project was commenced. The two year education action research project includes secondment for 15 hours per week of 5 Grade 6 nurses from partner NHS Trusts, with the aim of shaping a desirable clinical education role and to address student expectations for skills development across settings. This poster presents data from the first year on outcomes of the development and impact of the clinical teacher role to date, and includes student evaluations of innovations such as 1) student led drop in sessions. Topics decided upon by groups of students prior to sessions enabling them to begin to take responsibility for their ongoing learning and development, 2) weekly programmes of teaching taking place within the partner trusts focusing on skills, scenario based learning and simulated case studies, 3) web based clinical teacher led journal club.

Intended learning outcomes

1. For delegates to gain an understanding of the collaborative work taking place within the clinical teacher project
2. For Delegates to have the opportunity to observe and discuss the impacts made within the first year of the clinical teacher project
3. For delegates to be able to share in the innovative education activities taking place

Recommended reading list

1. Brown J, STevens J, Kermode S, Supporting student nurse professionalisation: The role of the clinical teacher, Nurse Education Today, Volume 32, Issue 5, 2012
2. Babenko-Mould Y, Iwasiw CL, Andrusyszyn M, Laschinger HKS, Weston W, Effects of clinical practice environments on clinical teacher and nursing student outcomes, Journal of Nurse Education, Volume 51, Issue 4, 2012
3. Forbes H, Clinical teachers' conceptions of nursing, Journal of Nursing Education, Volume 51, Issue 3, 2010

Biography

Laura Gilmore is a clinical teacher within the Department of Child and Family Health, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, Kings College London. Having been qualified since 2001 Laura has experienced various clinical roles. Currently alongside her secondment to the faculty she works as an assistant practice development nurse at the Variety Children's Hospital within Kings College Hospital, London

Clare Allberry is a clinical teacher within the Department of Child and Family Health, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, Kings College London. Currently alongside her secondment to the faculty Clare works as a Senior Staff nurse on Mountain Ward at the Evelina London Children's Hospital

Poster number 12
Training staff about hydration of older people in care home settings: evaluation and implications

Carolynn Greene, BSc (Hons), MSc, Research Assistant, University of West London, England;
Deebs Canning. MA (Nsg Leadership), PGDip Nsg (Pall Care), PGDip Teaching & Learning, Onc Cert, RN, FHEA. Senior Lecturer (Adult Nursing – End of Life Care). University of West London

Aim

Sharing learning from the development and delivery of a hydration focused training session for care home staff.

Abstract

Introduction - Dehydration is a complex and well-recognised problem in the care home setting. Within the social care sector support staff provide the majority of direct care for residents, and yet receive minimal training. This study, as part of a larger service improvement project, involved the design and delivery of a hydration specific training session for care home staff. Training was unique in that it was open to all staff, and informed by observations of hydration care in two care homes in North West London.

Methods - A two hour interactive training session was developed, training components included emotional mapping, quiz, case studies and practical skills. Participant self-evaluation forms were used to collect data regarding satisfaction and usefulness of the session, potential impact on practice, and pre and post levels of self-reported knowledge across six facets of hydration care. Training facilitators captured qualitative data in the form of field notes.

Results - Eighteen in-house training sessions were delivered across two care homes. A total of 161 participant evaluation forms were returned. There was a significant increase in self-rated knowledge across all six facets of hydration care ($p = 0.000$). The majority of participants found the training enjoyable and useful, and expressed an expected change in their practice. Participants particularly enjoyed the interactive components of the training. However, a lack of reflective practice skills meant participants were unable to reflect realistically about the hydration care provided in the home.

Conclusion - Providing hydration specific training based on observed care issues in the care home environment can be well received and effective in increasing staff knowledge. The training session benefited from being interactive and experiential. Inclusion of skills in reflective practice is needed if any enhancement in knowledge is to be translated into practice.

Intended learning outcomes

1. To recognise the importance of using an experiential learning approach when developing innovative training sessions for care home staff.
2. To explore the role of reflective practice in facilitating the transfer of enhanced knowledge in hydration into practice.
3. To highlight the need for a positive change culture in the care home environment to support the transfer of new knowledge into improved practice.

Recommended reading list

1. McKenna, H.P., Hasson, F. & Keeney, S. (2004) Patient safety and quality of care: the role of the health care assistant, Journal of Nursing Management, vol. 12, no. 6, pp. 452-459.
2. Page, S. & Meerabeau, L. (2000) Achieving change through reflective practice: closing the loop, Nurse Education Today, vol. 20, no. 5, pp. 365-372.
3. Rushmer, R. & Davies, H.T.O. (2004) Unlearning in health care, Quality & Safety in Health Care, vol. 13 Suppl 2, pp. ii10-ii15.

Biography

Carolynn completed her Psychology degree with The Open University in 2013, she then graduated from Middlesex University with an MSc in Health Psychology in 2015. She

went on to join the College of Nursing, Midwifery and Healthcare at the University of West London as a Research Assistant. Here she has been working as part of the I-Hydrate project team which is using service improvement methodology to optimise the hydration of elderly care home residents.

Originally from Australia, Deebs has worked for many years in both oncology and palliative care (PC) specialties. This has included a long teaching hospital tenure as a Nurse Consultant in PC, and later taking on the inaugural Director of Education post, at the newly established Centre for Palliative Care Research and Education. Since arriving in London in 2005 Deebs has held lecturer posts at two hospices whilst seconded to local universities. In 2011 she was appointed as Senior Lecturer (Adult Nursing) at the University of West London. Deebs has been working with the I-Hydrate research team since mid-2016.

Poster number 13
Introducing a comprehensive competency and development programme from Healthcare Assistant to Lead Nurse in Sexual Health

Dr Matthew Grundy-Bowers, PhD, MSc PGCertSH, PGAMedEd, BSc (Hons), RN, FRT, AFHEA, Consultant Nurse (HIV/Sexual Health), The Jefferiss Wing, Centre for Sexual Health. Imperial College Healthcare NHS Trust, Praed Street, London W2 1NY, England;

Aim

This paper describes the introduction of a comprehensive development programme from Healthcare Assistant to Lead Nurse in Sexual Health, which incorporates national qualifications in contraception and sexual health at each level.

Abstract

The NHS educational landscape is changing, with pressures on budgets and study leave requiring new and innovate approaches which rely less on traditional university based courses to educate, train and develop staff. In sexual health like other clinical services, this poses a challenge as many staff both qualified and unqualified are taking on new roles and responsibilities for which they require the appropriate skills and knowledge to deliver. This presentation will provide useful insights into the successes and challenges in introducing a competency and development framework across all levels from Healthcare Assistant (HCA) to Lead Nurse in a busy, inner city, integrated sexual health service. The framework set clear expectations about staff development and drew together the existing local competencies, underpinned with relevant free e-learning for health modules, national sexual health qualifications and the targeted use university based programmes into a single coherent programme. The framework was applied to all new and existing staff. To aid implementation the senior team trained to become trainers in the national qualifications, the cost of which was offset by hosting external fee-paying trainees. These fees also fund local staff taking the national qualifications, which was particularly useful as the Trust only has a small budget for unqualified staff. It also reduced the reliance on the educational funding cycle which means staff undertake training when they need to. Organisational challenges included training and assessing a large team and getting used to the new assessments, while many staff (especially HCAs) found undertaking e-learning difficult. Ongoing evaluation suggests staff feel invested in and like having a clear framework. The Trust has welcomed the project as it significantly reduced the services education budget, whilst increasing the numbers of staff, including HCAs receiving national qualifications. Furthermore, the service was singled out as an area of outstanding practice, acknowledging the achievements around training and development in a recent CQC inspection of outpatients. The project is now being expanded throughout the HIV service and administration and clerical teams. The framework will be further developed into a local curriculum to be used in tandem with the new HEE apprenticeship programmes.

Intended learning outcomes

1. To be able to describe the key elements of a comprehensive competency and development framework across several levels of nursing practice
2. To identify some of the benefits and challenges in developing and implementing a framework
3. To consider the implementation and evaluation of a comprehensive competency and development framework

Recommended reading list

1. Jones, T. and Ramsbottom, H., 2017. Increasing staff retention by facilitating neonatal nurse development to an enhanced level. Infant, 13(4).

2. Pijl-Zieber, E.M., Barton, S., Konkin, J., Awosoga, O. and Caine, V., 2014. Competence and competency-based nursing education: finding our way through the issues.
3. Simmonds, K., Hewitt, C.M., Aztlan, E.A. and Skinner, E., 2017. Pathways to competence in sexual and reproductive health care for advanced practice nurses. Journal of Obstetric, Gynecologic & Neonatal Nursing, 46(5), pp.e168-e179.

Biography

Matthew is passionate about education and development. With 30 years nursing experience, 23 of which in HIV/Sexual Heath, for the past 12-years he has been the consultant nurse at Imperial College Healthcare NHS Trust. In addition to leading the education of 63 nurses and HCAs, as a registered trainer is the local training lead for nurses and doctors undertaking national qualifications in contraception, sexual health and HIV. He is a former NHIR Clinical Doctoral Fellow during which time he was embedded in a Higher Education Institution which gave him unique insights into educational practice and still teaches in various universities.

Poster number 14
Child simulated patients: Being ethically responsible

Carrie Hamilton, RGN, BSc, MSc, Director of Education, Training and Innovation, SimComm Academy, England;

Gill Clarkson, Director of Operations, SimComm Academy

Aim

Demonstrate the importance adhering to an ethical framework when working with child simulated patients

Abstract

Background - The Association of Simulated Practice in Healthcare (ASPiH) standards[1] focus on faculty (safe learning environment) activity (patient perspective) and resources (variety of modalities). Considering these and the paucity of information regarding the ethics of engaging with child simulated patients (cSPs)[2], our aim was to become standards compliant and ethically responsible when working alongside cSPs.

Project description - The principles of biomedical ethics; respect for autonomy, non-maleficence, beneficence and justice offer a broad consideration of medical ethics issues. We created an adapted ethical framework (AdEF), underpinned by these principles. Information regarding the 'experience' of working with cSPs was gathered from local, national and international forums, then sifted into the AdEF. We tested the AdEF and consulted with parents, teachers, ethics committees, organisations and both current and former cSPs. The AdEF is a highly effective model which provides an oversight of working ethically with cSPs. Analysis of each principle has revealed the following exemplars of ethical responsibility:

1. Expert recruitment, selection and ongoing suitability
2. Scenarios written by and/or discussed with cSPs
3. Facilitator/cSP 'codes' for change in 'affect'
4. Heightened cSP awareness of health and safety issues
5. Confidence through advocacy
6. Informal debrief as important as formal debrief
7. Governance e.g. consent/personal details/information forms
8. Delegated responsible guardian (DBS)
9. Portfolio e.g. photos/certificate
10. Liaison with schools e.g. commendation/curriculum-matching.

Critical evaluation indicates a reduction of adverse events through considering the AdEF, however challenges persist, notably: coercion, assessment of maturity, role portrayal, training calibre, fluctuating abilities, feedback delivery and faculty responsibility.

Outcomes - The ethics of working with cSPs is often questioned[3]. By adhering to the AdEF and the ASPiH standards, a safe ethical environment can be maintained. We believe that the benefit to the child, their family, their friends, to health care professionals and to society, should not be underestimated. As a separate study, we intend to gather information from cSPs who have now entered adulthood. The AdEF can be used across organisations to guide the ethical responsibility of those working with adult simulated patients (SPs), including other groups of SPs routinely engaged with, e.g. SPs with learning disabilities, SPs with English as a second language and SPs who are transgender.

Intended learning outcomes

1. Identify the importance of working ethically with child simulated patients

2. Examine the ethical domains of: respect for autonomy, non-maleficence, beneficence and justice in relation to child simulated patients
3. Recognise the applicability of the ethical framework across the breadth of simulated patient engagement in healthcare education

Recommended reading list

1. [1]Standards for Simulation Based Education in Healthcare 2016 http://www.aspih.org.uk/standards/consultation/
2. [2]Gamble, A., Bearman, M. and Nestel, D., 2016. A systematic review: Children & Adolescents as simulated patients in health professional education. Advances in Simulation, 1(1), p.1.
3. [3]Khoo, E.J., Schremmer, R.D., Diekema, D.S. and Lantos, J.D., 2017. Ethics Rounds: Ethical Concerns When Minors Act As Standardised Patients. Pediatrics, p.e20162795.

Biography

Carrie has worked in healthcare systems in the UK, USA and Canada. Her nursing background is intensive care, inflight nursing, tropical disease and emergency care. A Nightingale Fellowship enabled her to research the international perspective of simulated patients in health care education. She's led simulated patient programmes for many years and is now SimComm Academy's Director of Education, where simulation, communication, humanity and patient safety with simulated and real patient involvement in hybrid/multimodal education are key. Carrie is an executive board member of the Association of Simulated Practice in Healthcare and Senior Lecturer in adult nursing at Portsmouth University.

Gill has a varied professional background. After working in the ambulance service, she moved to the MoD where she assisted hosting troops awaiting transport to deployment to the Falkland Islands. She has worked in and alongside health care organisations for many years and has expertise in performing arts, direction and moulage. Gill is Director of Operations for SimComm Academy. She believes that education in communication skills for all healthcare professionals is critical and that engaging with simulated patients/relatives and simulated healthcare professionals, in realistic situations, is the most effective way of teaching these skills in a safe, non-threatening environment.

Poster number 15
Person centred simulation: Evaluating a multidisciplinary community educator training

Carrie Hamilton, RGN, BSc, MSc, Director of Education, Training and Innovation, SimComm Academy, England;
Sarah Oborne, RGN, Quality and Training Lead and Freedom to Speak Up Guardian, Solent NHS Trust

Aim

To share a train the trainer workshop for community educators, in person centred simulation

Abstract

Background - The Health and Social Care Act 2012, imposes a legal duty for NHS England and clinical commissioning groups (CCGs) to involve patients in their care. Simulated patients (SPs) in community roles are the patient proxy and advocate, where the needs, circumstances and preferences of the individual receiving care are paramount. We aimed to provide training for community educators to work effectively with SPs in the delivery of person centred simulation. Working collaboratively with community trusts and CCGs, fifteen educators from various professional groups participated. We aimed to ensure that the training was relevant, safe, meaningful and transferable complying with the national simulation standards[1].

Project description - A fourteen-hour module was developed by simulation experts who sought input from: nurse specialists, complaints teams, chaplaincy, medical consultants, care-home managers, voluntary sector, care-givers, patients and relatives. SPs co-facilitated and role played; a lay observer attended. The principles of person-centred care[2] underpinned the module: 1) affording people dignity, compassion and respect, 2) coordinating personalised care, support or treatment, 3) supporting people to recognise/develop their own strengths and abilities. By linking the learning outcomes to the evaluation, we aimed to establish if the training was effective, achieving its objectives. We wanted to move from the traditional likert scale, to evaluating in a way that captures self-assessed changes that occur as a result of the module; thus illustrating impact.

Outcomes - Qualitative data was collected through filmed feedback from participants, the lay observer, SPs and facilitators. Quantitative data was collected at the end of the

module through a retrospective pretest-posttest. This reduced the "response shift bias"[3] of a conventional pretest-posttest evaluation which encourages inaccurate self-report of self-assessed knowledge. Participants were least confident in their ability to plan structured training sessions. Engaging with SPs in a training session was an area where most gain was noted indicating that although confident in working with SPs, there was a need for ongoing support with planning the sessions.

Conclusion - This is a highly transferable and replicable training. With ongoing support, community educators can become leaders in person centred simulation. Support would include - scenario/lesson-plan critique, observation, service users/health care team links and evaluation techniques.

Intended learning outcomes

1. Recognise the importance of person centred simulation in the community setting
2. Be aware of the richness of data of self assessed change recorded in post course evaluation
3. Consider replicating 'person centred simulation train the trainer' course in locality

Recommended reading list

1. [1]Standards for Simulation Based Education in Healthcare 2016 http://www.aspih.org.uk/standards/consultation/
2. [2]The Health Foundation (2014) Helping measure person-centred care www.health.org.uk/sites/health/files/HelpingMeasurePersonCentredCare.pdf
3. [3]Howard, G.S; Dailey, R. Response shift bias. Journal of Applied Psychology, Vol 64(2), Apr 1979, 144-150

Biography

Carrie has worked in healthcare systems in the UK, USA and Canada. Her nursing background is intensive care, inflight nursing, tropical disease and emergency care. A Nightingale Fellowship enabled her to research the international perspective of simulated patients in health care education. She's led simulated patient programmes for many years and is now SimComm Academy's Director of Education, where simulation, communication, humanity and patient safety with simulated and real patient involvement in hybrid/multimodal education are key. Carrie is an executive board member of the Association of Simulated Practice in Healthcare and Senior Lecturer in adult nursing at Portsmouth University.

Sarah qualified as a nurse in 1986 in Southampton. She has always had roles which focus on staff development and training, including Development Nurse, Lecturer/Practitioner at the University of Southampton, starting and running the Trust's NVQ centre and delivering mandatory training. Her present post is Quality and Training Lead at Solent NHS Trust. Within these roles Sarah have been involved in various development projects both locally and nationally, including 'Making Every Contact Count'. Sarah was elected as a Staff Governor for the Trust in 2014, and became a Freedom to Speak Up Guardian last year which compliment my paid role.

Poster number 16
The exploration and impact of coaching training to support new models of mentorship

Mrs Jo Hirdle, RMN;D.P.SN;MA in Nursing;PG Cert in Education;HEA fellow, University Practice Learning Adviser, Bournemouth University, England;
Mrs Belinda Humphries; RGN;Bsc (Hons) in Nursing;PG Cert in Education;HEA fellow; University Practice Learning Adviser; Bournemouth University

Aim

To disseminate findings from twelve coaching learners in practice workshops

Abstract

A plethora of changes within the healthcare arena are currently influencing the ever changing landscape and delivery of education and practice learning (NMC 2017). Within nursing, adequate numbers of students need to be recruited to meet the needs of the workforce. This subsequently impacts on clinical placement capacity and the availability of mentors to support learning in practice. As a result the current model of mentorship in the UK has been under scrutiny following the RCN mentorship project (2015) and Shape of Caring review (2015). It revealed that traditional ways of mentoring on a one to one basis was not the most effective in terms of student assessment and practice development. An array of practice education models have subsequently been piloted and implemented in practice. A philosophy of coaching being a pivotal theme underlying these approaches. The students` experience of coaching vs. mentoring is reported in current literature (Lobo 2015). However

there is limited information on preparation for staff. In the South of England, Health Education Wessex identified that specific training could enhance the skill set attributed to mentors enabling them to explore different ways to support learners in practice. Subsequently Bournemouth University were commissioned to deliver coaching workshops across the region. The workshops proposed, highlight innovative work and collaboration with trust partners and Health Education Wessex to address this issue and lead the way forward in practice learning. These one day workshops will introduce healthcare staff to the principles and skills of coaching. One of the perceived key challenges will be for mentors to step back from a ubiquitous model and culture of one to one mentoring that has been imbedded within nursing practice over many years. The presentation will primarily focus upon the efficacy of the training and its application to practice between October 17 and March 2018. These findings could aid higher education institutes and trust partners identify pertinent areas to focus on. This in conjunction with the NMC consultation (2017) could support some of the different expectations of the mentoring role with a clearer focus on coaching for the future.

Intended learning outcomes

1. The impact and effect of coaching training on mentors in nurse education
2. How a coaching approach has the potential to support learning in practice
3. Exploring the key challenges of implementing a change in paradigm

Recommended reading list

1. Health Education England 2015. Raising the Bar. Shape of Caring Review ; A review of the Future Education and Training of Registered Nurses and Care Assistants
2. Lobo,C.,2015.Collaborative Learning in Practice (CLiP).Developing New Models of Practice Learning. https://my.rcn.org.uk/__data/assets/pdf_file/0009/613692/5.6.2-Lobo.pdf
3. RCN Mentorship Project 2015. Today's Support in Practice to tomorrows vision for excellence. Royal College of Nursing. Available from https://www.rcn.org.uk/-/media/royal-college-of nursing/documents/.../005454.pdf

Biography

Jo is a registered Mental Health Nurse with many years clinical experience working in addition services facilitating therapeutic treatment interventions. Her role in education commenced as unit lead for an addictions degree and developing the Motivational Interviewing in Clinical Practice unit. Jo expanded her work by joining the practice education team linking with a variety of clinical areas, providing education and support for mentors. She enjoys the diversity of her role which involves liaison, collaboration and working with practice partners. Innovations to support the delivery of practice education have included the masterful mentoring board game and currently coaching training.

Belinda is a University Practice Learning Adviser at Bournemouth University. Upon qualification in 1987 she worked within the acute medical field. After 15 years she then experienced the role of registration and inspection officer before commencing at Bournemouth University. Since 2000 she has been a lecturer and practice education link for both pre and post registration education in health and social care. Her interests include providing innovative ways to educate, provide guidance and disseminate information to mentors who are supporting pre-registration students. More specifically her work focuses on working in partnership with clinical colleagues, in an atmosphere of trust and mutual respect in order to provide quality practice placements.

Poster number 17
Supporting Trainee Nursing Associates in Practice – preparing staff to support new learners in their practice area

Amanda Horrocks, RN - Adult, BSc, PG Cert, MSc, Practice Education Team Lead, York Teaching Hospital NHS Foundation Trust, England; Cheryl Betts, RGN, BSc, NMC Teacher

Aim

To disemminate how one NHS Foundation Trust has developed a strategy to support staff and students in the practice area

Abstract

The Trust was selected to be part of the Trainee Nursing Associate (TNA) pilot and therefore developed a programme in partnership with the University of York. As part of this, the Practice Education Team (PET) were responsible for allocations of placements and support of the placement area and trainees during the two year programme. This poster will outline how this process works and what we have learned so far.

What we did: - We have developed a process for placement allocation and discussed with placement areas how the TNA role will integrate into the practice area. We arranged placement visits to support both the Mentor and TNA during the placement. A base placement handbook was devised for staff. We have also negotiated placements with external placement providers to provide a rounded experience over the two year programme.

Overcoming issues: - There were various negative comments initially regarding the role both within internal and external placements. Therefore, the PET visited all allocated clinical placements to support a wider understanding. The TNA role was discussed at Mentor updates and awareness sessions were undertaken. There were also issues around managing the different types of learner in placement at the same time. The PET work in placement areas to support all staff and learners in the placement areas. They have knowledge of all current nursing programmes and therefore are able to provide advice in situ as required. Discussions with Practice Learning Facilitators of external placements were held to support understanding of what was required on placement in terms of learning experiences and what the expectations of the role were.

Intended learning outcomes

1. Understand issues in placement areas with managing different types of learners with different programmes
2. Develop understanding of new Nursing Associate role
3. Develop understanding of how to support colleagues who may be interested in undertaking this role

Recommended reading list

1. Lord Willis, Raising the Bar - Shape of Caring: A review of the future education and training of registered nurses and care assistants
2. Health Education England, Quality Framework 2017 - 18 Quality Standards
3. NMC - Standards to support learning and assessment in practice 2008.

Biography

Qualifying in 1999 the author has worked in a variety of nursing roles within cardiology including general cardiology wards, Coronary care and Cardiac Catheter Lab. Taking a senior role supporting learners in practice, education was always at the forefront. Therefore, the move into an educational role has occurred in the past seven years, initially delivering mandatory training and clinical skills. Then progressing into worked based learning and practice education for non-medical Healthcare Professional Students; then advancing to Team Lead for the Practice Education Team for York Teaching Hospitals NHS Foundation Trust.

Qualified in 1990 and worked in a variety of roles and settings focused on Haematology and Community Nursing. increasingly became involved in assessment and teaching and learners in practice and became a Senior Lecturer in Health and Social care in Gloucester University. Returning to a more educational practice focused role working as preceptorship lead at South Tees NHS FT. recently as a Practice Education Facilitator for York Teaching Hospital NHS Foundation Trust

Poster number 18
Developing and strengthening existing resources to improve both clients experience and their vulnerable loved ones experiences.

Hazel Nash,BSC Hons, Mnurse, Staff Nurse, South West London and St Georges Mental Health Trust, England

Aim

Implementation of a carers information pack to improve greater partnership working and clients and carers experiences of learning from the feedback received.

Abstract

Through endorsing Leading Change, Adding Value (NHS England, 2016) as nursing staff, commitment 3 “we will work in partnership with individuals, their families, carers and others important to them”. Carers are family or friends who support people with mental health problems, without being paid (Carers Trust, 2013). Their input is invaluable in recognising early signs of relapse and engaging clients in timely support (Herz et al., 2000), as well as improving long term recovery (Tambuyzer and Audenhove, 2013). While research has been done to improve involvement of service users both in planning their own care and shaping the services they access (Coulter and Collins, 2011; Mulley et al., 2012; NHS England, 2015), more must be done to recognise and involve carers to optimise care and outcomes (Eassom et al., 2014) especially as many carers describe feelings of exclusion when their loved one accesses inpatient services (Giacco et al., 2017). This is

the ethos behind The Triangle of Care (Carers Trust, 2013). - It is acknowledged in certain mental health settings it is not always possible for staff to have face-to-face contact with clients' family and carers. Clarifying and articulating alternative pathways via which feedback can be collected is therefore necessary to ensure this demographic's input can shape service provision and improve the experience of all clients and carers. A standardised carers welcome pack containing service information, follow-on care, how carers can receive support and submit feedback has been developed to strengthen and improve existing resources and improved uptake in feedback mechanisms. This assists in adherence to the Key Standards, providing a relevant range of information across the care pathway and a range of support services is available" (Carers Trust, 2013) and the LCAV impact measures which discuss fostering trust, engagement and utilising support (NHS England, 2016). The pack includes contact details for local and national organisations so that carers can easily access a service most appropriate to meet their needs. It is easy to read and understand, vital for clients for whom English is not their first language and/or who have additional needs. Therefore the carers pack is continually informed from the feedback received.

Intended learning outcomes

1. To evaluate clients and carers feedback to improve the involvement in their overall care experience and evolve services in line with the needs of carers.
2. Disseminate the concept to nurses and explore their perspectives aswell as any experience they may have had as carers for someone with mental health issues.
3. To introduce and improve feedback mechanisms amongst services from clients and carer.

Recommended reading list

1. NHS England (2016) Leading Change, Adding Value: A framework for nursing, midwifery and care staff. NHS England: London.
2. Tambuyzer, E. and Audenhove, C. (2013) Service User and Family Carer Involvement in Mental Health Care: Divergent Views. Community Mental Health Journal. 49 (6): 675-685.
3. Carers Trust (2013) The Triangle of Care. Carers Included: A Guide to Best Practice in Mental Health Care in England. Second Edition. Carers Trust: London.

Biography

Hazel Nash, Registered Mental Health Nurse, qualified in Birmingham in January 2017. Currently working as Deputy Ward Manager on Lotus Assessment Suite, a rapid assessment Psychiatric Decision Unit, recognised by the Nursing Times Awards 2017 for excellence in mental health. Passionate about urgent care, carers involvement, good cheese and bad karaoke.

Poster number 19
Human Factors Review: Emergency Department Chest Pain Process- showing the red card!

Deborah Jackson, EN: RN: Diploma in Nursing Studies; BSc (Hons) in Clinical Nursing Studies Utilising the A&E Pathway. PG (cert) ED, Practice Development Nurse, University Hospital Birmingham, England;
Fran Ives. BSc C.ErgHF. Ergonomics adviser and Human Factors Facilitator, University Hopsital Birmingham

Aim

A human factors review of patients attending an inner city Emergency Department (ED) with chest pain / suspected heart attack (To show Collaborative Working and Learning in Practice)

Abstract

Collaborative working allowed human factors review of patients attending an inner-city emergency department (ED) with chest pain, to ensure a robust safe care pathway. When a patient arrives in ED with chest pain via the non-999 route, the priority is to determine if the CP is of cardiac origin to ensure prompt and appropriate ongoing management. The patient requires effective streaming, assessment and ECG within 15 minutes to determine cardiac origin and enable primary percutaneous coronary intervention (PPCI) within 120 minutes. Collaborative working enabled inclusion of all staff groups, gaining a true situational awareness and understanding of all roles and steps in the process. A failure modes effects analysis allowed potential risks in the present process to be highlighted. A comprehensive action plan to monitor progress was developed and actioned.

We have developed:

1. A robust process for streaming
2. Clear standards to promote and support timely effective, safe care

3. Flowchart for the patient journey
4. A diagram of actual travel
5. Training and education processes for staff
6. Educational resources
7. Enhanced team work and shared learning
8. A process that can be replicated
9. Staff satisfaction survey
10. Review times from arrival to ECG.

The fundamental benefit is the reduction in risk and improved safety to this patient group and improved staff satisfaction. There were minimal financial implications of the project. Our work is innovative because:

1. We were able to use a human factors approach to review a situation
2. Show a truly multidisciplinary approach to a problem including clinical and operational staff, and staff within supporting services
3. We developed innovative diagrammatic flow charts for teaching and educating the patient journey and steps in the process.

Similar methodology could be used to tackle different issues. This initiative has great relevance elsewhere given the safety 1 and 2 culture and increased interest in using human factors to influence safety in health care. It supports learning in practice and collaborative working

Intended learning outcomes

1. Understand how we improved the process for patients arriving in ED with chest pain via the non 999 route
2. Understand how we managed to successfully engage and facilitate a functional multidisciplinary group to acknowledge gaps in the existing process and agree changes which in turn reduced risk and improved patient care.
3. Understand how we ensured a robust approach to education by developing streaming guides, simple flow charts and agreed strategy to ensure supported learning in practice for all

Recommended reading list

1. Institute for Healthcare Improvement, (no date). Failure Modes and Effects Analysis (FMEA) Tool. [online] Available at: http://www.ihi.org/resources/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx
2. National Institute for Health Care and Excellence (NICE). (2013). Myocardial infarction with ST-segment elevation: acute management Clinical guideline [CG167]. NICE, [online]. Available at: https://www.nice.org.uk/guidance/cg167
3. National Institute for Health Care and Excellence (NICE). (2014). Acute Coronary Syndromes in Adults. Quality Standard (QS 68) Quality Statement 6: Primary PCI for acute STEMI. NICE, [online]. Available at: https://www.nice.org.uk/guidance/qs68/chapter/Quality-statement-6-Primary-PCI-for-acute-STEMI

Biography

Debbie started her nursing career in Grimsby. Joined the Royal Air Force in 1984 and enjoyed a wide, varied and successful career. Debbie retired from the RAF in 2006 and was awarded the Associate for the Royal Red Cross in the Queens New Year's Honours. She has worked at UHB since 2000, within Clinical Skills, the Project lead for IV Team and for the past 4 years with the Trusts Practice Development Team; being able to continue to lead, encourage, influence and facilitate healthcare workers to develop practice such that care is patient centred, safe, health promoting and evidence based.

Poster number 20
Band 1-4 Competency, Skills and Qualification Framework

Diana Kellett, Dip He, RN, BSc (Hons), PT, MSc Queens Nurse, Primary Care Workforce Tutor, Hastings & Rother and Eastbourne, Hailsham & Seaford CCGs, England; Helen Rignall, RN, RM, BSc

Aim

To share the concept and success of the Band 1-4 Competency, Skills and Qualification Framework for use in General Practice

Abstract

The Band 1-4 Competency, Skills and Qualification Framework was developed to support Health Care Assistants (HCAs) in General Practice to have the right skills and experience to deliver safe care to patients. Traditionally, the HCA role in general practice has been varied and inconsistent, with HCAs taking on differing responsibilities. Due to increased practice demand, requests were increasing from Practice Managers for guidance on what skills HCAs could deliver. This

practice level need was identified across three Clinical Commissioning Groups (CCGs). The Band 1-4 framework was designed to guide Practice Nurses and Practice Managers in developing HCAs in their roles and to ensure consistency and quality was achieved with delivery of care. This document embedded locally, supports national educational reform and aligns to the apprenticeship standards. The wider benefits of adopting the framework for the HCA include; a clear and practical guide to development opportunities, clinical skills and competencies that align to the HCAs level of knowledge and experience and supports career development. The Framework promotes the importance of the HCA role and highlights the structured career development available showcasing the importance of the support workforce as a critical member within primary care. The framework is transferable to other sectors; however it may require alignment of skills for different specialisms and supports whole system working. The colour coded approach in the documents design brings simplicity to the user. Our CCGs have approved and adopted the framework and it is now in wider circulation around the country, being adopted by other organisations. The positive outcomes from embedding the document for us have been for the registered nurses who have been reminded of their accountability in supporting HCA responsibilities. It has highlighted the importance of revising skills and techniques and has increased confidence and communication between colleagues. The framework has encouraged our HCAs to upskill, to embrace academic development and in turn offer quality assurance alongside consistency for our practice populations. The number of HCAs now taking apprenticeships has risen and it has been recognised that many skills can and should be supported by the registered nurse accountable for delegation.

Intended learning outcomes

1. To identify appropriate skills to safely deliver at each academic level
2. To understand the accountability and responsibility of the Registered Nurse in supporting HCAs
3. To increase knowledge of career progression and apprenticeships for the support workforce

Recommended reading list

1. General Practice - Developing confidence, capability and capacity: Ten Point Action Plan (NHS England 2017)
2. Leading Change, Adding Value (NHS England 2016)
3. District Nursing and General practice Nursing Service: Education and Career Framework (HEE 2015)

Biography

Dee Kellett is a Primary Care Workforce Tutor working for Hastings and Rother, and Eastbourne, Hailsham and Seaford Clinical Commissioning Groups. Her nursing career started in 1985, completing her School Nursing degree in 2000, achieving her MSc in 2005 to become an Advanced Nurse Practitioner and Practice Teacher in 2012. Dee's achievements include becoming a finalist in the 'leading and developing people category' for the Kent, Surrey, Sussex Leadership and Innovation Awards, 'putting patient's first' annual CCG award and this year became a Queens Nurse. Dee's focus is on strategic development and clinical education in Primary Care.

Helen Rignall is a Primary Care Workforce Tutor working for Brighton and Hove Clinical Commissioning Group. She has had a vast and varied career, qualifying as a Registered Nurse in 1986, a midwife in 1989, acquired a BSc in Health visiting in 1998 and BSc in Adult Intensive Care Nursing in 2009. She lived and worked in the Middle East for 7 years, learning about different cultures, health beliefs and healthcare. Currently she is delivering on strategic projects in primary care to support education and workforce priorities. Some of Helens initiatives are being adopted and recognised nationally.

Poster number 21
STRATEGIES TO SUPPORT LEARNING IN A SCHOOL NURSE PLACEMENT

Pam Kelly, RGN, Teacher, Practice Education Facilitator, NHS Grampian, Scotland;
Lesley Alexander, RGN, MSc Nursing, Teacher. Practice Education Facilitator. NHS Grampian

Aim

The aim is to increase the recognition of school nursing as a valuable learning environment, and share strategies employed in Aberdeenshire school practice learning environments.

Abstract

Student Nurses on the Children and Young People (CYP) branch of pre-registration nurse education have undertaken successful placements with school nurses for a number of

years. Community placements for these students are extremely useful, allowing them to understand the broader context of children and young people's nursing, enabling them to participate in multi-agency working and lets them experience nursing outwith the acute environment (Shaw-Flach & Hoy 2016, Perrin & Scott 2016). Changes in the academic programme increased student nurse placement hours from 30 hours to 37.5 hours per week. School nurses within Aberdeenshire work part-time school hours, leaving students short of supervised time in practice. Working in partnership with school nurses and the university, a pilot project was agreed. A workbook was developed outlining self-directed learning activities and opportunities to maximise student learning. It was envisaged that the mentor would work in partnership with the student selecting appropriate learning activities, as outlined by the Standards to Support Learning and Assessment in Practice (NMC 2008).They were also expected to develop a portfolio demonstrating evidence of learning, this would provide evidence and support discussions regarding achievement of Essential Skills Clusters in practice with their mentor and their personal tutor on return to university. Evaluation of this project highlighted some interesting findings. 100% of responding mentors felt that unsupervised time was used effectively; with many stating the workbook had facilitated additional learning opportunities not previously utilised. Mentors felt that the portfolio of learning provided good evidence of achievement of learning outcomes. 100% of students felt their unsupervised time was used effectively and that the activities encouraged reflection. 100% of students enjoyed participating in the activities somewhat, however this could be improved. An unintentional benefit in this work has been the opportunity to develop the activities further to support trainee school nurses undertaking placements during their MSc Advanced Nursing Practice, however this work is in its infancy. Our next steps with the programme are to move ownership of the project from education to practice and to roll out the project to all areas of NHS Grampian to facilitate equity of placement learning opportunities.

Intended learning outcomes

1. To demonstrate a solution focussed approach to challenges in school nursing practice learning environments.
2. To promote quality in learning and assessment whilst in a school nursing experience.
3. To share with the reader that practice learning initiatives can have a wider impact than the initial focus.

Recommended reading list

1. Nursing and Midwifery Council, 2008. The Standards to Support Learning and Assessment in Practice. Second Edition. Nursing and Midwifery Council: London
2. Perrin, L., and Scott, S., 2016. Health Visitors have much to offer pre-registration child branch students. Community Practitioner. 89 (5) p 44 – 47
3. Shaw-Flach, A., and Hoy, G., 2016. Supporting pre-registration nurses within health visiting and school nursing. Community Practitioner. 89 (12) p 44 - 48

Biography

A registered nurse for 36 years with a wide experience, specific interest areas include pain management however with a commitment to nurse education within all roles. She has worked specifically in practice education for 9 years as a Practice Education Facilitator, within the community area of Aberdeenshire. This is a role which is affiliated closely with NHS Education for Scotland so has a national as well as local focus. Completing Teacher preparation on 2013, works collaboratively with the Robert Gordon University, Aberdeen. Current role also includes leading operationally on Post Registration education management within the community setting of NHS Grampian.

A registered nurse for 23 years, specific interest areas include cardiology, out of hours care and practice education. She has worked specifically in practice education for NHS 24 as well as community nursing in rural Aberdeenshire. This current role which is affiliated closely with NHS Education for Scotland has a national as well as local focus. Completing Teacher preparation on 2011, works collaboratively with the Robert Gordon University, Aberdeen. She has also completed MSc studies with an interest in e-learning in rural practice learning settings.

Poster number 22
Facilitating Learning in Practice

Karen Lowe, RGN; Bsc; PGCE, Clinical Placement Facilitator,

University Hospitals of Leicester, England

Aim

Introduction to a coaching approach to learning within practice

Abstract

Nurse education has undergone a systematic review since the publication of the Willis Report which suggested that care must be person centred and that nurses must be equipped to lead teams in a variety of settings (Willis, 2012). Recommendations included fostering a professional attitude and embedding safety as a priority; taking this into consideration alongside the increasing demand on capacity of placements it was essential that new ways of practice based learning be developed within an acute NHS Trust. The Collaborative Learning in Practice (CLiP) Model (UEA, 2014) focusses on increasing capacity in placements using a coaching model to support learners. It was recognised that this approach supports decision making and encourages students to lead care for a group of patients, however following a local Listening in Action (LIA) event it was clear that a significant increase in capacity, as suggested in the CLiP Model, would not be readily supported in practice areas. Facilitating Learning in Practice (FLiP) is an amended model placing the quality of the learning experience ahead of any potential increase in capacity. The model encourages the students to take early responsibility for patient care; groups of up to three students are supported by a Coach who will encourage the students to organise and prioritise care for a team of patients and ensure that all of their needs are met. This includes close collaboration with members of the Multi-Disciplinary Team, including medics; all of the team have been given information about the project to ensure that they link with the student rather than the registered nurse during a FLiP day. FLiP days take place each week by Coaches who have received education to prepare them for this role, each day includes a robust de-brief and ensures that students are able to discuss future learning needs with their mentors. Coaches, students and mentors evaluate the days favourably and consider them to be beneficial particularly in developing leadership skills; having time in between to be supported by a mentor in a more traditional way is also seen as a way of consolidating this process.

Intended learning outcomes

1. A different style of mentorship
2. How coaching can be adapted for different learning environments
3. Benefits of coaching

Recommended reading list

1. RCN (2017) Helping students get the best from their placements
2. UEA (2014) Collaborative Learning in Practice for pre-registration nursing students

Biography

Karen Lowe qualified as a State Enrolled Nurse in 1981 and converted to State Registered Nurse in 1995. Karen worked within a busy cardiology ward as a staff nurse prior to securing a position as a Clinical Placement Facilitator [CPF] earlier this year. Prior to this, Karen was student link and incorporated FLiP [Facilitating Learning in Practice] into her practice area. Participating students gained an insight into the role of the Registered Nurse, found it to be very beneficial, improving confidence. Since taking on this new role, Karen has become the lead in taking this concept forward within clinical placements

Poster number 23
Exploring approaches to enhance support of trainee nursing associates in a higher education institute.

Anne McCarthy, MSc, Senior Lecturer, Coventry University, England;
Charlotte Maddison, MSc, Senior Lecturer, Coventry University;
Cally Retmanski, MSc, Senior Lecturer, Coventry University;
Shelley Stinton, Lecturer, Coventry University

Aim

To discuss approaches used to enhance the academic and personal support of trainee nursing associates and share some preliminary findings.

Abstract

The newly created nursing associate role aimed at bridging the gap between registered nurses and healthcare assistants in the delivery of care has been the focus of much debate and media commentary. However despite some criticisms and concerns about the new role, there is a consensus that all staff need to work together to ensure safe effective patient care and that trainees should be well supported in this role both in their clinical settings and higher education institutions. The academics and clinicians that formed the Coventry and Warwickshire Nursing Associate Pilot Partnership (CWNAPP) acknowledged the many complex

challenges trainees would face working full time, whilst studying, completing academic assignments and forming a new identity as part of the socialisation process. The nursing associate foundation degree course was therefore developed with the view that during each of the weekly university study days that 30-60 minutes was scheduled to allow for academic and personal development activities in addition to Simulation learning days. The focus for the Action Learning sets in semester one, chosen by the trainees focussed on understanding and adapting to their new role and sharing solutions to forming an understanding of their role and new identity in the workplace. Sessions on reflection, developing a portfolio, numeracy skills, revision and essay writing skills, use of social media and regular course feedback sessions were timetabled. The simulation days undertaken so far include assertiveness; dealing with conflict; escalating concerns; conflict and emotional resilience in small groups which include pre-registration nursing students. So far preliminary feedback from the module team, personal tutors, simulation facilitators and trainees suggest that the aforementioned approaches are enhancing the trainee's confidence, supporting role identify as well as academic development. The formal evaluation using validated measures is yet to be carried out. Future approaches to supporting trainees needs to be as effective as possible with the number undertaking training for this role expected to increases significanatly.

Intended learning outcomes

1. Share some of the approaches that can be used to support trainee nursing associates
2. Discuss how action learning sets and simulation study days can help with the socialisation
3. Consider best practice for the on-going development and support of trainees

Recommended reading list

1. Haith, M.P., Whittingham, K.A (2012) "How to use action learning sets to support nurses". Nursing Times 108(18/19) 12-14
2. Bland, A.J., Topping, A., Wood, B (2011) "A concept analysis of simulation as a learning strategy in the education of undergraduate nursing students". Nurse Education Today 31 644-70
3. Masters, K (Ed) Role Development in Professional Nursing Practice. Jones & Bartlett, Sudbury

Biography

Anne McCarthy is a Senior Lecturer and Course Director for the Nursing Associate foundation degree at Coventry University. She is a Senior Fellow of the HEA, and in 2015 was awarded Nursing Times Nurse Educator of the Year. Since registering as a nurse in 1990, she has worked in acute medicine, intensive care and renal nursing where she developed her research interest in dialysis adequacy and quality of life leading to several publications. As module leader and personal tutor she is passionate about developing learners understanding of evidence based compassionate care striving to ensure learners and mentors have effective support.

Charlotte Maddison is a Senior lecturer and Course Director in adult nursing at Coventry University. Prior to taking up her first lecturing position in 2000, Charlotte worked as a senior nurse for several years enjoying the challenge of caring for acutely ill patients on specialist medical wards and as a ward manage developed her leadership skills. Her interests and expertise lies in medicines management, non-medical prescribing and action learning. She is particularly interested in the context of the practice setting and decisions taken by mentors during the assessment process and this is the focus of her current doctorate studies.

Cally Retmanski is a Senior lecturer and Course Director for the Return to Practice course at Coventry University. As an admissions tutor for the pre-registration adult nursing course she is passionate about values based recruitment and compassionate care and loves the challenge of busy open days and recruitment events. Prior to working in the University setting she was a senior nurse in the critical care setting for many years and has a flair for teaching students of all abilities both basic and advanced clinical skills and is an expert in the field of patient assessment.

Shelley Stinton is a lecturer in nursing at Coventry University. Prior to joining the University teaching team she gained valuable experience working as a Practice Manager in a large GP Practice, teaching and supporting learners as well as service users from diverse backgrounds. As well as having a keen interest in promoting and facilitating health promotion she is enthusiastic about mentoring and enjoys her academic personal tutor role building on the skills developed whilst a Community Tutor for medical students. She enjoys teaching a wide range of skills

particularly those linked to pre-hospital care and management of long term conditions.

Poster number 24
Turbulent times: the challenges of unlearning and relearning as a trainee nursing associate.

Mrs Jackie Mitchell, RN, BSc, BN, PCGE, MA, Senior Lecturer. Nursing Associate (Foundation Degree Sci) Award Leader, University of Wolverhampton, Institute of Health., England

Aim

To share how the extensive vocational experience of trainee nursing associates within a trailblazer test site impacted on learning and teaching within a higher education setting.

Abstract

"The illiterate of the 21st century are not those that cannot read and write but those who cannot learn, unlearn, and relearn". Toffler's notable (1970; 414) quote powerfully captures our challenge. The academic course team share their experiences of challenges associated with teaching a cohort of trainee nursing associates in a university setting. The nursing associate is a new member of the nursing family, a support role endorsed by Health Education England (HEE 2017), and subsequently the Nursing and Midwifery Council (NMC 2017). Learning, unlearning and relearning have deep implications in present-day society, not only in the academic domain (Cirnu 2015). As highly skilled individuals, often with many years of experience in a variety of healthcare settings, the requirement to unlearn and relearn in the context of evidence based practice was a challenging concept for trainees in the context of long established practices and skills. Deeply embedded, often ritualistic practices were voiced during classroom discussion, especially during the teaching and application of evidence based practice. There was a degree of resistance to change, and the requisite acceptance of contemporary evidence base to inform nursing practice. The team sought to understand this phenomenon in more depth to inform our teaching and learning methods and how we could address this paradigm shift. MacDonald (2002) asserts that 'thinking nurses' are those who provided with new evidence and engage in the process of unlearning, are effectively open to learning new caring practices. Dictionary definitions associate unlearning with purposeful discarding, forgetting, ignoring or rejecting a long held belief. Short (1981) advises that unlearning is a difficult process requiring reorganisation of the old, and a system wide transformation; a challenge to what is secure and safe. Unlearning is a complex multifaceted cognitive process within the domain of psychology, and education, however; the team didn't wish to venture into this complicated territory. Instead to understand how our teaching methods could be receptive to the concept of unpacking and repacking of new knowledge/evidence base. Deep unlearning can be a potentially painful confrontation of inadequacy, causing individuals to question their capacity to cope (Rushmer and Davies 2004).

Intended learning outcomes

1. Explore the challenges of teaching evidence based practice in the presence of resistance to learn, unlearn and relearn.
2. To appreciate the underpinning cognitive processes that initiate learners to feel unsettled and vulnerable when they commence academic study at higher education institution.
3. To share how a deeper understanding of this concept informed teaching and learning strategies in the higher education setting.

Recommended reading list

1. Cirnu C E (2015) The Shifting Paradigm: Learning to Unlearn. Internet Learning Journal. 4;1. 126-133.
2. MacDonald G (2002) Transformative unlearning: safety, discernment and communities of learning. Nursing Inquiry. 9 (3): 170-179.
3. Rushmer R, Davies HTO (2004) Unlearning in Health care. Qual Saf Health Care. 13 (Suppl II): ii10-ii15.

Biography

On qualifying as a registered adult nurse, I worked within acute and critical care settings until I made the transition to higher education. I started at Bangor University in 2002 and in 2011 joined the University of Wolverhampton as a Senior Lecturer within the Institute of Health. My teaching remit spans pre and post registration nursing, health and social care courses. I am leading the Nursing Associate Foundation Degree; one of the national trailblazer Health Education England test sites for this contemporary new role. I am completing a Professional

Doctorate in Health and Wellbeing focusing on workforce within the NHS.

Poster number 25 Interpersonal skills enhanced through working in Sri Lanka on an International nursing elective

Hattie O'Brien, Adult Nursing BA (hons), Student Nurse, Jersey General Hospital, Jersey, Channel Islands

Aim

The aim of this poster is to share my experience as a student nurse undertaking my international placement in Sri Lanka, and explore the influence that nursing abroad has on Communication and Cultural Competence.

Abstract

International placements add value to pre-registration nursing students' curricula, providing insights into international health care systems and provide an opportunity for students to develop culturally (Egenes, 2012). Prior to commencing 3rd year studies, after completing an academic module on cultural competency, the opportunity arose to embark on a 4-week placement. Kandy General Hospital, provides free medical treatment for a catchment area whose population numbers over 2.5 million. With the majority of Sri Lankans following the Buddhist faith and with Sinhalese the most predominant language spoken, the culture shock was inevitable. Oberg (1960) first used the term culture shock when an individual is immersed in an unfamiliar culture and unable to rely on cues they depend on to engage in daily life. Communication is a basic tool in nursing, and a crucial element in health care (Jason, 2000). This international placement reinstated the importance of being equipped with the necessary communication skills to provide high quality care to patients. McCabe and Timmins (2013) suggest that effective communication is the cornerstone of the development on students professional and therapeutic relationships with patients, their families and other health care professionals. Navigating a language barrier on a daily basis throughout the 4 weeks prompted the development of my non-verbal communication skills. A smile, the right attitude and an appropriate manner went along way when dealing with staff and patients. The opportunity to undertake an international practice placement increases cultural awareness, sensitivity, competence and respect for another culture. Nursing is a profession that is based on a holistic approach to health care delivery. This also includes taking into account patients' cultural needs. Culturally congruent health care is a basic human right, not a privilege, so every human being should be entitled to culturally congruent care (Jeffreys, 2006). This placement enhanced my cultural competence where I have reflected using the Papadopoulos Model of cultural competency (1998). It is critical that student nurses focus on transcultural nursing care to ensure, that as the future of nursing, we are able to provide effective and efficient care to meet the meet the health care demands of a multicultural society.

Intended learning outcomes

1. To discuss the value that internationally placements have on a student's learning opportunities, and how this can make a change to our practice in our home country
2. To explore how interpersonal skills play an important role when verbal communication is limited
3. To identify the impact that cultural competency has on ensuring quality care for patients

Recommended reading list

1. Maginins, C., & Anderson, J. (2017). A discussion A discussion of nursing students' experiences of culture shock during an international clinical placement and the clinical facilitators' role. Contemporary Nurse, 53:3, 348-354. DOI: 10.1080/10376178.2017.1353397
2. Callister, L. C., A. H. (2006). Opening our hearts and minds: The meaning of international clinical nursing elective in the personal and professional lives of nurses. Nursing and Health Sciences, 8(2), 95-102. Doi: 10.1111/j.1422-
3. Jirwe, M., Gerrish, K., & Emami, A. (2010). Student nurses' experiences of communication in cross-cultural care encounters. Scandinavian Journal of Caring Sciences, 24(3), 436-444. Doi: 10.1111/j.1476712.2009.00733.x

Biography

Hattie O'Brien- Third year student nurse studying Adult Nursing BA (Hons) with the University of Chester on the Jersey campus.

Poster number 26
Changing the landscape for newly qualified nurses in oncology - Introducing multidisciplinary education

Saras Padachie, RGN, Clinical Education, Queen Elizabeth Hospital Birmingham, England

Aim

High light the need of multidisciplinary education in the specialist field of Oncology

Abstract

Changing the landscape for newly qualified nurses in oncology - Introducing multidisciplinary education. The value and importance of multidisciplinary education in the field of oncology can be underestimated. As a newly qualified registered nurse there is an expectation that they will function as part of a specialist team and deliver care to unique and complex patients which will be done with the co-operation of the multidisciplinary team. Oncology nursing education continues to strive and stay current because it is vital that oncology nurses have the skills and knowledge on cancer biology, chemotherapy, pharmacology, palliative care, end of life care, air way management, communication, patient best interest and other comorbidities such as diabetes and acute kidney injury. Following a training needs analyses it was recognised that there was a need for continuing education and a skills pathway for newly qualified nurses. An induction program has been devised alongside a career development pathway. Specialist teams including the research teams are providing specialist education, whilst the clinical skills team are fulfilling the requirements required for care delivery. Challenges include supporting staff with regard to changing regiments in oncology pharmacology which are leading to new methods in triaging, assessing and managing patients. The continuous challenge for educators is to devise and implement new teaching methods and education programs to stay on par and current with the new innovations in treatment and to provide adequate support in the clinical area.

Intended learning outcomes

1. Identifying the learning and education needs of newly qualified nurses
2. Developing multidisciplinary education programs
3. Supporting learning in practice

Recommended reading list

1. Oncology nurses on the frontlines of Immunotherapy care http://www.oncnursingnews.com/publications/oncology-nurse/2016/September-2016/oncology-nurses-on-the-front lines-of-immunotherapy-care.
2. Fradkin.M. A Multidisciplinary approach to treating Immune-related adverse eventhttp://www.oncotherapynetwork.com/news/multidisciplinary-approach-treating-immune-related-adverse-eventss
3. Career and Education Framework for Cancer Nursing https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/.../pub-005718.pdf

Biography

Saras is a clinical Educator at the Queen Elizabeth Hospital Birmingham oncology centre. The role of the oncology educator is to deliver multidisciplinary education to newly qualifies and experience oncology nurses. Saras`s previous experience has been Oncology, Haematology and Bone Marrow Transplant nursing. In 2013 she took on a new role as clinical education and completed her Pgcert in education in 2015. She is passionate about Introducing new learning and teaching methods and supporting learning in practice.

Poster number 27
The Role of the Quality Fellow in Community Nursing: a Fast Track Development Programme

Marcia Pinnock-Roye, RGN, RM, RHV, BSc (hons), Practice Educator, PGCert, Clinical Education Lead, Central London Community Healthcare, England;
Tracy Stevenson, RGN, Cert Education, BSc(Hons), MSc, Head of Clinical Education, Central London Community Healthcare

Aim

To share experiences of the implementation of the fast track nurse development programme in a community setting.

Abstract

In 2016 Central London Community Healthcare introduced a fast track development programme to attract newly qualified nurses (NQN) into community nursing. This was implemented to address longstanding recruitment and retention issues within this group. A working group developed a recruitment strategy for recruiting NQNs onto a structured twelve

month competency based development programme within a preceptorship framework. This coincided with a review of our Trust Quality Strategy reflecting the introduction of a model of shared governance which is a process that puts frontline staff at the forefront of decision making. A core component of the 'fast track' role was that of a quality fellow in addition to clinical and leadership duties. Since the launch 22 nurses have started the programme over 4 cohorts. The programme was comprised of: 1) Formal class room lectures and practice based teaching, 2) Action learning sets facilitated by practice development nurses (PDNs). 3) Level 6 or 7 Work based learning Module delivered in partnership with a Higher Education Institute. 4) Competency based portfolio – including assessments by PDNs. 5) Quarterly meetings with the Chief Nurse to gain some insight into strategic leadership. Of the 22 nurses who started, 6 left the programme prior to completion, either due to ill health or to pursue other roles. 11 nurses have successfully completed the programme, with 5 further nurses due to complete in 2018. The programme was evaluated using qualitative and quantitative methods and the initial outcomes highlighted and lessons learned include: 1) The opportunity to participate in a new exciting initiative proved an attractive opportunity for career development. 2) NQNs valued the supportive structure of the programme that enabled them to better transition into a community-based role. 3) Peer support and support from practice develop nurses via action learning sets proved invaluable. 4) The programme helped build confidence in leadership. 5) The nurses were able to develop competencies in complex clinical skills that enabled them to participate more fully in care delivery within the team. 6) Role confusion and resulting role overload initially posed a challenge for the nurses. 7) Better inclusion and communication to all stakeholders during the development and implementation process to ensure ownership is essential for success.

Intended learning outcomes

1. The importance of a multifaceted approach to nurse development and recruitment that incorporates quality, leadership and clinical skills.
2. Understanding generational factors and how they impact on recruitment
3. The importance of communication in change management

Recommended reading list

1. Royal College of Nursing (2015) Labour market review: A workforce in crisis?
2. Taylor, K. (2016) Using shared governance to empower nurses. Nursing
3. Health Education England (2015a) Mind the Gap: Exploring the needs of early career nurses in nursing and midwifery. London: Health Education England

Biography

Marcia Pinnock-Roye RGN, RM, RHV, BSc (hons) is a clinical education lead. She currently leads on a number of different clinical staff development programmes including apprenticeships. Marcia has over 25 years' experience as a qualified nurse, midwife, health visitor and practice teacher where she gained a BSc Community Health. She is dedicated to clinical education, recently qualifying as an NMC Nurse Tutor and has completed an MA in Education.

Tracy Stevenson RGN, Cert Ed BSC(Hons) , MSc, Central London Community Healthcare NHS Trust. Tracy Stevenson is Head of Professional and Clinical Education. Tracy has spent the majority of her career working in the NHS with a focus in education. In her current role she has worked with Kings College London to implement a community pathway for pre-registration nurses. Tracy has also worked with colleagues to introduce innovative development programme to attract newly qualified nurses into community nursing.

Poster number 28
Uncivil Behaviour in Higher Education [Nursing] An Autoethnographic Approach: "It's not them. It's us!"

Deborah Rowberry, RN, PGCert (Ed), MA Education, Nurse Lecturer, Swansea Univesity, Wales

Aim

To look at educator behaviour and its relationship to student incivility.

Abstract

The aim of this research was to explore uncivil behaviour in higher education, in student nurses. In particular the part faculty play in regards to incivility in students. Observations, both as a student and from working in higher education indicate that despite the literature advocating that adult learners do not behave like younger learners but are in fact self-motivated, self-directed, collaborative and driven

students, personal experience gave a different view. School like behaviour was observed and more understanding of the reasons for this and how to begin to combat it were drivers for this study. The method was chosen to ensure behaviour was monitored, without changing that behaviour during the research process, this meant that not all methods of qualitative research were suitable. An autoethnographic approach was deemed most suitable using a structured reflective diary as field notes and personal observations over a four month period. Relationship themes were identified; 1) Observed behaviours and their impact on learning and 2) Management strategies employed and their impact on teaching and group culture. An unexpected occurrence in the form of a case study, gave rise to some interesting results. How students view incivility of their peers and how significantly it can impact on their learning and wellbeing, as well as how they view faculty's role in dealing with uncivil behaviour. This study looked at just one factor associated with uncivil behaviour, many more exist. Further research is needed in all areas of incivility as well as the impact this may have in clinical practice. Students are impacted by incivility of others and faculty play a part in this. Self-awareness of staff would help alleviate some incivility. Policy change could potentially be impacted.

Intended learning outcomes

1. To explore uncivil behaviour in higher education (nursing).
2. To look at the part faculty play in this relationship.

Recommended reading list

1. Clark (a), C. (2008). Student perspectives of faculty incivility in nursing education: An application of the concpet of rankism. Nursing Outlook, 4-8.
2. Chang, H. (2008). Autoethnography as Method. New York: Routledge.

Biography

Extensive background (over twenty years) as a registered nurse working in a variety of settings over those years. More recently a move into education, with background of teaching medical students and since then pre and post registration nursing students. Working as a Nurse Lecturer in a very supportive team with responsibility for modules on pre reg programme, post reg as well as teaching for Advanced Nurse Practitioners and Physicians Associates. A combined passion for nursing and education means going to work every day in a dream job. 2017 finalist for Student Nursing Times Educator of the Year.

Poster number 29
Developing a training programme for Assistant Theatre Practitioners within an island based organisation

RN Karena Ryan, RN, BSC (Hons), Practice Development, Theatre, Channel Islands, UK

Aim

Sharing our story of developing a robust training programme for the role of assistant theatre practitioner. How the scope and remit of the role has been developed over a 2 year period to fit the demands of a multi-speciality theatre department

Abstract

This poster represents the journey we embarked upon as an island based health organisation to introduce a structured training programme for assistant theatre practitioners' (ATP). This training programme offers the opportunity to health care support staff to access an occupationally driven career framework, with an academic component of recognised credit. The programme was aimed at health care assistants looking for a career development opportunity within theatre, but for whom accessing a graduate programme is not currently achievable or feasible. The credits gained from completing this training programme can be utilised to access graduate training in the future. ATPs' have already been introduced into many theatres across the UK, however there has been variance in the standards in training required for this role nationally (Skills for Health, 2011). With the introduction of the level 3 QCF (Quality Credit Framework) diploma in perioperative practice and the 2015 Perioperative Care Collaborative (PCC) statement, the division worked in partnership with workforce planning to develop a robust local training programme. The option of accessing a standardised university programme in the UK was not a viable option for the organisation. However, it was recognised that there was an opportunity to develop a programme which combined Open University (OU) distance learning modules at level 4 & 5, plus the QCF level 3 diploma award to fulfil both academic and vocational training requirements for the ATP role. However there have been challenges clinically in supporting the training plan. These challenges included resistance from registered staff in relation to the role,

specifically pertaining to responsibility, delegation & accountability concerns. From an operational perspective it was the identification and development of a basket of cases to fit service needs but also ensure a sufficient depth to the role of the individual ATP. This poster will share our journey through the development of the role and incorporating ATPs into the theatre service. The development of the new role and its' associated challenge to traditional opinions, will now support a more flexible workforce.

Intended learning outcomes

1. Local context affecting the development of a training programme for the role of Assistant Theatre Practitioner
2. Introducing the Assistant Theatre Practitioner role to a department, and the issues encountered
3. Developing the scope of role of Assistant Theatre practitioner within a mixed speciality theatre department

Recommended reading list

1. Skills for Health (2011). The role of Assistant practitioners in the NHS: factors affecting evolution and the development of the role. Bristol, Skills for Health
2. Weir, J. (2015). Perceptions of the assistant theatre practitioner role: a view form my ivory tower. Journal of Perioperative Practice, January / February Vol 25, issue 1 &2
3. Perioperative Care Collaborative (PCC) (2015). Optimising the contribution of the perioperative support worker. London, PCC

Biography

Qualifying as a registered nurse in 1990, Karena Ryan has worked predominantly in perioperative care. Completing the ENB 183 in Southampton (1993), Karena moved to Jersey and has since worked in a variety of roles in the Theatre & Anaethetic division before being appointed as practice development senior sister in 2009. Whilst Karenas' role is predominantly involved with supporting delivery of quality care, service improvement and practice support a key objective is supporting the development of new roles and training programmes within theatres. Karena commenced her MSc studies in 2014, and is currently undertaking a post graduate certificate in education.

Poster number 30
Third Year Student Nurse Management Programme

Dominique Shearer, BSc (Hons), PGCert, Clinical Placement Facilitator, University Hospitals of Leicester, England;
Lisa Fewkes, DipHe, Clinical Placement Facilitator, University Hospitals of Leicester

Aim

To introduce a strategy for supporting transition from student nurse to newly qualified nurse

Abstract

Developing, implementing and evaluating an alternative style of Pre-Registration student mentorship

Poster: - Environments that support pre and post-registration students and staff learning are vital to ensure the delivery of high quality patient care by knowledgeable and competent healthcare practitioners (Beddingham and Simmons 2016). Transition from student to knowledgeable practitioner has been recognized historically as being a problematic period. Jasper (1996) suggested that student nurses are sheltered during their training, but become exposed once qualified. Facilitating Learning in Practice (FLiP) was developed, following a Listening into Action (LiA) event, to support specifically pre-registration students in an attempt to bridge the transitional gap. FLiP is an adaptation of other supportive models. A coaching style is employed in order to encourage student nurses to take the lead in care and find their own solutions to problems, therefore becoming more autonomous. Effective questioning techniques are used to encourage students to assess, plan, deliver and evaluate safe and effective care. Registered nurses who have expressed an interest in extending their role are offered facilitated coaching workshops. It is not a prerequisite to be a mentor, however the nurse must have experience within that area. Participants are provided with resources, to support them in fulfilling their role. Three workshops have currently been undertaken attended by registered nurses from both Adult and Childrens nursing, across UHL and they are now either undertaking FLiP or are in the planning stages. Ideally students will be exposed to 1 coaching shift per week. It is recommended that the coaching takes place on an early shift, unless specifically agreed otherwise. There should be allocated time for debrief and reflection at the end of each session, which is a vital part of the process. Huge benefits of the coaching style have been identified from the feedback received so far.

Students gain confidence and increased autonomy within their practice and have been exposed to the 'reality' of the demands of caring for a group of patients, preparing them for Professional Registration.

Intended learning outcomes

1. Recognise and explore the challenges faced by newly qualified nurses in practice.
2. Consider strategies for better preparing finalist student nurses to tackle the identified challenges of transition.
3. Have an understanding of how a locally developed project has supported finalist student nurses transitioning to qualification.

Recommended reading list

1. Kumaran S Carney M 2014 Nurse Education in Practice 14,6 November 2014 PP605-611
2. Kramer M (1974) Reality Shock: Why Nurses Leave Nursing. St Louis: CV Mosby
3. Willis G (2015) Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants.

Biography

Dominique qualified as a Children's nurse in 2004. She joined the Practice Learning Team within the University Hospitals of Leicester NHS Trust in 2014, as a Clinical Placement Facilitator. Dominique supports student nurses and their mentors to ensure quality placement experiences. She has been involved in the development of various initiatives to enhance student learning and the development of practice.

Lisa qualified as an Adult nurse in 2000. She spent 14 years as a staff nurse, most of that time on a Renal Transplant ward. She joined the Practice Learning Team within the University Hospitals of Leicester NHS Trust in 2014, as a Clinical Placement Facilitator. Lisa supports student nurses and mentors in the practice setting ensuring learning environments are conducive to the students learning. She has been involved in some innovative projects including the development of the Third Year Management Programme.

Poster number 31
Developing the unsung heroes of clinical research delivery: An informed consent education programme for non-registered practitioners.

Mr Karl Ward, PG Cert, BSc (Hons), Dip HE, RN, Lead Nurse - Research, Research and Innovation, Leeds Teaching Hospitals NHS Trust, England;
Mrs Linda Bamford, RGN, BSc, PG Cert, Lead Nurse - Research, Research and Innovation, Leeds Teaching Hospitals, Leeds;
Dr Heather Iles-Smith, PhD, RGN, Head of Nursing Research and Innovation/Honorary Clinical Associate Professor, University of Leeds

Aim

To develop, implement and evaluate the effectiveness of an education program focused on training non-registered research delivery staff to receive informed consent from patients in low risk clinical studies

Abstract

Clinical research is part of the NHS constitution (DoH 2013). However, due to challenges in nurse education and a dearth of practitioners joining the professional register (NMC 2017) there are reduced numbers of registrants to identify and recruit participants to research studies. Having a diverse and skilled work force embedded in the NHS is vital (NIHR 2017). These changes have led to the need to develop those in non-registered research delivery roles such as Clinical Trials Assistants (CTA). A tailored training programme for non-qualified research delivery staff to receive informed consent in low risk clinical trials was therefore developed. This enabled the release of registered staff to support research participants involved in complex studies. An interactive workshop programme was developed and delivered to CTA staff. The trust informed consent Standard Operating Procedure (SOP) was evaluated and redesigned to incorporate this extension in practice and provide clear guidance on risk assessing low risk studies and medical oversight. Competence was assessed in practice by senior research staff and supported by the lead nurses for research. This was documented centrally to ensure oversight. Four workshops were held over a period of 8 months. Sessions were delivered to a total of 22 participants, with a range of clinical banding between band 2 and band 4. Most had worked in clinical research for over 5 years (27%), a large group had worked in research for 2-4 years. 86% attendees felt that the workshop had helped them understand their roles and responsibilities relating to receiving informed consent. The group felt that the most useful elements of the training were: the historical and ethical context, the process of

informed consent, Examples of good and poor practice of carrying out the consent process and role play. Overall satisfaction with the workshop was 95%. The training was successful in achieving its aims at preparing and developing staff to become competent in taking consent for low risk research studies. The use of a targeted and specific education program to is valuable when developing new and emerging groups of staff in clinical research where traditional nursing roles are becoming less commonplace.

Intended learning outcomes

1. To understand that informed consent education underpins good clinical research practice
2. To understand that Informed consent is central to patient safety and high quality data acquisition
3. To understand the the use of a targeted education program can be useful when developing new or emerging clinical roles

Recommended reading list

1. NIHR Clinical Research Nurse Strategy: https://www.nihr.ac.uk/our-faculty/clinical-research-staff/clinical-research-nurses/Clinical%20Research%20Nurse%20Strategy%202017_2020FINAL.pdf
2. Pick A et al (2010) Getting started in clinical research: the role of the research nurse. Nursing Times; 107: online edition
3. http://www.ukcrc.org/wp-content/uploads/2014/07/Nurses-report-August-07-Web.pdf

Biography

Karl is one of the Lead Nurses for research at Leeds Teaching Hospitals NHS Trust, here he is responsible for the delivery of clinical research and has a special interest in the education and training of the research workforce. Karl qualified as a Registered Nurse in 1999 and spent a number of years working in the postoperative and critical care environment before moving into the developing speciality of Clinical Research delivery. He is active NIHR GCP facilitator teaching a range of subject locally and regionally and is expert member of a HRA Research Ethics Committee.

Dr Heather Iles-Smith - A registered nurse since 1986, Heather is currently is one of the senior Research and Innovation (R&I) managers at Leeds Teaching Hospitals NHS Trust. She has strategic responsibility for nursing, midwifery and Allied Healthcare Professionals (NMAHP) R&I and development of NMAHP clinical academic careers. Her role also includes leadership and workforce development of the clinical research delivery service, something that she is well recognised for. In October 2014 Heather led the Lancashire Care, Research Nursing Team to successfully win the Inaugural Nursing Times Clinical Research Nurse award.

Mrs Linda Bamford, Linda has over 15 years experience as a Clinical Research Nurse, She is currently Lead Nurse for Research at Leeds Teaching hospitals NHS Trust. Prior to this she was lead nurse for Oncology Research at Bradford Teaching Hospitals. She is an active educator teaching locally and regionally.

Poster number 32
Developing a Shared Learning Culture

Jacqueline Woodcock, RN BE'd MSc, Lead Nurse Professional Development and Education, Croydon Health Services, England; Janet Coninx Head of Patient Safety and Quality

Aim

To demonstrate how a Shared Learning Culture can be embedded to enhance Learning and Teaching

Abstract

Across the National Health Service clinical teams from a variety of professions work together in delivering patient care. Shared learning between health care professionals in the NHS has been advocated as a means to improve the ability of individuals to work together in optimising patient outcomes (Barr 2003) Learning from best practice, incidents and "near misses"are key to a shared learning culture. The Shared learning Group at Croydon Health Services set out to establish and embed a culture of shared learning whereby practice is improved. Over 150 staff from across the Trust came to a "big conversation" to discuss how to embed a culture of shared learning. Following this a number of changes were made the datix incident reporting system was upgraded to make it easier for staff to report an incident and a podcast on how to use datix was placed on a newly created shared learning hub. This has led to an increase in reporting. A patient safety newsletter was introduced to focus attention on key patient safety issues and new patient safety developments. Lessons learnt from incident reporting now influence ongoing training programme content and guides the development of new

training programmes. The group have developed include 3 key messages - 3 messages arising from incident reports are published each week both on our shared learning hub and as screen savers Trust wide. We have also mapped what "good clinical governance" looks like and disseminated this Trust wide. It is also important to learn from and celebrate good practice and the Trust has adopted the Greatix system which allows reporting of these events.To promote good communication we have introduced " Don't be Afraid to Ask " badges that are being worn by senior staff. The group continues to meet weekly and is now working on developing the "Grand Round" teaching to meet a wider audience across the Trust and developing it's use of multi-media e.g. Twitter and Facebook to further promote Shared Learning. As a result staff have become proactive and look for opportunities to share learning .

Intended learning outcomes

1. learn the importance of an inter-disciplinary approch to learning
2. learn about innovative approaches to "shared learning"
3. take away ideas to improve shared learning and patient safety

Recommended reading list

1. https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/learning-be-safer/commission-education-training-patient-safety
2. https://www.hqsc.govt.nz/assets/Reportable-Events/Publications/Patient-safety-reporting-systems-literature-review-Nov-2016.pdf

Biography

Jacqueline Woodcock's clinical career was as a cancer nurse working at The Royal Marsden Hospital following this she moved into a number of an educational roles . Her previous role as a Programme Leader at The Royal Marsden School included involvement in a wide range of education including the delivery of MSc in Cancer Care . More recently her role at Croydon Health Services has enabled her to become more involved in the day to day support and development of the nursing workforce.

Poster number 33
Mental Health Nursing and the development and impact of advanced practice roles.

Clare Allabyrne (Gaskin), MA PGDips PGCertHE RNMH RNA, Senior Lecturer, London Southbank University, England

Aim

To promote parity of esteem through validated, accredited advanced nurse practice in mental health across the life course and evidence impact of these roles for future workforce development.

Abstract

There is increasing recognition there needs to be parity of esteem between physical and mental health care. (Mental Health Taskforce, 2015). This should be reflected in the development of the workforce. The role of the Advanced Nurse Practioner (ANP) is well established in physical healthcare and the benefits evidenced across the life course. Parity of esteem suggests that mental health clients and nurses should have access to the same high level expertise through accredited training, evaluation of the impact of this role and its' inclusion in workforce planning. To date, there has been no accredited Advanced Nurse Practitioner Course for mental health nurses. We need to develop our future nurse leaders as validated experts to enable our profession to position itself where we can have the most impact on patient care. To support this, the first Advanced Nurse Practitioner (ANP) course in the UK specifically for mental health nurses has been developed at London Southbank University (LSBU). The course is accredited by the RCN which is the only quality marker for ANP programmes in the UK (RCN, 2008, 2012) and commenced in 2016. The course focuses on four themes: clinical/direct care and practice; leadership and collaborative practice; improving quality and developing practice and developing self and others. (DOH, 2010). Advanced Nurse Practice in mental health now has a platform for consideration in workforce development, through the establishment of this course. Our first cohort from 2016 is already proving impact, through promotion into leadership roles, nurse led clinics and submission for publication. This is the beginning of gathering the evidence and undertaking further research into the efficacy and impact of these roles and therefore, validating consideration in future workforce development in the changing health economy.

Intended learning outcomes

1. To be able to consider how parity of esteem can be addressed through advanced nurse practice in mental health
2. To facilitate thinking about how these roles can impact patient care across the life course
3. To understand the emerging significance of these roles in future workforce planning

Recommended reading list

1. Department of Health – CNO Directorate – PLT. (2010) Advanced level nursing: a position statement. London: Department of Health
2. Royal College of Nursing. (2008, revised 2012) Advanced Nurse Practitioners - an RCN Guide to the Advanced Nurse Practitioner Role, Competences and Programme Accreditation. London: RCN
3. The Five Year Forward View Mental Health Taskforce: public engagement findings. (2015) A report from the independent Mental Health Taskforce to the NHS in England.

Biography

Clare has been a nurse for 35 years, holding dual registration as an adult and mental health nurse. Her most recent role before becoming a Senior Lecturer at LSBU, was a clinical academic appointment between NELFT (North East London Foundation Trust) and LSBU as Trustwide Nurse Consultant for Mental Health and Learning Disabilities, enabling the joining of research/academia to practice. Prior to that Clare worked extensively in Child and Adolescent Mental Health (CAMHS), including senior operational and strategic leadership, as well as specialising in forensic mental health and youth offending, substance mis-use, paediatric liaison and adolescent mental health issues.

Poster number 34
Recruiting Internationally. Building an Educational Programme: Challenges & Successes

Sister Lesley Anderson, SEN, RN, BSc (Hons), Senior Nurse for

International Recruitment, Newcastle Upon Tyne Hospitals NHS Foundation Trust, England;
Claire Winter, SEN, RN, BSc (Hons), Clinical Educator, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Aim

Sharing the challenges and successes involved in building an educational programme for staff recruited from the Philippines who need to pass their NMC Observed Structured Clinical Examinations (OSCE) in order to join the UK nursing register.

Abstract

In the current national recruitment crisis, Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) has experienced difficulties in filling vacant nursing posts within the organization. To address this issue, in 2016 and 2017 the organization proactively sought to recruit qualified nursing candidates from within the Philippines. Once in the UK, these new candidates needed to pass an NMC OSCE exam process, before they could join the UK nursing register. A robust training programme led by the Senior Nurse for International Recruitment, was developed to address the educational requirements required to prepare candidates to pass the 6 skills stations within the NMC OSCE. Using a mix of lectures and hands-on training in simulation, delivered by the Trusts Clinical Education Team, the candidates were equipped with the skills necessary to pass their exams successfully. Practical challenges such as programme development plus sourcing faculty, equipment and facilities - often at very short notice - were overcome through teamwork and clear communication. Pastoral and spiritual care was also included in the programme. By helping candidates to integrate socially and professionally with their new colleagues and the wider Filipino community within Newcastle, a positive impact was made in the retention of these valued nurses. 98.5% of the candidates undertaking this programme successfully transitioned to become UK nursing registrants, working within NUTH. The programme continues to be a success, evolving further with each new cohort of Filipino candidates. It has proved a benefit to the organisation, filling vacancies and retaining staff across many differing specialities within the Trust.

Intended learning outcomes

1. What the NMC requires from nurses recruited from outside of the European Union, before they can join the United Kingdom's Register of Nurses
2. How a programme of structured educational and pastoral support is essential to staff recruited from outside of the European Union
3. How such a programme can be developed and delivered to tight timeframes and with minimal resources

Recommended reading list

1. Quinn, Fancis M. and Hughes, Suzanne J. (2013). Quinns Principles and Practice of Nurse Education. 6th ed. Hampshire: Cengage Learning EMEA.
2. Goodson, N. (2012). Nursing And Health. Objective Structured Clinical Examination Survival Guide.Oxford: Routiedge.
3. Khaira, G. (2017). Speaking and Writing Made Easy for Nurses. Chennai: Scholarink.

Biography

Lesley Anderson has worked as a qualified nurse for 35 years across a wide range of specialties, but has spent the last 20 years in the field of cardiothoracic surgery, with an emphasis on clinical education in both the Critical Care and ward settings. She became the Senior Nurse for International Recruitment for Newcastle Hospitals in 2016 and has developed and implemented a successful educational programme, preparing nurses recruited from the Philippines for their NMC Observed Structured Clinical Examinations.

Claire Winter has worked as a qualified nurse for 32 years. Much of her career has been in the specialism of Operating theatres as an Advanced Scrub Practitioner and Senior Sister. From 2007 Claire worked as an Infection Prevention and Control Specialist Nurse during which she assumed the role of the Coordinator for the Northern Region Infection Prevention Society. In 2013, she returned to the specialism of Operating Theatres as a Clinical Educator, a post she continues to enjoy.

Poster number 35
'Growing our own workforce'

Simone Bedford, MA, PG Dip, BSc, Dip HE, RN, RNT, SFHEA, Principlal Lecturer / Team Leader & Programme Leader, University of Sunderland, England;
Barbara Foggo MSc, PG Dip, BSc, Dip HE, RN, Senior Nurse (Nursing and Midwifery Models of

Education),Newcastle upon Tyne Hospitals NHS Foundation Trust

Aim

To demonstrate how partnership and collaboration can addresses the local workforce need, through the implementation of a new approach in the provision of undergraduate pre-registration nursing programmes.

Abstract

The challenge of recruiting and retaining our nursing workforce remains an ever present issue. Many approaches to addressing this have been tried and tested. Several NHS Foundation Trusts in the North East felt they needed a local home grown workforce and provide newly qualified nurses with security and opportunities for career progression. Trusts identified a particular issue with the retention of newly qualified nurses and looked for a new approach to bridge this gap. The University of Sunderland (UoS) worked in Partnership with local health providers to develop a bespoke undergraduate nursing curriculum and together created a new School of Nursing Model to meet the needs of the future nurse and to address their specific needs around retention. Each stakeholders' viewpoint was considered and debated in an open and honest forum. The new BSC (Hons) Adult Nursing Practice received NMC approval in 2016 as a non-commissioned programme. A key feature of this programme collaboration, the programme is delivered by experienced educators from partner Trusts, clinicians, patients and carers, Reservist Forces personnel in which they take students from learning about the fundamentals of nursing practice through to a student nurse who will have advanced clinical skills which include, mentor and non-medical prescriber preparation. Thus enabling the qualified nurse to provide adaptive care needed in a changing environment. Interim feedback is positive both in terms of preparedness for their role and being part of their local workforce. In addition the programme has since grown in reputation and moved from two partner Trusts to six, each with their own branded School of Nursing Model.

Intended learning outcomes

1. To describe the process used from inception to implementation of the new partnership School of Nursing Model (non HEE commissioned programme)
2. To outline progress to date in terms of successes and challenges and early impact findings in terms of retention on the programme and sense of belonging/growing your own workforce.
3. To identify learning from the partnership approach and what might be transferable to other initiatives

Recommended reading list

1. https://www.kingsfund.org.uk/publications/grow-your-own
2. https://www.nuffieldtrust.org.uk/news-item/can-we-solve-the-nursing-workforce-crisis#what-are-the-solutions
3. https://www.hee.nhs.uk/sites/default/files/documents/Growing%20nursing%20numbers%20%E2%80%93%20Literature%20Review.pdf

Biography

Simone has been a qualified nurse for over 20 years and has gained valuable experience in the NHS, the Royal Air Force and Higher Education. Well respected in her field, Simone is currently the Programme Leader for the BSc (Hons) Adult Nursing Practice at the University of Sunderland and the Team Leader for a growing department.

Barbara qualified as a nurse in 1996 during her career she has worked in various respiratory roles within Newcastle upon Tyne Hospitals NHS Foundation Trust. Barbara joined the Patient Services team 2011 as a Practice Placement Facilitator and completed her MSc in Education in Professional Practice. Barbara is currently Senior Nurse (Nursing and Midwifery Models of Education) exploring and leading on the various approaches to Nursing, Midwifery and AHP education.

Poster number 36
Know your organs; A tactile approch to anatomical and (patho-) physiological understanding

Scott Colton, PGCert, BSc,, Lecturer, Birmingham City University, England;
Dr Andrew D Powell, Ph.D. PGCert , Senior Lecturer in Clinical Physiology, Birmingham City University

Aim

To demonstrate an approach to improving students understanding of anatomy and physiology

Abstract

Anatomy and physiology is a fundamental element of healthcare education. It starts from the moment training begins and is the

foundation of a student's ability to apply understanding to deliver high-quality care (Johnston et al., 2015). A number of challenges impact on student nurses understanding of anatomical and physiological concepts. Firstly, bioscience is one of the most challenging areas of their course resulting in an inability to understand and apply this knowledge (Caon & Treagust 1993; Craft et al. 2013). Furthermore, it is common for anatomical and physiological knowledge to be delivered didactically (Tune et al, 2013; Tufts and Higgins-Opitz, 2009), with a relatively two-dimensional interface (e.g. PowerPoint, YouTube). Anatomical models are often utilised but are limited in the ability to interact with them in the way you can with animal or human tissue. These media can apply constraints to the student learning experience by limiting student's ability to explore the underpinning anatomy and physiology through tactile interaction. Taken together, these hurdles add to the challenge for students in applying anatomical and (patho-) physiological understanding to patient care. We designed the 'Know your organs' workshop to give students a rich tactile learning experience with major organs that would complement and advance their academic- and practice-based learning. This session was jointly designed and delivered by a physiologist and nurse to provide students with an opportunity to develop an enhanced understanding of the links between all aspects of their training. This presentation will reflect on the drivers, challenges and impact of this workshop, explore student feedback and discuss future development opportunities. - References - Caon, M. & Treagust, D. (1993) J. Nurs. Educ. 32, 255–259. - Craft, J., et al. (2013) Nurs. Educ. Today. 33, 1399–1405. - Johnston, A., et al., (2015) Nurse Educ. Prac. 15, 415-420. - Tufts, M. and Higgins-Opitz, S. (2009) Adv. Physiol. Educ. 33, 187-195. - Tune, J., et al., (2013). Adv. Physiol. Educ. 37, 316-320. -

Intended learning outcomes

1. Participants will have greater awareness of the potential use of using a tactile approach to teaching anatomy and physiology
2. Gain insight into team teaching physiology to nurses using a nurse and physiologist approach
3. Understand the impact that tactile anatomy and physiology can have on student nurses

Recommended reading list

1. Johnston, A., et al., (2015) Nurse Educ. Prac. 15, 415-420.
2. Tune, J., et al., (2013). Adv. Physiol. Educ. 37, 316-320
3. Caon, M. & Treagust, D. (1993) J. Nurs. Educ. 32, 255–259.

Biography

Scott is a lecturer at the Birmingham City University where he leads on and teaches across a number of undergraduate modules. He is an experienced emergency department nurse and is currently a trainee with the west midlands care team. Interests include; Technology in clinical practice, recognition, and management of the unwell patient and simulation in nurse education.

Dr Powell graduated with a BSc (Hons) in Physiology from the University of Manchester in 1996 before completing a PhD in Pharmacology at the University of Bristol. His doctoral thesis investigated the "Modulation of Neurotransmitter release by Purinoceptors". After completing a number postdoctoral research positions at the Universities of Bristol and Birmingham investigating the control of neurotransmitter release in pathological conditions, he was appointed to a lectureship in Neuropharmacology at the University of Birmingham. His responsibilities included teaching Pharmacology, Neuroscience and Physiology to all of the major courses related to medicine. In 2015, Dr Powell was appointed as a Senior Lecturer in Clinical Physiology at Birmingham City University, where he is currently the Physiology Lead for the School of Nursing & Midwifery.

Poster number 37
The Leicestershire School of Nursing Associates; embedding learning within Practice

Annabel Coulson, RGN, BA, PGCert, PGCert He, NMC RTQ, Practice Learning Lead/ Programme Leader Nursing Associates, Centre for Clinical Practice, Glenfield Hospital, England

Aim

To demonstrate an innovative approach to educating the new Nursing Associate role within an NHS Trust

Abstract

Following the announcement from the Department of Health in 2015 of the creation of a new Nursing Associate role to support Registered

Nurses to deliver care at the bedside, academic and care providers from the five East Midlands counties formed a collaborative and successfully applied to pilot its implementation. Leicestershire chose to take an innovative approach and established the School of Nursing Associates within the University Hospitals of Leicester (UHL) NHS Trust to lead the education programme and support trainees in practice. An existing collaborative agreement to provide in house accredited clinical modules with our local University provided the framework to develop the Foundation Degree in Science (FDSc)- Nursing Associate. The Programme Team consists of a Programme Leader who is a Practice Learning Lead and Module Leaders from members of the Nursing Education and Practice Learning Teams. They are responsible for leading and designing the programme, developing modules and establishing effective assessment methods, as well as providing tutorial support, pastoral support through Personal Tutoring and support to clinical areas to embed the role firmly within the nursing team. Partners across the Healthcare community invested in this pilot are Leicestershire Partnership Trust, Nuffield, LOROS - our local Hospice and GP practice colleagues, all have trainees on the programme and contribute to its delivery. This diversity has resulted in a programme responsive to local patient and service need to ensure the trainees are equipped with the necessary knowledge and skills that will transfer across organisations. This is a unique programme shaped and driven by practice whose contemporary knowledge of issues, challenges and patient care ensures that the role is being developed and embedded as a valued member of the nursing team alongside making sure the necessary governance arrangements are in place to support this new role. The Trainees have given very positive feedback about their experience so far on their journey to become part of a new and dynamic team around the patient - "It is a real privileged to be in the first cohort of trainee Nurse Associates and have enjoyed it. It is a very positive experience".

Intended learning outcomes

1. To gain an understanding of how an NHS Trust has been able to develop and deliver an educational programme of an equal academic standard to a Higher Education Institute (HEI)
2. To understand the importance of collaboration between local practice partners and the HEI to deliver a programme that is responsive to need
3. To understand how the Nursing Associate role will be embedded within practice

Recommended reading list

1. Department of Health (2012). Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy. https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf
2. Health Education England (2015) Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL_0.pdf
3. Health Education England (2017) Nursing Associate Curriculum Framework https://www.hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20Curriculum%20Framework%20Feb2017_0.pdf

Biography

Annabel has worked as a Practice Learning Lead within an acute trust for the past 14 years; previously a Staff Nurse in Intensive Care and Sister in an Acute Surgical Unit, Annabel has considerable experience of supporting learners within practice. Annabel leads a team of Clinical Placement Facilitators who are responsible for the direct support of learners and mentors within practice. Recently Annabel has been able to take a lead role in the development of the Nursing Associate Programme within her local Trust which has enabled the creation of a unique programme embedding all of the educational delivery within practice.

Poster number 38 Innovative Practice Development initiated by the Clinical Eduction Centre Northern Ireland

Nurse Education Consultant Doreen Craig, RGN, RSCN, Bsc (Hons) Community Nursing, PG Dip Ed for Nurses, Midwives and Health Visitors, Nurse Education Consultant, HSC Clinical Education Centre, Northern Ireland;
Dr Paula Walls, RGN, Bsc (Hons), MSC, PhD, Dip Ed for Nurses, Midwives and Health Visitors, Nurse

Education Consultant, HSC CEC Fern House, Antrim

Aim

Collaborative practice developmtnt initiatve to support nurses transitioning from the hospital to work in the community

Abstract

In line with the ethos of 'Transforming Your Care,' the Department of Health and Social Services and Public Safety NI (DHSSPSNI, 2014) focus on putting the patient at the centre of care and moving towards care in the community required a 'shift left'. To provide services, currently provided in the hospital environment, in the community or primary care environment; to meet the demands of the highly dispersed rural population and bring care closer to the home. The Primary Care and Older Persons sub group within the Clinical Education Centre, in Nurse education in Northern Ireland sought to work collaboratively with the second largest, mainly rural Health and Social Care Trust in Northern Ireland to prepare nurses to make the transition from hospital to work in the community. A 3 day skills based community programme and competency framework reflecting research and best practice guidelines was designed and piloted. Participants were nominated by their line manager. The criteria were staff new to the community who were either newly qualified or transitioning from the acute to the community setting for the first time. Each participant was assigned a District Nursing Sister/ Mentor for support and to gain competency in the clinical skills within an 8 week period of attending training.

The programme included elements of the community nurse role including: - Assessment and Risk management; in relation to wound care, Suprapubic, Male and Female catheterisation, Rectal digital interventions; management of the adult with Autonomic Dysreflexia, Venepuncture, Central Line management, and Sub-cutaneous medication administration via a T34 McKinley Syringe pump. All aspects of the programme included theory, demonstration and simulated practice culminating in assessed practice in the classroom using adult sized manikins. Formal evaluation critical appraise of the programme's strengths and limitations for future use. Verbal feedback from staff and team leaders has been extremely positive, indicating that staff had achieved their competencies and in their clinical decision making. The programme is currently an integral part of the induction for those new staff working in the community sector and is an excellent example of education and practice supporting the development of service improvement.

Intended learning outcomes

1. To develop the skills of the nursing staff transitioning from the acute to community sector.
2. To support learning through a skills-based competency programme.
3. To make a difference to direct patient care, service delivery and improvement through education.

Recommended reading list

1. The Right Time, The Right Place (2014) DHSSPSNI
2. Tranforming Health and Social Care in Northern Ireland - Services and Governance (2016) Northern Ireland Assembly Research and Information Service Briefing Paper 40/16
3. Standards for Competence for Registered Nurses (2014) Updated 2015

Biography

Doreen Craig works for the HSC Clinical Education Centre (Northern Ireland) as a Nurse Education Consultant. Following 20 years of clinical experience in adult and paediatric nursing, in acute and community settings she moved into nurse education. An area where the theory practice gap is always being challenged. Working closely with clinical and education colleagues she provides education to post registered nurses providing them with the theory and practical skills to make a difference to patient care.

Dr Paula Walls has worked for the HSC Clinical Education Centre (Northern Ireland) as a Nurse Education Consultant for 5 years. Following 10 years working in the acute hospital setting in Intensive Care and Coronary Care settings. Paula worked for 10 years in Health Promoting and Public Health and Community Development. She spent 10 years in Third Level Education as a Nurse Lecturer in the Under-Graduate Pre-Registration Nurse Education Programme and the Post-Graduate Health Promotion and Primary Care MSC Level Courses at the University of Ulster in Northern Ireland.

Poster number 39
An innovative model of clinical research education for undergraduate nurses

Victoria Drew, PG Dip, BSc (Hons), RN, BSc (Hons), Haematology Lead Research Nurse, Bradford Teaching Hospitals NHS Foundation Trust, England;
Paula Sharratt, MRes, PG Dip, RGN, Infectious Diseases and Sexual Health Lead Research Nurse, Bradford Teaching Hospitals NHS Foundation Trust;
Karl Ward, PG Cert, BSc (hons) Dip HE, RN, Lead nurse for Research, Leeds Teaching Hospitals NHS Foundation Trust; Janice High, senior Lecturer and Practice Education Lead (Nursing) University of Bradford

Aim

To improve undergraduate nurses knowledge around research and Evidence Based Practice

Abstract

Clinical Research exists to improve patient care and develop new treatments and is a vital and central part of the NHS (Pick et al 2011), but is not a core feature of undergraduate nursing programmes. Undergraduate nurses are not routinely exposed to clinical research in practice and often lack knowledge of how research is conducted and why it is important. This educational initiative aims to improve student nurses' knowledge about research and to increase awareness of the contribution by research nurses within this process. The Research Education Programme (REP) complements the learning students acquire in University on different research methods and how to critically appraise evidence, by giving them understanding of how evidence is generated through research and ultimately translated into practice. By using a unique collaborative approach between Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and the University of Bradford (UoB) we have successfully planned and delivered the REP for the last 5-years. This involves a key-note interactive lecture to students every year of their undergraduate programme and a concurrent clinical placement within research, supported by a student handbook to enhance the student learning experience. The curriculum, learning objectives and teaching plans were developed, taking into account the modules the students were undertaking. It fulfils curricular requirements for nursing students ensuring that clinical and academic research is embedded in practice. The taught sessions emphasize the patient journey within a clinical trial, and the placements give the practical elements of research within the hospital. Students are able to participate in a mock-randomised control trial in years 1 and 2, with 3rd years focussing on the translation, implementation and impact of research, and the link to EBP. Students can see how research generates the evidence that is implemented into practice. REP increases focus on EBP and embeds the importance of research in future front-line nurses by developing an NHS research culture, starting at the beginning of training. The key-note lectures and placements are all evaluated, and the results demonstrate that REP is well received and significantly improves the knowledge and confidence of the students' in research.

Intended learning outcomes

1. To understand why research is important, and provide a practical view of how research is conducted in the NHS
2. To understand the patient pathway through a clinical trial, and the ethics behind trial procedures
3. Obtain an overview of results, from 'trial to treatment', and how to manage change and improvements in the workplace

Recommended reading list

1. Hamer, S. (2015) The nurse's changing role in clinical research. Nursing Times 111 (39), 12-14.
2. Health Education England (2014) Developing a flexible workforce that embraces research and innovation. NHS. https://www.hee.nhs.uk/sites/default/files/documents/HEE_Research_and_Innovation_Strategy.pdf Accessed 8 May 2017.
3. Pick, A., Liu, A., Drew, V. and McCaul, J. (2011) The Role of the Research Nurse. Nursing Times Online Edition.

Biography

Victoria is the Haematology Lead Research Nurse, and has worked at Bradford Teaching Hospitals for 9 years. Before moving to Haematology research full time, she was also responsible for setting up the Head and Neck research portfolio at Bradford. Victoria is passionate about research, and feels that it is an essential part of the nursing role. She believes that involving undergraduate nurses in research will help them deliver EBP more effectively; improving health outcomes. Victoria holds a Masters degree in Advanced Nursing

Practice, and is the lead for the successful Research Education Programme run collaboratively between the hospital and university.

Paula is the Lead Research Nurse for Infectious diseases, HIV and sexual health working in the Bradford institute for Health Research for 9 years and at Bradford Teaching Hospitals for the past 17 years. Paula qualified as a nurse in 1993 and has worked within a variety of acute settings. Paula believes that everyone should be provided with the opportunity to take part in, and benefit from, clinical research. Paula holds a Masters degree in Research Methods from Leeds University, and is studying for a Masters degree in Leadership. In addition to this, Paula is also preparing a PhD application.

Karl is a Lead Nurse for research at Leeds Teaching Hospitals NHS Trust, here he is responsible for the delivery of clinical research and has a special interest in the education and training of the research workforce. He is passionate about clinical research and education. Karl qualified as a Registered Nurse in 1999 and spent a number of years working in the postoperative and critical care environment before moving into the developing speciality of Clinical Research delivery. He is also a NIHR GCP facilitator and expert member of a HRA Research Ethics Committee.

Janice has been a Children's nurse for 30 years, working in both acute and community settings. For the last 16 years she has worked as a senior lecturer in Children's Nursing at Bradford University for both pre and post-graduate students. She is a Practice Lead for Nursing, re-defining and re-structuring the support for students/mentors in partnership with the placement providers. Janice's role as strategic and operational management lead for Practice Education has enabled her to develop extensive expertise in managing and ensuring, quality assurance, of student learning in practice. Leading to a number of innovative and successful collaborative working practices.

Poster number 40
Enterprise wide adoption of Individual learning pathways built within an LMS, utilising a multimodal approach to learning: a Reproducible Example

Natasha Frith, Masters in Practice Education, Head of Learning Academy, HCA Healthcare UK, England;
Natasha Frith, MA in Practice Education, HCA Healthcare UK; Nick Johns, MA in Practice Education, HCA Healthcare UK

Aim

Using innovative technology & systems to drive education to all within healthcare using personal role specific pathway with multiple modalities to learn. Allowing the user to choose when to complete learning, where to complete learning and how to complete learning more cost efficiently.

Abstract

Background - The UK healthcare system is being challenged to deliver a patient centred strategy that transcends traditional cost and resource deficiencies. In these austere times education departments are often one of the first points of cost saving1. Healthcare institutions therefore need innovative solutions to educate existing staff, equipping them both with the knowledge and skills required to undertake the role, and ensure retention in all critical areas2. One cost saving initiative is tailoring learning to each individual role within the healthcare job catalogue thereby engaging employees to learn the specific skills required for their role. Advancing educational technologies can be adopted to achieve these learning pathways and make learning self-directive as learners can access mobile technology at a time and place suitable to their needs. Learning transformation is therefore financially imperative to reduce the traditional educational expenditure 3 as electronic systems can manage the learning process, record completion, competence and compliance across all modalities. Learning Management Systems (LMS) provides digital transformation by changing the way education is organised, measured and delivered as the employee has the choice towards choosing a modality which facilitates independent learning and teaches responsibility for their individual needs4.

Methods. - Using technology to map specific learning pathways along service lines and grades allows individual focused learning from the traditional generic all enterprise pathways. A multimodal approach to learning for all staff which included eLearning / e-resource / work based assessment / classroom based allowed the choice and better engagement by the staff. Technology provided analytic data to be compared against training previous educational data.

Results. - Individual pathways linked to the multimodal approach increased compliance across the enterprise by 30% in 1 year. 76% of enterprise said the multimodal approach combined with Individual

pathways helped performance enablement. Using electronic learning created a fiscal saving of £1.5 million over a 3 year training cycle.

Intended learning outcomes

1. To identify how well utilised the Learning Management system is within the private healthcare company
2. To explore the reasons why employees access the Learning Management systems
3. To understand how well matched e-learning technologies are to learners needs

Recommended reading list

1. Lahti, M., Kontio., R, Pitkänen, L., Välimäki, M (2014). Knowledge transfer from an e-learning course to clinical practice. Nurse Education Today, 34, pp. 842- 847.
2. Detroyer, E., Dobbels, F., Debonnaire, D., Irving, K., Teodorczuk, A., Fick, D., Joosten, E. and Milisen, K. (2016). The effect of an interactive delirium e-learning tool on healthcare workers' delirium recognition, knowledge and strain in caring for delirious patients: a pilot pre-test/post-test study. BMC Medical Education, 16(1).
3. Telford, M. and Senior, E. (2017). Healthcare students' experiences when integrating e-learning and flipped classroom instructional approaches. British Journal of Nursing, 26(11), pp.617-622.

Biography

Natasha Frith is the Corporate Head of the Learning Academy for HCA Healthcare UK. She moved to London from Australia in 2008, where she successfully gained a BSc Nursing at Monash University Melbourne. She primarily worked in the field of cancer until 2011 when she followed her love for education and became the Clinical Education Lead at HCA Healthcare UK. It was here that her desire for continuous learning was encouraged and achieved a MA in Practice Education with London South Bank University in 2016. During this time she jointly deployed a new Learning Management System whilst achieving her MCIPD.

Nicholas Johns is currently the Corporate Head of Technology and Innovation for HCA Healthcare UK. He is a Fellow of the Higher Education Academy and holds MCIPD and RSCN status. Nicholas Lectures in several Universities on topics of congenital cardiology and paediatric intensive care, and completed his Master's in Practice Education focusing his research in clinical competence, and change management within healthcare. He jointly deployed the LMS with individualised learning pathways linked to Competencies. Currently Nicholas is leading the transformation of the EMR allowing clinician's to input less, whilst having more information available to the clinician to aid patient safety.

Poster number 41
A storyboard journey of the 'lived experience' of Trainee Nursing Associates as they metamorphize into a new fledgling health care professional while navigating their way through the minefield of academia and professional identity.

Mr Griffin Ganga, MSc, BSc (HONS), RMN (Specialist Practitioner), Senior Lecturer, The University of Wolverhampton, England;
Roy Thompson: RN (Mental Health/Adult), DipPSN, BSc(Hons), MSc. Senior Lecturer. The University of Wolverhampton.

Aim

To share and learn from the opportunities and challenges Trainee Nursing Associated encounter as they come to terms with the challenges of both studying at University and simultaneously trying to establish a new professional identity within the work place.

Abstract

This story board collates, shares and explores the lived experiences of a groups of trainee nursing associates who have entered a pioneering Work Based Foundation Degree, led by employers, with the remit to create a new type of health care worker, with the skills and attributes to enable them work in any health care environment. While education is thought of as transformative in nature, we ignore at our peril the initial catabolic nature of the learning process, where notions of self, known truths and societal role are challenged. This period of catabolism must occur before metamorphosis enables the creation of a "new" being. While this may be true of all learning, the group of Trainee Nursing Associates in this study, all of whom were experienced health care assistants with years of associated caring practice, were to undertake the process of metamorphosis in both their academic learning and within their clinical role. The latter being

associated with having to establish and develop a role and professional identity which would effectively engage with the established health care team at a time when there was uncertainty over the role and professional accountability of the new Nursing Associate. This storyboard provides an insight into the real and lived lives of trainee nursing associates as they undertake a trial blazing course and grapple with issues raised as they return to study, transform their role and working relationships in a period of uncertainly. The poster gives voice to their achievements and challenges they have overcome. This small but powerful voice is one which curriculum developers, work force planners and other health care professions should reflect upon in order to make this metamorphic process as supportive as possible with the proliferation of work based and employer lead learning in the health care sector.

Intended learning outcomes

1. Explore how new learning experiences create vulnerability in students' accessing Higher Education via a widening participation route.
2. Explore how work based students overcome the minefield of challenges as they establish new identities in the world of university and of work.
3. To provide a visual representation of personal and professional development for a group of students taking on a new and professionalised nursing role.

Recommended reading list

1. Health Education England (2017) Nursing Associate Curriculum Framework [Accessed 20.10.17] Available at https://hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20Curriculum%20Framework%20Feb2017_0.pdf
2. Helyer, R. (2015) The work-based learning student handbook. Second ed. London: Palgrave.
3. Raelin, J.A. (2008) Work-based learning: bridging knowledge and action in the workplace. New and Revised Edition. Second ed. Chichester; San Francisco, Calif: Jossey-Bass.

Biography

I am a senior lecturer as well as a Doctoral candidate at the University of Wolverhampton. I teach on the Bachelor of Nursing as well as the Foundation Degree Programmes. Before joining the University I work in community mental health, I have significant experience in management of Community Mental Teams. I have also had experience as a Mental Health Complex Care Commissioner. Working as a commissioner gave me in sight into service development, funding and development of future nursing roles. I have a special interest in Phenomenological hermeneutic research; this is an area I am pursuing for my doctoral research.

I am a Senior Lecturer at Wolverhampton University working on a variety of teaching and research projects. My key responsibilities include developing, planning, and delivering teaching material that meets professional standards. Prior to entering nurse education I worked as a registered nurse within the United Kingdom and internationally. I have gained experience in a variety of teaching and assessment methods and have worked with professional regulatory bodies in assuring the quality of professional education in both the academic and clinical arena. I have significant experience in education management and leadership and have several years' experience as an external examiner.

Poster number 43
Health education and life science (HELS, ward 13): Protracted and adaptive multi patient simulation

Mr Steven Grant, MEd, Senior lecturer, Birmingham City University, England;
Scott Colton, lecturer Birmingham City University

Aim

Pedagogy of multi patient simulations and emerging themes

Abstract

It is evident that the current changes in the NHS will require the degree level nurse to have a strong knowledge base to support their decision making and the leadership skills to manage multiple levels of health care providers. Therefore the opportunity for student nurses to practice and develop confidence in decision making, prioritisation and delegation is a challenge that all health educators will face. The Health education and life science simulation (HELS, ward 13) is an adaptive simulation that uses multiple patient scenarios in an acute ward environment. The department of health (2010) in their preceptorship framework acknowledges the need for nurses to be supported in developing these

skills to aid the transition from a newly qualified nurse. The aim of this simulation is to enable the students to reduce the theory to practice gap, reflect on their leadership, clinical skill application and their skill in the recognition of the deteriorating patient. The design structure of this simulation is a responsive simulation that adapts to the student's decision making without the intervention of facilitators. Therefore each simulation is unique to the students individual needs and enables students to experience the effect of their individual and team approach. The simulation to date has ran over three cohorts covering approximately 200 students. It is evident from the facilitation of this simulation that common themes have now emerged. These include stress inoculation, prioritisation, effective assessment, infection control compliance, communication with the MDT team and theory to practice gap. During the presentation we will discuss the challenges of both the design and implementation of this adaptive and protracted simulation. To demonstrate the student experience we will use video and photographic images from the simulation. We will also discuss participant feedback, our evaluation so far and how this will influence the future development of this project. DOH, (2010). Preceptorship Framework: For newly Registered Nurses, Midwifes and Allied Health Professionals. [Pdf] available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@abous/documents/digitalasset/dh_114116.pdf [Accessed 11th May 2017].

Intended learning outcomes

1. Critically reflect on the care delivery, leadership and prioritisation of care.
2. Recognition and management of the deteriorating patient

Recommended reading list

1. NCEPOD (2012): Time to intervene. http://www.ncepod.org.uk/
2. MASSEY, D. CHABOYER, W and ANDERSON, V (2016): What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature.

Biography

Steven Grant is a senior lecturer at Birmingham City University with 20 years of nursing experience. He coordinates and teaches across a number of undergraduate and post graduate modules. He has passion for the utilisation of applied physiology in interpreting and responding to patient deterioration. His clinical experience ranges from acute medicine, trauma and orthopedics, coronary care, critical care and high dependency care.

Scott is a lecturer at Birmingham City University where he teaches across a number of undergraduate modules. He is an experienced emergency department nurse and is currently a trainee with the west midlands care team. Interests include; Technology in clinical practice, recognition, and management of the unwell patient and simulation in nurse education.

Poster number 44
Recognition of Prior Learning (RPL)

Krysia Groves, DCR(D); BSc(Hons); FAETC; CT Cert; ARRT;, Primary Care Programme Manager, Workforce Education and Development Services, NHS Wales Shared Services Partnership, Wales

Aim

Introduction of the All Wales RPL Framework and Toolkit to support the acknowledgement of educational, experiential and training achievements.

Abstract

The process of Recognition of Prior Learning identifies the acquisition of learning obtained through formal, non-formal and/or informal learning experience. Knowledge and skills acquired are then credited against a qualification. The RPL Framework is an enabler; an all Wales solution that abides by the core principle to value all who work in the NHS. It adds value to our ethos of developing excellence in health care which is embedded in the All Wales HCSW Career Framework. The RPL process supports staff in doing the jobs they have been employed to do, so the RPL Framework is an investment in learning and development that will eliminate unnecessary repeat learning/training. The processes and tools are designed to support, and provide clarification and guidance for those concerned - managers; learning and development staff; assessors; and learners. The RPL Framework is promoted as an option to learners where a manager or learner considers prior experience or learning as worthy of recognition. The toolkit underpins the process from initiation to evaluation and assessment of evidence presented for recognition of award. The Framework upholds two contexts of RPL:

1. Successful completion of a previous assessment which can be mapped to specific assessment criteria
2. Building of a portfolio of evidence of previous experience and learning mapped against the learning outcomes and assessment criteria of relevant units/credits to be claimed.

Learners can meet these requirements using their Continuing Professional Development log and other appropriate sources of evidence of achievement. Assessors determine that evidence used for RPL is valid and authentic and in accordance with awarding organisations criteria.

Intended learning outcomes

1. To demonstrate how learning from experience, that is largely unstructured and personal, can be valued and formally recognised.
2. To illustrate a means of supporting workforce development; recognising and acknowledging previous learning relevant to an individual's role, through their personal and professional achievements.
3. To outline the process that accredits previous learning in an effective, quality-assured way and provides confidence in the outcomes of recognition of prior learning.

Recommended reading list

1. Developing Excellence in Healthcare. An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions Workforce Education and Development Services, NHS Wales Nov 2015
2. The NHS Wales Skills and Career Framework for Healthcare Support Workers

Biography

A Diagnostic Radiographer, Krysia Groves worked clinically in John Radcliffe Hospital, Oxford before moving into higher education as Clinical Coordinator, Cranfield University, Shrivenham. In 2002 her career changed direction; programme management skills were put to effective use when appointed to the role of International Recruitment Coordinator, Welsh Government. Returning to the NHS in Wales, Krysia has since managed a number of programmes on national and local levels e.g. national data flows (new developments), Chronic Conditions Management and more recently, as part of Workforce Education and Development Services (WEDS), Healthcare Support Worker development. Krysia is now Primary Care Programme Manager (WEDS).

Poster number 45
Innovation in ophthalmic nursing workforce develpment.

Miss Tendai Gwenhure, BSc, Ophthalmic nursing clinical educator, Moorfields Eye Hospitla NHS, England;

Aim

To discuss ways of developing nurses who are new to ophthalmology in undertaking their clinical oles.

Abstract

With the nursing shortages, scrapping of student nurse bursaries, Brexit and general economic landscape, it is increasingly difficult for ophthalmic trusts to recruit ophthalmic trained nurses. This has been augmented by the limited number of HEI's offering ophthalmic nursing training. In London, only 2 universities currently run ophthalmic nursing programmes with a third university providing only advanced ophthalmic practice modules. This has led to the recruitment of non-ophthalmic trained nurses for ophthalmic clinical role. RCN (2016) acknowledges that ophthalmic training can take various forms and advocate for ophthalmic organisations to be innovative and proactive in facilitating workforce training and development that aims to equip staff with the appropriate knowledge and skills required to execute their clinical roles safely and effectively. A new model of training was commenced at Moorfield's Eye Hospital 2 years. The aim of this bespoke programme was to facilitate transition of newly recruited non-ophthalmic trained nurses into ophthalmic roles through training and education. RCN (2012) identifies 4 levels of ophthalmic nurse competencies following Benner (1984) framework. There is a lot of focus on advanced practice role development but not much about how the nurses progress from the initial "new to ophthalmology" level to the competent level and subsequently higher competent levels. The "New to Ophthalmology Induction Programme" provides the fundamental principles of ophthalmic nursing. It is a one week long programme covering basic ocular anatomy and physiology, patient assessment, visual acuity testing, common eye conditions,

ocular medications, ophthalmic investigations, career development pathways as well as professional socialisations aspects such as the management structure and organisational culture. An exploratory mixed method study was conducted this year to evaluate the role of this programme in facilitating new nurses adapt into ophthalmic clinical roles. The findings of this study will be presented followed by a discussion on the implications for practice. Issues of quality and competence will be discussed. A proposed model for training and professional development will be discussed and potential opportunities and threats conferred.

Intended learning outcomes

1. Discuss issues of workforce development in ophthalmic nursing practice.
2. Discuss benefits and challenges of bespoke new to ophthalmology training programme.
3. How do we know it's making a difference and what are the future prospects?

Recommended reading list

1. (RCN) Royal College of Nursing (2016) The nature, scope and value of ophthalmic nursing. London: RCN.
2. (RCN) Royall College of Nursing (2012) Ophthalmic nursing: An integrated career and competence framework. London: RCN.

Biography

In the current role as Clinical Educator at Moorfields Eye Hospital, honorary lecturer at UCL, Deputy programme director PGCert Ophthalmic practice, and lead educator for band 5 nurses' development, the author has extensive experience in clinical duties as well as staff education and development roles. The author is an ophthalmic trained nurse, NMC registered teacher and currently undertaking the final MA practice education module. Among the achievements are: 1) Presentation at international and national conferences. 2) Journal publications. 3) Designed Trust A&E patient information leaflets. 4) African Rural Eye Care charity work. 5) Trustee, training & education coordinator Abalon Trust.

Poster number 46
Developing and Maintaining a Simulated Patient Programme

Carrie Hamilton, RGN, BSc, MSc, Director of Education, Training and Innovation, SimComm Academy, England;
Iain Wilkinson, MEng, Simulated Patient Project Manager, Health Education England/University of Leeds, UK

Aim

Understand how to develop and maintain a simulated patient programme, considering both practical and ethical elements.

Abstract

Introduction: Simulation assists with the acquisition of non-technical skills as well as technical skills. Working with simulated patients/relatives (SPs) has, for many years, been embedded in medical education and SPs, as a proxy for real patients, offer significant advantages (May et al 2009) - they are 'real people trained to simulate'. Rather than 'voice behind the screen' manikins, SPs have the potential to be the highest fidelity 'simulator' presenting with a physical or mental illness/injury or as a relative; with their subsequent delivery of objective feedback from a patient/relative perspective.

Method: - A stumbling block for educators is the development and then maintenance of a SP programme with good governance, which considers both practical and ethical elements. We will outline both the breadth and value of SP involvement in education, with particular focus on successful SP simulation-based education (SBE) across the country. We will discuss the five essential components when considering a SP programme, highlighted by Gough et al (2015); resources, recruitment and selection, training, risk assessment and quality assurance processes. We will add to this the essential ingredients of being ethical and diverse. SP involvement is not restricted to simulation centres, SPs can travel and work in all health care settings in-situ and in classrooms, with mixed professional groups. Combining SPs with technology (hybrid simulation) and alongside technology (multimodal simulation) will be presented. Processes work in different ways in different organisations, and 'one size doesn't always fit all', however the Association of Simulated Practice in Healthcare (ASPiH) national simulation standards (2016) offer best practice guidance for the development and maintenance of SP programmes.

Conclusion: - Participants will leave the presentation with an awareness of the fundamental principles of developing and maintaining a SP programme. The process of decision-making and the process by which decisions are implemented in

relation to incorporating SPs within simulation-based education (SBE) will be fully discussed. Participants will then have an opportunity to incorporate a new or different simulation modality into their current practice. Working with SPs adds a dimension to education that helps to ensure that care really is patient focussed.

Intended learning outcomes

1. Outline the value and breadth of SP involvement in education
2. Consider resources, recruitment and selection, training, risk assessment and quality assurance processes and ethical implications within SP programmes
3. Explore SP engagement in centres, in situ, standalone or combined with technology (hybrid, multimodal)

Recommended reading list

1. May W, Park JH, Lee JP. 2009 A ten-year review of the literature on the use of standardized patients in teaching and learning: 1996–2005. Med Teach. 2009;31(6):487–92.
2. Gough S., Greene, L., Nestel, D., Hellaby, M., MacKinnon, R., Natali, A. Roberts, S., Tuttle, N., Webster, B., 2015, Simulated Patients: A standardised, quality assured approach to training and implementation. Manchester: Health Education North West, 2015.
3. Standards for Simulation Based Education in Healthcare 2016 http://www.aspih.org.uk/standards/consultation/

Biography

Carrie has worked in healthcare systems in the UK, USA and Canada. Her nursing background is intensive care, inflight nursing, tropical disease and emergency care. A Nightingale Fellowship enabled her to research the international perspective of simulated patients in health care education. She's led simulated patient programmes for many years and is now SimComm Academy's Director of Education, where simulation, communication, humanity and patient safety with simulated and real patient involvement in hybrid/multimodal education are key. Carrie is an executive board member of the Association of Simulated Practice in Healthcare and Senior Lecturer in adult nursing at Portsmouth University.

Iain is a specialist in managing simulation projects. He has run experiential training and education projects for more than twelve years and has built up cohorts of skilled simulated patients (SPs) across the country. Iain worked for the largest provider of experiential training in the country - CragRats Ltd - before working as for the NHS and in higher education. Under his leadership, the Yorkshire and Humber SP Resource has grown to be the largest in the country, with innovative programmes being developed in all areas of healthcare across Yorkshire, Liverpool, Preston, Greater Manchester and the South-West of England.

Poster number 47
Delivering a workbased 'fresh eyes' Quality Improvement (QI) programme for Preceptee nurses

Professor Susan Hooton, RGN RSCN MA BSc, Professor of Nursing & Quality Improvement, University of Chester, England;
Liz Cooper, RN, MA, Head of Nursing, Univ of Chester; Helen Patterson, RN, clinical Excellence Lead, Wirral University Hospital Trust

Aim

To presnet the outcomes of a 6 month Quality Improvement programme for preceptees

Abstract

Based on Don Berwick's national recommendations for clinical staff to engage in quality improvement QI (2013), an innovative framework for quality improvement has been developed between Wirral University Teaching Hospital NHS Foundation Trust and the University of Chester through its Practice Development QI Partnership. The bronze level of the framework has now been tested and delivered to a group of new preceptees and their preceptors with promising outcomes. Project aim and objectives - The overall aim was to work with new preceptees to critically examine care practices with 'fresh eyes', identify an area for improvement and to develop a credible improvement proposal. The objectives were:

1. To deliver and evaluate a 3 day on site QI programme for preceptees
2. Preceptees to identify areas of practice that would benefit from a small scale improvement project
3. Preceptees to complete and submit a project driver diagram, demonstrating

application of QI skills and knowledge
4. To award preceptees a ‘bronze level’ certificate of QI skills and knowledge achievement on completion of all elements of the programme.

Impact on education and practice.

1. All preceptees demonstrated improvement in QI skills and knowledge against a pre course baseline assessment
2. The course received a very positive evaluation with few recommendations for change
3. 10 project driver diagrams were successfully completed and signed off by preceptors.

Furthermore, an assessment against the Health Foundation (2015) ‘Habits of An Improver’ framework revealed that preceptee nurses felt the programme had particularly impacted positively on :

1. Learning in Practice (questioning, reflection and curiosity)
2. Influencing (patient centred care)
3. Resilience (feeling optimistic)
4. Creativity (generating new ideas and critical thinking)
5. Systems thinking (making connections).

The Director of Nursing sponsor and senior nurses plan to continue to sponsor the programme as a key element of staff development and enhanced employability

Intended learning outcomes

1. to share the outcomes of a Preceptee QI programme
2. To hear about the improvement projects the preceptees identified with their 'fresh eyes' perspectives
3. To share the outcomes of a range of self assessments showing increased confidence and optimism to make changes in practice

Recommended reading list

1. Berwick Report (DH 2013) A Promise to Learn: A commitment to Act
2. Habits of an Improver (Health Foundation, 2015)

Biography

Sue has worked in senior NHS quality and governance positions and is an Institute of Healthcare Improvement (IHI) graduate. She is developing a Health & Social Care Faculty wide quality improvement strategy across the University of Chester and its clinical practice providers. - Sue has experience in running region wide quality improvement collaboratives and is strongly committed to building improvement capacity and capability in the NHS.

Helen's education career started as a Practice Education Facilitator and she has more recently been appointed as the Lead for Clinical Excellence at Wirral University Teaching Hospital NHS FT. She has a real desire to support staff with the development of QI methods which will directly improve the care that patients receive.

Poster number 48
One year on: An evaluation of a successful in house bespoke preceptorship programme in comparison to HEI programme previously delivered.

Miss Sarah Huggin, BSC HONS /Mnurse Mental Health, Deputy Project Development Nurse, South West London and St Georges Mental Health Trust, England;
Catherine Gamble, RCH MHN, Head of Nursing, Director of Nursing Education, Research and Practice Development, SWLSTG;
Bertha Matunge, Senior Development Nurse, SWLSTG;
Sarah Galloway, Quality Improvement Manager, SWLSTG;

Aim

Workforce implications and evaluation of a Trust bespoke preceptorship development programme, after its first year of delivery in comparison to a commissioned HEI programme based on preceptees feedback and delivery of the programme.

Abstract

The preceptorship process has been recommended by the UK Department of Health to help aide transition from student to newly qualified nurses (DoH, 2010). It can be argued that the first year post-qualifying clinical experience could be the most determining in shaping the nurses’ career trajectory, retention rates and in establishing their professional standard. However, many newly qualified nurses will take up clinical leadership roles. Benefits of investment into a preceptorship programme for both employer and preceptee have recently shown increased staff confidence and morale, enhanced patient care and experience and reduced sickness absence (NHS Employer 2017). Numerous NHS Trusts now run programmes although there is limited evidence as to evaluate their

implications on newly qualified nurse's development and future delivery needs of the programme. Results were compared from the University's (undertaken in 2015) and the bespoke in house Trusts preceptorship programme (undertaken 2016 -2017) based on preceptees responses from a questionnaire developed to evaluate the 6 month programmes. Data collection from both groups; University preceptees (n= 32) and In-house preceptees from 4 cohorts (n= 56) focused on the preceptees experience of the programme in the following 4 domains:- Personal and Professional Development, Leadership, Clinical and Operational. Both programmes developed preceptees emotional intelligence. Preceding this, from a first year evaluation of 4 cohorts based on preceptees narrative feedback, reflective practice and peer support elements emerged as the most important parts of the in house programme. Statistically, significant differences were shown in the themes of Operational and Clinical domains that strongly support the benefits of the In-house programme In comparison to the University programme. The Trust is committed to continue an evolving In-house preceptorship programme informed from preceptees specific feedback based on preceptees development needs. Thereby the programme is continuously evaluated and delivered by expert clinicians in the Trusts. Although strategies are ongoing to engage all clinicians for their continuous and consistent responses and support, as feedback from the preceptees highlighted their valuable expertise. The In-house programme reduces resource implications and ensures all newly qualified nurses are supported with an up to date robust programme which is successful to date. -

Intended learning outcomes

1. To share the findings of the evaluation of two development programmes based on newly qualified nurse's feedback using an iterative style of learning and development.
2. To gain an appreciation of the challenges in designing an In-house co-produced preceptorship programme and how these challenges were successfully overcome.
3. Discuss the findings of embedding the in house preceptorship programmes into a rolling programme offered to all newly qualified nurses.

Recommended reading list

1. Robinson and Griffiths (2009) Preceptorship for newly qualified nurses: impacts, facilitators and constraints. Kings College London: National Nursing Research Unit.
2. NHS Employers (2017) Preceptorships for newly qualified staff.
3. Department of Health (2008) A High Quality Workforce: NHS Next Stage Review. London: Department of Health.

Biography

Sarah Huggin is a Deputy Project Development Nurse in the Nursing Development Team at South West London and St Georges Mental Health NHS Trust. With a passion for teaching and education Sarah has worked as a Preceptee Mentor on the programme and continues in her current role supporting Preceptees experiences. As a Registered Mental Health Nurse Sarah's Clinical background is in specialist services, previously working on an adult eating disorders inpatient unit. This continues to be her area of interest and she is sharing her clinical expertise through her enthusiasm for education and development support for nurses.

Catherine Gamble is Head of the Nursing Development Team at South West London and St George's Mental Health NHS Trust and the Royal College of Nursing's MHN professional lead. Both roles involve raising the profile of nursing expertise, promoting the highest standards of nursing care and providing professional and academic project development advice on nursing and patient experience. Catherine has a special interest in promoting families' inclusion in recovery based services. As a founder of training in psychosocial interventions, Catherine has published widely and has received wide recognition for leading and evaluating numerous practice development initiatives. Catherine is a Journal of Psychiatric Mental Health Nursing's Eileen Skellern memorial lecture laureate, Royal College of Nursing's Mental Health Nurse and Royal College of Psychiatrist award winner. Catherine has broad experience in co-production and project development work. She has held various NHS roles in acute and community psychiatric services and is an elected member of the NHS Confederation Mental Health Network.

Poster number 49
Pre-registered student nurses' experiences and perceptions of public involvement in their education.

Ms Chiedza Kudita, BSc, Lecturer Learning Disabilities Nursing, University of West London, England

Aim

To present the perceptions and experiences of pre-registration Nursing Students about public involvement in their education.

Abstract

Background: In the UK public involvement in health education has become an important part of pre-registration nursing programmes. This involvement is predicated on a belief that it can provide these students with opportunities to learn from 'service users' of health and social care services about their experiences of health and illness. Despite this belief little is known about how students engage with public members and patient groups within their education. Thus this study aims to explore, describe and explain pre-registration nursing students' experiences and perceptions of public involvement in their education. The purpose of this to explore pre-registration nursing student experiences and perceptions about public involvement in their education.

Main findings: The potential outcomes of this three phase study is the development of model/s of public involvement to inform pre-registration nursing programmes at all levels of the curriculum. It is also envisaged this study will contribute to experiential learning theory. Data from the Qualitative phase 1 and phase 2 of the study will be presented. Thus it has been noted that there was a shift in how students perceive public involvement as the course progressed.

Significance of research for practice as relevant: Findings derived from data collected from one cohort of pre-registration student nurses will inform pre-registration nurse education in the UK and beyond as to the best methods to adopt in public involvement within nursing education. It is envisaged that public involvement ensures and brings a valuable alternative perspective to a discussion or a decision making process that will influence future practitioners.

Intended learning outcomes

1. Delegates will be able to demonstrate a good understanding of the student's experiences and perception of public involvement in their education.
2. Delegates will be able to identify challenges and problems of involving public members in education perceived by pre-registration nursing, and develop solutions.

Recommended reading list

1. O' Donnell, H., and Gormely, K (2013) Service user involvement in nurse education: perceptions of mental health nursing students. Journal of Psychiatric and Mental Health Nursing.20, 193–202
2. Terry, J. (2012) 'Service user involvement in pre-registration mental health nurse education classroom settings: a review of the literature', Journal of Psychiatric and Mental Health Nursing, 19 (9), pp. 816–829.

Biography

Chiedza is a Registered Learning disabilities Nurse. She is currently employed at the University of West London as a Lecturer in Learning disabilities Nursing and the Public involvement Coordinator. Chiedza is currently completing her PhD and will be presenting findings from phase 1 and phase 2 of a 3 phase multiple methods study. study.

Poster number 50
Action research of undergraduate nursing students' learning experiences on an operating theatre placement

Vera Logan, BN,MA Ed, Clinical skills tutor, Swansea University, Wales

Aim

1. Identify factors contributing to students' learning experiences, 2. Identify ways of improving the students' learning experiences

Abstract

Background - Students' clinical placements and mentorship have received plenty of attention lately, with concerns about the effectiveness of students' learning in practice raised. In the operating theatres, the situation is often worsened by students' feelings of anxiety and stress, combined with inadequate mentor support.

Aim - The overarching aim of this study has been to improve students' learning experiences in the operating theatres and to create knowledge about which factors play a role and how they may be positively influenced. To achieve the partially theoretical and partially

practical aim, the methodology of action research was chosen.

Methods - Inclusivity was one of the principal values guiding this project, consequently the participants were all interested members of staff in one medium-sized theatre department (nurses, ODPs, health care assistants - 12) and students, who were allocated to the operating theatres within the timeframe of the study (5). Student interviews and past student feedback forms were used to extract the influencing factors. Based on these, changes were planned and implemented. Initial evaluation was performed through staff focus groups/discussions, staff and student interviews and diary keeping/observation.

Results - The factors, influencing students' learning experiences were grouped under four headings, social/interpersonal, organisational/educational, factors intrinsic to the setting, and students' attitudes to the placement. The four changes included diversification of ways of relaying information to students by creating a website, which was reported as successful in reducing student anxiety at the start of the placement. The next change, the creation of a list of learning objectives, mapped against students' learning in the university appeared positive on initial evaluation. The third change, implementation of the two-mentor system had minimal effect. Lastly, the attempt to motivate theatre staff to engage in student supervision, had a pronounced effect on study participants, suggesting the potential of action research to invigorate interest; but negligible effect on non-participants.

Conclusion - This study contributed to the understanding of the factors, influencing students' learning experiences in the operating theatres. It demonstrated, how practices may be changed by practitioners themselves, through the application of action research. It is hoped that it may provide inspiration for other clinical areas.

Intended learning outcomes

1. Identification of factors, influencing students' learning experiences on the theatre placement.
2. Suggestion of some ways to improve students' learning experiences on the placement.
3. Exploration of the use of action research as a means for practitioner-led change in the workplace.

Recommended reading list

1. Action research into ways of improving students' learning experiences on the theatre placement
2. Influencing factors and ways of improving undergraduate students' learning experiences on the theatre placement

Biography

Vera Logan completed her teacher training in 2000 and graduated in Adult Nursing in 2008. She worked as a theatre practitioner from 2008, untill 2017. Following her lifelong interest in education, she acted as the operating theatres learning and development coordinator. Since 2017, she has been working as a clinical skills tutor in Swansea University. She graduated from postgraduate master's course Education for the health professions in January 2018.

Poster number 51
Keeping an accredited Neuroscience course aflot in the West Midlands: A collaborative approach

Claire Lynch, PGCert, Grad Dip, BSc (Hons), Clinical Educator for Neurosciences, Queen Elizabeth Hospital Birmingham, England; Ruth Trout

Aim

To discuss the importance of Neuroscience post graduate education, the challenges faced and how they are overcome to ensure accredited courses can be delivered.

Abstract

Approximately 12.5 million people live with a neurological condition in the UK with complex needs that require high quality care (Neurological Alliance, 2014). In order to care for this group of patients in the acute setting a specific knowledge and skill set is required, with 95% of staff within a neuroscience department stating that education is vital to maintaining patient safety (Baker, 2012). Nationally and internationally there is both a lack of formal education and no set guidance on the minimum standards of Neuroscience education (Braine, 2012). In September 2016 only 5 post graduate specialist Neuroscience courses were running nationally. The course in the West Midlands was faced with a lack of specialist lecturers to run, the need for course revalidation and significant issues surrounding LBR funding so an alternative solution was required. Through British Association of Neuroscience Nurses (BANN) a relationship between

Queen Elizabeth Hospital Birmingham (QEHB) and Buckinghamshire New University (Bucks) was established. From this a new neuroscience module was developed which would be delivered in Birmingham but accredited by Bucks University. In February 2017 the course ran for the first time. The creation, delivery and completion of the programme were successful due to a number of challenges that needed to be overcome including; meeting the needs of a range of Neuroscience clinical settings in the region, funding the course, ensuring quality and maintaining academic support at a distance. The course was attended by staff from ITU to community rehab settings. The course had a 100% pass rate for level 6 and 75% for level 7 which was a significant achievement for a first run. The course evaluated extremely well, with staff finding they were able to improve the care they delivered on return to their practice through education, acting as a patient advocate when liaising with the MDT and through delivering up to date evidence based care. This presentation will examine in greater depth the importance of specialist education and how the challenges in setting up a new method of education were overcome, with a view to supporting other areas in undertaking similar projects.

Intended learning outcomes

1. To discuss the importance and benefits of having post graduate nursing speciality education
2. To examine the potential challneges that are faced both locally and nationally in delivering post graduate education in the acute setting
3. To reflect upon the outcomes of the first delivery of a post graduate Neuroscience course in the West Midlands in relation to future sustainability

Recommended reading list

1. Braine, M (2015) An evaluation of post-registration neuroscience focused education and neuroscience nurses' perceived educational needs Nurse Education Today. Volume 35, Issue 11, November 2015, Pages 1069-1074,
2. Neurological Alliance (2014) Neuro numbers London. Available at: http://www.neural.org.uk/store/assets/files/381/original/Final_-_Neuro_Numbers_30_April_2014_.pdf
3. Baker, M (2012) Education requirements for nurses working with people with complex neurological conditions: Nurses' perceptions Nurse Education Today , Volume:32 , Issue:1 , Page(s):71,

Biography

I have been working in the Neuroscience Unit at the Queen Elizabeth Birmingham for over 10 years. After 18 months as a HCA I undertook my post-graduate diploma in Nursing and returned as a staff nurse. I then worked in both Neurosciences and Neurology as a ward sister for 3 years before undertaking the role of Clinical Educator for Neurosciences full time in 2016. My passion is undoubtedly for Neurosciences but also for ensuring that both current and future generations of nurses are given the best possible support in their careers.

Poster number 52
Embedding Nursing Associate and Assistant Practitioner roles into the mental health nursing workforce – what can be learnt from training experiences?

Miss Felicity Mayer, BSoc Sci, PGDip, MRes, Development Nurse, South West London & St George's Mental Health NHS Trust, england;
Lewys Beames, Darzi Fellow, South London Mental Health and Community Partnership

Aim

i) To understand how Nursing Associates and Assistant Practitioners view their role within a multidisciplinary team in three mental health trusts in the south of England. ii) To explore Nursing Associates and Assistant Practitioners experience of Job Embeddedness (JE).

Abstract

Background - The utilisation of a ‘two tier’ system of nursing during periods of workforce pressure has been a recurrent theme throughout the history of the profession (McCrae & Kuzminska, 2017). Whilst this has been seen as enriching the profession by providing a more varied professional perspective, arguably the notion of two tiers of nurses has historically served to segregate the profession, create inequity and constrain career progression (Bosley & Dale 2008). The King’s Fund (2013) in a recent review of current and future NHS

workforce, noted the prospect of an "impending shortfall in nursing". To address the deficit, the Band 4 Nursing Associate and Assistant Practitioner was introduced; acting as a bridging role between a HCA and an RMN. The purpose of this study is to understand how Nursing Associates and Assistant Practitioners view their emerging role within a multidisciplinary team (MDT) and consider how this role can be embedded into nursing so as to avoid the negative connotations of a two tier system.

Design - A mixed-method sequential design approach comprising i) completion of a JE questionnaire and ii) in-depth semi-structured interviews.

Sample - Questionnaire: - A questionnaire on demographic data and JE variables completed by all second year nursing associates and assistant practitioners apprentices (n=33). Interviews: - A purposive sample of second year nursing associates and assistant practitioners scoring in the upper quartile (n=3) and lower quartile (n=3) of the JE questionnaire.

Analysis - Thematic analysis using a framework approach comparing high and low scoring participants on the total JE construct.

Findings - The study is currently being undertaken. Preliminary results will be presented and discussed at the conference.

Intended learning outcomes

1. To support future nursing workforce planning strategies; including clinical priority areas to hire into and continued professional development incentives.
2. Help nurse leaders understand the influence of Job Embeddedness on professional relationships, job satisfaction and quality of care.
3. Determine ways to support and integrate Nursing Associate/ Assistant Practitioner roles in clinical practice

Recommended reading list

1. McCrae, N. & Kuzminska, K. (2017) The origins of a two-tier profession: a nursing school at a Poor Law infirmary. British Journal of Nursing. 26, p. 266-271
2. Bosley, S. & Dale J. (2008) Healthcare assistants in general practice: practical and conceptual issues of skill-mix change. British Journal of General Practice. 58: 118-124
3. Reitz, OE. & Anderson MA. (2011) An Overview of Job Embeddedness. Journal of Professional Learning. 27 (5) 320-327

Biography

Felicity Mayer works as a Project Development Nurse within the Nursing and Development Team at South West London and St George's Mental Health NHS Trust. She currently works on the South London Mental Health and Community Partnership programme supporting the registered and non-registered nursing workforce to progress their career through training programmes including the Assistant Practitioner/Nursing Associate Programme, degree, masters and CPD courses. Felicity is a registered mental health nurse and has pursued a nursing research career through completion of a NIHR Masters in Clinical Research Studentship focusing on the perinatal care of women with physical and mental health comorbidity.

Lewys Beames is a Darzi Fellow with South London Mental Health and Community Partnership, a partnership comprised of three NHS Mental Health Trusts serving South London. He is leading the evaluation of the partnership's Nursing Development Programme. Lewys is a Registered Mental Health Nurse by profession with a BSc in Psychology. His background is in acute and crisis care. Prior to undertaking his current post he led in establishing the Centralised Place of Safety at South London and Maudsley NHS Foundation Trust; a new service model for the provision of care and assessment of persons experiencing a mental health crisis.

Poster number 53 Demonstating the value fo nursing

Ann McMahon, PHd Pst Grd Dip CMS, MSc, BSc RGN RMN, Research and Innovtion Manager, Royal College of Nursing, England

Aim

To share the RCN programme demosntrating value

Abstract

The RCN demonstrating value programme builds nursing capability to engage with and influence key decision makers. Currently, the programme imparts the theory of economic assessment in face to face sessions and through coaching builds confidence and capability to frame nursing services from a whole systems, outcomes focussed perspective and apply the principles of economic assessment, as set out

in HM Treasury guidance, to demonstrate value in practice. Participants produce a case study of their service which is quality assured before publication on the RCN website. All effort is taken to work with the participants to support them to maximise the impact of their learning and continue to apply the principles in their work. This paper will give a brief overview of the programme, current and planned modes of delivery and the approaches taken to demonstrate value. An example an outputs from the programme, developed by a participant will be shared and the different approaches taken will be highlighted. A case presented for incorporating these methods into nursing curricula and how this might be achieved.

Intended learning outcomes

1. Understand the aims and objectves of the RCN's innovative demosntrating value porgramme
2. Appreciate the principles of economic assessment and the impact of applying them in practice
3. formulate a view on the potential of incorpotating these methods into nursing curricula

Recommended reading list

1. Mcmahon A, Din, C-H (2016) A guide to economic assessment in nursing RCNi monograph

Biography

Ann graduated in 1982 and specialized in cancer nursing. After completing her Masters In 1989 she was appointed ADNS and led a team responsible for research, quality, improvement and informatics in Mid-Staffs. Ann joined the RCN in 1994 as the professional lead for research working in partnership with the RCN Research Society. She completed her PhD in 2008 and leads the RCN Leadership programme: Demonstrating Value. She works with the RCN Cancer and Breast care and the Gastroenterology nursing Forums. Ann holds Visiting positions at Glasgow and Plymouth Universities and is Co-Editor in Chief the Journal of Research in Nursing.

Poster number 54
Employing Learning Disability and Mental Health Nurses to work alongside General Nurses in Worcestershire Acute NHS Trust

Denise Haynes, BSc (Hons) Nursing Studies, RN, Professional Development Sister, Worscestershire Acute Hospitals NHS Trust, England;
Kate Knight BSc RN, Professional Development Sister, Worcestershire Acute Hospitals NHS Trust;
Kathryn Title RN, Professional Development Sister, Worcestershire Acute Hospitals NHS Trust

Aim

To show collaborative working of the branches of nursing to improve patient care within the acute setting.

Abstract

This new initiative is one of the first within an Acute NHS Trust where Learning Disability and Mental Health trained nurses' work alongside the general nurses. Integrating physical and mental health was identified in the new models of care introduced by The five year forward view for mental health (2016) as one of its three key priorities. Nationally 1:4 of our patients have an acute mental health illness and in Worcestershire there is a higher prevalence of people with learning disabilities (Worcestershire Health and Wellbeing Board 2015). The Trust has specialist mental health and learning disability liaison nurses to support patients, on admission and discharge; however, during their stay they may not experience the best holistic care because the general nurses may not know how to effectively care and communicate with this cohort of patients may and cause delays in discharge. In September 2017 our first cohort of Learning Disability and Mental Health trained nurses joined our Trust to work alongside the general nurses. They have had an intensive multi-disciplinary education programme, compiled by the Professional Development Team, to support the development of acute skills and knowledge needed to care for patients on the ward. Over the next 12 months they will join our Preceptorship Programme as well as attend dedicated study days addressing areas in which they themselves feel they need more education. Whilst on the ward they have a ward buddy to address any issues and challenges they may experience, and they have a named supervisor from the Professional Development Team to provide support. Our ambition at Worcestershire Acute is to have mental health and learning disability trained nurses integrated on to each ward. The aim is to drive improvements in the care and experience of our patients with a learning disability or a mental health illness through collaborative working. These nurses will help to support and educate our general

nurses so that whole-person care can be delivered.

Intended learning outcomes

1. How to integrate mental health and learning diability trained nurses within an acute hospital setting
2. How future nurse training can evolve to incorporate all branches of nursing
3. Improving patient experience and reducing patient stay

Recommended reading list

1. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
2. http://www.rcpsych.ac.uk/pdf/MH_new_models_care_Kings_Fund_May_2017.pdf
3. Worcestershire Health & Wellbeing Board JSNA Briefing on Learning Disabilities 2015

Biography

Qualified in 1993, Tracey Mourinio has had experience in a variety of settings including critical care before moving to the Professional Development team in 2015. In this role Tracey has lead on the Care Certificate program as well as medicines management and more recently VTE. Together with her colleagues, Tracey has developed the intensive education program for the learning disability and mental health nurses. As the senior member of the team, Tracey's knowledge and input is invaluable when discussing how we as a team can progress.

Denise Haynes qualified in 1993 and has had extensive experience as an ITU and outreach nurse. In her spare time, Denise works with resuscitation teams across the country as an Advanced Life Support instructor. Denise began working with the professional development team in 2016 and redeveloped the venepuncture and cannulation course for registered and non-registered staff.

After qualifying in 2004, Kate Title worked Selly Oak Hospital as an Emergency nurse. Since moving to Worcester in 2008, Kate worked in the Emergency Department there for nearly nine years before moving to the professional development team in 2016. Kate has taken on the role of the nutrition and hydration lead as well as assisting Denise with the cannulation and venepuncture courses.

Kate Knight joined the team in 2016 after a long career as a theatre nurse. Kate is the lead for IV therapy and has redesigned and updated the preceptorship course for newly qualified staff. Kate is also developing links with other members of the multidisciplinary team in order to integrate collaborative working into our working practice.

Poster number 55
Improving and developing student nurses knowledge of Acute Kidney Injury(AKI): A Think Kidneys initiative.

Karen Nagalingam, MSc, PGCertHE, BSc(Hons), RN, Senior Nurse Lecturer, University of Hertfordshire, England;
Julie Slevin, Think Kidneys Programme Development Officer, UK Renal Registry;
Catherine Berresford, AKI Nurse Practitioner, East and North Herts.;
Andrea Fox, University Teacher, Programme Lead BMedSci (Hons) Nursing (Adult) Programme Lead, BMedSci (Hons) Renal Nursing. University of Sheffield

Aim

The development of undergraduate resources aimed at nursing students to improve knowledge and understanding of AKI

Abstract

In recent years AKI (Acute Kidney Injury) has been receiving increasing attention. It is estimated that up to 18% of all hospital admissions have AKI, with the annual cost to the NHS put at in excess of £434 million per year (NICE, 2013). Of these admissions, only 50% of AKI patients received 'good' care, with 20% of patients having predictable and avoidable AKI (National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 2009). The NCEPOD 2009 report highlighted the need to address the failings in diagnosis of AKI by improving undergraduate medical training. However, a significant proportion of the NHS' future workforce will come from our existing cohorts of student nurses who need to be able to understand aetiology, identification and management. Training is therefore required to provide those student nurses with the skills to not only recognise a sick patient, but also identify which patients have or are at risk of AKI. Think Kidneys is a campaign which aims to improve treatment of patients with AKI. This NHS initiative aims to standardise undergraduate knowledge and understanding around AKI by pooling resources from institutions around the UK. A small group of nurses with an interest in AKI were tasked with developing lesson plans and resources. These included PowerPoint presentations, seminars and videos to aid with learning and understanding. The rational for this

is to standardise education around AKI and to aid and guide academics or clinical teachers in delivering education who may not be experts in AKI. It is hoped that the campaign's associated website will become an invaluable and up to date learning resource for undergraduate nursing education. The expectation going forward is that all student nurses will have a basic understanding of the renal system because of the Think Kidneys initiative and learning materials. Student nurses should therefore graduate knowing the functions of kidneys, triggers and reasons for reduced renal function as well as identification and management of AKI in complex needs patients. The relevance of this to the wider audience is that improved outcomes should then flow from increased awareness of AKI (Xu et al., 2014).

Intended learning outcomes

1. To rationalise the necessity for producing teaching resources on AKI for use by academics.
2. To improve knowledge of AKI and therefore increase awareness and detection..

Recommended reading list

1. NCEPOD (2009). Acute Kidney Injury: Adding insult to Injury. National Confidential Enquiry into Patient Outcome and Death. London, NCEPOD.
2. NHS England (2014). "Acute Kidney Injury Programme – Think Kidneys." Retrieved 22/10/17, from https://www.england.nhs.uk/akiprogramme/.

Biography

Karen qualified in 2000 from Sheffield Hallam University and went on to work in various specialities. In 2007 she became an Acute Dialysis nurse which involved implementing new innovations, developing the acute kidney injury service as well as managing acutely ill adults. In 2012 Karen joined the University of Hertfordshire as a senior lecturer. Her interests are acute kidney injury, sepsis and simulation and has published work in various journals and presented at several conferences. Karen peer reviews for a renal journal and she is part of the education group involved in developing teaching resources for 'Think kidney'.

Poster number 56
5 ways to student wellbeing: a bespoke course for preregistration students

Dr Jennifer Oates, PhD RMN, Lecturer, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, England;
Valentina Passoni, wellbeing coach, King's College London

Aim

To showcase the student wellbeing course offered within our Faculty.

Abstract

This poster will describe our bespoke student nurse wellbeing course, based on the - New Economics Foundation's 'Five Ways to Wellbeing.' During 2016-2017 we have offered a bespoke wellbeing course as a second year optional module in the preregistration BSc nursing curriculum, delivered by a 'wellbeing coach' and a member of the nursing faculty. We are now adapting the course to be facilitated by final year students to second year BSc student, using a peer- led learning approach. Enhancing student wellbeing is vital to student retention and academic success, and is part of the university's duty of care to students. At King's the Wellbeing Service sits along the university's Counselling, Disability Advisory and NHS Health Services, offering all students the opportunity to make use of coaching and support to improve their wellbeing. Coaches are situated on all three campuses, as well as offering courses and coping sessions workshops open to all students. One challenge the King's wellbeing service has is making their offer relevant and accessible to nursing and midwiferynstudents, who are on a particularly intensive programme of combined clinical and academic work. This Higher Education England- funded wellbeing programme includes the development of a bespoke version of the standard wellbeing course, optimised for the needs of our students, in a format which is brief and flexible enough to be offered within our students' existing timetable. This project is a partnership between Florence Nightingale Faculty of Nursing &Midwifery at King's College London (the Faculty), the King's Wellbeing Service and South London and Maudsley NHS Foundation Trust Recovery College (SLaM Recovery College). The course is based on the KINGS approach to wellbeing (Keep moving, Invest in relationships, Never stop learning, Give to others, Savour the moment), an adaptation of the New Economics Foundation's 'Five Ways to Wellbeing.'

Intended learning outcomes

1. apply the '5 ways to wellbeing' to the context of preregistration nurse education

2. consider ‘wellbeing’ as a necessary element of ‘the student experience’
3. discuss how ‘wellbeing course’ material may be adapted to suit a peer-led learning approach

Recommended reading list

1. Aked J., Marks N., Cordon C. & Thompson S. (2009) Five Ways to Wellbeing: a report presented to the Foresight Project on communicating the evidence base for improving people's well-being. London, NEF.
2. McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: a critical review of the literature. Nurse Education Today, 29(4), 371–379.
3. McSharry, P., & Timmins, F. (2016). Nurse Education Today An evaluation of the effectiveness of a dedicated health and well being course on nursing students ’ health. Nurse Education Today, 44, 26–32.

Biography

I am a lecturer in mental health at King's College London. I am also an independent member of the governing body of Brighton and Hove CCG. I was previously a Nursing Adviser at the NMC and a lecturer at City University London and the University of Hertfordshire. My clinical background is in liaison psychiatry and community mental health. Her PhD thesis was on the mental health and wellbeing of nurses. My research interests include: happiness and wellbeing; nursing workforce; yoga and mental health; health service regulation.

Valentina Passoni is a wellbeing coach at King's College London

Poster number 57
‘C-ing a Way Forward’ Adapting a Team Mentoring Model to Enhance Practice Learning in Response to Student Feedback

Mrs Heather Ong, PGCert, MSc, BSc (Hons), RM, RGN, Practice Learning Facilitator, Leeds Teaching Hospitals Trust, England;
Mrs Kathryn Waldegrave, PhD Student, FHEA, PGCCE, MSc SCPHN (HV), RGN, Lecturer, Adult Nursing University of Leeds

Aim

To develop a team mentoring model to enhance practice learning in response to Student Feedback

Abstract

Healthcare students work in a variety of clinical settings and individual experiences can affect their learning and perceptions of practice. Learning through practice has long been recognised and students play an important role in providing quality patient care. However, students practice experiences can have a powerful influence on their future career choices and can be influential in workforce recruitment. Overall students’ view of practice is very positive but with the ever changing and challenging environment of the NHS the level of support for students can sometimes be compromised with significant implications for their learning. This was evident for a practice area in a North of England NHS Trust. The area received negative practice feedback from students regarding their clinical experience. Initially the practice areas instinct was to be defensive, to look for the things that were right and not listen to the students. However, the trust collates and explores any negative student feedback with the practice area, higher education institute and student. This collaboration has created an opportunity for all to participate in additional learning, reflection, constructive discussion and the sharing of best practice. With this in mind the practice area acknowledged the student feedback and took the opportunity to communicate with them to transform the way they provided support. The practice area worked with students to develop an alternative mentor model. The whole team was divided into smaller groups with a lead mentor, associate mentors and practice supervisor for example clinical support workers, operating theatre practitioner. Prior to starting the placement a student is sent a welcome email, the names of staff in the group they are allocated to and duty rotas for 4 weeks. All staff commit to learning and take responsibility to facilitate student learning and assessment, students can identify staff to work with to gain clinical knowledge and skills. Students and staff have reported a positive learning environment, with increased confidence all views are important, everyone listens to feedback and it is acted upon where possible. Students have made career decisions from their experiences and joined the team on becoming a registrant.

Intended learning outcomes

1. To compare and discuss the team mentoring model developed

2. To explore the role of students feedback and experiences in enhancing learning in practice, patient safety and recruitment rates
3. To explore the changes in mentoring in practice by discussing the collaboratively working between student, practice and liaison lecturer

Recommended reading list

1. Caldwell J et al (2008) Developing a team mentoring model. Nursing Standard. 23, 7, 35-39
2. McIntosh A, Gidman J, Smith D (2014) Mentors' perceptions and experiences of supporting student nurses in practice, International Journal of Nursing Practice; 20: 360–365
3. Norris L, Mrklas K, White DE. (2017) A literature review of mentorship programs in academic nursing, Journal of Professional Nursing 33, 334–344

Biography

Heather Ong has a 35-year career within the NHS. During this time her work has spanned clinical nursing, midwifery, education, research and practice development. She has worked in healthcare education for the past 10 years and currently works as a Practice Learning Facilitator. She has developed a number of assessment documents for undergraduate midwifery at six Universities. Her clinical interest in diabetes in pregnancy has enabled her to be the representative on a diabetes parliamentary group and work for the Care Quality Commission. Presently Heather is involved in a number of local Trust initiatives to enhance learning in clinical practice.

Kathryn qualified as a nurse in 1995 and has enjoyed a varied clinical background. Areas of clinical practice include gynaecology oncology, breast cancer care, surgical outpatients, clinical nurse advisor and lead primary care nurse at HMP New Hall, a women's and young female offenders estate in Wakefield. In 2013, Kathryn qualified as a Specialist Community Public Health Nurse (Health Visiting) working in South Leeds, an area with multiple challenges and high levels of safeguarding. Utilising and combining her clinical practice experience in prison nursing alongside her Health Visitor work, Kathryn focused her Masters research to explore the impact on infant mental health of having a father in prison. From this she successfully published two journal articles and also presented her work at a national conference. Kathryn joined the University of Leeds in 2016 with a dual role as both a PhD student and a lecturer on the adult nursing course; she currently teaches on a number of undergraduate modules. The focus of her doctoral work is the assessment and management of frailty in the older prison population.

Poster number 58
Education 4 You

Clinical Educator Lisa Pashby, Adv Dip, Bsc Hons, Grad Cert, Clinical Educator, Newcastle Upon Tyne NHS Foundation Trust, England; Gill Morrison, Bsc Clinical Educator, Newcastle Upon Tyne NHS Foundation Trust

Aim

To discuss a new approach to staff education within Newcastle Upon Tyne Hospitals NHS Foundation Trust, blending tradiotional and technology

Abstract

The Newcastle upon Tyne Hospitals NHS Foundation Trust are committed to enable our workforce to adapt and grow professionally to meet the challenges of an ever evolving working environment. Staff are supported and developed through appropriate education to provide safe, competent and high quality care delivery for patients. Through shared responsibility between employer and staff we ensure that learning not only takes places, but that it is evidenced and applied in the work setting. Through listening to staff describe their challenges and support requirements, we have developed a brand 'Education 4 You' which is recognizable in both traditional and technological approaches to education. Our technological approach includes a website, available for staff, where they can identify: 1) Key individuals who will support their learning 2) Learning opportunities including High Fidelity Simulation and clinical skills training 3) Development opportunities which may be available through study days, conferences 4) Opportunities for development in partnership with other organisations or within the Trust. We recognize that staff are under pressure to provide evidence of their learning for Revalidation purposes and that not everyone understands that this learning takes place in a variety of settings. In addition, evaluation told us that

time to attend study is an issue, yet we had some key messages that staff need to understand and therefore we developed the brand further and purchased some very 'low tech' trolleys which are used to take Education 4 You into clinical areas. The key concept of this is that these messages should be capable of being delivered in 15 minutes. All of this education is captured in the Electronic Staff Record (ESR), providing a permanent record of continuing professional development for staff which is easily accessible. We continue to evaluate the effectiveness of this approach to the education of our workforce.

Intended learning outcomes

1. For staff to be supported and developed through appropriate education to provide safe, competent and high quality care delivery for patients
2. Provide evidence based education to staff working in the clinical setting
3. For a greater number staff to recieve key messages and organisational priorities in patient care using a blended approach to learning

Recommended reading list

1. First steps towards quality improvement: A simple guide to improving services- NHS Improvement
2. Healthcare Leadership Model- NHS Leadership Academy

Biography

Lisa Pashby has worked for Newcastle Upon Tyne Hospitals NHS Foundation Trust since 2003. Her career began as a health care assistant within Cardiothoracics before she left for a new position at the Northern Centre for Cancer Care, Chemotherapy Day Unit. It was her experience here that encouraged her to enrol onto nurse training at Northumbria University. Lisa returned to the Northern Centre for Cancer Care as a registered nurse, working within both Haematology and Oncology, including the speciality of teenage and young adult care. She is now a Clinical Educator Cancer Services and Clinical Haematology.

Gill Morrison began working in education and guidance in the 1990s before changing career to become a Registered Nurse, qualifying in 2005. She chose to work for Newcastle upon Tyne Hospitals NHS Foundation Trust, as one of the largest Trusts in the country. Initially working in Renal and Urology clinical nursing, Gill developed compassion for patients but continued to have a passion for education and was compelled to pass on her skills, knowledge, and enthusiasm for nursing. In 2011 she became Preceptorship Coordinator, followed in 2014 by her current post as Clinical Educator for the Musculoskeletal Services department.

Poster number 59
Working across boundaries: The Nottinghamshire experience of delivering the work based element of the Trainee Nursing Associate HEE pilot.

Ashleigh Rhodes, Dip. HND Nursing, Clinical Educator for Trainee Nursing Associates in Citycare, Social Care and Primary Care, Nottingham CityCare, England

Aim

To present an overview of the process of working across organisational boundaries to deliver the pilot phase of the Nursing Associate training programme in Nottinghamshire.

Abstract

In June 2015 The East Midlands collaborative Nursing Associate test site was successful in securing 230 training posts, of which 81 are in Nottinghamshire. The 81 TrNA are drawn from a range of healthcare and social care settings across 6 organisations. This includes adult and paediatric trainees in acute and community areas as well as GP practices and care homes. The Academic programme is delivered by Derby University. The EM collaborative have worked together to provide a range of placements and clinical education across the 6 organisations. This includes the employment of a Nottinghamshire Professional Lead, and Clinical Educators for each setting who meet regularly to plan a range of placements for TrNAs and attend regular implementation meetings across the organisations in Nottinghamshire. The aim of this joined up working is to ensure that the clinical programme meets the requirements of the TrNA Curriculum (and anticipated NMC standards). It is recognised that the outcomes of multiple high profile enquiries, reports and serious case reviews indicate the need for better collaborative working over organisational boundaries to improve the care and safeguarding of patients; therefore the second aim is to ensure that the programme is delivering competent, compassionate future practitioners with an understanding of the roles of their colleagues and the experiences of the patient journey across organisations. The success in

obtaining placements for the TrNAs in Nottinghamshire has been largely due to the collaborative approach across the county and building strong relationships with healthcare providers. There has been a mutual agreement across participating organisations for this, as well as a Memorandum of Understanding being developed. One positive impact the TrNA programme has had in Nottinghamshire is the developed understanding of social care and the vital and positive impact of learning experiences in caring for our older population within their home environments. The poster will include a qualitative section on the experience up to now of the Professional Lead, Clinical Educators and Trainee Nursing Associates. This has been collected using a range of methods including written feedback from a 6 monthly survey and post placement feedback, from informal interviews and reflective pieces.

Intended learning outcomes

1. The poster will provide an understanding of the process required in developing an equitable and standardised work based clinical training programme for Trainee Nursing Associates on the HEE Pilot programme in Nottinghamshire.
2. The poster will describe the roles of the Professional Lead and Clinical Educators in ensuring an equitable, standardised training programme to Trainee Nursing Associates on the HEE pilot programme.
3. The poster will provide an insight into the lived experience of the Professional Lead, Clinical Educators and Trainee Nursing Associates working across organisational boundaries as part of the HEE pilot.

Recommended reading list

1. https://www.hee.nhs.uk/sites/default/files/documents/Curriculum%20Framework%20Nursing%20Associate.pdf. [Accessed 6 September 2017].
2. The King's Fund (2016) Supporting integration through new roles and working across boundaries. (Online) Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Supporting_integration_web.pdf (Accessed 6 September 2017)
3. Local Government Association (2014) Case study: Islington – Developing the workforce through a community education provider network (Online) available at https://www.local.gov.uk/sites/default/files/documents/case-study-islington-deve-fd8.pdf ((Accessed

Biography

Following training as a nurse at the University of Nottingham (2008-2011), I worked at the Nottingham University Hospital in Gynaecology and Acute Medical admissions until 2013 when I moved into Community Nursing. With an interest in education & mentoring Student Nurses I became one of 4 Clinical Educators for Trainee Nursing Associates (TrNA) within Nottinghamshire in 2017. I am extremely passionate about helping to develop this new part of the nursing workforce.

Poster number 60
Breathing, Bathing and Ball Pools - Every Child has the Right to Play

Elli Rushton, Registered Nurse (Adult Branch), Lead Practice Educator / Clinical Team Leader, Wessex Children's Hospice Trust, England;
Huw Bromage, Play and Activities Leader, Wessex Children's Hospice Trust

Aim

A collaborative approach to developing a Nurses understanding of the importance of play for children with life limiting conditons.Provision of specially designed Toolkits to enable Nursing staff to facilitate a range of play activities at the childs bedside independently.

Abstract

Background and Educational Aim - Every child has the right to play, but some need to play in a different way. Children are born with imagination, dreams, and a desire to interact with the world around them. They are experts at exploratory play, developing their understanding of the world around them by sourcing their environment, finding new things to stimulate their senses. Life limiting conditions can significantly impact on a child's ability to achieve this independently, so to facilitate essential child development we must bring the opportunity for exploratory play to the child. The nursing care of these children has become increasingly medicalised with a high level of technological

interventions. We focus so much on learning how to use the range of complex equipment, we can forget about the child in the centre of it. Nursing and Play Leads worked collaboratively to develop the 'Breathing, Bathing and Ball pool' programme for Nurses to enable them to facilitate play using the range of activities in our portable Toolkits.

How the Project was carried out - Provision of experiential and interactive training to all Nurses, including activities in blindfolds, with headphones on, or restricted movement; - Friday Fun Time, a session exploring the importance of play and childhood development; - Creation of Toolkits to enable Nurses to facilitate a range of sessions independently, anytime, anywhere; - 55 staff participated with 168 children over a 4 month period. Evaluation forms completed by parents and staff identified their understanding that play is crucial to both the physical and mental health of all children. Although majority of children had no verbal communication, photographic evidence indicated how brilliant the experience was for them

Lessons for Practice - The value of play is relatively under researched and Cambridge University have recently appointed the world's first Professor of Play to lead a team examining the importance of play within a child's development and learning. We hope that this innovative programme will encourage Nurses to incorporate play into all areas of their care. The new Toolkits and materials could be tested and duplicated in other settings such as hospitals, other hospices and respite centres.

Intended learning outcomes

1. For Nurses to develop an understanding of the inportance of play for children with life limiting conditiions
2. To develop a variety of activity Toolkits for use at the child's bedside
3. To encourage Nurses to become confident at facilitating a range of play activities, independently, anytime, anywhere.

Recommended reading list

1. The Case for Play - Together for Short Lives.org.uk 2015
2. he needs of children with life limiting conditions, James P. Donnelly 2005

Biography

Qualified as an Adult Nurse in 1978. Qualified as a Midwife in 1980. After qualifying worked for seventeen years as a Project Manager for 'Ockenden International' a charity specialising in the care of refugee children and families. Worked for Leonard Cheshire running a unit for young adults with various life limiting conditions including acquired brain injury. Spent four years running the Medical centre in a specialist college for young people with disabilities. - Currently in fifth year as Lead Practice Educator and Clinical Team Leader at Wessex Children's Hospice Trust. Two hospices providing care for children aged 0-18years and young adults aged 18-35 years

Degree in Psychology - Voluntary work overseas - Head of Play and Activities at Wessex Children's Hospice Trust for four years

Poster number 61
Time for a cuppa? – The use of analogy

Mrs Verity Sangan, MSc Adv. HCP, BN, RN, Clinical Skills Lead, Health and Social Services Department, Jersey, Jersey;
Liz Cotrel-Gibbons, MMedSci (Clinical Nursing), BA (Hons) Nursing, RGN, PGCEA, CertHEd, Senior Lecturer, Health and Social Services Department, Jersey

Aim

To provide a relatable way for students to learn about policy development

Abstract

Background: The development and implementation of policies, guidelines and procedures is fundamental to ensuring patient and staff safety and provision of effective and efficient care. A constructivist approach was used to enable students to learn about policy development, which can be seen as conceptually difficult knowledge (Perkins 1999). The analogy of making tea was to enable the students to move from a familiar base domain to the new target domain – policy development. The session was structured using the 'The Four Step Constructivist Model' (Calik, Ayas and Coll 2010).

The problem: Two groups of nursing Students were to be introduced to the concepts of policies, guidelines and procedures; what they are and how they come to fruition. This topic can often be viewed as dull, with students struggling to understand the process of policy, guideline and procedure development and what these documents mean for their practice. What we did: The students attended a session which was broken into two

parts. In The first part the students were asked to discuss how they would define policies, procedures and guidelines. The students were then given an activity where they had to order the stages of formulating a policy from initial idea through to dissemination. In the second part the students were asked to write either their own policy, procedure or guideline; the context of which was making a cup of tea.

The outcome: The debates surrounding the equipment and tasks to be included, and then breaking these into the categories of policy, guideline and procedure appeared to be quite simple. However the students quickly found that they did not agree with each other, and found elements that they had not thought of, i.e. does everyone drink milk with their tea? How long should you leave the tea bag in for? How do you assess an appropriate drinking temperature/colour of the tea? These questions were then linked into healthcare practice i.e. choosing the correct dressing for a wound. Students engaged well with the activity reporting a better understanding of how policies, procedures and guidelines impact on the practice of healthcare professionals.

Intended learning outcomes

1. Engaging students with policies, procedures and guidelines
2. Develop an understanding of how policy, guidelines and procedures are formulated
3. Helping students to realise the impact of these documents on healthcare professional practice

Recommended reading list

1. Calik, M., Ayas, A. & Coll, R. (2010). Investigating the Effectiveness of Teaching Methods Based on a Four-Step Constructivist Strategy. J Sci Educ Technol. 19:32–48
2. Edelen,B. & Bell, A. (2011). The Role of Analogy-Guided Learning Experiences in Enhancing Students' Clinical Decision-Making Skills. Journal of Nursing Education. 50(8). 453-460
3. Perkins, D. (1999). The Many Faces of Constructivism. Educational Leadership, 57(3) 9-11.

Biography

Verity works as a Practice Education Facilitator for the Health and Social Services Department, Jersey. The role sees her working with lecturers to deliver skills sessions to students. Verity also holds the role of Clinical Skills Lead, and is responsible for a variety of clinical skills training in the organisation. Her background is as a staff nurse on an Emergency Assessment Unit, where she has worked since graduating from the University of Southampton.

Liz is a senior lecturer based in Jersey. She joined the team in 2013 and is a module leader and year 3 lead for the pre-registration curriculum. She joined the Department from the University of Nottingham where she had held a number of roles including module convener, programme leader (adult branch) and deputy director for the BSc/Diploma. Prior to entering education in 1987 she worked in a range of clinical areas in Sheffield and Lincolnshire; cardiothoracic surgery, I.T.U., medicine, and ENT nursing.

Poster number 62
On the Move...the use of in situ simulation training to explore patient safety learning themes

Lisa Toft, DipHE, BSC(hons) , BN(hons) PGCE, Senior Clinical Educator Simulation, Portsmouth Hospitals NHS Trust, England; Emma Williams, Clinical Educator Simulation, Portsmouth Hospitals NHS Trust

Aim

The use of in situ simulation training to increase accessibility to education, exploring patient safety learning themes taken from clinical practice and incident reporting

Abstract

Portsmouth Hospitals NHS Trust is a busy acute hospital with 1000 beds and 7,000 staff. The Simulation Centre is a purpose built learning space utilising high fidelity manikins and human simulation scenarios, providing over 40 different courses for various health professionals. As educators within the simulation centre, we are passionate about making simulation training more accessible by creating greater opportunities for staff to access simulation training within their day to day practice. We met with governance leads, nurse specialists and practice educators to explore specific safety learning themes taken from practice and incident reporting, to build a portfolio of scenarios that are relevant and transferrable to the clinical environment e.g. the prevention and management of falls. Using a portable high fidelity manikin or live actor, resources and suitable equipment (carried in a trolley) allowed the team to be as transportable as possible. We have timetabled 1 hour in situ sessions as a rolling programme and identified suitable training space within

clinical environments e.g. treatment rooms and vacant bed spaces. Practice educator's coordinated the release of staff to attend the sessions, and nurse specialists attended as part of the faculty. Engagement was impactful with 6-20 people attending each session, which was supported by clinical leads. The use of live actors was utilised for scenarios such as care of the falls risk patient to embed soft skills like compassion, communication and team working. Each scenario was 15 minutes followed by a structured debrief, provided by the simulation educators and specialist staff, allowing opportunity to integrate theory and competency. The feedback from sessions was positive with one learner stating: - "The next day I faced a similar scenario to the sim, proving really how useful sim is" (Lucy, Trainee Critical Care Practitioner). Clinical demand and available space lead to some sessions being cancelled. We have trained over 200 staff in 2017, but future investigation into the impact is required through monitoring of incident reporting and further engagement with clinical leads. This will continue to be a long term programme of training, with the aim of simulation being seen as part of everyday educational practice.

Intended learning outcomes

1. To increase the accessibility of simulation training by integrating into clinical practice
2. To explore patient safety themes within clinical practice with the use of in situ simulation training

Recommended reading list

1. Simulation Based Education in Health Care. Standards Framework and Guidance. ASPiH (2016)
2. Fent G, Blythe J, Farooq O, et al In situ simulation as a tool for patient safety: a systematic review identifying how it is used and its effectiveness BMJ Simulation and Technology Enhanced Learning Published Online First: 09 November 2015. doi: 10.1136/bmjstel-2015-000065

Biography

Lisa Toft is a Senior Clinical Educator for simulation training working for Portsmouth Hospitals NHS Trust. The majority of Lisa's clinical experience is within Critical Care, as well as educational roles in corporate education and simulation training. Lisa qualified as an adult nurse in 1999 and has completed a BSC (hons) nursing, BN (hons) Child Nursing and a Post Graduate Certificate in Education. Lisa is currently working towards a MA in Education studies.

Emma Williams is a Clinical Educator in Simulation with Portsmouth Hospitals NHS Trust. Emma originally joined the Trust in 1998 working as a HSCW in theatres before undertaking Operation Department Practitioner training. Emma worked an as OPD in theatres for 18 years prior to moving into Simulation training, and complete a Certificate in Education. Emma is currently working towards a BN in Education Studie.

Poster number 63
Meeting the needs of people with learning disabilities

Ian Wood, RN, MA, DipN, SFHEA, Lecturer (Adult Nursing), Keele University, School of Nursing & Midwifery, England;
Louise Cogher, Lecturer (Learning Disability Nursing), Keele University, School of Nursing & Midwifery

Aim

To display the results of a survey that explored third year undergraduate nursing students' self-assessment of their achievement of the 2017 RCN objectives.

Abstract

For many years, there has been a national drive to improve the provision of and access to health care for people with learning disabilities. More recently, the Michael Report (2008) made recommendations aimed at educators of health care staff, commissioners of healthcare services, healthcare organisations and the Department of Health. From a nursing perspective, education about meeting the needs of people with learning disability has been a requirement of NMC pre-registration nurse education standards (2010) and, more recently, in the NMC education standards consultation (2017). In 2017, the Royal College of Nursing (RCN) published objectives for students and programme providers relating to what all pre-registration students should know about how to meet the health care needs of people with learning disability regardless of the settings in which those individuals access that care. The aim of this poster is to outline how an evaluative survey of third year BSc (Hons) students from all four Fields of nursing shed light on how the students themselves felt that their programme had prepared them to meet the thirteen RCN

(2017) objectives. Findings suggest that students feel confident in their capabilities in most areas and these results will form the basis for further developing aspects of the programme relating to meeting the needs of people with learning disability. The intention is to use this survey as a benchmark for a more formal, longitudinal study that will evaluate students' learning over the three years of their programme.

Intended learning outcomes

1. To understand how third year BSc (Hons) nursing students' self-evaluated how their programme had prepared them to meet the RCN (2017) objectives relating to the care of people with learning disabilities
2. To understand areas of their practice that students felt well prepared for in respect of meeting the care needs of people with learning disabilities.
3. To understand areas for future development in respect of how students are prepared to meet the needs of people with learning disabilities

Recommended reading list

1. Royal College of Nursing (2017) The Needs of People with Learning Disabilities: What pre-registration students should know. London: RCN
2. Nursing & Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC
3. Nursing & Midwifery Council (2017) Consultation on Draft Standards for Pre-registration Nursing Education. London: NMC

Biography

Ian Wood is a Lecturer in the School of Nursing & Midwifery at Keele University. His teaching and learning activities focus on acute care nursing, mentorship and on the development of learning through simulation. He is currently Professional Lead for the School's pre-registration BSc (Hons) Adult Nursing programme. He also developed and leads the School's online Mentorship module. Ian's clinical background is in Emergency Nursing and, in this context, he has worked in Emergency Departments in Manchester, Leicester and Stoke on Trent. In 2012, Ian co-edited Initial Management of Acute Medical Patients: A Guide for Nurses and Healthcare Practitioners.

Louise Cogher is Professional Lead for Learning Disability Nursing at the School of Nursing and Midwifery, Keele University. Louise's practice experience has mainly focused on working with people who challenge services in both secure and community settings in the UK, Bermuda and the Channel Islands. Louise retains a special interest in Positive Behaviour Support and Active Support as well the health inequalities that people with a learning disability continue to experience. Louise is a member of LIDNAN and involved regionally with Strengthening the Commitment.

Poster number 64
Developing a clinical teaching programme for Trainee Nursing Associates at Nottingham Children's Hospital

Caroline Dorsett, MN RN (Child), Trainee Nursing Associate Clinical Educator, Nottingham Children's Hospital, England

Aim

To describe the process of planning, implementing and evaluating a clinical teaching programme for Trainee Nursing Associates at Nottingham Children's Hospital

Abstract

In June 2015, HEE called for applications for test site partnerships to introduce the new nursing associate role. The East Midlands collaborative Nursing Associate test site was successful in securing 230 training posts, of which 43 are in Nottinghamshire.

5 of these posts were filled by Trainee Nursing Associates (TrNAs) working in Nottingham Children's Hospital, who hoped to stay working within this setting following qualification. The TrNA role is a generic role, and not intended to be Branch specific. The academic programme delivered at University of Derby aims to train future health care professionals who are able to work across the life span, in the full range of healthcare settings. However there was a consensus that a clinical teaching programme, addressing issues specific to care of children and young people and their families, was required. A clinical educator was employed within the children's hospital to plan and deliver the clinical programme (alongside providing managerial and pastoral support to the TrNAs and support to the TrNA ward based supervisors).

The intended aims of the clinical study programme were to provide education on paediatric specific issues and to improve the Trainee Nursing Associate's knowledge of all

aspects of service provision at the Children's Hospital. It was also hoped that, by inviting health care professionals throughout the children's Hospital to speak and share on the study days, awareness and understanding of the TrNA role would be increased, leading to better role definition within the workforce.

An initial Training Needs Assessment was carried out with the TrNAs. This asked the TrNAs to rate their confidence and competence in a broad range of nursing skills and knowledge. The results were used to develop themes for the study days, ensuring they echo the curriculum domains described in the HEE curriculum guidance.

Supervision and reflection are also an important of the study days, allowing Trainees to learn from their own clinical experience (particularly essential when they are pioneers of this role) and also to support each other following difficult clinical experiences and incidents.

The content of study days are also influenced by current placement areas, topical issues relating to children's healthcare and issues arising from placement and university study.

Following each study day the TrNA's were asked to rate each topic on prior knowledge, relevance to TrNA's and knowledge gained. These evaluations will be used to shape the curriculum for future intakes.

Intended learning outcomes

1. The Reader will understand the process of developing a clinical teaching programme for Trainee Nursing Associates within a Children's Hospital
2. The reader will be able to describe the results of a Training Needs Analysis undertaken with the Trainee Nursing Associates prior to the development of the programme
3. The reader will be able to describe the barriers and enablers to delivering a clinical teaching programme for Trainee Nursing Associates and be provided with an overview of early evaluation of the programme

Recommended reading list

1. Health Education England (2016) Trainee Nursing Associate Curriculum Guidance. [ONLINE] Available at: https://www.hee.nhs.uk/sites/default/files/documents/Curriculum%20Framework%20Nursing%20Associate.pdf. [Accessed 6 September 2017].
2. Council of Deans of Health (2016) Educating the future nurse-a paper for discussion (ONLINE) Available at https://councilofdeans.org.uk/wp-content/uploads/2016/08/Educating-the-Future-Nurse-FINAL-1.pdf (Accessed 6th September 2017)

Biography

Following qualification from the University Of Nottingham in 2002 Caroline has worked in paediatric oncology and children's palliative care in a variety of UK and international settings. Caroline has particularly developed specialist skills in community palliative care and development of services. In her current role she is using her experience and skills in teaching, children's nursing and service development as clinical educator for the pilot Trainee Nursing Associate programme at Nottingham Children's Hospital