

NETworking & Innovation in Healthcare Education Conference

6 December 2023
Session abstracts

Strand 3A: International students

3Ai, 10:30 - 12:20, 6 December 2023

The Practice Voice: Supporting the learning of pre-registration international Nursing students in the UK

Dr Kay Norman, Sarah Weaver and Laura Perry, University of Worcester

Promotional abstract: Facilitating learning for international pre-registration nursing students in clinical practice can be an enjoyable and rewarding experience. Ensuring we listen to and understand the experiences of our practice colleagues is essential to foster meaningful partnerships and identify areas for improvement. This session presents findings from a small qualitative study involving practice assessors and practice supervisors' experiences within one UK NHS Trust. Communication, collaboration, and student support are the overarching themes for debate and discussion to build a practice learning environment that embeds a sense of belonging and identity for this group of students.

Summary: International student applications for subjects allied to medicine, which include BSc (Hons) Pre-registration Nursing Programmes have increased across the UK (HESA 2021). Encouraging international students to study nursing in the UK can be seen as implementing meaningful benefits, generating diverse and culturally rich knowledge, to inform the profession in an increasingly globalised society. However, it is recognised that international students studying a professional nursing programme require effective preparation and successful collaboration between universities and placement providers. This involves preparing students for socialization into not only a new country/culture, but also navigating the sub-culture of an NHS organization and Nursing and Midwifery required standards/professional values, to build a sense of identity.

Enabling learner engagement and belonging for these students is key to ensuring successful outcomes. Previous studies have focused on student experiences, but there is a dearth of literature examining the 'Practice Voice' experiences of facilitating learning for this group of learners, and their suggestions for improvement. Strom et al's (2022) recent study explored Indian registered nurse's experiences of supervising Norwegian students in India during a short placement experience. Their findings suggest that those supervisors who took part in the study emphasised the importance of being well prepared for their students. Participants identified the importance of knowing their students background, including their health and social needs, and communication skills, to make them feel welcome in their country.

The study presented was completed in collaboration with one acute NHS Trust and one university in the UK with the aim of exploring Practice Assessors (PA) and Practice Supervisors (PS) experiences of facilitating learning with international students. A qualitative, interpretive approach was employed using semi-structured interviews with 10 PA and PS, analysed using a reflexive thematic approach.

Three overarching themes emerged: Communication, Supporting students, and Collaborative working. Managing effective, clearly understood communication, colloquialisms, and encouraging questioning was identified as key to student learning, but this required time, patience, and further support for PA/PS to 'get it right'. Cultural competence was an area identified as needing improvement, with suggestions for additional international lead involvement from both the placement provider and HEI. A buddy system was overwhelmingly cited as a way forward to help the international learner feel belonging. PA/PS who identified themselves as 'international nurses' stated their experience helped them identify with learners as they had 'lived their journey'. A feeling of 'protection' towards students was highlighted, with many PA/PS's feeling international students were vulnerable. There were many positive benefits for PA/PS which included additional awareness of their own communication competence and increasing awareness of global culture and healthcare. As the international student body continues to grow within pre-registration nursing programmes, it is imperative that we work with our practice partners to achieve successful outcomes. These findings will offer a practice voice that may be transferable to other health care professions growing an international student community, where 'practice' is a significant component of the programme. Gaining insight from international colleagues viewing this from an alternative lens will add to this debate.

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from B.S., Sarin J., Steindal S.A. Andreasson L. (2023) Registered nurses' experiences and perceptions of supervising international nursing students in a clinical setting – a qualitative study. *Nurse Education in Practice* 66, p1 – 7.

Keywords: The practice voice in supporting learning for nursing students. Supporting international nursing students. Practice learning for international nursing students. Collaborative working in supporting international nursing students.

3Aiii, 10:30 - 12:20, 6 December 2023

Innovative blended learning approach: Constructive alignment in an enhanced induction programme for international theatre nurses

Emmanouil Stafylarakis and Dr Sinead Mehigan, Middlesex University and Mercy Wasike, Royal National Orthopaedic Hospital NHS Trust

Promotional abstract: In 'Innovative Blended Learning Approach: Constructive Alignment in an Enhanced Induction Programme for International Theatre Nurses', we discuss a unique UK programme designed for the induction of international theatre nurses. Our innovative blended learning approach applies the principles of constructive alignment, utilising real-life clinical scenarios, interactive group activities, and multimedia. We'll share insights on the programme's effectiveness, trainee engagement, and learning outcomes. Join us to learn how an effective and innovative online induction programme can foster a positive learning environment, empowering perioperative nurses to provide safe and efficient patient care.

Summary: The globalisation of the healthcare workforce necessitates effective strategies to facilitate the transition of international healthcare professionals into their new practice environments (Kawi and Xu, 2009). The induction of international theatre nurses into the UK healthcare system is one such context, where current literature indicates a gap in structured, focused, and comprehensive induction programmes (Bond, Merriman, and Walthall, 2020). This research presents an innovative project between a university and a hospital in the UK aimed at enhancing induction programmes, featuring international relevance due to the universal need for effective international workforce integration strategies (Royal College of Nursing, 2021).

The methodology deployed in this project encompassed a blended learning approach (Garrison and Kanuka, 2004). Qualitative data were gathered via the assessment methods and course evaluation feedback from all stakeholders i.e., trainees and colleagues (Biggs, 2003).

Key findings from this project revealed significant improvements in nurses' confidence and competence post-induction, suggesting the effectiveness of the enhanced programme (Maben et al., 2006). Additionally, qualitative insights highlighted the value of a structured, supportive, and contextually relevant induction experience. These findings have implications not just for theatre nurses, but for the wider international healthcare professional cohort as the teaching sessions are designed on the general principles of constructive alignment and preceptorship (Biggs, 1996; Irwin, Bliss, and Poole, 2018). Conference delegates will learn from the innovative approach taken in this project, including the collaborative university-hospital partnership, blended learning approach, development and implementation of the enhanced induction programme, and the implications of the findings for the broader healthcare sector (Health Education England, 2017). This project offers practical insights for healthcare educators, managers, and policymakers interested in optimising induction programmes for international healthcare professionals (Royal College of Nursing, 2021).

The topic holds high relevance for the perioperative nursing, especially in the face of increasing internationalisation of theatre nurses and the needs of teamworking in terms of effective perioperative multidisciplinary team communication. Enhancing induction programmes for international theatre nurses can significantly improve patient care by ensuring that these professionals are adequately equipped for their roles (NMC, 2018). Furthermore, the research-informed teaching methods involved in this project support the notion that improved induction processes can aid in addressing the challenges of staff

retention, workplace culture and integration - issues that are fundamental to the stability and sustainability of the global healthcare workforce (Health Education England, 2019).

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Keywords: International. Perioperative. Nursing. Induction. Blended.

Strand 3B: Leadership

3Bi, 10:30 - 12:20, 6 December 2023

The impact of leadership development on nurses and midwives underpinned by transformational learning theory

Dr Carmel Bond, Sheffield Hallam University/The Florence Nightingale Foundation

Promotional abstract: The journey to becoming an influential healthcare leader begins with a tailored programme of experiential learning. Join Dr. Carmel Bond, Lecturer in Mental Health Nursing and Associate of the Florence Nightingale Foundation, to learn about:

- A novel approach to developing future healthcare leaders
- Transformational learning • Corpus linguistic analysis methodology
- The Florence Nightingale Foundation

Summary: Background: Given current global healthcare challenges, such as staffing shortages and recovery from the COVID-19 pandemic, there is a need for effective leadership across all tiers of the health and social care sector (Joseph-Richard and McCray, 2022; Abbas, 2021; Messenger, 2021; Richard et al., 2021). However, it is argued (Miles and Scott, 2019) there is limited scholarship in relation to how leadership capability within nursing and midwifery might be achieved across wide-ranging and diverse contexts. In relation to nursing leadership, Transformational Leadership Theory (Burns, 1978) has held prominence across the healthcare leadership literature (Paton et al., 2021; Wong et al., 2013).

The Florence Nightingale Foundation (FNF) is a UK charity that provides leadership development, underpinned by Transformational 'Learning' Theory (Mezirow, 2000). Throughout the programme, scholars are encouraged to challenge existing and habitual psychological, sociocultural, and epistemic meaning perspectives about 'the self'. We evaluated the experiences and perspectives of individuals who have undertaken these programmes in the last two years. The purpose of this was to provide insight into the usefulness of employing this approach to developing future healthcare leaders.

Methodology: Data were collected from 690 participants' responses to the question 'please tell us about the impact of your overall experience' and a corpus analysis was performed. A combined corpus of 75,053-words was analysed using AntConc 3.5.9 (Anthony, 2023) a freely accessible online corpus analysis toolkit for processing language.

Findings: The following word types were noted to be frequently located across the corpus: Confidence; Influence; Self-awareness; Insight; and Impact. Participants expressed a high level of reflection, which a transformation of the self in terms of considering critically their own worldview and how this might impact leadership. Patterns of language were evident, which reflected of an increasing understanding of 'the self' as efficacious, in relation to changing perceptions of 'the self' as a leader, e.g. confident, influential, self-aware, insightful, and consideration of being able to have an impact on others, the practice environment, and ultimately patient care.

Relevance: Nurses and midwives must gain insight into their existing values and personal qualities, regarding how the 'self' might be experienced by other individuals with whom they work if they are to become effective leaders. This has the potential to create socially and

strategically confident 'self-efficacious' leaders who are influential in creating positive changes across a variety of clinical environments.

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Keywords: Leadership Development. Nurses. Midwives. Transformational Learning. Healthcare Systems.

3Bii, 10:30 - 12:20, 6 December 2023

Transformational leadership: Florence Nightingale Foundation - Empowering healthcare leadership in the VUCA world

Louisa Long, Florence Nightingale Foundation

Promotional abstract: Transformational leaders in healthcare inspire extraordinary outcomes and effectively respond to the complex context of a VUCA world. Based on transformational learning theory, the Florence Nightingale Foundation (FNF) Leadership Scholarships positively impact individuals' confidence, self-awareness, and ability to influence. A realistic evaluation case study of a group of FNF alumni investigates the mechanisms enabling impact and reveals the importance of core confidence as a higher-order outcome. These findings emphasise the transformative potential of leadership development programs integrating personal and professional development and the significance of core confidence in healthcare, preparing nurses and midwives for the volatile, uncertain, complex, and ambiguous (VUCA) world.

Summary: Background Transformational leaders inspire followers to achieve extraordinary outcomes (Bass and Riggio, 2006). In the dynamic and rapidly evolving healthcare sector, transformational leadership is an effective approach to proactively respond to the unpredictable and complex context of healthcare today (Pandit, 2021). Florence Nightingale Foundation (FNF) Leadership Scholarships are underpinned by transformational learning theory (TLT). Transformational leadership and transformational learning theory are mutually reinforcing approaches (Bass and Riggio, 2006; Beauchamp and Morton, 2011; Mezirow, 2018). Bond et al.'s (2023) analysis of the FNF Leadership Scholarships, focusing on participants' discourse, indicates that the perceived impact is on individuals' confidence, self-awareness and ability to influence. These findings highlight the potential for broader impact in policy, practice, and the promotion of clinical excellence. Exploring the mechanisms that drive this relationship is indicated to advance our understanding further. Tilley and Pawson's (2020) realistic evaluation is suggested as an approach to understanding the mechanisms by which transformational learning occurs and is successfully translated to influence in practice (Bond et al., 2023).

Methodology

A realistic evaluation case study is undertaken to understand the process and mechanisms that enable this impact and inform our theory of change (Tilly and Pawson, 2000; Clark and Taplin, 2012). A case study of a group of FNF scholars working within one healthcare organisation underpins the development of the initial programme theory. Ethical approval was received from the University of Edinburgh. Realist interviews were conducted (N=15) to evolve an understanding of "what works for whom and in what circumstances" (Tilley and Pawson, 2020). The analysis identifies contexts, mechanisms and outcomes (CMO configuration). This emergent theory will be refined through a combination of further case studies and work packages identified by the theory of change.

Key findings

The findings from the case study contribute to the development of an initial programme theory, shedding light on the mechanisms that contribute to the cultivation of transformational leadership skills. These insights highlight how this personal and professional development informs policy, practice, and the promotion of clinical excellence. Identifying core confidence as a higher-order outcome further strengthens our organisational theory of change. These findings provide valuable insights into the transformative potential of leadership development programs, emphasising the importance of core confidence and its impact on the broader healthcare landscape.

Discussion

The development of core confidence emerges as a crucial higher-order outcome with significant implications for preparing nurses and midwives to navigate the challenges of the volatile, uncertain, complex, and ambiguous (VUCA) world. Core confidence is a psychological mechanism that unlocks individuals' potential, reveals their strengths, and empowers them to thrive in the contemporary VUCA environment (Stajkovic, 2006; Pandit, 2021). Both personal and professional confidence are emphasised as essential components of transformational leadership, with core confidence as a higher-order construct encompassing lower-order constructs such as self-efficacy, authority, influence, and resilience. This conceptualisation allows for an integrated personal and professional development model within transformational leadership training, facilitating an understanding of the transformative potential of core confidence (Stajkovic, 2006).

Conclusion

Transformational leadership programmes that support the development of core confidence and integrate personal and professional development may support workers in the increasingly VUCA healthcare workplace to thrive.

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- Keywords:** Transformational Leadership. Transformational Learning Theory. VUCA World Impact Evaluation. Core Confidence.

3Biv, 10:30 - 12:20, 6 December 2023

Simulated placements: Enhancing simulated practice learning experiences for undergraduate student nurses. Empowering them to be the leaders and teachers of our nursing workforce

Satasha Culshaw and Amy Wilkes, Liverpool John Moores University

Promotional abstract: Simulated 'Leadership' shifts were developed for third-year student nurses to enable them to teach and support their first-year student nurse peers. Whilst developing simulated practice learning (SPL) placements, we recognised the importance of innovating the way in which we support final year BSc undergraduate student nurses to develop their leadership skills. We have focused on student empowerment - to make choices, have opportunities and contribute to leading their own and others' learning. This project has empowered student nurses to be leaders, teachers and role models, all of which are attributes that strengthen the qualities of our future registered nurses.

Summary: Healthcare students need to possess teaching and leadership skills to be able to work and collaborate in healthcare teams. However, this can be a challenge for faculty to achieve and often newly graduated nurses do not feel sufficiently prepared to take on leadership and teaching roles (Labrague, 2021).

Simulation-based Education (SBE) is a powerful teaching modality to enhance students' communication, critical thinking skills and competence and it has potential to be beneficial when improving teaching and leadership skills. Alternative and innovative teaching approaches to develop these skills, as well as improve student experiences of SBE, need to be explored.

Jack et al. (2022) highlights the importance of evolving the way in which we support final year student nurses to progress in the areas of Leadership and Management. As part of Simulated Practice Learning (SPL) for third-year BSc nursing students, it was recognised that there was a need to be innovative with how students could enhance their opportunities to acquire leadership and teaching skills. Simulated 'Leadership' shifts were developed for third-year student SPL placements in order to enable them to teach and support their first-year student nurse peers.

The team focused on the student learning experiences and how we can improve students' perceived value of SPL by empowering them to lead and make decisions related to their simulated placement.

Al-Niarat and Abumoghli (2019) illustrate that empowerment is an essential factor in enhancing the student learning and development process. Fundamentally we focused on empowering students to make choices, have opportunities and contribute to leading their own and others' learning.

For the simulated placement, it was discussed that SBE would be an exploratory way of enhancing opportunities for third-year student nurses to progress in the areas of 'Leadership' and 'Development', whilst acquiring skills in facilitating and supervising others.

SBE is continuously advancing within nurse education and the Nursing and Midwifery Council (NMC, 2023) have recently reviewed programme standards and redefined simulation and outlined SPL to diversify and innovate our approach to SBE.

The SPL that students received was significant in meeting outlined learning outcomes. Students evaluated that they felt empowered to lead peer learning, enabling them to self-reflect and identify previously unrecognised abilities and skills.

Following their participation, students reported that they felt motivated to influence their own practice learning and were better prepared to transition to being newly qualified nurses. They also recognised that they were more confident to support junior student nurses in practice.

Evaluations of this project crucially support the need for innovative and creative methods of designing, delivering and facilitating SPL. Feedback suggests that students felt empowered, more satisfied with their learning experience and were able to recognise and demonstrate the value of being involved. Students could clearly identify the link between the theory to prepare, the benefit of participating and the impact of improving their confidence, ability, and feeling of preparedness, prior to going to practice placements. In future, we will involve students in developing scenarios for their SPL placements based on their own student practice experiences.

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Keywords: Leadership. Practice learning. Innovation. Simulation.

Strand 3C: CPD

3Ci, 10:30 - 12:20, 6 December 2023

Understanding barriers to District Nursing employment to prepare the nursing workforce of the future

Joanna Lavery and Dr Nicola Morrell-Scott, Liverpool John Moores University

Promotional abstract: This paper provides insight from student nurses as to why they don't choose community as their first destination from completion of their pre-registration nursing programme, and what the barriers are. This paper highlights what is needed to improve this and to help prepare the nursing workforce of the future.

Summary: Nursing students undertake a programme split across theory and practice, which aims to prepare them to meet the health needs of populations across primary, secondary, and tertiary care, (NMC, 2018). Lower numbers of newly qualified nurses enter the community workforce and the reason for this is unclear. The Queens nursing institute (QNI) (2019) UK survey of 3000 individuals identified an aging workforce of whom 46% were planning to retire and 60% were aged forty-five or older. Therefore, a study was undertaken by a university in Northwest England to better understand the perceived challenges and barriers of undergraduate BSc (Hons) nursing students specific to district nursing employment. The design was qualitative, ethical approval was sought and the method of data collection focus groups. Students were invited to partake from the undergraduate adult nursing programme and sixty were recruited using a purposive technique. Results demonstrated that most students had experienced one community placement during the duration of their programme. The barriers and challenges participants cited as preventing them from taking a job in district nursing fell into four themes. Role ambiguity, personal attributes, educational opportunities, and employer engagement. The study recommendations proposed focused supportive measures to prepare undergraduate nurses for a career in district nursing. It was identified that healthcare trusts needed more visibility during recruitment to provide information and combat myths about community nursing careers upon qualification. Whilst strategies widening community placement access and a move from ward-based education would better prepare the nursing workforce for the future of district nursing.

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Keywords: Future workforce. Community. District nursing.

3Cii, 10:30 - 12:20, 6 December 2023

Transforming the scholarship's landscape in nursing through a novel technologically driven mentoring model

Dr Joel Faronbi, University of Exeter

Promotional abstract: Scholarship is an essential tool towards professionalism, but effective mentoring efforts aimed at scholarship building may be hindered by external forces that prevent the spontaneous mentoring process. A scoping review guided by Arksey and O'Malley's approach was conducted to study the impact of mentoring on scholarship in nursing from Key relevant online databases. This paper discussed the attributes of scholars, the need for scholarship in nursing, the contribution of mentoring to scholarship building and challenges to effective mentoring. It then proposed the application of a novel technologically driven mentoring model that overcomes forces militating against effective mentoring activities in nursing.

Summary: Introduction Scholarship is an indispensable criterion for a profession, and nursing scholarship is defined as activities that advance nursing research, teaching, and practice using systematic and rigorous inquiry (Stockhausen and Turale, 2011). Nursing is a multivalent profession with diverse areas of activities and performance, including clinical, education, research, and administration. New industry entrants are expected to be fully supported to develop into full fledge. There are external forces that may jeopardise efforts aimed at scholarship building through an effective mentoring process. This paper aims to discuss the influence of technological innovation on overcoming forces that militate against effective scholarship-building through mentoring. The paper adopted a social network theory and the law of motion to discuss the finding of this review.

Method

A scoping review guided by Arksey and O'Malley's approach (Arksey and O'Malley, 2005) was conducted to study the impact of mentoring on scholarship in nursing. Data were sourced from PubMed, SCOPUS, CINAHL, Psychinfo, Web of Science, and Google Scholar and reviewed. Social network studies seek to uncover patterns of interaction and connection between and among actors or entities in a system, determine the conditions under which those patterns arose, or attempt to identify the consequences of the structural patterns (Quatman and Chelladurai, 2008). In addition, applying the law of motion allows for understanding obstacles and hindrances acting effective mentoring and thus requires appropriate forces to counteract it for the ongoing mentoring process (Floratos, 2017; Newman and Newman, 2008).

Discussion

Four themes emerged from the review, namely: (1) Attributes of nurse scholars, (2) the need for the nursing scholar, (3) the contribution of mentoring to scholarship building and (4) challenges to effective mentoring. Certain attributes expected of a nurse scholar include high intellectual competence, knowledge discovery, knowledge advancement, commitment to excellence, recognition and appreciation of other scholars' work, being scientifically oriented, and accountability.

Nursing scholars use their skills and attributes to attain full professional realisation and advance the field of nursing by building concepts and theories unique to the profession. They also keep pace with the evolving societal needs and apply existing knowledge or unpacking mentoring through overcoming forces and hindrances. Mentoring contributes to psychosocial development, breaking the professional barrier, enhancing productivity and academic success, opportunities and providing connection to the outside world through

networking and connectivity. With effective mentoring, the realisation of the full potential of nursing profession may not be farfetched.

Factors posing challenges to effective mentoring are scarcity of effective mentorship, the feeling of isolation, mentees' resistance to mentoring, and lack of time for effective engagement for both mentor and mentee. Furthermore, a proposed mentoring model comprising the following components active engagement from both mentor and mentee, supportive relationships, Alignment of interests, and structured mentoring programs is aimed at building nursing scholarship through effective mentoring.

Conclusion

In conclusion, this paper discussed the need for and the unique attributes of nursing scholars and the contribution of effective mentoring to scholarship building. If well implemented, the proposed mentoring model promises to produce nursing scholars who will be relevant locally and globally.

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Keywords: Mentoring. Nursing. Scholar. Scholarship landscape. Technological model.

3Ciii, 10:30 - 12:20, 6 December 2023

Upskilling the current workforce to gain graduate status: Utilising the quality improvement journey for personal and professional development

Muriel Dempsie and Jackie Nicol, Robert Gordon University

Promotional abstract: The current healthcare workforce crisis reinforces the need for healthcare employers and education providers to work in partnership to develop strategies to improve staff retention.

The Robert Gordon University, in close collaboration with practice partners, recently revalidated an accelerated 'top-up' degree programme, which provides an opportunity for existing registered healthcare professionals gain graduate status. The second module within the programme requires the students to critically analyse the development of professional practice within their workplace. This session will inform the audience of the educators' experience of delivering the module, in conjunction with student testimonials, thus highlighting the impact of their learning.

Summary: Recent inspection activity by the Care Quality Commission (CQC) (2022) identified gridlocking of the health and care system in England thus rendering it unable to operate efficiently. A similar picture exists in Scotland which has also been reported to have the lowest life expectancy of UK nations since the 1950s, combined with a fall in its ranking compared to other western European countries (The Health Foundation, 2023). Such factors contribute to the current healthcare workforce crisis, which has been recognised across Europe and resulted in the recently adopted 'Bucharest declaration' (World Health Organisation, 2023).

The Kings Fund (2022) outline the need to not only increase recruitment to health care professions but also to improve the retention rates of staff currently employed within the service by creating environments whereby practitioners want to engage in development opportunities. Having access to career development opportunities results in staff feeling valued, thus wanting to remain in the workforce (Anderson et al., 2021). Organisations must therefore invest in more post registration career development opportunities (Anderson et al., 2021; Royal College of Nursing, 2023).

In addition, for all regulated healthcare professionals, continued professional development (CPD) is a mandatory requirement (Nursing and Midwifery Council, 2021; Health and Care Professions Council, 2018). Karas et al. (2020) suggest there is a need for research to inform regulators on how evolving CPD requirements can be integrated into advancing systems, taking into consideration factors such as patient safety, workplace learning, quality improvement and multi-credentialing.

It is therefore essential that higher education institutes consider the requirements of practice partners to support the retention and development of their current workforces. Within some organisations registered nurses without degrees are being encouraged to engage in CPD to 'top up' their academic qualification to degree level, thus providing new career opportunities (Benton, 2017).

The Robert Gordon University recently revalidated its 'top-up' degree, resulting in two programme pathways, which also now allows for allied healthcare professionals to achieve a BSc in Healthcare Practice. The revalidation process provided the education providers with an opportunity to reflect on the previous programme delivery, which included discussion with practice partners, thus resulting in an enhanced 'fit for purpose' programme which was

launched in September 2022. The second module of the programme was designed to enable the students to critically analyse the development of professional practice within their workplace. The module content navigates the students around key concepts relating to quality improvement in practice, including contemporary issues in healthcare and the role of technology.

Students are required to identify an area of practice that requires enhancing within their workplace, thus ensuring their learning can be easily contextualised. Learning activities were designed to engage the students in deep learning, thus providing an opportunity for conceptual change (Osika et al., 2022). The proposed presentation aims to share with the audience the educators' experience of delivering these online inter-professional module(s), in conjunction with student testimonials revealing the meaningful impact of their learning on their professional practice.

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Keywords: Continuing Professional Development. Graduate Attributes. Interprofessional Learning. Contextualised Learning. Healthcare Practice Development.

3Civ, 10:30 - 12:20, 6 December 2023

Lessons learned: Exploring the implementation of a continuous professional development programme for Nursing Educators

Scott Colton and Sarah Drew, Birmingham City University

Promotional abstract: CPD is integral to a health professional and academics' ongoing development. This presentation discusses CPD within healthcare education and the implementation of a COD program in a large school of Nursing and midwifery, highlighting challenges and strategies, its impact and how the lessons learnt shape the development of the CPD program.

Summary: Continuous professional development (CPD) is a dynamic and ongoing process through which individuals and groups engage in a range of learning activities supporting acquiring new knowledge and skills, maintaining and enhancing their current expertise, and serving as a catalyst for professional development and professional practices (Pool et al., 2015) allowing for healthcare professionals to stay abreast of emergency trends; A process that essential in healthcare practice and education due to the constantly developing understanding of healthcare sciences and technological advances (Hakvoort Et al.,2022). Through active engagement in CPD, Healthcare educators can enhance their teaching practices, expanding their knowledge across diverse subject areas, thus enabling them to design and facilitate high-quality educational experiences to support and challenge learners. Concurrently engagement in CPD plays a crucial yet supportive role whereby educators can align their CPD engagement with regulatory requirements outlined by professional bodies such as the Nursing and Midwifery Council, Health and Care Professions Council and the General Medical Council; These professional regulatory bodies outline the individual registrant's requirements in their respective fields (Ryan, 2003; Griffith, 2020). Whilst the advantages of CPD are documented, professionals and organisations encounter challenges when implementing and participating in a CPD activity. Professionals face several barriers that hinder their engagement in CPD, including staffing constraints, time limitations and limited organisational support (Mlambo Et al., 2021), limiting the overall potential CPD has on the healthcare professional.

This presentation discusses CPD within healthcare practice and education through implementing and facilitating a CPD programme in a large School of Nursing and Midwifery, supporting the development of knowledge and skills in the context of clinical skills. It will discuss the challenges and strategies in implementing the CPD program, its impact and how the lessons learnt shape the development of the CPD program.

Through active engagement in CPD, Healthcare educators can enhance their teaching practices, expanding their knowledge across diverse subject areas, thus enabling them to design and facilitate high-quality educational experiences to support and challenge learners. Concurrently engagement in CPD plays a crucial yet supportive role whereby educators can align their CPD engagement with regulatory requirements outlined by professional bodies such as the Nursing and Midwifery Council, Health and Care Professions Council and the General Medical Council; These professional regulatory bodies outline the individual registrant's requirements in their respective fields (Ryan, 2003; Griffith, 2020).

Whilst the advantages of CPD are documented, professionals and organisations encounter challenges when implementing and participating in a CPD activity. Professionals face several barriers that hinder their engagement in CPD, including staffing constraints, time limitations and limited organisational support (Mlambo Et al., 2021), limiting the overall potential CPD has on the healthcare professional.

This presentation discusses CPD within healthcare practice and education through implementing and facilitating a CPD program in a large School of Nursing and Midwifery, supporting the development of knowledge and skills in the context of clinical skills. It will discuss the challenges and strategies in implementing the CPD program, its impact and how the lessons learnt shape the development of the CPD program.

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Keywords: CPD. Development. Educators. Challenges. Impact.

Strand 3D: Inclusion

3Di, 10:30 - 12:20, 6 December 2023

The importance of the inclusion of Learning Disability Nursing students in Primary Care: The Aquarium Project

Denise Dutton, Edge Hill University and Maggi Bradley, Sefton Training Hub

Promotional abstract: Edge Hill University and Sefton Training Hub worked in collaboration to develop placements for Learning Disability (LD) nursing students in primary care using a digital placement framework called 'The Aquarium'.

Traditionally, there was a tendency not to place LD nursing students in primary care, despite people with learning disabilities attending GP practices for health appointments and reviews. Edge Hill and Sefton Training Hub used the 'Aquarium', enabling sustainable primary care placements and helping the primary care team to not only embrace what LD students can learn from primary care, but also what LD nursing can bring to the workforce.

Summary: The Nursing and Midwifery Standards (NMC, 2018) brought about a change in the way that Learning Disability (LD) nursing students are assessed by using the same proficiencies as other fields of practice. The traditional practice placement route of sending LD nursing students to mainly community Learning Disability teams meant that with the 2018 standards, learning disability and mental health field students were at risk of not having the opportunity to complete their proficiencies in practice, while potentially undermining their chosen field (Evans, 2023).

Accessing primary care placements for nursing students has historically been challenging, particularly with regard to supervision (Heath, 2015). It is particularly important for LD nursing students to access primary care to drive forward improvements for the outcomes of people with LD, the National Development Team for Inclusion (NDTI, 2020) highlighted the importance of training for LD students in all healthcare settings including GP practices. Poor outcomes for people with LD were highlighted in the LeDer report (NHS England, 2021) and addressed in the NHS Long Term Plan (NHS England, 2019) with an ambitious target of 75% for annual reviews. The LeDer policy (NHS England, 2021) gives primary care a role in providing these reviews demonstrating a need for LD nurses.

The 'Aquarium' was a placement framework developed between Sefton Training Hub and Edge Hill University. It is a visual digital framework of the steps involved in preparation, supervision and assessment for Learning Disability Student Nurses and included mapping of proficiencies, feedback from patients and examples of resources developed by the project. Students were involved with development of the Aquarium and were key to its success,

An example of this is the development of a 'handbook' to ensure that people with a Learning Disability are treated with care and compassion as well as dignity and respect, including changing the practice environment, teaching the staff Makaton, and reasonable adjustments added to patient notes.

Importantly, students were given time to not only reflect on their own practice, but also with the GP practice team, reflecting on their own experience and feeding this into developments for the future.

In conclusion, the success of this cohesive partnership between Sefton Training Hub and Edge Hill University meant that there are valuable and sustainable practice placements that

will enhance the profile and profession of Learning Disability Nursing. It has increased capacity and student experience with Learning Disability Student nurses while also having a positive impact on primary care staff and ultimately the health outcomes of people with learning disabilities. In the long term, the use of the 'Aquarium' will be extended into mental health nursing to broaden the experience of the nursing students in the future.

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Keywords: Learning Disability. Nursing. Primary Care.

3Dii, 10:30 - 12:20, 6 December 2023

Reducing the global majority attainment/awarding gap: Master of Adult and Mental Health Nursing

Dr Griffin Ganga and Tracy Lapworth, University of Wolverhampton

Promotional abstract: Inclusive framework embedded and implemented. A turn around in data from 51% pass rate at first attempt to 88%. A verbal phrase bank developed and in use for students.

Summary: Reducing the Global Majority Attainment / Awarding Gap; Master of Adult and Mental Health Nursing.

Background: The UK's higher education sector faces a persistent awarding gap between Global Majority students and their white counterparts (Universities UK, 2019), with significant implications for academic success, social mobility, and career prospects (Stevenson, 2012). The term "Global Majority" refers to individuals from Black, Asian, and other minority ethnic backgrounds who collectively represent most of the world's population (Esmail et al., 2020). These students are underrepresented in UK higher education and face additional barriers, including discrimination, unconscious bias, and cultural differences (Singh, 2011; Berry and Loke, 2011). As student diversity in the UK increases (Higher Education Statistics Agency, 2020), it is crucial to address the awarding gap and ensure equitable opportunities for all. This challenge was reflected in the poor results of the first year of a pre-registration Nursing course at University of Wolverhampton where the global majority population sits at 84%. The University of Wolverhampton Inclusive framework was utilised to implement and evaluate the impact of intentionally fostering a sense of belonging for the students as co-creators. This included a scaffolding approach to enhance assignment literacy, including individual tutorials, and the innovative application of a verbal phrase bank. This intervention provides clarity with pronunciation of nursing /medical terms to assist with oral assessment and communication on placement.

Inclusive Framework: curriculum design and delivery principles: Master of Nursing. Where am I in the curriculum:

- Creating a sense of belonging
- Celebrating cultural diversity
- Use of diverse teaching and assessment methods.

Removing Obstacles:

- Clear assignment brief; responsive to student feedback. Adapted grade descriptors.
- Scaffolding approach assignment literacy • In class 1:1 tutorial

Students as co-creators:

- Use of course reps to relay student focussed feedback.
- Peer mentoring
- Feedback from 1:1 tutorial shaping assignment guidance.

Developing our Inclusive lens:

- Development of verbal phrase bank
- Person centred approach to learning and assessment
- Blended learning approaches
- Joint approach from skills for learning and the English language team.

These measures elevated the pass rate for the first written assignment from 51% to 88% and improved student satisfaction and confidence. The success was also reflected in semester two student results which indicate a 90% pass rate for Master of Adult Nursing module and 100% for the Master of Mental Health Nursing module. This is a significant improvement on equivalent results for the past 3 years which averaged 50%. This correlated with results before the withdrawal of 1:1 tutorials and use of assessment café which have been in place for the past for 3 years which evaluated poorly with the student body.

Conclusion: This utilisation of these innovations has demonstrated that by using a person-centred approach, which aims to remove barriers to the success for global majority students through use of an inclusive lens, student developed a sense of belonging and became active co-creators of their learning. This resulted in a significant 50% improvement in results as indicated above, which resulted in a successful start to their nursing course and developed a strong foundation of self-belief and confidence.

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Keywords: Attainment / Award gap. Global majority. Inclusivity framework. Verbal phrase bank.

3Diii, 10:30 - 12:20, 6 December 2023

Implementing Universal Design for Learning in Nursing Education: Pedagogy as social justice

Dr John Gilmore, University College Dublin

Promotional abstract: Universal design for learning is an approach to curriculum development, design and delivery which aims to maximise learner potential through providing multiple means of engagement, representation and expression. Through adopting a "plus one" approach, UDL can empower and honour learners to lead their own learning journey in a supportive way, underpinned by cognitive science. This presentation will outline the various principles which overarch UDL and supporting guidelines (CAST, 2018), and showcase a case study of its integration into a nursing curriculum within a "Challenging injustices in healthcare" module. The integration of UDL as a framework for curriculum design is put forward as way of creating a more socially just nursing curriculum (Gilmore et al. 2022)

Summary: Universal design for learning (UDL) is an approach to curriculum development, design and delivery which aims to maximise learner potential through providing multiple means of engagement, representation and expression. Through adopting a "plus one" approach, UDL can empower and honour learners to lead their own learning journey in a supportive way, underpinned by cognitive science. This presentation will outline the various principles which overarch UDL and supporting guidelines (CAST, 2018), and showcase a case study of its integration into a nursing curriculum within a "Challenging injustices in healthcare" module. The integration of UDL as a framework for curriculum design is put forward as way of creating a more socially just nursing curriculum (Gilmore et al. 2022). The three principles that UDL is based on are described as: Multiple means of engagement, addressing the 'why' of learning, with a focus on developing and maintaining learner interest, allowing the learner to develop their own learning goals and objectives. Multiple means of representation focuses on ensuring that all learning content is available in various ways, including captioning, lecture notes, tagged PDFs and the integration of wider accessibility technology within learning activities. Multiple means of action/expression allow learners to demonstrate their learning in a way most conducive to their maximal effort. The case study of "Challenging Injustices in Healthcare" (Gilmore, 2023) will demonstrate how UDL is integrated into a module whose area of focus is social justice, and by adopting this approach social justice is also a core principle of the pedagogy and design underpinning the module. Participants in this session will be introduced to UDL as an overarching framework for learner accessibility and inclusion, they will have the opportunity to critically reflect on how some of the principles of are already part of their educational practice and be supported to think about broadening integration through a plus one approach to UDL.

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Keywords: Inclusion. Universal Design for Learning. UDL. Social Justice. Nurse Education.

3Div, 10:30 - 12:20, 6 December 2023

Nurturing freedom to speak up in higher education: A co-designed intervention to support speak-up culture in the training of health and care professionals

Charlotte Phillips and Helene Donnelly, Staffordshire University

Promotional abstract: Healthcare is constantly changing. As knowledge advances, Higher Education Institutions (HEI) are uniquely positioned to empower the next generation with the knowledge, skills and values required to cultivate the safety behaviour of “Speaking Up”. This project utilises a co-design methodology to empower the voice of the system-users in understanding, adapting, and implementing a Freedom to Speak Up Guardian initiative within the HEI setting, aiming to empower every person to nurture an environment where every voice is valued, so all can contribute to safety, wellbeing and improvement and encourage speaking up as “business as usual” in the training of healthcare professionals.

Summary: Healthcare is constantly changing. As knowledge advances, Higher Education Institutions (HEI) providing pre-registration healthcare education are uniquely positioned to empower the next generation of staff with the knowledge, skills and values required to provide care that is responsive to the needs of healthcare services. Initially emerging from evidence gathered in the Francis report (2013), numerous subsequent inquiries have determined that “speaking up” is an important patient safety behaviour and is a determinant for safety culture in healthcare organisations. Although pre-registration students can currently access Freedom to Speak Up Guardians in placement trusts, these roles are not yet embedded in HEI’s involved in the training of healthcare professionals. Former NHS National Guardian Henrietta Hughes stated “To truly embed a Freedom to Speak Up culture throughout health and beyond, we need to start with universities [...]. Modelling speak up behaviours is important in creating a culture of shared openness and transparency and assists students to develop their own abilities to speak up” (Hughes, 2020). It has previously been shown that while students on pre-registration courses do raise concerns about the quality and safety of care, this carries an emotional burden and may lead to sanctions (Milligan, 2016). Clear and substantial “speak-up” structures should be in place from the outset of programmes to prepare students for entering the healthcare workforce (ibid). This project aims to co-design, adapt and implement the Freedom to Speak Up guardian initiative in a pre-registration HEI setting, with the aim to empower every person to cultivate an environment where every voice is valued, so all can contribute to safety, wellbeing and improvement and encourage speaking up as “business as usual”. Co-design involves the people destined to use the system playing a critical role in designing it (Schuler and Namioka 1993). A co-design research methodology enables the co-construction of knowledge through partnerships between researchers and people affected by and/or responsible for action on the issues under study (Jagosh et al, 2012). Via the generation of democratic partnerships between researchers, students, HEI staff and other stakeholders, this project generates knowledge by involving end-users in the design of a Freedom to Speak up-HEI intervention, promoting understanding and capacity, and encouraging uptake. An ongoing systematic review aims to further understand the experiences and perceptions of students in relation to raising concerns (Phillips et al, 2023). Tentative findings from this review suggest that barriers continue to exist. HEI innovations could act as an enabler; building upon this knowledge through co-design aims to empower participants to tailor an intervention that has contextual fit (Goodyear-Smith et al, 2015). The decision to speak up and raise concerns in healthcare is complex. Hierarchy, organisational culture, and fear of negative reactions have been found to be barriers to healthcare professionals’ decision to speak up, however the experiences of students are less well understood. This project aims to implement a co-designed structure that nurtures the future healthcare workforce’s

contribution to the generation of safe, open and learning cultures in order to support healthcare performance and patient safety.

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Keywords: Innovation. Co-design. Speak-up. Patient safety. Safety culture.

Strand 3E: Practice learning

3Ei, 10:30 - 12:20, 6 December 2023

Outreach Skills Clinic for Assessment (OSCA)

Viki Whaley and Lee Caiger, Enabling Effective Learning Environments (EELE), University of Chester

Promotional abstract: Several proficiencies and competencies have been identified as challenging for pre-registration nurses to achieve in practice due to limited exposure and opportunities to practice or demonstrate achievement in practice. To overcome the challenges related to achievement of a range of proficiencies / skills, the Outreach Skills Clinic for Assessment (OSCA) has been developed to provide an outreach skills clinic. Using simulation as a learning and assessment strategy, OSCA offers learners an opportunity to experience and practise the realities of professional practice and they can book at a time convenient to them.

Summary: It has been identified that non-medical, pre-registration learners are required to achieve a range of proficiencies and competencies across disciplines and fields in accordance with their regulatory bodies. For example, the Nursing and Midwifery Council (NMC) Future nurse: Standards of proficiency for registered nurses (2018) outline a range of proficiencies that are required to be met at the point of registration. Several proficiencies and competencies have been identified as challenging for students to achieve in practice due to limited exposure and opportunities to practice or demonstrate achievement in practice. To overcome the challenges related to achievement of a range of proficiencies / skills, an Outreach Skills Clinic for Assessment (OSCA) has been developed. Using simulation as a learning and assessment strategy, OSCA offers learners an opportunity to experience and practise the realities of professional practice. The aims of OSCA are to embed simulation-based practice learning and assessment opportunities across Cheshire and Merseyside for pre-registration learners to enhance existing opportunities for clinical skills development and to provide opportunities for pre-registration learners to be assessed as proficient across a range of skills using a self-booking skills clinic across a range of sites within the Cheshire and Merseyside integrated care system. However, learners also have the autonomy to choose the nature of their assessment following the OSCA workshop and whether this is formative to enhance their confidence and skill development or summative. The impact of OSCA has been significant. In an eight-month period, over 935 students were assessed in a geographical area that suited them with sessions booking out within minutes. Furthermore, 100% of learners rated both their confidence and knowledge as higher, following attending an OSCA session whilst 98.5% of learners rated their satisfaction with the OSCA Sessions as “Extremely Satisfied” or “Moderately Satisfied” and that they would “Definitely” attend an OSCA session again and recommend the session to a peer. Qualitative data has emphasised that OSCA has reduced students’ anxieties regarding achievement and assessment of skills, whilst learners have increased feelings of being prepared for practice and subsequently there has been demand for more OSCA sessions to be available. Overall, the OSCA model supports learners to access assessment opportunities in an area convenient to them therefore reducing financial cost. Whilst adopting a student-centred approach to access opportunities around their university, placement, and life commitments.

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Keywords: Proficiencies. Outreach. Assessment. Skills. Clinics.

3Eii, 10:30 - 12:20, 6 December 2023

A practice placement expansion project in the private, independent and voluntary sector to prepare the future healthcare workforce

Pam Hodge, Nora Cooper and Kathy Wilson, Middlesex University

Promotional abstract: Complex and long-term care is provided in the community (McKee et al, 2021) and professional education courses need to reflect this shift to best prepare the future workforce (The Health Foundation, 2022).

Students need to recognise the importance of the Private Independent Voluntary Organisations (PIVO) within the integrated care system. This session will share an example of an innovative model of collaboration with PIVO partners to create increased numbers of quality expansive learning opportunities in the sector in line with NMC (2018) Future Nurse requirements.

This model is transferable across all healthcare professional disciplines and across countries.

Summary: In England from July 2022, every area has to have an integrated care system-board and associated integrated care partnerships (The Health and Care Act, 2022). This collaborative systems approach to care in specific geographical areas has built on the previous work of Sustainability and Transformation Plans and partnership working. The integrated care systems acknowledge the large contribution of the Private Independent Voluntary Organisations (PIVO) to care provision.

There is much discussion on the preparation of students to join the workforce at the point of professional registration.

It has been recognised that more complex and long-term care is being provided in the community (McKee et al, 2021) and the education and training courses need to reflect this shift to best prepare the future workforce (The Health Foundation, 2022). It is important for students to recognise the importance of the non-statutory structures that enable this community care and how the whole integrated care system works for local populations and for individuals. The integrated care systems focus on improving health outcomes, tackling inequalities and supporting broader social aims align clearly with the nursing and midwifery council (NMC, 2018) Future Nurse standards for education, especially with pillar 2, health promotion.

The PIVO project at Middlesex University is HEE funded and runs from March 2023-October 2023. It brings together colleagues from practice and the university to develop increased and quality expansive learning opportunities for pre-registration nursing students of all fields (Morley, Wilson and Holbery, 2019) and social work trainees. This continues and enhances existing partnership working undertaken in North Central London (NCL) and importantly focusses on developing new collaborations to provide reciprocal learning opportunities for students and PIVO partners.

The project recognises the role of the university as part of the integrated care system educating the students to become the future workforce and retain the current workforce through continuing professional development, which can be enhanced by supporting students. Thus, one aspect of the integrated care system is demonstrated.

The project is currently in progress and all the findings are not available at the date of the submission, though will be available by the conference date. The partnership working itself is yielding extra opportunities for dialogue and training for the students from experts in the field and reciprocal learning for the staff teams being developed. It is also generating positive enhancements in learning opportunities with a children's hospice, with student placements due to commence shortly.

Working with the locality adult social care education team, the number of student placements in the sector is set to rise by 25%.

This session will share an example of an innovative model of collaboration with PIVO partners. This model is transferable across all healthcare professional disciplines and across countries. As care in the community becomes ever more complex and populations age and experience multi-morbidities, statutory services need to work with PIVO partners to provide place-based care for communities and individuals. It is important that the future workforce gains pre-registration experience in the sector to facilitate wider, more expansive learning to enhance healthcare.

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Keywords: Practice. Expansive-learning. Workforce. Innovation. Partnerships.

3Eiv, 10:30 - 12:20, 6 December 2023

The social practice of learning

Dr Claire Bryson, University of the West of Scotland

Promotional abstract: A case study exploring pre-registration nursing students' practice learning experiences from multiple perspectives (nursing students, mentors, liaison lectures, practice education facilitators and a ward manager). Utilising Yin's methodology, this research used multiple methods (focus groups and semi-structured interviews) to explore this complex learning environment. Two major themes were identified teamwork and the emotional journey. Teamwork illuminated the collaborative nature of positive practice learning experiences where everyone had a role in supporting learning. Peers and mentors were identified as being particularly influential. The emotional journey illuminated the polarising emotions experienced where belongingness was crucial in supporting students to thrive.

Summary: Practice learning experiences are a central component of pre-registration nurse education where student nurses spend 50% of their programme within the practice learning environment.

The diversity of learning experiences offers student nurses the opportunity to develop the knowledge and skills to deliver safe and effective care (O'Mara et al., 2014). The literature reviewed confirmed that the student-mentor relationship is a fundamental aspect of effective practice learning experiences (Warne et al., 2010). In particular, the relationships formed, and the support students received from their mentor was crucial (Teatheridge, 2010). However, it is clear the practice learning environment is complex, where supporting students' learning is multifactorial, yet research exploring the practice learning environment from multiple perspectives appears to be lacking. This professional doctorate research used a case study design guided by Yin's (2018) approach to case study research. The participants included student nurses, mentors, liaison lecturers, practice education facilitators and a ward manager. Data was collected through focus groups and interviews over a seven-month period from June 2019 until January 2020. Although qualitatively driven, supplementary information was also collated from existing placement information to provide a rich thick picture of practice learning experiences. Following the analysis, the findings were compared to the literature to offer an understanding of how they supported, refuted, or added to the existing knowledge.

There were two key findings, teamwork and the emotional journey. The findings demonstrated how practice learning experiences are shaped by a wide range of relationships and social interactions centred around aspects of mutual support, collaboration and encouragement. In particular optimal practice learning environments were recognised as being inclusive and supportive. Support from mentors and peers were illuminated as being particularly important. This study also provides further insight into the complexities of the practice learning environment, which was regarded as being intensely emotional, where emotional ambivalence was often experienced. Central to this was the concept of belongingness, here environments that promoted belongingness encouraged students to thrive. Recognising this complexity, this research recommends that preparation and routine debriefing sessions are integrated within programmes of study where student nurses are adequately prepared and encouraged to critically reflect on their learning experiences. Furthermore, acknowledging the emotional demands on those supporting learning, peer support networks and facilitated reflective sessions should be encouraged for practice supervisors and practice assessors.

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Keywords: Practice-learning. Belongingness. Emotional. Collaboration.

Strand 3F: Supporting pedagogies

3Fi, 10:30 - 12:20, 6 December 2023

Exploration of reflective capabilities within undergraduate Physiotherapy students

Joanne Seddon, Amanda Deaves, Emily Grant and Eli Saetnan, University of Liverpool

Promotional abstract: Reflective practice is a key attribute of a competent healthcare professional therefore it is essential that activities that promote reflection are embedded within the curriculum. This research aims to evaluate Physiotherapy students' reflective capacities across their undergraduate experience. By assessing the students' reflective capacity at different time points and evaluating associations it may be possible to identify development within these reflective constructs. Therefore, allowing for an increased knowledge of the students' reflective capabilities; thus enabling support and development of teaching practices to align with enhancing this vital aspect of professional behaviours.

Summary: Introduction Reflective practice is widely accepted and valued as core aspect of the physiotherapy undergraduate courses. It is essential to promote continuous learning and development of professional practice within healthcare (Chaffey et al, 2018). Reflective capabilities are associated with a number of desirable professional skills and competencies (Smith and Trede, 2013). It is well recognised that the ability to become an effective reflective practitioner is essential in modern health (Miraglia and Asselin, 2015). As reflective practice has the potential to decrease burnout/ dissatisfaction and improve attitudes, beliefs, values, and assumptions (Nguyen et al, 2014).

Whilst the benefit of reflective practice is clearly documented there is a limited literature regarding the efficacy of facilitation and assessing this key skill (Chaffey et al, 2018, Priddis and Rogers, 2018). The learners are supported within the physiotherapy curriculum to develop this proficiency via the progression of the learning outcomes and teaching and learning activities as they advance through the programme towards graduation and employment. The aim of this study is to assess the reflective capacity of physiotherapy students during their undergraduate training via the Reflective Practice Questionnaire (RPQ) developed by Priddis and Rogers (2018).

Methods

UoL UG physiotherapy students registered for the academic years 2020-21, 2021-22 and 2022-23 were invited to complete the RPQ twice each year (semester 1 and semester 2). The RPQ utilizes a Likert scale of 1-6 to assess ten domains. The mean, median and IQR scores were calculated for each domain and the combined 16-item subscale for reflective capacity. Linear fixed effect models and likelihood ratio tests were used to find the significance of the impact of age, gender, year of study and point of data collection. Comparisons to known data from the general public, mental health practitioners and medical students were evaluated.

Results

All reflective capacity subscales were higher in the physiotherapy students compared to the general public and medical students. The third-year students were also slightly higher than the mental health practitioners. There is a trend for reflective capacity to improve throughout the programme suggesting positive reflective facilitation. Median values for reflection-on-action and general confidence were increased from year one to three while stress and uncertainty remained at similar levels. The impact of the degree stage was found to be statistically significant ($p < 0.05$) for 6 out of 10 subscales.

Conclusion and Impact

The reflective capacities of the students improve throughout the programme. However, there are variations within the sub scales of confidence and uncertainty. This provides greater insights into the changing reflective capacity abilities across the time points. Although pedagogic activities using reflective frameworks for assignments and portfolios are commonplace potentially more social approaches maybe beneficial to encourage the ability within the sub-scales of reflective capacities. The results provide awareness that can influence the development of educational approaches and further support the students with these vital attributes. Thus enhancing the progression towards a reflective practitioner and providing health care professionals with psychosocial self-efficacy for the work environment.

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Keywords: Reflective Capacity. Reflective Practice. Education. Physiotherapy education.

3Fii, 10:30 - 12:20, 6 December 2023

Coffee: Croissant: Connect

Dr Karen Connor, Jacqueline McKenna and Professor Jacqueline Leigh, Edge Hill University

Promotional abstract: This presentation will report on a NHSE funded project 'Coffee: Croissant: Connect', an early morning 'drop in' event in the Faculty of Health, Social Care and Medicine at Edge Hill University, dedicated to the School of Nursing and Midwifery students and facilitating connection, communication, support, advice and guidance in an informal manner between students, administration staff, and academics. This project is in addition to the programme timetable where dedicated time to talk with lead staff is factored in, such as personal tutor contact time and other processes in place to support students to remain on their programme.

Summary: Reducing pre-registration student nursing attrition is a key workstream to support the delivery of the 50,000 additional Registered Nurses in the NHS workforce by the end of March 2024. Nationally, the 2022, Student Academic Experience Survey (SAES) (Neves and Brown, 2022) identified 30% of respondents were considering withdrawing from university, and the National Education and Training Survey (NETS) (Health Education England, 2022) identified 42.4% of student nurses had considered leaving their programmes. In addition, midwifery students, sensed an increased vulnerability whilst on placement, due to current high level negative reporting of midwifery services (Okenden, 2022; Kirkup, 2022) and the need for increased peer/ academic presence during their programme.

Locally, Edge Hill University had 85 students withdraw from the Nursing and Midwifery Programmes during 2021/22. A University Internal 'Welcome Back' survey identified that a third of respondents had considered leaving, demonstrating a 5% increase in the previous year's figures. 40 of those students who considered leaving programmes were from the School of Nursing and Midwifery. Lack of engagement in class, major financial difficulties, mental health and not feeling connected with fellow students were just a few of the examples given as to why students considering leaving.

An evaluation conducted at Edge Hill University in 2022 identified that post- pandemic, students missed the connectivity, belonging of being at university and this manifested into challenges in knowing the support available and communication between academics, administrative staff, and students.

This presentation will report on a NHSE (formerly health Education England) funded project. Occurring twice weekly, 'Coffee: Croissant: Connect' is an early morning 'drop in' event in the Faculty of Health, Social Care and Medicine at Edge Hill University, dedicated to the School of Nursing and Midwifery students and facilitating connection/ communication/ support / advice and guidance in an informal, manner between students, administration staff, and academics, with the potential for engagement by central services. This project is in addition to the programme timetable where dedicated time to talk with lead staff is factored in, such as personal tutor contact time and other processes in place to support students to remain on their programme.

This project responds to the student voice and the unique elements of university experience for those studying and experiencing the rigours of preparing to be a nursing associate, nurse or midwife in today's health and social care environments and enables added, valuable support for students, over and above the existing support.

This presentation will provide an evaluation of the project, exploring its impact on student awareness and use of the initiative, perceived impact, and value in relation to connection, belonging, wishing to remain at university / on the course, and identifying if attending the Croissant: Coffee: Connect' event has increased awareness of university central services. We will report if 'Croissant: Coffee: Connect' has enabled us to provide support for students at a time when students' attrition may be higher due to cost of-living crisis /financial concerns/ NHS staffing discontentment, hoping to mediate any effect this may have on students' experience/ satisfaction.

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Keywords: Learner support. Student attrition. Connection. Belonging. Communication.

3Fiii, 10:30 - 12:20, 6 December 2023

Referencing for Health and Social Care undergraduates: What do students understand and what do academics think students understand?

Dr Alan Williams, Liam Somers and Dija Bah, University of Derby

Promotional abstract: This session will report an investigation into undergraduate health and social care students understanding of referencing, and what academics think student understand about referencing. Accurate referencing is integral to effective academic practice and providing excellent care, though despite the availability of many resources, student still struggle to follow accepted practice. Our investigation comprised a focus group with students and a separate focus group by academics that informed a subsequent survey of each group. This investigation is designed to understand why students have difficulty referencing and what academics and universities can do to address this.

Summary: Accurate referencing is a key tenet of good academic practice. Universities provide guidance on referencing through Library/Information Services, advice from academics and in summative assessment information. However, sub-optimal referencing practice affects the student experience, learning, grades achieved and can lead to formal meetings investigating potential academic misconduct. Healthcare students have the added jeopardy of poor academic practice threatening their professionalism. The Nursing and Midwifery Council require registrants to “Promote professionalism and trust” (NMC, 2023) and the Health and Care Professions Council specifically advise students about “...referencing other people’s work appropriately...” (HCPC, 2016).

An integrative review Lynch, Everett, Ramjam et al (2016, p2845) identified plagiarism is “...common among university nursing students, with a different in perception of this behaviour between students and academics.” Lynch and colleagues reported literature discussing poor referencing practice from USA, Canada, Turkey, Israel, Australia, Philippines and South Korea. Clearly, we in the UK are not alone.

This investigation’s aim is to gain insight into what students understand, and what staff think students understand about referencing practice. During Summer 2023 we have scheduled a focus group with health and social care (HandSC) undergraduate students and a separate focus group with academics teaching these students, to understand the views of each group on referencing. The focus group data will be analysed following Braun and Clark (2006:2022) reflexive thematic analysis approach using NVivo, with the results informing a subsequent survey of students and academics teaching these students. The project has university ethical approval (ETH 2223-4047) and has been funded by the university’s Undergraduate Research Scholarship Scheme (URSS). The project team comprises two academics and two second year students, sponsored by the URSS.

The population participants will be recruited from for each component of the investigation is 7,000 HandSC students and 300 academics. We plan to recruit five participants for each virtual focus group held on MS Teams, facilitated by a student and an academic from the project team. The focus groups will be recorded and transcribed, reviewed for accuracy and then analysed to understand what aspects of referencing is important for each group. Then, the focus group results will inform the design of a survey of students and a separate survey of academics as undertaken by Lockspeiser, O’Sullivan, Teherani and Muller (2008). Phillips, Friedman, Utrankar et al (2017) explain how surveys are essential to health professional education research and reporting response rates, measures to enhance participation and possible bias in any dissemination is necessary for the credibility of an investigation. Naturally we hope as high a response rate as possible, though Van Mol (2016)

reports "...a 10% or lower response rate can eventually be considered trustworthy if the researcher checks the response quality...".

This investigation may provide valuable insight on how the university can ensure students are aware of referencing resources and the importance of using these tools. The results may be adopted or adapted by other institutions in the sector to enhance student academic practice and ultimately the care they provide.

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Keywords: Referencing. Undergraduate. Student. Nursing. Healthcare.

3Fiv, 10:30 - 12:20, 6 December 2023

The impact of a feedback literacy intervention on the attainment of first year undergraduate Nursing students

Dr Andrea Cockett, Kingston University

Promotional abstract: Current conceptualisations of feedback in HE centres on the concepts of feedback literacy and evaluative judgement (Ajjawi, Tai et al. 2018, Carless and Boud, 2018). Carless and Boud (2018) suggest that students should be supported to develop feedback literacy: the skills to appreciate feedback, make judgements about both it and their work and to manage the effect of feedback. Developing these skills can contribute to the development of evaluative judgment, the skills needed to produce appropriate judgements and engage in feedback conversations (Dawson, Ajjawi et al. 2018). This project involved an assessment redesign to focus on feedback literacy through a linked assessment task. This intervention appears to have enhanced both pass at first attempt rates and grades.

Summary: This presentation aims to provide delegates with an understanding of current conceptualisations of feedback in HE and the impact that a feedback intervention can have on student attainment.

Current conceptualisations of feedback in HE centre on the concepts of feedback literacy and evaluative judgement (Ajjawi, Tai et al. 2018, Carless and Boud, 2018). Carless and Boud (2018) suggest that students should be supported to develop feedback literacy: the skills to appreciate feedback, make judgements about both it and their work and also to manage the effect of feedback. Evaluative judgment, the development of the skills needed to produce appropriate judgements and engage in feedback conversations (Dawson, Ajjawi et al. 2018) is linked to feedback literacy. Mastery of complex situations and the development of learning trajectories can be enhanced if the student has the skill of evaluative judgment. This is of particular relevance to healthcare students who are working in complex clinical environments. Proposing feedback as an opportunity for student learning positions it within an assessment context that views students as active participants in the assessment process (Nicol 2010). Student engagement with feedback is therefore of high importance if they are to make meaning of it and use it as a developmental opportunity (Winstone et al. 2017)

Nursing students in year 1 of their undergraduate programmes at Kingston University undertake a module called introduction to nursing. The assessment for this module has two components:

- A low stakes formative assessment submitted in term one which contributes 20% of the module mark
- An essay based on a case study which contributes 80% of the module mark.

Historically the low stakes assessment comprised a reading log. Feedback from students and staff indicated that this log assessment task was not directly related to the second assessment component and therefore lacked value. The assessment task was modified to provide an opportunity for students to develop feedback literacy skills. The new assessment task comprised:

- A formative essay plan for the summative assessment which included five indicative references that would be used to support the summative assessment task.
- An essay based on a case study and an action plan that outlined how the feedback from the formative assessment was used to develop the case study essay.

The students were prepared for the assessment tasks with tutorials and a lecture focused on feedback literacy. The lecture provided the students with the opportunity to discuss the concept of feedback literacy, how they could use feedback effectively and information about the action plan they needed to present. The students were also supported with a video about using feedback effectively and the Developing Engagement with Feedback Toolkit (DEFT) guide for students (Winston and Nash 2016).

This project undertook a secondary data analysis of the student data routinely collected by the university to include:

- Student demographic data from the 21/22 and 22/23 academic years for 1st year entrants to the course.
- Modular data for students undertaking the introductory modules in these years.

The aim of this data analysis was to see if the feedback literacy intervention and the changes to the module assessments had any impact on attainment. The data was analysed using descriptive statistics to explore:

- The demographic data of the two student cohorts
- The entry grades of the two student cohorts
- The pass rate at first attempt for the modules
- The grade distribution for the modules

The results indicated a substantial increase at pass at first attempt (>25%), for a large number of students and a more modest increase in average mark (>1.5%) across the two assessments. This suggests that a feedback literacy intervention can impact on student attainment.

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Keywords: Assessment. Feedback. Evaluative Judgement.

Strand LT3: Lightning Talks

LT3i, 10:30 - 12:20, 6 December 2023

A time, a place and a face: An approach to placement allocation to enhance retention of pre-registration Adult field student nurses

Dr Rebekah Hill, University of East Anglia

Promotional abstract: “A Time, A Place and A Face”: a novel approach to placement allocation is proposed to enhance the retention of pre-registration adult-field nurses. Students will be provided with a choice of placement pathways, prior notification and a home hub; they can co-construct their off duty at least six weeks ahead of placement as well as prior introduction to Clinical Educators, weekly meetings and support from Link Lecturers and Peers. Interviews, surveys and retention data will evaluate the project, which combines multiple factors known to increase a sense of belonging and enhance retention.

Summary: Attrition in student nursing programmes is a major issue (NHS Improvement 2019), contributing to the shortage of qualified nurses nationally. For student nurses, the underpinning factors are complex and multi-faceted (Edge and Galdstone, 2022), and the ways these interplay are poorly understood in creating such high levels of attrition (25%) (Buchan et al 2019). Whilst the frequently cited reasons are financial problems (Williamson et al 2013), personal and academic issues (Hampshire et al 2019), placement-related experiences (Chan et al 2019, Crombie et al 2013) are thought to have the greatest impact on student retention. Positive clinical placement experiences are essential to student retention (Williamson et al 2013), so prioritising resources in improving this key aspect of student nurse education may well, in turn, address many financial, academic and mental well-being issues which occur as a result of poor placement experiences (Chan et al 2019). Students need to be supported in clinical practice in a number of ways to enhance retention. Students need to feel a sense of belonging, have support readily available, and be engaged with their Higher Education Institution (HEI), as well as their placement organisation. Previous studies have explored the effect of individual placement changes (Hampshire et al 2019), but, to our knowledge, introducing a range of improvements at one time is a novel approach. Hence, we plan to introduce a new project: “A Time A Place and A Face” to increase support and belonging for adult-field nursing pre-registration students whilst on clinical placement. Changes include: providing students with greater choice of placements, earlier notification and a home hub base for their placement pathway (“A Place”); students will be able to contribute to, and know their duty rotas, six weeks in advance (“A Time”); students will know who they will be working with, how to get in touch with them and how they will be supported on placement, facilitated by providing a photo, a weekly meeting and contact details of the Clinical Educator, as well as maintaining links with the university via a Link Lecturer and other students, via Peer Assisted Learning (PAL) (“A Face”). In this project, we have collaborated with practice partners and students to identify key factors affecting retention and how to address placement issues impacting on this. The project will start in September 2023 and will use mixed methods to evaluate the impact of the range of interventions. Recruited from six Trusts and one HEI, Student, Clinical Educator and Practice Supervisor experiences will be explored using surveys and qualitative interviews. Whilst routinely collected retention data, placement and module evaluations will provide additional information. Quantitative survey data will be anonymised and summarised narratively, graphically and descriptively. Qualitative data will be analysed thematically, and findings combined with the quantitative data. Study findings will be disseminated internally and externally via publication.

The aim of this unique study is to enhance student retention by introducing and increasing a range of placement support measures which focus on fostering a greater sense of belonging to the clinical and academic institutions.

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Keywords: Retention. Belonging. Placement. Experience. Clinical.

LT3ii, 10:30 - 12:20, 6 December 2023

The human development and capability approach and its application to Nurse Education and beyond

Sasha Ban, Northumbria University

Promotional abstract: For seven years I have worked with the Human Development and Capability Approach concepts. My PhD study (final months) draws upon these theories and their application in many arenas including Nurse Education. I would use the Lightning Talk to get the debate going, and the audience will quickly see the application and generate discussion regarding a host of future research and practice opportunities.

Summary: The session would share the results of a PhD study that examines factors that impact on a person's development. It uses an interpretative nested case study approach (Thomas, 2021), framed with a combination of Sen's Capability Approach (Sen, 2005) and Bronfenbrenner's Process-Person-Context-Time models (Bronfenbrenner and Morris, 2006). Evidence was collected from a variety of sources including interviews, and policies and reports that are referred to by the staff in their semi structured interviews. The philosophy of the work is social injustice and young people, an interview with a young person who was permanently excluded from mainstream education is central to the development of the study. The interview data was gathered from the field over a three-month period between April and June 2021. The Capability Approach and Bio-ecological Models have similarities that when merged create depth and further rigor to understand development and measure impact. The work also recognises that the Resource/Person is the receiver and the giver in unequal measures dependent on context. The research findings suggest that the Capability Approach is dynamic, cyclical and is a useful tool to understand need and development particularly in relation to Conversion Factors, and that forgiveness, curiosity, moral imperative, love, curiosity and 'giving a damn' are key indicators to successful impact. A combined model is developed that has implications for local and national policy, this has already been adapted locally. It provides a framework for future research and implementation of strategies that enable capabilities to be realised as functioning. It provides a structure for a framework that can be adapted in many settings, including health, social care and education.

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Keywords: Capability. Approach. Human Development. Nursing. Young People.

LT3iii, 10:30 - 12:20, 6 December 2023

Leading the way to learner success

Charmaine Chandler, University of East Anglia

Promotional abstract: Retention to healthcare programmes is a known issue across the sector. Revisions to the advising support system are required in order to ensure it meets the needs of current and future healthcare learners. The introduction of the lead adviser role has been a valuable addition to the advising system. The lead advisers are able to focus on the learner journey specific to the needs of the learners within that profession – not generic across a school, faculty or university. This has allowed for greater responsiveness to the unique needs and challenges faced by learners on different healthcare programmes; being embedded within these programmes has allowed for the development of a detailed helicopter view of learner experience.

Summary: The RePAIR (Reducing Pre-Registration Attrition and Improving Retention) project (Lovegrove, 2018), commenced in 2015 in response to the negative impact and financial cost of high levels of attrition across health-related programmes in the UK. A primary outcome was that all stakeholders influence the student experience, and that all need to do more in terms of a commitment to the student's 'journey' towards qualification and beyond.

Previous studies have identified several reasons for attrition and dissatisfaction, suggesting specified aspects such as a lack of support, unmet expectations, and financial concerns (Health Education England, 2018). Glogowska et al (2007), identified four 'pull factors' that keep students on track, and six 'push factors', which leads them to decide to leave their course of study. These are:

- Pull Factors: Determination, commitment to the profession, informal support, and formal support
- Push Factors: Challenges of academic work, burden of other demands, financial strain, lack of support, negative early experiences, illness, or injury

Despite this knowledge, retention amongst health students remains problematic (Edge and Gladstone 2022). Individual student's needs vary, and most utilise a range of support mechanisms to maintain their motivation and juggle competing demands (McKendry et al ,2014). The student of today is different to those of the past, and specific requirements of support and learning experience continues to evolve (Manyanga et al 2017). Therefore, pastoral support needs to consider a wide range of supporting activities and be readily available (Williamson et al, 2013). Enhancing students' sense of belonging to both the university and profession can promote retention (McKendry et al 2014). Within the School of Health Sciences at The University of East Anglia the traditional model of all learners being assigned an adviser for the duration of their studies is employed. However, revisions to this advising system were required in order to ensure it reflects the needs of current and future healthcare learners with the ability to deliver responsive support mechanisms. Lead advisers were recruited into post from September 2022 – one per professional field – for example lead adviser for Occupational Therapy, Physiotherapy, Adult Nursing, etc. They were recruited to support the team of 1:1 advisers within their professional programme (adding an additional layer of support) and were tasked with overseeing two strands of learner support; wellbeing and transitions.

The role of the lead advisers has to date been a valuable addition to the advising system. The lead advisers are able to focus on the learner journey specific to the needs of the learners within that profession – not generic across a school, faculty or university. This has allowed for greater responsiveness to the unique needs and challenges faced by learners on

different healthcare programmes; being embedded within these programmes has allowed for the development of a detailed helicopter view of learner experience.

This session will explore the impact of the lead adviser role within a health school on the learner journey to success. Embedding bespoke and responsive wellbeing sessions and targeted peer-informed transitions activities into the curriculum; from the transitions into higher education, support with through programme transitions and onto employment and/or further study.

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Keywords: Retention. Support. Wellbeing. Transitions. Advising.

LT3iv, 10:30 - 12:20, 6 December 2023

mLearning with MediLingo: Decoding medical terminology like a language for Nursing students

Taryn Tavener-Smith, Buckinghamshire New University and Nicole McAllister, NHS

Promotional abstract: This session aims to disseminate the findings of an ongoing research project at Buckinghamshire New University since 2021. Medical terminology is a key factor in enabling effective communication among healthcare professionals within today's multi-disciplinary and multi-professional team environments. Students need to develop a working knowledge of medical vocabulary, but it can be challenging learning and retaining these terms. There is no universal standard or expectation for HEIs to provide specific teaching or support to aid students with the linguistic rules associated with medical vocabulary. As part of this research, we have developed an evidence-based mLearning application (called MediLingo) to empower students' acquisition and confidence with medical vocabulary.

Summary: Background: Medical terminology enables effective communication among healthcare professionals by offering precise meanings pertaining to patient health. Many students find learning medical terms challenging (Hsu, Chan, and Yu, 2023; Uherovaová and Horňáková, 2013). Research suggests that students perceive value in receiving dedicated teaching on the linguistic rules of medical terminology (McAllister, Tavener-Smith, and Williams, 2023; McAllister, Tavener-Smith, and Williams, 2022; Dahm, 2011; Turmezie, 2012). The aim of this research was to explore nursing students' experiences of using an mLearning application prototype (called MediLingo) to learn medical terminology like a language.

Methods: A qualitative phenomenological study design was applied with a sample comprising 6 pre-registration undergraduate nursing students in this pilot study. Participants signed up to use the mLearning trial platform (called MediLingo) via their mobile phones using their university email accounts and proceeded to use the platform throughout the pilot study's 3-month duration. Participants then attended a focus group and completed an anonymous, online questionnaire to share their perceptions about using MediLingo to learn medical terminology like a language. A Thematic Analysis was conducted on their responses to explore participants' experiences of using MediLingo to learn medical terminology. The Thematic Analysis of the focus group responses yielded 3 main themes: Concept repetition, decoding complex medical terminology into word parts, and Accessibility while learning 'on the go'.

Findings: Following the 3-month trial using MediLingo, focus group and questionnaire responses indicated that participants perceived clear value in concept repetition, decoding of medical terminology into composite word parts (i.e. prefixes, roots, and suffixes), and the accessibility permitted by MediLingo to support their learning. The findings suggest that MediLingo positively supported participants' learning of complex medical terminology by emphasising the importance of learning these words like a language.

Lesson: Conference delegates will learn how using mLearning tools (such as MediLingo) to teach healthcare students medical terminology like a language can be a potential solution to overcoming barriers to students' understanding of these complex medical terms and the time restraints faced by healthcare lecturers. mLearning platforms (such as MediLingo) offer access to bitesize microlearning content at the point of need; supporting self-directed learning by giving students the ability to choose when, where and what they want to study while allowing them to proceed at their own pace (Hsu, Chan, and Yu, 2023). Providing

support to empower students to decode and learn medical terminology, can not only promote effective communication with healthcare colleagues, but also academic student success and safe clinical practice.

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Keywords: Decoding medical terminology. Nursing Education. mLearning.

Poster Session

P2i, 14:30 - 14:55, 6 December 2023

Understanding the lived experiences of university students with disabilities in sports

Freya Thomas, Edwina Rushe and Christopher Edge, University of Liverpool

Promotional abstract: Come along to this session to learn about the lived experiences of students with a disability participating in sports clubs at University. This session will cover the influence of previous participation in sports on the decision to engage in sports while at University, and how participation in sports at University influences wellbeing. This research aims to promote participation in sports at University for those who have a disability, as well as enhance the accessibility and inclusivity of University sports clubs.

Summary: Sport England (2021) report that 45% of people with physical disabilities engaged in physical activity compared to 66% of people with no physical disability. This is an area of concern as there are many negative physical and psychological consequences of inactivity, including an increased risk of diabetes, obesity, and cardiovascular disease (Gaetano, 2016). The World Health Organisation (2022) reports there is a 20-30% increased risk of death among those who are physically inactive, yet not all people have the ability/environmental adaption to engage. Wilson and Clayton (2010) reported physical activity may help reduce future illnesses in disabled people by regulating their blood sugar levels, as well as improving cardiovascular health. Other benefits include delayed loss of independence, reduced depression, improved self-esteem, and a sense of inclusion, which are beneficial in improving wellbeing. Orr et al., (2018) conducted interviews with 8 young people with disabilities and reported positive peer interactions and social connectedness is essential for continuing participation in sports for young people with disabilities. Orr et al., (2018) also discovered participants enjoyed sports more when they felt supported by their teammates and coaches. This research highlights the importance of an inclusive environment when aiming to improve the wellbeing of students with disabilities through sports. This MSc qualitative research study explores the factors influencing participation in sports for students at university and how participation impacts upon the wellbeing of students with disabilities. Participants in this study identify as having a disability of any kind, including physical and or mental impairment, including those who identify and register as neurodiverse. Eight participants experiences were explored during online focus groups, facilitated through Microsoft Teams. Participants were asked questions regarding their previous experiences of sports, what barriers and facilitators they have faced when accessing sports clubs at university, and how University sports clubs can be made more accessible and inclusive in the future. Results were analysed using Braun and Clarke (2006) thematic analysis. Focus groups were used to encourage discussion among participants to gather content rich data relating to each of their lived experiences, and perceived barriers and facilitators when accessing sports. Participants will also be asked about the impact participation in sport has had on their wellbeing and identity. A key focus of OT is to support all people to engage in meaningful occupations, it therefore seemed appropriate to conduct research regarding the influence of sports participation on the wellbeing of disabled students. This session explores how best we can support students to engage and participate in meaningful occupations, such as sport, whilst at university, to improve overall health and wellbeing.

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Keywords: Disability. Occupation. Sports.

P2ii, 14:30 - 14:55, 6 December 2023

Reflections on a role emerging placement in a refugee setting: Lessons learned and future directions

Heather Bullen, Edwina Rushe and Dermot Noonan, University of Liverpool

Promotional abstract: This session will explore the meanings, experiences and transformative learning emerging from a newly set up role emerging placement based in Asylum Link Merseyside, a charity that offers support to asylum seekers and refugees in Liverpool. It will review how the placement offers opportunities to participate in ethical reflection and to contextualise understandings around occupational therapy theory and practice. Learning that has arisen from this placement and proposals for future directions and innovations in the role emerging placement model in the Occupational Therapy programme at the University of Liverpool will be discussed.

Summary: Role emerging settings are settings where occupational therapists have not traditionally worked. These offer opportunities for transformative learning and the potential for personal as well as professional growth, encouraging occupational therapy students to critically reflect on their scope of practice in non-traditional settings (Mattila and Dolhi 2016). This talk will explore the contribution and value of a newly developed role emerging placement to evolving professional identity for health and social care professionals and developing understanding of circumstances that impact on occupational opportunities, identity and belonging (Moore, Burgess and Catona 2022, Smith 2015) in the context of uncertain immigration status. Learners will consider opportunities offered to engage in ethical reflection (Clarke, de Visser and Sadlo 2019) the placement model, and challenges and possibilities for consolidating and developing positive outcomes across future placements.

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Keywords: Diverse practice. Role emerging settings. Ethical reflection. Refugees and asylum seekers.

P2iii, 14:30 - 14:55, 6 December 2023

Shifting the balance: Educators' experience of supporting healthcare professionals embarking on an accelerated degree level programme

Jackie Nicol, Muriel Dempsie and Dr Katrina Whittingham, Robert Gordon University

Promotional abstract: Educators' reflective experiences of supporting healthcare professionals transition into an accelerated 'top up degree' programme will be shared in this poster presentation. Pedagogical and andragogical aligned techniques facilitate and support students to incrementally develop independent graduate attributes. Building on students' confidence and competence in healthcare delivery, this course content, delivery, and assessments support the development of evidence-based, health care graduate practice. The fine balance between supporting and facilitating independent adult learning characteristics will be critically discussed.

Summary: The School of Nursing, Midwifery and Paramedic Practice (NMAPP) at Robert Gordon University (RGU) Scotland collaborated with local healthcare partners, to develop an accelerated 'Top Up' degree to support non-graduate registered healthcare professionals gain graduate status (RGU 2020a). The BSc Healthcare Practice / BSc Healthcare Practice (Nursing) programme is a 30-week course, comprising three modules, two of which are at Level 9 (Scottish Credit Qualification Framework, 2023) and one at level 10 (Scottish Credit Qualification Framework, 2023).

The initial 30 credit module introduces (or reintroduces) the learner to both academic and critical writing. The learning activities require the students to engage in meaningful reflection and analysis of their professional practice. The subsequent module focuses on contemporary issues that can impact on practice development within healthcare, which is then built upon in the final module where students reflect on the leadership skills required to implement change.

Despite recognition that being degree qualified can improve health care related outcomes, many experienced healthcare professionals can be apprehensive about engaging in academic learning (Holle et al. 2019). However, co-learning with fellow experienced practitioners/students, using authentic learning and teaching strategies, which were flexibly moulded around the learners' extensive professional knowledge and experience, contributed to reducing the academic transition fears (RGU 2020b).

The academic characteristics and experiences of most students on this course could be aligned to inverting Benner's (1984) seminal theory of novice to expert. Most would self-rank as 'expert' in their area of professional practice but conversely 'novice' in terms of their role as a graduate learner. On commencing the programme many identify themselves as 'consciously incompetent' (Lane and Roberts 2022) in terms of their academic ability. Many of the students are digital immigrants, who have to learn 'how to learn' online before being able to engage fully with the programme (Ocodado 2021). Strategies that were employed to enable these students to succeed were:

- Socially constructing learning in 'live' online classes
- Creation of small learning sets for peer support
- Direct inclusion of the University support services within module 1.
- Extensive formative feedback in first module which decreased incrementally across the programme.
- Utilisation of assessment strategies that explicitly related to the students' professional practice.

On reflection, there is an initial need to guide the students to construct their own scaffolding of support, to learn how to efficiently engage in graduate level learning, whilst working in often highly pressured healthcare environments. There is a fine balance to be struck around providing support to become independent adult learners, moving away from previous experiences of didactic teaching. There is acute awareness that in order to enable success, students need to learn about the courses purposeful pedagogical and then andragogical approaches.

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Keywords: 'Top-up' degree. Developing graduate attributes. Interprofessional learning. Student support. Digital literacy.

P2v, 14:30 - 14:55, 6 December 2023

An enhanced model of practice learning support for Nursing students

Dr Kathy Wilson and Justin McDermott, Middlesex University

Promotional abstract: A review of the established model of 'linking' to support pre and post registration nursing students in practice was undertaken at Middlesex University with the aim of introducing an enhanced model of practice learning support. This initiative was driven by the need to further enhance the NMC Academic Assessor role as a requirement in the Standards for Student Supervision and Assessment (NMC 2018) and influenced by the fact that the allocation of a named Link Lecturer to every practice area became unsustainable. A representation of the model will be outlined in this poster presentation as well as an evaluation involving all stakeholders.

Summary: A review of the established model of 'linking' to support pre and post registration nursing students in practice was undertaken by the practice-based learning team at Middlesex University with the aim of enhancing the support experienced by both students and staff in practice. The rationale for proposed change included:

The need to further enhance the NMC Academic Assessor role as a requirement in the Standards for Student Supervision and Assessment (NMC 2018). The introduction and effectiveness of a blended approach for supporting learning in practice during Covid and the use of teams/zoom to effectively communicate with all colleagues.

The allocation of a named Link Lecturer to every practice area became unsustainable with the increase in placement partners across health and social care as well as regular staffing changes. A university decision to enhance student engagement and support with the introduction of a Student Success and Achievement Approach, the introduction of learner analytics and the role of the Academic Advisor from September 2022. The introduction of new and innovative roles such as the Practice Learning Fellow – part of an academic careers' initiative with 60% of their role focusing on supporting practice learning. In taking all of these factors into consideration a new Practice Learning Support Model was developed. This teams- based approach is led by a University Practice Lead, i.e. a senior member of the academic team who takes on a strategic and advisory role within a partner organisation, leading and supporting the other members of the team.

The University Practice Lead role for Nursing (previously the Institutional Link/Academic Practice Lead) is a more clearly defined role with one University Practice Lead identified per larger organisation or overseeing a cluster of smaller organisations.

The Academic Advisor follows the student throughout their programme, act as NMC Academic Assessor for various Parts in their programme (in line with NMC standards- NMC 2018), undertakes the tripartite reviews in apprenticeship programmes and facilitates a number of 'touch-points' where they meet with their student group (8 per year) across theory and practice. The Academic Advisor utilises StREAM, a learning analytic platform to monitor and support student engagement (Solutionpath 2023) With the introduction of a new blended team-based approach, the introduction of the Academic Advisor role and the employment of staff into Practice Learning Fellow roles, has resulted in a change to how practice learning support hours are allocated within work programmes (previously link lecturer hours). To provide enhanced support staff members have been allocated additional hours to the Academic Advisor role to enhance the link between theory and practice and hence fewer hours allocated to the traditional link lecturer role.

An evaluation of the model with students, partner organisations and academic staff has demonstrated positive responses from all stakeholders reflecting better visibility of academic staff and more structured support for students.

This poster presentation will reflect the rationale for change, demonstrate the different levels of engagement, support and analytics and share the results of the evaluation to encourage debate and discussion

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Keywords: Practice support model. Student support. Academic Advisor. Practice Learning Fellow. Learner analytics.

P2vi, 14:30 - 14:55, 6 December 2023

How do we grow the future nurse leaders? Student nurses' lived experiences of leadership learning in clinical practice. Report from a pilot study

Emma Collins, Keele University School of Nursing & Midwifery

Promotional abstract: This session will report on a pilot study carried out by the researcher as part of her Professional Doctorate programme. The main research question already developed is "What are pre-registration nursing students lived experience of the learning and teaching approaches implemented during their clinical placements, in relation to their leadership development?" The session will include discussion about the pilot study, ethical approval analysis of the findings along with researchers own reflections of learning and the research process.

Summary: As a Higher Education Institute, working in partnership with clinical practice we know very little about the lived experiences of student nurses' leadership learning that takes place in clinical practice throughout their 3-year nursing programme (NMC 2018). What and how are nursing students experiencing leadership learning and teaching in clinical practice and what is the impact upon their leadership development. A preliminary literature search has been conducted and concluding there is very limited research available. This abstract reporting on a pilot study which took place February-April 2022, which is part of researchers' main doctorate study. Aims for the pilot study The aim of the researcher's pilot study was to trial 2 particular aspects in preparation for the main Qualitative study. 1. The methodology of Moustakas's (1994) Descriptive Phenomenology, and his analysis methods. 2. The data collection methods of images used to describe student nurses lived experiences and the semi-structured interview questions. qualitative research and the methodology of descriptive phenomenology by Moustakas 1994. Data collection methods used will be the use of images/pictures to describe lived experiences of leadership learning and teaching in clinical practice along with semi structured interviews. The pilot study consisted of two-year 3 pre-registration nursing students selected by convenience sampling (Neale, 2009) Images and interview transcripts will be analysed using Moustakas analysis methods. Key findings from the pilot study: Learning from role modelling, learning opportunities sought and offered and confidence and feedback. This knowledge generated may also benefit other HEIs, practice placement providers, regulatory bodies, NHS leadership academy and Health Education England with interest in pre-registration Students leadership development. This could be in relation curriculum development, review of pedagogy approaches used in practice learning, inform professional bodies in relation to supervision and support in practice for nursing students. Additionally, these lived experiences of leadership learning also providing some insight into leadership preparedness.

References:

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Keywords: Leadership Learning. Student Nurse Lived Experiences. Clinical Practice. Pilot Study. Phenomenology.

P2vii, 14:30 - 14:55, 6 December 2023

The Elephant in the Lecture Theatre. What are the occupational barriers to successful studying for bereaved health and social care students?

Charlotte Dawes and Terri Grant (co-author), University of Worcester

Promotional abstract: Due to their exclusion from practice, research and policy bereaved students can be considered hidden grievers within the university population. Moreover, the health and social care student population have received a specific lack of representation in academic literature. The practical implications for this research outlines an emerging role for occupational therapists working within universities to address the variety of occupational barriers.

Summary: Due to their exclusion from practice, research and policy bereaved students can be considered hidden grievers within the university population (Balk, 2001). Moreover, the health and social care student population have received a specific lack of representation in academic literature. This study aimed to address this research gap, while identifying the occupational barriers to successful studying for health and social students experiencing bereavement at a university in the Midlands.

The research found that health and social care students may face additional occupational barriers to successful studying as various environmental and internal factors specific to the courses were highlighted. The high achieving university and placement culture may also expose bereaved students to sensitive topics, which may not be experienced as commonly by the general population. Furthermore, due to the nature of health and social care, students may experience internal pressure in response to the want or need to care for service users on placement while tackling bereavement effects. Strategies utilised by this population allowed a section to create positive connections to their bereavement allowing for a developmental perspective. The practical implications outline an emerging role for occupational therapists working within universities to address the variety of occupational barriers identified through this research. Occupational therapy literature provides suggestions to address Daddah et al., (2019) concerns with the lack of publications produced by occupational therapists for bereaved in school-based settings, resulting in a lack of confidence for the profession to treat bereaved individuals of all ages, creating a barrier for therapist (Milliken, Goodman, and Flinn, 2007).

Occupational therapists can assist people to do, be, and become, which is considered essential for their health and well-being, through engaging in fulfilling occupations (Wilcock, 2002). Given the nature of grief, individuals may have a reduced ability to actively engage in a range of occupations for some time following a bereavement (Friedman, 2012). Although, it is widely accepted that progression of increased occupational participation with occupational therapy strategies may aid the expression of bereavement following the death of a loved one and intern help minimise occupational deprivation (Hoppes and Segal, 2010). Occupational therapist work with individuals to optimise their individual occupational performance (Ziviani, 2015), using this meaning, a therapist aims to restore optimal occupational participation (Hoppes and Segal, 2010). When working with bereaved individuals occupational therapy provides interventions to aid self-management skills including mindfulness and stress management for the functional and emotional repercussions of bereavement (Ramano et al., 2022). Although further research may need to be conducted in the United Kingdom to assess its cultural effectiveness. Additionally, Dahdah and Joaquim (2018) discuss occupational therapists facilitating therapeutic groups, helping bereaved individuals search for a community to provide appropriate support. Although, there is currently a very limited role for occupational therapists in universities

providing support strategies for grieving students however, Borio and Sood., (2021) reported school-based occupational therapists can support bereaved children effectively, although additional support is needed to increase interventions approaches.

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Keywords: Bereavement. Health and Social care students. Emerging role.

P2x, 14:30 - 14:55, 6 December 2023

**Immersing second year Nursing students in a simulated intensive care unit (ICU):
Building knowledge, confidence and familiarity through an ICU Immersion Room**

Kevin Cairns, Liverpool John Moores University

Promotional abstract: This project aimed to familiarise second-year nursing students with the intensive care unit (ICU) through a simulated environment. By using an ICU immersion room, students experienced realistic scenarios, sounds, and visuals, gradually building their confidence and knowledge. The immersive approach promoted self-directed learning, allowing students to explore the virtual room and develop skills. Mentors provided guidance and debriefing sessions, enhancing students' readiness for real ICU placements. The ICU immersion room facilitated knowledge acquisition, confidence-building, and a deeper understanding of intensive care practices for nursing students.

Summary: The project objective was to explore the utilisation of an Intensive Care Unit (ICU) immersion room to immerse second-year nursing students in a simulated intensive care environment. The aim was to address the intimidation often experienced by students and enable them to familiarise themselves with the sights and sounds of the ICU, gradually building their confidence and preparing them for future clinical practice. This socialisation to critical care is an important part of the ICU culture (Ankers et al., 2017; Kelly and Ahern, 2008; Scholtz et al., 2016)

The ICU setting can be daunting for nursing students, given the complex nature of critical care, the high-stress atmosphere, and the acutely ill patients. To bridge this gap between theoretical knowledge and the practical reality of the ICU, an ICU immersion room was established to provide a controlled and immersive learning experience. Within the ICU immersion room, second-year nursing students were exposed to simulated scenarios based on challenges encountered in a real-life ICU. Through audio-visual technology, realistic soundscapes, and visual representations, students were able to experience the sensory experience of an ICU environment, including monitoring alarms, ventilator sounds, and interprofessional communication.

On initial exposure an experienced ICU nurse orientated the students to the room. This was combined with supporting tutorials, lectures, resources, and positive interaction with experienced faculty members who have clear learning objectives, creating a comprehensive educational experience within the two-week period. The multifaceted approach led to positive encounters essential to overcome lack of confidence and perceived lack of skills (Ankers et al., 2017).

Moreover, the ICU immersion room facilitates the development of self-directed learning skills. Students were encouraged to explore the virtual room via a touch screen mirroring the room. The use of 'Hotspots' guided the students around the room with information tagged onto key areas, such as ventilator. The self-directed learning approach empowers students to take ownership of their education and further enhance their understanding of intensive care concepts.

An essential aspect of the ICU immersion room is the ability to fail safely. Nursing students are encouraged to make mistakes, reflect on their actions, and learn from their experiences without compromising patient safety. Norregaard et al's study in 2018 demonstrated that using simulation and allowing the participants to fail safely increased their ability to perform the clinical skill in real world cases. With the 'pressure off' students can focus on the skill and not the patient.

Faculty members some of whom are experienced ICU nurses serve as mentors, providing guidance, feedback, and debriefing sessions to help students integrate their experiences into their learning process.

As nursing students spend time in the ICU immersion room, their confidence gradually builds. The repeated exposure to the ICU environment allows them to become more comfortable with its unique challenges, complexities, and demands. This immersive approach helps to alleviate pressure and enhances students' readiness for their future clinical placements in real ICU settings.

In summary, the use of an ICU immersion room as an educational tool provides second-year nursing students with an opportunity to immerse themselves in the ICU environment. By experiencing the sights and sounds of the ICU, students can gradually build confidence, develop familiarity with equipment and workflow, and prepare themselves for the realities of clinical practice. The immersive approach enables students to overcome intimidation, gain essential knowledge, and foster a deeper understanding of the intensive care setting.

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Keywords: Simulation. Immersion. Preparedness. Confidence-building. Resilience.

P2xi, 14:30 - 14:55, 6 December 2023

The Social Practice of Learning

Dr Claire Bryson, University of the West of Scotland

Promotional abstract: A case study exploring pre-registration nursing students' practice learning experiences from multiple perspectives (nursing students, mentors, liaison lectures, practice education facilitators and a ward manager). Utilising Yin's methodology, this research used multiple methods (focus groups and semi-structured interviews) to explore this complex learning environment. Two major themes were identified teamwork and the emotional journey. Teamwork illuminated the collaborative nature of positive practice learning experiences where everyone had a role in supporting learning. Peers and mentors were identified as being particularly influential. The emotional journey illuminated the polarising emotions experienced where belongingness was crucial in supporting students to thrive

Summary: Practice learning experiences are a central component of pre-registration nurse education where student nurses spend 50% of their programme within the practice learning environment. The diversity of learning experiences offers student nurses the opportunity to develop the knowledge and skills to deliver safe and effective care (O'Mara et al., 2014). The literature reviewed confirmed that the student-mentor relationship is a fundamental aspect of effective practice learning experiences (Warne et al., 2010). In particular, the relationships formed, and the support students received from their mentor was crucial (Teatheridge, 2010). However, it is clear the practice learning environment is complex, where supporting students' learning is multifactorial, yet research exploring the practice learning environment from multiple perspectives appears to be lacking.

This professional doctorate research used a case study design guided by Yin's (2018) approach to case study research. The participants included student nurses, mentors, liaison lecturers, practice education facilitators and a ward manager. Data was collected through focus groups and interviews over a seven-month period from June 2019 until January 2020. Although qualitatively driven, supplementary information was also collated from existing placement information to provide a rich thick picture of practice learning experiences. Following the analysis, the findings were compared to the literature to offer an understanding of how they supported, refuted, or added to the existing knowledge.

There were two key findings, teamwork and the emotional journey. The findings demonstrated how practice learning experiences are shaped by a wide range of relationships and social interactions centred around aspects of mutual support, collaboration and encouragement. In particular optimal practice learning environments were recognised as being inclusive and supportive. Support from mentors and peers were illuminated as being particularly important. This study also provides further insight into the complexities of the practice learning environment, which was regarded as being intensely emotional, where emotional ambivalence was often experienced. Central to this was the concept of belongingness, here environments that promoted belongingness encouraged students to thrive.

Recognising this complexity, this research recommends that preparation and routine debriefing sessions are integrated within programmes of study where student nurses are adequately prepared and encouraged to critically reflect on their learning experiences. Furthermore, acknowledging the emotional demands on those supporting learning, peer support networks and facilitated reflective sessions should be encouraged for practice supervisors and practice assessors.

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Keywords: Practice-learning. Belongingness. Collaboration. Emotional.

P2xii, 14:30 - 14:55, 6 December 2023

Student and faculty experiences of interprofessional undergraduate Paediatric emergency simulation

Dr Laura Price and Dr Emily Ball, NHS

Promotional abstract: Paediatric simulation is already well established in our university. This year we decided to incorporate nursing faculty and students into our teaching programme. This inter-professional learning received positive feedback and is instrumental in developing early relationships between healthcare staff.

Summary: High-fidelity simulation is a well-established method of training healthcare professionals in a safe environment. Paediatric simulation for fourth year medical students in Cardiff University was previously uni-professional. Interprofessional education enables learning of knowledge and skills¹ needed to prepare healthcare professional students for collaborative practice² with improved outcomes (WHO). A faculty of doctors and nurse educators developed and delivered a programme of high-fidelity paediatric simulation teaching sessions to combined groups of medical and paediatric nursing students.

Sessions consisted of three scenarios covering a range of ages and paediatric emergencies. Students worked together within their disciplines as newly qualified healthcare professionals to manage a simulated patient. Students and faculty were then asked to complete a feedback form.

There were around 300 students participating in the sessions. Feedback from 179 medical and 20 nursing students was received. Students enjoyed the session and reported it increased competence and confidence in their clinical practice.

Students agreed with statements that the session improved their knowledge of the roles of other healthcare professionals (95.4% scored 4 or 5, 1=strongly disagree, 5=strongly agree) and improved their ability to work with other members of the interprofessional team (96.4% scored of 4 or 5). Thematic analysis showed the scenarios were reported to be realistic as they provided experience of working in a multi-disciplinary team (MDT). This furthered their understanding of roles and responsibilities, opportunities to learn from each other, and teamwork and communication among different disciplines. Students requested more simulation in their curriculum, smaller groups, additional stations, and a wider range of health care professionals.

Feedback from eight faculty members aligned with the student feedback. Interprofessional simulation provided the experience of working in MDTs when managing acute paediatric emergencies and improved student confidence. We hope to further develop these sessions to meet the students' needs.

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Keywords: Interprofessional education. Medical education. Paediatric simulation.

P2xiii, 14:30 - 14:55, 6 December 2023

Challenges of delivering IPE programmes: From inception to assessment

Rob Evans, Wrexham Glyndwr University

Promotional abstract: In 2021, Wrexham University were awarded the tender to deliver a suite of new healthcare programmes across a range of nursing and allied health professions. Interprofessional education (IPE) was at the core of the university's healthcare education provision, particularly within the 6 allied health professions (AHP) Degree programmes. The faculty encountered challenges at each stage; from programme writing, planning, delivering, and assessing AHP students incorporating IPE at each stage. This presentation expands on these categories of challenges, and how they were met, from inception to assessment.

Summary: In 2021, Wrexham University, previously Glyndwr University, were awarded the tender to deliver a suite of new healthcare programmes across a range of nursing and allied health professions (AHP), and the increase in provision for existing programmes. At Wrexham University, we are well-aware that interprofessional education (IPE) is not a new concept. IPE promotes Undergraduate students to adopt an interprofessional collaborative practice approach during their studies, which enables a greater emphasis on patient-centred care when graduates are working in the health sector (Darlow et al, 2015). Patient-centred care is a key element of all nursing and AHP roles within NHS Wales and beyond, in the health and social care sector (The Health Foundation, 2016). When implementing IPE into AHP programmes, there were some challenges which were met. Challenges presented here have been placed into categories, with multiple challenges faced throughout each stage:

Programme Writing – writing a new Degree programme involves a “melting pot” of innovation, information sourcing, academic processes, professional input, future planning, and creativity. When writing a degree programme for a specific health profession, consistent themes were required to be found, which would be appropriate to be delivered in an interprofessional manner. Challenges faced with this include different PSRB requirements.

Validation, Accreditation, Approval – PSRB requirements provided challenges, as all programmes were subjected to individual validation, accreditation, and approval boards. With individual panels for each programme, even when using the same governing body, different feedback was received for the same modules across each programme. This provided challenges across each programme when responding and acting on feedback.

Change – while collaborative working was not necessarily a change of ethos for the university, delivering IPE across 6 AHP programmes did contribute to changes in traditional working practices for each academic. Change is a challenge to manage, and this was met confidently and sensitively.

Professional Identity – each profession has its own identity. Occupational Therapy is very different to Paramedicine. This was a challenge for students, academics, and our clinical partners to ensure the identity of each profession was not diluted but enhanced through delivery of IPE.

Teaching – teaching groups of students which are made up from a variety of programmes presents challenges for teaching. Ensuring academics are able to relate to each profession, that examples are provided for each profession, or that they are applicable was a challenge.

Assessment – assessing students from a variety of programmes, with different admissions criteria created differences in attainment, so equality of support and experiences was a challenge to meet.

Student Experience – it has been important that student experience was enhanced through the use of IPE, and that students were able to gain positive experiences from the process. This required setting an environment and culture which encouraged IPE in a positive manner.

Overall, the challenges met were faced with a proactive approach, which enabled student attainment and experience to be positive. There have been opportunities, at each stage, to reflect upon experiences, and to enhance our IPE delivery in future years.

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Keywords: Interprofessional education. Allied health professions.

P2xiv, 14:30 - 14:55, 6 December 2023

Educating the AHP Practice Education workforce

Dr Michele Holmes and Claire Nadaf, AECC University College

Promotional abstract: To meet the demands of educators in universities and clinical practice, there is a need for more practice education courses and individual learning units. The Educator Workforce Strategy emphasizes valuing education and training in healthcare, supporting career advancement and continuous development. AECC University College responded by creating a course that enhances educator practice in health and social care. A stakeholder event involving healthcare organizations and academic staff resulted in the development of a relevant PG Cert Health Sciences Education course. It covers learning principles, teaching, assessment, and optional units in educational interventions, simulation, technology-enhanced learning, workplace supervision, and leadership in health sciences education.

Summary: The demand for health services in the UK is increasing, leading to a shortage of healthcare workers both nationally and globally. Although staffing levels in the NHS are at their highest, the expectations and demands placed on the workforce are also greater than ever. Education and training play a crucial role in addressing these challenges and ensuring a future healthcare workforce. This is essential for attracting and retaining current workers in clinical practice as well as maximising the productivity of the existing workforce through continuous education and training (Health Education England, 2023). However, the Educator Workforce Strategy (2023) sets out concerns about the capacity of clinical educators to meet the growing demands. Educators have limited time to maintain and enhance their knowledge and skills, given the evolving teaching methods and changing curricula. Some healthcare professionals lack designated time for education and training.

Many universities offer a traditional PG Cert in Education which is aimed at developing academic staff in universities but rarely encompasses the development needs of the practice education workforce. In discussion with a number of NHS partners and individual practitioners working in practice or joint academic/practice roles we identified a significant demand from an external market for more practice education courses and individual units of learning for specific elements of practice education.

Educators in both universities and within clinical practice play a crucial role in healthcare education. From the Educator Workforce Strategy (2023) it notes a need to establish a culture across the healthcare system that values education and training (Health Education England, 2023). Priority three of the strategy, identifies the importance of supporting educators in advancing their careers, anticipating future steps, and continuously developing their skills and knowledge.

At AECC University College, we considered educational opportunities for both clinical educators and academics, with a shared approach for key elements of the course, developed from preliminary identified gaps in service provision. This included a focus on improving educator practice across a range of health and social care professions, to facilitate good supervision, mentorship, assessment from a practice-based perspective, as well as encouraging excellence in educational practice within higher education institutions and other education providers, who draw on experts in practice to deliver significant aspects of health and social care practice education.

A stakeholder event with representation from local healthcare organisations and a number of academic staff provided the opportunity to work together to pull together a relevant course

for both practice educations and academics. Draft unit specifications were shared with stakeholders and other individuals including the national supervision and assessment lead at HEE and other colleagues involved in education and training for enhanced and advanced practice at national and regional levels. This resulted in a PG Cert Health Sciences Education encompassing not only the principles of learning, teaching and assessment, but with optional units in designing educational interventions, simulation, technology-enhanced learning, workplace supervision, and leadership in health sciences education.

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Keywords: Practice educator. Workforce. Allied health.

P2xvi, 14:30 - 14:55, 6 December 2023

Fit to pass or fit to practise: Introducing simulation for improved patient outcomes in Dorset

Gary Francis, Dr Michelle Holmes and Claire Nadaf, AECC University College

Promotional abstract: Simulation-based education equips healthcare professionals with the knowledge and skills for high-quality care and optimal patient outcomes. At AECC University College we designed multi-professional simulation opportunities targeted at the allied health workforce and chiropractic education. Initiatives for technicians and academics include external visits, workshops, onboarding sessions, a peer support reference group, and a train-the-trainer model. Students engage in empathy simulations, emotional intelligence scenarios, and assessments using high-fidelity manikins. Lessons learned emphasise building a positive culture, fostering knowledge exchange, peer-assisted learning, collaboration, psychological safety, and continuous improvement.

Summary: Simulation plays a crucial role in preparing students for real-world practice and boosting their confidence in decision-making skills (Stirling, 2012). Recognising its value, Health Education England promotes simulation as the preferred training method for enhancing patient safety (Health Education England, 2016). Studies have highlighted the benefits of simulation, including improved assessment techniques, skill retention, and bridging the theory-practice gap (Connell et al., 2016; Bliss and Aitken, 2018). In line with this, Health Education England is developing a simulation strategy to ensure equal access to simulation facilities and opportunities nationwide, while also establishing comprehensive simulation standards for healthcare professionals (Health Education England, 2022). AECC University College aligns its simulation practices with the National Framework for Simulation-Based Education (Health Education England, 2018). The aim is to cultivate a highly skilled and dedicated multi-professional workforce capable of delivering safe and effective care. By employing simulation-based education, the university equips healthcare professionals with the knowledge and skills required to provide high-quality care and achieve optimal patient outcomes.

To support the growth of technicians and academics, AECC University College has implemented several initiatives. These include external visits and workshops to enhance technician development, onboarding sessions for academics to familiarise them with available equipment, and the establishment of a reference group for peer support. A train-the-trainer model has been developed to empower academic staff in training and mentoring others effectively, while coaching is provided to assist in the design and implementation of innovative teaching practices.

AECC University College offers a range of simulation activities for students, such as empathy simulations using specialised equipment, emotional intelligence scenarios, and respiratory/cardiac assessment scenarios using high-fidelity manikins. Students also engage in history taking scenarios and respond to emergency situations involving deteriorating patients. These activities aim to enhance students' clinical skills, critical thinking abilities, and overall patient care competence.

In reflecting on our experiences, we have learned several valuable lessons. First and foremost, it is essential to build and promote a positive culture within our organisation around the use of simulation. This involves fostering shared values and a common purpose that unites our staff. Additionally, we recognise the importance of creating a community of practice where knowledge and expertise can be shared and collectively developed. Peer-assisted learning has also proven to be an effective method for fostering growth and

knowledge exchange in simulation among our staff. Emphasising the importance of sharing and collaboration, we promote an environment where understanding is cultivated through open dialogue and collective engagement also sharing our knowledge with Further Education providers who recognise the importance of simulation in their student activities. Furthermore, we prioritise building psychological safety, ensuring that all team members feel safe and supported in expressing their thoughts and ideas. Finally, we have learned that simulation is not simply a doll's house, but a dynamic and evolving entity that requires continuous adaptation and improvement. By applying these lessons, AECC University College strives to create an environment that supports the growth and development of the healthcare workforce, enabling them to provide safe, effective, and compassionate care.

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Keywords: Simulation. Workforce development. Patient safety.

P2xvii, 14:30 - 14:55, 6 December 2023

The Royal College of Nursing Institute of Nursing Excellence

Dr Nichola Ashby, Royal College of Nursing

Promotional abstract: The Royal College of Nursing is the largest Professional Body and Trade Union in the world for nursing staff and is uniquely positioned to provide national and international strategic, clinical and employment relations-focused education, learning, research, and policy. The RCN Institute of Nursing Excellence will achieve its goals through the leadership of high-quality education, and evidence-based nursing practice, activism, and policy through an inclusive and positive culture. It will lead the true voice of nursing and will structurally unify the professional offer within the UK and Internationally with the trade union.

Summary: The Royal College of Nursing (RCN) are developing an Institute for Nursing Excellence. The RCN Group has recognised an opportunity to lead the UK and international health and social care workforce through the following: research, education, learning and development, to deliver leadership, quality assured professional development, life-long learning opportunities, standards and guidance. This supports the development of confident influencers and leaders in the nursing profession, students and the nursing support workforce.

The development of the Institute will lead the RCN to achieve its vision, leading the development of leaders in education and evidence-based practice, activism and policy through an inclusive and positive culture. It will lead the true voice of nursing and structurally unify the professional offer across the UK and in internationally with the trade union.

The College will work collaboratively with Institutions, stakeholders and centres of clinical excellence to become the centre of excellence for nursing, introducing five Academies, Workforce, Nursing Practice, Leadership, Global Nursing and Activism.

Keywords: Institute. Co-production. Nurse Education. Professional Body.

P2xviii, 14:30 - 14:55, 6 December 2023

Empowered connection: An evaluation of connecting year 2 modules in a Nursing undergraduate programme through simulation

Heather Guttridge and Oonagh McCloy, Queen's University Belfast

Promotional abstract: Through evaluation, it was evident the overwhelming amount of information in year 2 caused anxiety, leading to lower grades and increased extension requests in the chronic module. Simulation was identified as a suitable approach, aligning with the NMC's recognition of simulation hours in the nursing program. Low and high-fidelity simulations were designed to consolidate learning and connect knowledge. Questionnaires showed a positive response, indicating that more simulation would be beneficial. High-fidelity learning was then developed in the simulation laboratory, incorporating scenarios related to acute, chronic, and pharmacology modules. Simulation improved confidence, fostered collaboration, and enhanced practical and soft skills.

Summary: Why are we doing it? Due to student feedback through evaluation of the module and summative assessments, it was stated that there was an overwhelming amount of information this caused anxiety, stress and fear going into year 3. This was also reflected in lower grades and an excessive amount of extension requests. The views and needs of the students were clear and therefore a solution to ensure a successful year 2 would seamlessly lead to a less apprehensive year 3. Undergraduate nursing students learning in year 2 is challenging and multifaceted.

This is due to 3 in depth assignments and 3 multi choice examines and 1 safe medication exam. Year 2 is a midway point of the establishment of learning and therefore students can feel overwhelmed with many pockets of learning. Therefore, the thought of connecting some of the modules in year 2 to consolidate learning felt that this would empower students. Simulation was discussed as a solution this type of teaching has increased and has been acknowledged by the Nursing and Midwifery Council (NMC) through an introduction of simulation hours within the nursing programme (NMC, 2023).

The solution included creative low and high-fidelity simulation to be used to consolidate learning and encourage different learning styles (Shinnick and Woo, 2015). Student views as stakeholders were voiced in class and these included the learning environment, reducing stress and concerns regarding knowledge. Mechanisms within simulation were explored that embodied their concerns and ensured the learning for the students within a safe learning environment alongside the healthcare simulation standards of best practice introduced by the (Watts et al, 2021 and Ryll et al, 2016). Method A pre and post questionnaire via Microsoft teams was introduced after a low-fidelity simulation with a health promotion activity which was attached to the students Electronic-portfolio learning.

This was group focused and ensured collaboration to optimize all learning needs. This was evaluated well, and the feedback stated more simulation would benefit. Therefore, high fidelity learning within the simulation laboratory was developed with the nursing simulation lead. We developed simulation pedagogy with the technology of simulation man, high technology use of viewing rooms and debrief rooms. A scenario booklet was written which included dementia immersion and acute/chronic scenario. These encompassed 3 modules which included acute, chronic and pharmacology. The consolidation of learning bridged learning outcomes and engage with practical skills through adaption of a new design. Conclusion Simulation improved the platform of understanding of practice skill within the acute area and provided a safe environment to consolidate learning. The students found this motivating, empowering and seen this as an active learning experience. The students

would like more simulation within the curriculum, they enjoyed learning from each other and found the collaboration enhancing and improved the overall understanding of year 2.

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Keywords: Five key words. Simulation. Environment. Connection. Empowerment. Design.

P2xix, 14:30 - 14:55, 6 December 2023

How can the individual needs of student nurses with dyslexia be met during their clinical placements?

Tessa Wade, The Open University

Promotional abstract: Nursing students with dyslexia, like all HEI students can access a wide variety of support throughout their course for their academic study, whilst specific support to help nursing students with dyslexia to cope with the demands of their clinical placements is not obvious. If their experiences can be enhanced by offering effective support, it may influence the number of students we are able to see gain their nursing qualification, narrow the gap in degrees awarded and retained nurses within the profession. This poster outlines the key themes from a literature review looking at the experiences of nursing students with dyslexia during clinical placements, which in turn inform the outline of the proposed research study illustrated in the poster.

Summary: “Dyslexia influences as many as 1 in 5 people and is a genetic difference in an individual’s ability to learn and process information. As a result, dyslexic individuals have differing abilities, with strengths in creative, problem-solving and communication skills and challenges with spelling, reading and memorising facts. Generally, a dyslexic cognitive profile will be uneven when compared to a neurotypical cognitive profile. This means that dyslexic individuals really do think differently.” Source: Made By Dyslexia Existing literature focuses on treating all student nurse with dyslexia as having deficits, which has a negative connotation, with learning support suggesting a set of ‘reasonable adjustments’ for academic work and occasionally in their clinical placements. Griggs (2021) suggests that dyslexic thinking is an untapped power which could be utilised so much better in the future work force. This research will look at the lived experience of individual newly qualified nurses with dyslexia reflecting on their clinical placements during their time as a student nurse to identify how best we can meet the individual needs. An Interpretive phenomenological approach has been chosen as the researcher wants to consider the participant’s individual experiences, perceptions and behaviours. Smith et al (2022) describe interpretive phenomenology as a method of how to examine and comprehend lived experience. The key questions that the research aims to answer are: 1. How does dyslexia affect individual students in clinical placements? 2. Could more be done to treat them as individuals with individual needs? 3. What strengths do students with dyslexia believe they bring to nursing? 4. Could treating student nurses with dyslexia as individuals with individual strengths enable them to use their strengths to enhance their experience in these clinical placements? Research methods and methodology will be evident and how the data will be analysed will be discussed to inform how the findings may generate new knowledge.

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Keywords: Student Nurses. Clinical Placements. Dyslexia.

Strand 4A: Co-creation

4Ai, 14:55 - 16:45, 6 December 2023

Physiotherapy student-led neurological rehabilitation clinic: Co-design involving service users and students

Donna Wynne, Robert Gordon University

Promotional abstract: This presentation will outline a participatory action approach to co-design of a Physiotherapy student-led neurological rehabilitation clinic. The innovative co-design study involved service users and students to explore experiences and perceptions of an optimal design of a student-led clinic in terms of content and design.

Summary: Physiotherapy student-led clinics (SLCs) allow students to undertake real clinical practice supervised by qualified practitioners¹, and are becoming a recognised model for practice education². SLCs deliver benefits to patients in the form of increased support, improved quality of life and function³. Few studies report the content, delivery and design of SLCs in any detail⁴ and as such the optimal design remains unknown. Co-design is a process in which patients use their experience as expert contributors for service design⁵. The concept of co-design involving healthcare students in education, has been proposed as a powerful facilitator of transformation in the delivery of wider healthcare services⁶.

To deliver a quality intervention for patients, as well as to optimise the student experience, a co-design approach is an important next step in the evolution of physiotherapy SLCs.

The objectives of this study were to explore students' and patients' views of; the strengths and limitations of a physiotherapy SLC; the ideal characteristics and content of a SLC and to use the knowledge generated to propose an optimal design of a SLC for neurological rehabilitation.

Methodology

This study adopted an exploratory co-design based on a participatory action research (PAR) approach⁷. The physiotherapy SLC for neurological rehabilitation at Robert Gordon University runs weekly. Students are responsible for the assessment of patients, goal setting, treatment, note-keeping and handovers and are supervised by an experienced, qualified Physiotherapist. This study used convenience sampling to recruit two participant groups: patients and students. For each group of participants, three online co-design workshops, based upon INVOLVE guidance⁸ were held on MSTeams™. In keeping with recognised co-design processes, a gap occurred between workshops one, two and three to allow for the analysis to inform the structure for the next. Inductive, thematic analysis of the transcribed, de-identified interview data followed the method developed by Braun and Clarke⁹. Following coding and iterative analysis, three themes (and related sub-themes) were identified:

- Considerations of current group (current strengths, areas for improvement);
- SLC organisational considerations (clinic content and structure);
- Support within SLC (Role of staff/supervision and induction).

Key elements for optimal design of an SLC from a patient and student participant perspective were identified.

What lessons delegates will learn?

This study has utilised a novel co-design process involving patients and student participants for a SLC, to identify optimal characteristics which will ultimately influence student-led rehabilitation and learning experiences. This study has demonstrated that a supportive and inclusive co-design approach can successfully consider a range of stakeholders' views and has potential to be used for other such co-design projects in higher education and health.

Why relevant to the healthcare sector?

Providing an optimal rehabilitation and learning experience in a SLC has potential benefits to both patients, by offering a role in education and opportunity for additional access to rehabilitation and; for pre-registration healthcare students to experience an optimal SLC to enhance their learning and skill development.

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Keywords: Physiotherapy. Student-led clinics. Co-design. Students. Service users.

4Aii, 14:55 - 16:45, 6 December 2023

Co-creating a team-based learning (TBL) orientation session for students, using a “TBL-on-TBL” approach

Dr Maryam Malekigorji and Professor Graham Easton, Queen Mary University of London

Promotional abstract: As we introduced Team-Based Learning [TBL] at our medical school, we co-created with students, a TBL orientation session for students. Students learned about TBL using the TBL approach. This “TBL-on-TBL” session incorporated the key steps of TBL – individual preparation material, tests of understanding, and team exercises based on real-world TBL scenarios. We evaluated the session using a questionnaire and focus groups, which were analysed thematically. Our findings suggest that this session had a positive impact on students’ understanding of TBL and students felt more confident working in teams, answering the test questions and tackling the application exercises.

Summary: Team-Based Learning (TBL) is an active, structured form of small group learning based on a flipped classroom approach which has been widely adopted in medical schools around the world (Compton et al., 2016). Adapting to TBL as a student-driven approach poses significant challenges for students (Malekigorji, 2019). For most students, TBL will be a new experience and providing a TBL orientation session is crucial to its successful introduction into the curriculum (Parmalee, 2021). Moreover, studies reveal that learners show more interest in adopting active and participatory learning activities such as TBL when they interact and work collaboratively with educators (Dollinger et al., 2018 and Bhojaraja et al., 2021). So, to support the introduction of TBL at our medical school, we co-created with students, a TBL orientation session for students, and carried out an evaluation. The orientation session was designed as a TBL session; students learn about TBL, using the TBL approach. Learners were initially provided pre-session online learning materials introducing them to the concept of TBL and the benefits and challenges for students (for example, the TBL process, student comments, team dynamics, reaching consensus, educational rationale, and evidence). This was followed up by individual and team “Readiness Assurance Tests” to check and clarify student understanding of the pre-session preparation. Teams were then given a chance to ask any burning questions about TBL, which were clarified by faculty. Finally, teams tackled “Application Exercises” based on challenging real-life scenarios relevant to learning using TBL. Following the TBL-on-TBL session, and also after subsequent curriculum-specific TBL sessions, we used questionnaires both quantitatively and qualitatively to gauge students’ perception regarding the usefulness of the orientation session in preparing them for TBL. We then analysed the results from the questionnaires, which were then discussed in student focus groups and analysed thematically by the researchers. These findings were used to further develop the session. Our findings suggest that this co-created TBL-on-TBL orientation session had a positive impact on students’ understanding of TBL concept including its benefits and challenges, which consequently has affected their attitude towards TBL. Students reflected that they feel more confident managing their team, answering individual Readiness Assurance Test questions, engaging with the team Readiness Assurance Test and application exercise discussions, and asking burning questions. Future studies will be focusing on the effect of TBL co-creation in learner’s academic performance.

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Keywords: Team Based Learning. Co-creation. Active Learning. Enhanced Curriculum. Medical Education.

4Aiii, 14:55 - 16:45, 6 December 2023

Using experience-based co-design to promote learner support and sense of belongingness

Dr Rob Monks, Professor Jacqueline Leigh and Dr Karen Connor, Edge Hill University

Promotional abstract: This presentation will demonstrate how the application of the Experience-Based Co-Design (EBCD), already used in evaluating and improving clinical services can also be used as an evaluation/improvement approach in nurses' education. EBCD was used to help us to capture and understand students and staff perceived experiences of the six functional aspects of Edge Hill University School of Nursing and Midwifery Whole School Improvement Project and to co-design improvements/enhancements that are promoting student and staff sense of belonging and identity. Enhancements include staff and student partnerships to our curricula and extra/wider curricula activity.

Summary: Introduction and Background There are approximately 75 nursing and midwifery academics employed within the School of Nursing and Midwifery at Edge Hill University, each passionate about providing the best experience for our student population. Recognised is how the nursing and midwifery professions are extremely challenging, rewarding, and unique, requiring undergraduate students to develop a diverse range of skills and attributes, including being able to work independently and as part of a multi-professional team. Putting our students first, ensuring that they feel a sense of belonging and have an identity is important to all academics in our school. But also, it is important that academic and administration staff feel a sense of belonging to Edge Hill University, to those teams that they work within and to students that they support.

Working collectively to develop the contemporary nursing and midwifery workforce, as a school at Edge Hill, we have agreed the following core commitments:

- Putting the student at the heart of everything that we do
- Being responsive to the needs of students through effective personal tutoring, academic support and partnership working between academics and administration
- Creating a culture of openness where appropriate challenge is welcomed
- Listening to the voice of staff students and external stakeholders to deliver continuous educational improvement
- Communicating a positive and consistent message in a timely manner
- Taking responsibility for our actions and holding people to account
- Using best evidence for pedagogy and using our research to inform curricula

The Nursing and Midwifery Senior Leadership Team have identified and clarified six School strategic functions that are being operationalised through the delivery of our unique Whole School Improvement Project (WSiP):

- Academic Planning, Organization, and Quality Assurance
- Pre-Registration programme design, delivery, teaching, learning and assessment
- Student Recruitment, Retention, Progression, Completion and Employability
- Student Experience (Engagement and Voice)
- Staff experience, development, and retention
- Research, Scholarship, Knowledge Transfer Partnerships and Research Informed Teaching

This presentation will demonstrate how the application of the Experience-Based Co-Design (EBCD) (Bate and Robert 2007), already used in evaluating and improving clinical services

(see for example; Twamley, Monks and Beaver, 2023), can also be used as an evaluation/improvement approach in nurses education. EBCD was used to help us to capture and understand students and staff perceived experiences of the six functional aspects of WSIP and to co-design improvements/enhancements that that are promoting student and staff sense of belonging and identity. Enhancements include staff and student partnerships to our curricula and extra/wider curricula activity.

This presentation will be beneficial for staff contemplating using a service improvement methodology (EBCD) to improve staff and student experience of receiving and delivering programmes which require Professional Standards and Regulatory Bodies (PRSB) approval.

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Keywords: Experience-Based Co-Design (EBCD). Learner support. Learner sense of belongingness. Educational Improvement. Evidence based practice.

4Aiv, 14:55 - 16:45, 6 December 2023

Co-creation in action: Healthcare curriculum redesign

Dr Helen White and Dr Christine Furber, The University of Manchester

Promotional abstract: This interactive presentation demonstrates a co-creation approach to curriculum redesign. Regulatory bodies expect that all relevant stakeholders are included in curriculum re-design, and this example in Midwifery shows how tokenistic involvement can be avoided to ensure that curricula truly meet the needs of those who benefit from, undertake or support it. Innovative stakeholder engagement techniques will be showcased, alongside mindful use of change management theory tools and activities.

Summary: Retention and success through healthcare curricula are influenced by curriculum design. This roundtable presentation will outline the co-creation approach taken to redesign a midwifery curriculum. The presentation will be interactive and demonstrate innovative engagement techniques for eliciting information from stakeholders followed by strategies that enhance synthesis of key findings to underpin new curricula.

Regulatory bodies expect relevant stakeholders to be included in the development of healthcare curricula (Scott et al., 2021) but provide limited guidance on implementation. Using health promotion theory that considers 'citizen engagement' as priority (Darlington et al., 2021), the 'health needs assessment' approach (Wright et al., 1998) underpinned our ideas to collaborate and develop partnership (equal and shared) working in our co-creation process.

Co-creation, a concept based on participatory action research methods, facilitates the mutual development of solutions to identified problems based on the valued experience of key stakeholders (Torfing et al., 2016). Distinct from co-production, co-creation enables stakeholders to have control over the end-product (Chathoth et al., 2013). Co-creation has three distinct phases: co-define, co-design and co-refine. Within a national context of professional transformation, the midwifery curriculum redesign drew on change management theories to achieve co-creation. This included identification of stakeholders and their appropriate involvement, categorising and addressing barriers, risks and challenges to take a systematic approach to transition and implementation (NHS England, 2018). Stakeholder mapping and analysis enabled us to think widely and identify all stakeholders including clinical practice partners, the learners themselves, academic and educational support individuals, employers and service users as the end-beneficiaries of the curriculum. Stakeholder mapping ensured that we appropriately involved them at all stages in the curriculum redesign (Mendelow, 1991), including securing funding to remunerate service users for co-design and delivery of the curriculum.

The initial co-define stage incorporated multiple stakeholder events, using innovative co-creation methods to understand what was important (Co-creating Welfare, 2019). Using appreciative enquiry, stakeholders were able to inform about what they felt was good and valuable in the current curriculum and generate ideas to effect positive change (Cooperrider, 1985). During the subsequent co-design stage, findings from the co-define activities informed decision-making about key decisions. For example, stakeholders' views had primacy over those of the curriculum development team when deciding whether to maintain or change existing models of programme design. Stakeholder views were interpreted alongside evidence-based findings (Gilmour et al., 2013; McKenna, Wray and McCall, 2007; Frazer et al., 2014; Carolan-Olah and Kruger, 2013, Fraser et al., 2010) resulting in a programme structure that maximises the benefits of different models at the most appropriate timepoints in the curriculum.

Co-design was iterative, through constant reference to the findings from the stakeholder co-define stage and 'member checking' interpretations with stakeholder representatives with whom we worked closely (Darlington et al., 2021). This undertaking helped with prioritisation of efforts and assured us with strong justification for decisions taken.

The curriculum implementation began in 2022, hence the co-refine stage is ongoing. Formal and informal evaluations have already confirmed decisions made, appraised new teaching innovations and influenced minor developments to improve.

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Keywords: Co-creation. Curriculum re-design. Stakeholder involvement. Change management.

Strand 4B: Retention

4Bi, 14:55 - 16:45, 6 December 2023

The impact of perceived control on Nursing students' stress and retention

Sio Wynne and Dr Amanda Garrow, Liverpool John Moore's University

Promotional abstract: Students on graduate-entry nursing programs have been found to experience significantly more stress than traditional students. However, the majority of these studies were conducted outside of the UK. Therefore, this study aimed to add to the existing literature by examining the experiences of current UK graduate-entry MSN students. Specifically, it sought to identify sources of stress, in order to develop ways of reducing stress to improve retention rates. It found that student stress arose from a lack of perceived control (aligning with Karasek's (1979) JDCS Model), suggesting empowerment of students may help reduce stress and increase retention.

Summary: In order to help combat the national nursing shortage (Waitzman, 2022) many UK –and worldwide– institutions have implemented graduate-entry nursing programmes. Graduate-entry graduates have been found to be as competent as traditional students when rated by nurse managers (Rafferty and Lindell, 2011). However, a literature review by (Neill, 2011) found that students on graduate-entry nursing courses experienced significantly higher stress levels than students on traditional courses. Existing literature identifies several possible sources of this stress. Whilst students appreciate the fast pace of the course (Kemsley et al., 2011) it has been found to increase stress levels (McNiesh, 2011; Neill, 2011). Other stressors include heavy workload, lack of support, and curriculum disorganization (Neill, 2011). Graduate-entry masters students also face the unique stressor of placement staff being unfamiliar with or sceptical of their two-year course (Stacey, Pollock and Crawford, 2015).

Whilst various sources of stress have been identified, the existing literature focuses mainly on non-UK students, with the majority of studies conducted in the US and Australia (Neill, 2011). Therefore, this study aimed to add to the existing body of literature by examining the experiences of current UK graduate-entry MSN students. It also aimed to explore the student experience, specifically; sources of stress, the impact of stress, and means of reducing stress, with the overarching goal of improving the student experience and increasing retention.

In this qualitative study, focus groups were used to collect data from current graduate-entry MSN students across two cohorts. To date two focus groups (n=13) have been conducted with a further two groups scheduled. A topic guide was used to explore student's experience of the program so far. All focus groups were audio recorded. The recordings were transcribed, and data analysed thematically. Each transcript was analysed independently by two researchers to ensure inter-rater reliability, and findings agreed. In preparation for the next focus groups, key findings were presented to all students on the graduate-entry course. This study identified similar stressors to existing international research. Additionally, the underlying commonality amongst those stressors was found to be students' perception of personal control. Aspects of the course students felt they had control over –such as providing feedback to impact lecture content or the ability to easily access various support services– were discussed positively. Conversely, aspects students felt were outside of their control –such as the timetabling or their placement role– were reported to be their greatest sources of stress. Lack of control as a cause of stress is recognised within the Job Demand-

Control-Support model (Karasek, 1979) which may promote understanding of potential strategies to support students.

Identifying key sources of stress amongst graduate-entry students, and the lack of control as a commonality of these stressors, provides educators with important insight. By understanding its causes, educators may be able to reduce student stress by implementing means of granting students increased control during their programme. Reducing stress has been found to lead to higher retention rates (Smith-Wacholz et al., 2019) and would ultimately help achieve global targets of an increased nursing workforce.

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Keywords: Nursing. Graduate-entry. Stress. Control. Retention.

4Bii, 14:55 - 16:45, 6 December 2023

Improving undergraduate student attrition and experience through an innovative Restorative Supervision project

Lisa Jennison and Jayne Walker, University of Hull

Promotional abstract: Principles of the PNA role and A-EQUIP model (NHS England, 2017) and specifically the Restorative Supervision (RS) element can also be applied to healthcare students during their training. RS can be defined “A model of supervision designed to support professionals working within roles where they have significant emotional demand” (Wallbank,2013). The concept of RS has been developed using evidence -based frameworks with strengths-based, reflective and restorative approaches. Our innovative project supports inclusion in healthcare education for UG student nurses. We best support under-represented and diverse groups of learners to succeed by providing safe spaces for students.

Summary: Principles of the Professional Nurse Advocate (PNA) role and A-EQUIP model (NHS England, 2017) and specifically the Restorative Supervision (RS) element can also be applied to healthcare students during their training. The concept of RS has been developed using evidence -based frameworks with strengths-based, reflective and restorative approaches. Our 12month project supports equality, diversity and inclusion in healthcare education for UG student nurses across all four fields. We best support under-represented and diverse groups of learners to succeed by providing safe spaces for the students to have access to RS.

Context:

- Mental health is the most consistently reported reason for sickness absence-19.9% of all sickness absence in January 2022 (NHS digital, 2022).
- Issues with staff retention- including those experienced staff choosing retirement. Stability in the healthcare environment links to the delivery of high-quality care for Patients (Griffiths, 2022).

Benefits of RS:

- Impacts on staff wellbeing such as; feeling ‘valued’ by employers, reduced stress and burnout, increased job satisfaction and improved retention (Pettit and Stephen, 2015).
- It provides peer support and stress relief for nurses (Brunero and Stein-Parbury,2008)
- Builds resilience, diminishes stress and burnout; improves wellbeing to support ability to make appropriate clinical decisions (Rouse, 2019).
- Increases self- awareness and supports management of difficult situations and emotions (Draper et al.,1999)
- Provides reassurance about shared concerns and dilemmas (Honey and Walton, 2008; Moseley, 2020)
- Provides opportunity to think, reflect and evaluate practice working (Rooke, 2015).

Delivering student centred RS ensures the best opportunity for reflective learning, regardless of background, and promotes inclusivity. The partnership working of the RS facilitator and group/ individual creates belonging and a sense of professional identity within student cohorts. Under-represented and diverse groups are supported to make the transition to practice. Student dissatisfaction can be vocalised. Once identified, support strategies can encourage positive discussions which are then used to address any issues highlighted.

The changes in generation demographics play a pivotal role in students' expectations which are supported using this approach.

The RS project supports student retention, and experience. Data was taken at various opportunities to measure and quantify student retention and attrition rates. Success is defined by student qualitative feedback. This innovative approach combats transition shock that affects many registered nurses in the first two years post qualifying. We know this issue is a recognised theme from RCN data. We prepare pre-registration students for the world of work by promotion of career conversations during the RS sessions to support the transition into their first healthcare role. Benefits of applying Group RS to undergraduate student nurses:

- Stacey et al (2017) and Sheppard et al (2018) highlight the importance, impact and influence of group restorative clinical supervision for graduate entry nursing students.
- Other studies have since outlined the impact and value of RS for Midwifery tutors and students (Capito et al., 2022; Tyler and Lachanudis, 2022)
- Findings suggest that the restorative function of supervision is most valued when facilitated in an environment where humanistic principles of non- judgement, empathy and trust are present (Sheppard et al., 2018).

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Keywords: Restorative Supervision. Attrition. Retention. Support.

4Biii, 14:55 - 16:45, 6 December 2023

Flexible working for student nurses

Charlii Siddu, London South Bank University and Jo Delree and Dr Kathy Wilson, Middlesex University

Promotional abstract: Building on a model for flexible working for student nurses at a large NHS London hospital Trust and its positive evaluation the Pan London Practice Learning group in collaboration with NHSE Workforce, Training and Education (London) agreed to explore the development and implementation of a flexible working model for student nurses across London. This was in recognition of the difficulties students experience due to their work/life balance, support retention, enhance student satisfaction and employability. This presentation will outline the project aim, objectives and evaluation of a pilot to support an agreed approach for London and encourage wider debate and discussion for all healthcare students.

Summary: Flexible working is an arrangement to support an individual to have a choice in when they work. The NHS People Plan (NHS 2020) recommends that all substantive members of NHS staff should be offered the chance to work flexibly by having the opportunity to apply for this. In a professional programme such as Nursing the demands on students is often greater and there is increased recognition of the need to support students to achieve a greater work/life balance, enhance the student experience, prevent attrition and support retention as per the RePAIR project (HEE 2018). A recent article in the THE refers to a UCAS survey in April 2023 that has identified 43% of students needing to work part time claiming that this is becoming the norm and therefore calls on universities to promptly review their processes and practices (Williams 2023). Within this current context an urgent debate regarding the implementation of an agreed model of flexible working for all healthcare students' needs to occur. In 2019 the education team at Guys and St Thomas NHS Hospital Trust (GSTT) in London implemented a process of flexible working for student nurses. This was done in collaboration with key stakeholders, students, Trust staff and partner Higher Education Institutes with positive results. Following dissemination of this initiative there was a strong motivation from partners across London to engage in a similar initiative, through the Pan London Practice Learning Group, drawing on the GSTT experience. Through an initial scoping exercise, the majority of London organisations surveyed reported having a flexible working policy in place for staff and exercised an informal arrangement with students, though this was not always transparent and often varied within the same organisation. The overall aim of this funded project was therefore to explore the potential of developing an agreed approach to flexible working for student nurses across London and support stakeholders with its implementation. One of the first objectives was to gain a better understanding of the GSTT student, clinical and academic staff experiences through the implementation of an evaluation survey. Findings in the main were largely encouraging with students indicating they would not have been able to remain on the programme without the agreed flexibility, staff recognising the benefits of formalising this and reporting reduced student sickness and academic staff identifying the positive impact on student retention. Some concerns regarding support student supervision and assessment as well as the potential resources needed to support this model have been voiced. A pan London pilot to test an agreed approach alongside the benefits and challenges of this model will be presented for discussion / debate as part of this session. Delegates will be invited to share their own experiences and gain an understanding of the processes for implementing a consistent and equitable regional approach. For professional programmes across healthcare, it is imperative we explore how we can recruit and retain students and support their well-being and the use of flexible working is one possible way of achieving these essential goals.

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Keywords: Flexible Working. Retention. Recruitment. Well-being. Work/life balance.

4Biv, 14:55 - 16:45, 6 December 2023

Using routinely collected student nurse data to predict attrition and design and implement interventions to improve retention

Elizabeth Crisp, Dr Robert Cook and Professor Sarahjane Jones, Staffordshire University

Promotional abstract: Retaining pre-registration student nurses to improve the supply of registered nurses in the healthcare workforce is important for ensuring adequate care in the face of growing demand. We explored the available routinely collected data the University holds on students to identify potential variables that could be used to predict attrition. We found different risk factors according to year since enrolment, some of which are amendable to intervention. Routinely collected data held by universities might provide intelligence and insight that could help retain students on courses.

Summary: Retaining pre-registration student nurses to improve the supply of registered nurses in the healthcare workforce is important for ensuring adequate care in the face of growing demand. Attrition for pre-registration student nurses in the UK is approximately 24% (Health Education, 2019); efforts to retain students could make a significant contribution to the supply of registered nurses in England, where there were 43,619 nurse vacancies in the quarter ending in December 2022 (NHS Digital). In 2020, the global shortage of nurses was estimated at 5.7 million (International Council of Nurses, 2020). We explored the available routinely collected data the University holds on students to identify potential variables that could be used to predict attrition. This was done using an advisory group that included nurse lecturers, nursing students and business intelligence colleagues. The advisory group met multiple times over a period of 3 months to identify key variables and refine variables in the model according to data quality and availability. We applied a step-wise binomial logistic regression to 1,840 students who had completed their studies since September 2013. To reduce model overfitting of the step wise analysis we used a train-test data split (75:25) varying the random seed of split and selecting the seed with closest the ROC-AUC match between train and test predictions. We applied three models: one for year one since enrolment, one for year two since enrolment and did not withdraw in year one, and completed their studies and did not withdraw in year two. The year periods do not align with year of study directly because the time period relates to since enrolment and doesn't account for periods of break in studies. In year one, being male, being aged 21 and below, and having an entry requirement other than A-levels were predictors for leaving the course. In year 2, attrition was associated with a lower than average module score from year 1 and having taken a break in studies. In year 3, risks included experiencing a break in studies in year 2 and lower than average module score for year 2. We are now developing interventions to support students who have been identified as at risk of leaving their nursing course including a return to studies programme to support those returning from an intermission, a peer support programme and a pastoral lecturer is available to implement bespoke and personalised support for some students. This is being evaluated over the next 6 months and data will be available in December 2023.

Routinely collected data held by universities might provide intelligence and insight that could help retain students on courses. This would improve their wider key performance indicators and in profession-based courses, would increase the supply of the workforce. It is anticipated that this will also produce a better student experience.

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Keywords: Student nurses. Workforce supply. Student attrition retention.

Strand 4C: Widening participation

4Ci, 14:55 - 16:45, 6 December 2023

You can't be it if you can't see it. The success story of the PACE project

Dr Sarju Patel, Dr Hannah West, Dr Karen Reed and Dr Katja Umla-Runge, Cardiff University

Promotional abstract: To have a health service that understands the needs our society, our healthcare professionals must be representative of society. Historically, this has not been the case particularly for individuals from socio-economically deprived backgrounds who are less inclined to perceive university as a viable option and are consequently less likely to pursue a career in medicine. The Promoting Academic and Community Excellence project aims to support and stimulate pupil academic development and encourage aspirations by role modelling and delivery of interactive sessions that raise aspirations and encourage pupils to think of a career in medicine as attainable and worthwhile.

Summary: Introduction Widening access to medicine must be a key goal for Medical Schools. However, pupils first need to see this career as achievable. Unfortunately, pupils from disadvantaged backgrounds who have not been exposed to role models in the field of medicine are less inclined to perceive university as an option and are consequently less likely to pursue a medical career 1. PACE has been working with a school in a district and community in the south of Cardiff, with a diverse and multiracial community which is included within the top 10% of most deprived areas in Wales as determined by the Welsh Index of Multiple Deprivation (WIMD)². This ongoing project aims to support and stimulate pupil academic development and encourage aspirations.

Method

Medical students recruited from years 2 and 3 delivered weekly interactive sessions from October to March to pupils in year 9, 10 and 11. Sessions include groupwork, plenaries, quizzes and non-invasive clinical skills. Topics included cardiovascular system and heart disease, digestion and nutrition which inform pupils about poor nutrition and health outcomes, neurology, respiratory system and common health conditions. The project culminated in a one-day summer school which introduced pupils to a university teaching environment through a taster of case-based learning. At the summer school, a pre- and post-survey was distributed to pupils. Perceptions and evaluations of pupils participating in the project in the academic year 2021-2022 will be presented.

Results:

41 pupils participated in the project in 2022-23 and 35 pupils attended the summer school. A questionnaire was presented to pupils before the start of and at the end of the summer school. 24 pupils completed the pre-course questionnaires. The responses for the pre course questionnaire were as follows: 5/24 students responded that Medicine was 'My Dream' 10/24 'really interested' and 7/24 'thinking about it'. 3 pupils stated studying medicine at Cardiff University was 'My Dream' 3 'Not Sure' 4 'Really Interested' and 4 'Thinking about it'. In the post course questionnaires. 21 completed the questionnaires, 6/21 students responded that Medicine was 'My Dream' 12/21 'really interested' and 2/21 'thinking about it' while 1/21 answered 'not sure' Post course 3/21 pupils stated studying medicine at Cardiff University was 'My Dream', 11/21 'Really Interested' and 7/21 'Thinking about it'. In the free form comments, students stated they enjoyed the group learning discussions and games.

Conclusions

PACE was setup in November 2018 to inspire students to consider University as an option by running weekly sessions for high school pupils in Years 9-11. Pupils say they have enjoyed “learning with friends” and “meeting the university students and learning about the world of medicine”. The medical students are finding it equally rewarding, enhancing their teaching and communication skills. One of the key outcomes is that pupils indicated they are now more likely to consider medicine as a career option. The use of near peer learning³ and role modelling⁴ by involving medical students in year 2 and 3 of the medical course has been fundamental in the success of the project

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Keywords: Wideing access. Medicine. Aspirations. Role models.

4Cii, 14:55 - 16:45, 6 December 2023

Supported recruitment and on-boarding for Nursing associate apprenticeships

Dr Amy Cilia La Corte, University of Leeds

Promotional abstract: Education is key to social mobility, however for those who have had a poor experience at School, engaging with Higher education can seem impossible. Widening participation is key to the work of the Lifelong Learning centre. This session will explore our successes and challenges in working with local healthcare providers to train Nursing associates.

We will share with you the student journey, from initial discussions around career progression and accessing Higher education, meeting entry criteria, interview process and Kickstart, our academic skills support programme which commences prior to the taught programme to tailor bespoke support that widening participation students require.

Summary: Background, context, and evidence base for the innovation, including, where possible, its international relevance: On the Nursing Associate Degree Apprenticeship at the University of Leeds we are continually facing the challenges of how we can provide an enabling environment for learning and success for a varied cohort of apprentices who often have poor previous experiences of education and low confidence in their academic abilities. This requires consideration at all stages of the journey through recruitment, induction, and progress (Hughes C and Saieva G, 2019). We work to balance the needs of the apprentices with the demands of study at this level, along with the challenges of increasingly stretched and stressful workplaces. This session will explore the changes we have implemented to the programme and reflect on the impact of these initiatives.

Implementation and key findings of the innovation: Recruitment is from the widest range of healthcare settings. Our applicants are all mature and range in age from early 20s to 60s. They are a very heterogenous groups with varied experiences and needs, including specific learning differences. For applicants who may not have the necessary qualifications we offer an alternative entry scheme, where they can demonstrate their abilities to us through exams we run internally. Before the commencement on programme each apprentice must complete a pre-entry skills refresher course, which culminates in induction week and is designed to provide or refresh key academic skills of reading and note making, planning, and writing. Confidence is another barrier to student success, so this graded approach, which ends in a formative essay provides a chance to experiment with core academic skills and receive tailored feedback.

Apprentices have many competing responsibilities - the demands of study, work life and personal lives mean that flexibility and support is an essential requirement of programme providers (Poole R et al., 2023). To maximise support, teaching is delivered in week-long blocks every 5-6 weeks which has been a positive change for employers allowing for better planning of care delivery. Along with a hybrid model of delivery this enables consolidation of the academic learning and time for pastoral activities (Harris R et al., 2021). Considerable thought has also gone into the authenticity and the timing of assessments whilst still maintaining the integrity of the programme and meeting professional standards.

Robertson S et al. (2022) highlighted the importance of support within the workplace and a major challenge for us is ensuring that all parties understand the demands and responsibilities the apprenticeship entails to ensure the apprentices are receiving the support in the workplace we would expect. We are working on making the employer part of the recruitment process to ensure that they have this understanding from the start. Relevance

to the healthcare sector: To provide accessible and meaningful career development opportunities for care assistants, who provide over 60 per cent of hands-on care and often have years of experience in their field we need to develop an apprenticeship that encourages confidence and provides the opportunity for success. The diversity of the learners and pressures of work-life balance make this challenging, however, our recent developments in support and teaching aim to overcome these barriers.

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Keywords: Apprenticeship. Accessibility. Support. Induction. Recruitment.

4Ciii, 14:55 - 16:45, 6 December 2023

Armed Forces into Allied Health (AFIAH)

Amanda Cox, University of Leicester, Rosi Raine, University of Plymouth and Zoe Grant, University of Suffolk

Promotional abstract: Every year large numbers of service men and women leave the armed forces and currently many of their qualifications are unreadable by HEIs. In addition, the ability to promote programmes to Armed Forces Personnel (AFP) who are looking for new careers is limited, and an efficient recruitment pathway does not exist into higher education nationally. This project sought to explore a new supply line for AFPs into higher education and specifically the Allied Health Profession (AHP) degree level programmes.

Summary: background Every year large numbers of service men and women leave the armed forces, 14,630 in 2021 (House of Commons, 2022) and currently many of their qualifications are unreadable by HEIs. In addition, the ability to promote programmes to Armed Forces Personnel (AFP) who are looking for new careers is limited, and an efficient recruitment pathway does not exist into higher education nationally. This project sought to explore the admissions process for AFPs into higher education and specifically the Allied Health Profession (AHP) degree level programmes.

Methodology

This research was conducted via a survey of peoples' experiences and with three universities working together, Plymouth, Leicester, and Suffolk. Participants were allied health professionals who had a previous history of serving in any of the armed forces, either as permanent staff or as a reservist. Data were collected over four months, via a university approved online tool (Online surveys, 2022), which allows easy distribution and analysis. The online survey was disseminated among university alumni, professional bodies and HEE shareholders. A set of 21 questions were asked exploring qualifications gained in and outside the armed forces and how armed forces qualifications were recognised on application for a health professions degree. Participants were given all the information, data distribution and consent before they began, they were also able to withdraw at any point.

Key findings

Findings established a number of issues amongst this group. These ranged from HEIs not understanding the qualifications they gained during their military service, to relevant qualifications and experience not being considered. It was found that work needs to be done to change this, not just for the individuals but also to help with the widening participation initiatives that NHSE, Higher Education Institutes (HEIs) and healthcare providers adhere to. A national higher education pathway is needed, to help guide HEIs, ex-military personnel and Armed Forces resettlement careers services on how the application process can be simplified. This will include mapping qualifications with current standards and providing training modules that bridge the academic gap.

What lessons delegates learn from your session

Delegates will have the opportunity to consider routes in to HE for AFP but also other career changers, within their own HEI. Recommendations from this research included the development of a bridging module, recommendations for improving recruitment from the armed forces into AHP degree programmes and improvements to applying academic currency to qualifications and experience gained as AFP.

Why relevant to healthcare sector?

Delegates will have the opportunity to consider routes in to HE for AFP but also other career changers, within their own HEI. Recommendations from this research included the development of a bridging module, recommendations for improving recruitment from the armed forces into AHP degree programmes and improvements to applying academic currency to qualifications and experience gained as AFP. Enhancing a range of admissions processes to widen participation.

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Keywords: Admissions. Allied Health Professions. Armed Forces. Career changers. Recruitment.

Strand 4D: Practice learning

4Dii, 14:55 - 16:45, 6 December 2023

Understanding undergraduate Physiotherapy students' preparation needs for cardiorespiratory clinical placement: A focus group investigation of pre- and post-placement perspectives

David Edwards, Anna Rees and Edwina Rushe, University of Liverpool

Promotional abstract: Our study is investigating the experience of BSc Physiotherapy students and their preparation for practice placement within the area of Cardiorespiratory. Often students feel very unprepared and anxious about this particular area of practice due to the perceived complex challenges and acute nature. We are keen to prepare them better for this and as such, we are interviewing Year 2 BSc students about to go out on placement, and Year 3 BSc students who have just come back from placement, in order to ascertain what gaps they felt between University learning and practice placement in this area, to help understand the concerns of the students and to better plan the curriculum for them in future.

Summary: Due to acute and challenging nature of respiratory placements, students often feel unprepared coming into this environment as it is difficult to consider multifactorial challenges of acute respiratory and issues such as MDT communication, dealing with death/dying/DNR and withdrawal of treatment, as well as issues such as oxygen prescription, ventilation and weaning. To improve the student experience and the curriculum to assist with teaching, clinical practice and preparation for placement it may be useful to explore what factors students starting their first placements feel prepared/unprepared for and compare this to final year students who have been on a CR placement to see what they felt in comparison to identify common concepts.

Previous research has not considered this specialist area of cardiorespiratory in a way that may help to shape the curriculum and allow for smoother transition between theoretical university experience and clinical practice. Studies have looked at high-fidelity simulation for cardiorespiratory practical placement experience (Nithman, Spiegel and Lorello, 2016) but nothing has been done in terms of preparation generally – considering clinical reasoning, knowledge/skills and other simulation issues such as low-fi simulation. Thompson et al. (2014) looked at how prepared second year students were for their first placement generally, and found that they felt unprepared for POMR, clinical reasoning, goal setting and communication. However, this was general to all areas and this would look at CR which is often considered by physiotherapy students as an especially challenging area, as many have come into the course unaware or at times nervous about working in acute respiratory. Also, this did not consider post-placement experience which may help develop a more holistic understanding of the phenomenon, given that students having completed placement may have a more fully-developed idea of what they needed to know academically before placement, as they will have witnessed how this is “joined up” in clinical practice and the comparison of the two sets of qualitative data may help expand theories around theory-practice gaps for undergraduate physiotherapists preparing for placement.

Given that placement provision is changing and that students now many be given a buddying system or 2:1 model (unlike the current 1:1 system) there is likely to be less opportunity for direct supervision and therefore preparing students' better for placement will allow smoother transition of theory to practice. In addition, the experience of the third-year students will help to prepare pre-placement sessions and reassure students ahead of placement. From a practice and placement perspective it is considered that this research

could aid in improving experience and helping with the transition towards new placement models in cardiorespiratory for all involved.

Our talk will discuss these issues and the findings from our research (which is due to be completed in August) and this should allow delegates an understanding of how training and placement preparation in different areas can be modified to enhance the student experience, rather than taking a “one size fits all” approach to practice placement preparation within allied health professional education, as well as helping to consider how educators can shape practice placements in the face of increased demand and the use of new models.

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Keywords: Physiotherapy. Cardiorespiratory. Practice Placement. Preparation. Education.

4Diii, 14:55 - 16:45, 6 December 2023

Safeguarding the professional intimate care and touch in Nursing Education: Integration of humanistic care in the technological era

Dr Dr Simangele Shakwane, UNISA - University of South Africa

Promotional abstract: A successful student must have a sense of belonging in the training and practice. The symbol of touch and being touched means different things to people. It creates interpersonal relationships that can contribute to the student's failure or success. Facilitating intimate care and touch in the digital age advocates for quality humanistic care that is culturally, socially and religiously acceptable. Technology has eased some nursing care tasks, making it possible to care for various patients. Yet, bodily care still requires a human touch. Thus, nursing students' preparedness in intimate care and touch is critical to allow them to practice in a safe space before being exposed to clinical placement.

Summary: Background: A successful student must have a sense of belonging in the training and practice. The symbol of touch and being touched means different things to people. It creates interpersonal relationships that can contribute to the student's failure or success. Facilitating intimate care and touch in the digital age advocates for quality humanistic care that is culturally, socially and religiously acceptable. Intimate care is a task-oriented touch to areas of patients' bodies that might produce feelings of discomfort, anxiety and fear or might be misinterpreted as having a sexual purpose (O'Lynn et al., 2017). The studies of Shakwane (2022a, 2022b) have shown that nursing students are not well prepared to provide intimate care competently, confidently and comfortably. Reid-Searl et al (2018) confirm that nursing students are not trained to provide intimate care. intimate care Technology has eased some nursing care tasks, making it possible to care for various patients (Ozan and Duman, 2020). Yet, bodily care still requires a human touch. Thus, nursing students' preparedness in intimate care and touch is critical to allow them to practice in a safe space before being exposed to clinical placement. The objective for the phase was to create awareness of professional intimate care and touch in nursing education and practice in an attempt to integrate technology into humanistic care.

Research methodology: Participatory Action Research (PAR) was used to allow for active participation in intimate care and touch activities. PAR aims to create new forms of knowledge through a creative synthesis of different understandings and experiences of the participants (Liamputtong, 2013). Symbolic interactionism is a theoretical framework to understand attitudes, motives, behaviours, and how individuals interpret experiences and events (Carter and Alvarado, 2018). Central to symbolic interactionism is the idea that individuals use language and significant symbols to communicate with others (Carter and Fuller, 2015). Two groups were used: nurse educators used reflective journals to record their experiences in facilitating intimate care. Next, nursing students' initial data was naïve sketches to establish their diversity and understanding of intimate care. After that, facilitated diversity in intimate care and touch discussion sessions were conducted, humanistic intimate care and touch simulation sessions, drawing of intimate care and touch experiences, and post-interviews were conducted to narrate the drawing. These activities created a visual and multimodal experience for nursing students and nurse educators.

Key findings: Three activities have been completed – naïve sketches, facilitated intimate care and touch discussions and humanistic intimate care and touch simulations. Three themes emerged: knowing myself and the other; acknowledging peoples' differences, and diving into the dark. Knowing one's socio-cultural beliefs and learning others' identities creates a sense of belonging and acceptance. When nursing students understand who they are (as individuals, collectively), it makes it easier to acknowledge the diverse patients

requiring intimate care. Unfortunately, with the advancements in High-tech simulation, there is limited human contact and touch, which they learn in clinical practice.

Contribution: Even though technological equipment is used to assist in caring for the patient, nursing students still need to know how and when to touch the patient. Humanistic care is a fundamental value in the nursing profession. Therefore, it must not be shadowed by technology as patients are human beings. Technology should be integrated into humanistic care, and nursing students must be prepared for real-life clinical practice experiences.

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Keywords: Intimate care. Touch. Symbolic interactionism. Diversity. Nursing care.

4Div, 14:55 - 16:45, 6 December 2023

Enabling success through learner support through evidencing the Greater Manchester Learning Model to support

Professor Jacqueline Leigh, Adeela Khan and Dr Michelle Howarth, Edge Hill University and Carol Le Blanc, Manchester NHS Foundation Trust

Promotional abstract: It is understood that practice learning takes place in partnership with patients/clients and the range of health and social care practitioners. Accountability for the provision and quality of practice learning is shared between the HEI and practice partners, adhering to professional regulatory requirements such as simulation and virtual learning. The Greater Manchester Programme Management Office (PMO), in collaboration with Health Education England, has worked towards the development of a Greater Manchester (GM) Practice Learning Model to enable the development of practice learning model that works on a system wide basis for pre-registration nursing programmes enabling student success through student support.

Summary: The Greater Manchester Enabling Effective Learning Environments (EELE) project is a collaborative project funded by NHSE (formerly Health Education England) to explore ways to improve practice education and learning in health and care across Greater Manchester. The primary aim is to improve the quality of the learning environments in which current and future allied health professionals, midwives and nurses undertake practice education and learning. The Greater Manchester Health and Care Learning Environment Strategy for enabling effective learning environments is based on three pillars namely: Get Prepared, Embrace the Experience, and Model the Future.

Under these pillars various themes have been identified and various projects have been completed across Greater Manchester exploring the enabling and restraining factors for the themes. These projects include, Tariff Scoping, Evaluation of the role of Practice Education Facilitators, Evaluation of Academic Support Roles, Social Prescribing, Third Sector Placement, Development of Practice Learning Framework, and Role of Simulation, A scoping exercise was carried out to review the findings from these projects such as the impact on student support and learner engagement.

Furthermore, it is understood that student attrition from pre-registration clinical education remains a key challenge. The determinants of student attrition are complex and emanate from institutional, political, societal, professional, and personal factors. Since 2015 the national Reducing Pre-registration Attrition and Improving Retention (RePAIR) project has helped NHSE understand the factors influencing healthcare student attrition and retention, gaining insight from key stakeholders such as students, service and university representatives, regulators, and policy makers.

The EELE and RePAIR projects provided some context of the current practice learning environment. Through these projects various enablers, gaps, and determinants were identified and explored. Building on these projects, our current work has gathered robust evidence to improve upon the practice learning environment in GM through engaging students in their learning and ensuring their sense of belonging.

Conducting a robust scoping review of the literature that reported on the evaluation and or implementation of practice learning for healthcare undergraduates across a range of settings/contexts was used together with the evidence from the EELE and RePAIR projects to create the first draft GM Practice Learning Model

The draft model was shared at an initial stakeholder event with key educationalist across GM, including Practice Education Facilitators, Placement Directors, Training Hubs, HEI's and Placement Leads. The event was designed to share the context of practice learning, explore some of the key concepts, and discuss various modes of delivery such as digital and simulation. Following the event, the GM Model was further adapted and finalised.

This presentation will present the key component parts of the GM Practice Learning Model, making explicit how the model is transferable to UK and international contexts and how its implementation can address the fact that the students feel considerable anxiety and fear before starting and during the initial period of the placement. A key theme running through the model is how we build and embed a genuine sense of belonging and identity throughout the practice learning journey of every learner.

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Le Blanc C., Howarth M., Leigh J., Khan A., (2022) Greater Manchester Placement Learning Model, Greater Manchester PMO

Keywords: Attrition. Preparedness for practice. Belongingness in placement. Practice Learning Model. Practice learning journey.

Strand 4E: Mental health and wellbeing

4Ei, 14:55 - 16:45, 6 December 2023

Preparedness of Occupational Therapy academics to support students experiencing psychosis: A qualitative study

Rebecca Matson, Chris Edge and Hannah Roberts, University of Liverpool

Promotional abstract: Psychosis has a significant connection with academic achievement, with substantially lower numbers of individuals who have experienced psychosis progressing onto higher education. Mental health difficulties are of increased prevalence in healthcare students with this being attributed to the increased pressures relating to the combination of academic and clinical placement demands (Hughes and Byrom, 2019). Support available from academic staff is cited as a central factor in successfully remaining in education (HEPI, 2022). However, it is unclear how prepared academic staff are to provide this support. This session will consider the results of a qualitative study to inform potential future approaches.

Summary: A recent Student Academic Experience Survey found that 34% of students considering leaving university attributed this to their mental health with a number of students highlighting the importance of support provided by academic staff alongside that accessed through mental health specialists (HEPI, 2022). However, it is unclear how prepared academic staff are to provide this support in a way that allows students to feel the impact of these difficulties is acknowledged. Experience of psychosis has been found to have a significant connection with academic achievement, with substantially lower numbers of individuals who have experienced psychosis progressing onto higher education than both students without a mental health condition and those with other conditions such as anxiety and depression (McEwan and Downie, 2019; Dickson et al, 2020). Occupational therapy as a profession is focused on identifying barriers to participation and supporting individuals to identify strategies to overcome these (WFOT, 2012) therefore while this issue has much broader application; occupational therapy academics may have a unique perspective on this issue.

This study used a mixture of online focus groups and one to one interviews to gain insight into the preparedness of academic staff for supporting students experiencing psychosis. Occupational therapy academics were recruited from universities across the UK through an online advert and email to programme leads. A semi-structured guide was used to provide a focus for discussion while allowing scope to explore topics of relevance that emerged. Thematic analysis was completed according to Braun and Clarke's guidelines (Braun and Clarke, 2013) with the initial stage supported through the use of NVivo. Following this each researcher analysed the transcripts independently to identify themes and compare for triangulation. Identified themes were checked against participant words for verification at all stages of the process.

This study is currently in progress, but it is hoped the results of this study will inform identification of the needs of higher education staff to enable them to support this specific student group and also have a broader relevance to the widening participation agenda. Emerging themes to date suggest that while resources are often in place to support general wellbeing of students there is a need for more focused training and support in relation to specific needs. The challenges of supporting a student with psychosis relate both to the perceptions and expectations of others and practical concerns such as availability of time and resources to adequately meet the need.

This session will help delegates to consider how to support a student experiencing psychosis; provide insight into the challenges associated with effectively doing so; and provide opportunity to learn from the good practice and reflection of others.

Widening participation is a vital priority in healthcare education for expanding and diversifying the workforce (Jordan, 2022). Much of the previous focus has been on socioeconomic factors and strategies to reduce the financial burden (Rainford, 2021) but there is increasing acknowledgement of the need to consider additional factors as suggested by the high attrition levels of students with mental health needs (HEPI, 2022).

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Keywords: Psychosis. Academic attainment. Student support. Widening participation.

4Eii, 14:55 - 16:45, 6 December 2023

Exploring the advocacy of neurodiversity and belonging, whilst enabling students to meet proficiencies for patient handling

Laura Hodgetts, Claire Wilcox-Tolley and April Watts, Birmingham City University

Promotional abstract: From 2021 onwards, the Institute for Posture, Movement and Handling (IPMH) Excellence at Birmingham City University have adapted a multi-professional approach which combines patient handling and the technical aspects of safe and efficient biomechanical movement with the non-technical aspects of caring for someone with a Neurodiverse diagnosis. Arguably, being able to understand the person instead of a singular or multiple conditions should be at the heart of any episode care experience. However, there is a need to consider how this is achieved as the Nursing and Midwifery Council (NMC) are increasing the limit of simulated practice hours utilised in pre-registration learning. We would like to share how we have adapted our Statutory and Mandatory course elements to facilitate this

Summary: In 2021/2022, 32% of students live with conditions such as attention deficit hyperactivity disorder (ADHD), Dyslexia or Dyspraxia (Health Education Statistics Agency (HESA), 2023). With 1 in 7 people thought to be Neurodiverse (The Donaldson Trust, 2023), the Institute for Posture, Movement and Handling Excellence (IPMH) at Birmingham City University have embedded Neurodiversity and belonging at the heart of their Patient Handling curriculum. This curriculum is delivered in a way which is bespoke to each health care profession, and at the level they are at in their studies. Nursing students have a requirement to meet Patient Handling proficiencies noted in the Standards of Proficiency for Registered Nurses (Nursing and Midwifery Council (NMC),2018).

The concept of Neurodiversity is introduced at the beginning of all sessions through this impact statement: "Please feel welcomed and supported to disclose any neurodiverse diagnosis with the staff facilitating this session. Although this is not compulsory, it may be useful to make them aware, so they can adapt to suit multiple learning requirements of students within the session. It also helps us to be mindful and avoid scenarios or stimuli that may act as a trigger" Hodgetts et al., 2023. We found that 85% of students could not define neurodiversity beyond a diagnosis such as "Autism" or "ADHD" and could not continue a discussion beyond this.

To ensure we create belonging and a direct impact on patient care, we have designed adaptations to Posture, Movement and Handling manoeuvres to ensure that students are aware how to optimise enablement of patients, but consider making adaptations to suit patients with a neurodiverse need; not something that is associated with stigma, concern or feels like it doesn't "belong".

Using anecdotal evidence and an expert by experience perspective on care of a person with a neurodiverse condition, students are able to examine key aspects of many duties undertaken by healthcare professionals, to ensure that their work is not only biomechanically efficient and follows the "Body Rules" (Wanless, 2017; Wanless 2011); but also demonstrates awareness and advocacy when working with others whom are neurodiverse, both students and patients alike.

Key findings helped us to identify that students were not only willing to disclose their neurodiversity, but also were willing to explore how adaptations to delivering care could support them and reduce exposure to potential triggers. Students found our approach and bespoke nature of the content delivery fostered greater belonging. Students can now

consider the neurodiverse aspect of providing patient care whilst meeting proficiencies within The standards of Proficiency for registered Nurses (NMC,2018:35), but importantly also consider their own biomechanical safety.

The following topics are explored:

- What is Neurodiversity?
- Why we introduce Neurodiversity within this subject
- What are the “Body Rules”?
- Why is it important to achieve biomechanical efficiency and teach your body to work smarter not harder?
- How it is relevant to the healthcare sector to retain staff, as well as reducing MSDs in the healthcare population.
- Why does this improve the quality of patient care, irrespective of the care environment?

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Keywords: Neurodiversity. Simulation. Body Rules. NMC.

4Eiii, 14:55 - 16:45, 6 December 2023

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

Dr Lucy Stead, Alder Hey Children's Hospital

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

Summary: Background/Aims The SARS-CoV2/COVID-19 pandemic represented an unprecedented emergency prompting a drive to minimise non-essential contact and the need for increased virtual activity. There have been many great benefits of an increased virtual platform e.g., increasing accessibility, however increased remote platforms can reduce interactions with colleagues and have a significant effect on our wellbeing.

By providing virtual teaching to hospital doctors during a busy day also prevents bleeps being delegated and has the ability to become less protected.

Subsequently I aimed to research into how virtual teaching affects the wellbeing of paediatric trainees at Alder Hey Children's and consider how conversion back to in person face to face impacts the value of teaching and overall wellbeing of the trainees who attend.

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

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

Conclusion By providing in person bleep free teaching along with a free lunch overall improves attendance and focus of the specialty trainees at Alder Hey Children's Hospital. By providing group teaching that allows interaction with colleagues it generates feelings of value and self-worth. Subsequently this has an impact on the overall wellbeing of the specialty trainee. Hence, the provision of in person teaching when all members are on site should not be compromised by providing a virtual platform.

References:

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Keywords: Wellbeing. Virtual Teaching. Education. Value.

Strand LT4A: Lightning talks

LT4Ai, 14:55 - 16:45, 6 December 2023

An evaluative study on the impact of health and wellbeing strategies on preregistration Health student retention

Dr Rebekah Hill, University of East Anglia

Promotional abstract: Pre-registration healthcare student retention is a longstanding issue, with high levels of attrition being sustained. Despite multiple interventions being initiated in an attempt to improve retention, little is known of the impact, if any, of health and wellbeing support strategies used to support student retention. NHS England supported this study, evaluating student experience of support services. Data has been collected from pre-registration students (n20) in one HEI. Online and face to face interviews were conducted and data thematically analysed to develop findings, which will help to understand the experiences of students and their perspectives of support.

Summary: Aim: A study has been conducted aimed to explore the experiences of pre-registration healthcare students using university support services.

Rationale: Retention improvement is an ongoing UK healthcare workforce priority (NHS Improvement, 2019). Across the East of England, health and wellbeing is one of the biggest issues associated with learner attrition and identified as a key factor for retention. Specific to preregistration healthcare students, previous studies have identified several reasons for attrition, a lack of support being a key factor (Health Education England, 2018). The RePAIR (Reducing Pre-Registration Attrition and Improving Retention) project (Lovegrove, 2018), commenced in 2015 in response to the high levels of attrition across health-related programmes in the UK. RePAIR focused attention on enabling students to succeed, following which, several strategies to support student health and wellbeing have been implemented. Despite attempts to improve pre-registration health student retention, little is known of the effectiveness of the initiatives (Edge and Gladstone 2022). To date, little evidence exists of the students experience of accessing or evaluating support services. NHS England commissioned an evaluative study to explore the experiences of pre-registration students having used university support services. The study has been initiated in an attempt to provide some understanding of the impact, if any, of health and wellbeing strategies on preregistration health student retention.

Methods: Pre-registration healthcare students from one Higher Education Institute (HEI) have been interviewed to explore their experiences of support services. One researcher has collected data from students (n12) regarding their experiences, using one to one, online and face to face interviews. Qualitative data will be analysed thematically, and study findings will be disseminated internally and externally via publication.

Findings: The presentation will provide an overview of the analysed results. The findings will help understand the experiences of students from a range of pre-registration health care programmes, illuminating what has helped, and hindered, their progression through their programme from a support perspective.

References:

Edge, D., & Gladstone, N. (2022). Exploring support strategies for improving nursing student retention. *Nursing Standard*, 37(9):28-33.

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Keywords: Support. Pre registration. Retention. Health. Wellbeing.

LT4Aii, 14:55 - 16:45, 6 December 2023

Promoting Specialist Community Practitioner (SCP) and Specialist Community Public Health Nurse (SCPHN) students to achieve core competencies during practice placement modifications

Joanna Lavery and Sarah Logan, Liverpool John Moores University

Promotional abstract: Post registration SCP and SCPHN students require high quality learning and support to achieve a recordable qualification and proficiencies. This study researched the impact of unexpected placement changes on students secondary to workforce challenges. Reflective practice and action learning sets were employed to support students. A cross sectional survey was carried out on 10 participants. A Likert scale mapped to the domains of specialist practice and a qualitative question about experiences. Leadership skills were the most developed domain and themes emanating from the study were 'learning opportunities', 'leadership in practice' and the 'impact of placement moves on academic study'.

Summary: Background SCP and SCPHN places are limited in numbers across England and new standards of proficiency outline the requisite knowledge, skills, and attributes individuals undertaking the programme must demonstrate to achieve the recordable qualification (NMC 2022, NMC 2022). Nurses undertaking education must receive high-quality learning, support, and supervision during practice placements at undergraduate and post graduate level, (NMC, 2023).

In response to business continuity, related to the Covid 19 pandemic, SCP and SCPHN programmes faced challenges due to workforce shortages. The study researched the impact of unexpected placement changes on SCP, SCPHN post registration students, providing insight to the support required when navigating complexities as a consequence of change, whilst safeguarding exceptional learner outcomes. Reflective practice from academic tutors and the integration of action learning sets during leadership teaching, helped build a sense of identity and created a common belonging through structured learner engagement. The student's evaluations gave further understanding into their own development and how educators and practice facilitators can modify activities to support post registration specialist practice students.

Research methodology

Participants were SCP and SCPHN students from school and district nursing fields. A cross sectional survey was carried out weeks after placement moves had ceased for 10 participants. A Likert scale of 1-10 was used to map against the NMC domains for specialist practice to establish how students evaluated their own development pre and post placement move. The study culminated in a qualitative open question which aimed to describe behaviours or attitudes and was thematically analysed.

Key findings

Research and education domain scores were rated lower than before students entered new placement areas. Clinical domain and leadership were the exception to this, and students scored themselves highly post placement. For leadership, students scored themselves a mean of 5 out of 10 pre placement move and 8.8 post placement move, which overwhelmingly demonstrated positive development in leadership skills.

Themes emanating from the study were 'learning opportunities', 'leadership in practice' and the 'impact of placement moves on academic study', with positive and negatives comments. Lessons learnt Whilst this is not a conventional strategy advocated in SCP SCPHN

programmes, placement changes clearly do offer an opportunity to advance a student's skills. Understanding the development of SCP SCPHN students is important for current practice due to changes in NMC standards and the future revalidation of such programmes. Programmes map to HEE multi professional framework for advanced practice (HEE, 2017) and the leadership domain in the study although not considered tangible by students, was the area participants agreed had developed the most.

Recommendations

Reflective practice remains best practice within the curriculum and action learning sets improved cohesiveness and a sense of belonging. Recognition of the skills and qualities other than those traditionally considered for clinical competence within specialist programmes must be championed to sustain well rounded professionals who can advance practice in all areas.

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Keywords: Community. Specialist practice. District nursing. School nursing. Practice placement.

LT4Aiii, 14:55 - 16:45, 6 December 2023

Introducing RCN Learn: New exciting space for education, learning and development learning resources

Andrea Childe, Nicola Ashby and Alisha Brown, Royal College of Nursing

Promotional abstract: RCN Learn is a new online space hosted on the RCN Website, developed in collaboration with RCNi. RCN Learn offers you easy access to the learning and education required for your continuing professional development requirements and supports the delivery of safe and effective care.

RCN Learn is designed to support the nursing, health and social care workforce with topics of interest to nurses, midwives, students, healthcare assistants, nursing associates and nursing support workers.

RCN Learn is available to RCN members (access to member and free resources), non-members, organisations, stakeholders (access free resources), and RCNi Plus Subscribers accessing all resources.

Summary: RCN Learn has been developed in collaboration with RCN and RCNi following the launch of the RCN Education, Learning and Development (ELD) Strategy, working in a matrix model. The strategy has been developed through an extensive consultation process involving members and partners from across the UK.

Feedback through the strategic scoping for the ELD strategy, our members told us they wanted a unique offer for membership. RCN ELD strategy also wanted to ensure there is a number of free learning available to non-members to support the nursing workforce principles.

RCN Learn has been developed to provide a new exciting online space, offering easy access to learning and education required to fulfil continuing professional development (CPD) requirements and support the delivery of safe and effective care. Members, non-members and stakeholders can access learning resources easily, previously via a variety of routes.

RCN Learn supports all roles across the health and social care workforce, from pre-registration students, nursing support workers, nurses, nurse associate and midwives, in all health and social care environments.

RCN Learn has is committed to providing a quality assured, inclusive, supportive and inspirational environment, for the health and social care workforce who are encouraged to share their knowledge, skills and experience, to underpin the delivery of safe and effective care.

RCN Learn provides education, learning and development resources for the health and social care workforce every step of the way throughout their working lives and beyond, enabling progressive career support and learning to ensure each day is a learning day for every member. From Pre- registration students, nursing support workers, nurse associates nurse and midwives.

RCN Learn is an exciting first of its kind collaboration and an interactive one stop learning space for all roles in all employments, providing a variety of resources. It is designed to help the nursing workforce develop their clinical, leadership, research and innovation education

and professional skills. From Pre- registration onwards, including our nursing support workers colleagues. Resources are in different styles, for example programmes, bit size modules and web-based resources, suitable for all roles.

RCN Learn was developed with user testing from an Expert Reference Group of members from different roles across the workforce including other user testing to ensure it is fit for purpose.

RCN Learn resources are quality assured, peer reviewed and are accessible and been through a process to ensure accessibility for example for our users with any neurodiversity disabilities and aligned to the RCN ELD live Equality Impact Assessment document. Each resource has had taxonomy applied to support the user finding where they need to be, and support RCN Learn to see what our users are searching for and how we continue developing resources.

We are continuing to develop an RCN and RCNi directory of evidence-based education, learning and development activities to empower the nursing workforce to influence and embed a learning culture within healthcare delivery.

RCN Learn is accessible on any device and early data demonstrates 60% of our users are accessing RCNLearn via a phone device.

References:

RCN Learn <https://rcnlearn.rcn.org.uk/>

Keywords: Online learning space. Easy access to learning and education CPD. Quality assured resources. Nursing workforce. A variety of learning methods.

LT4Aiv, 14:55 - 16:45, 6 December 2023

Exploring the challenges and successes of enabling student empowerment through the Personal Tutor role

Sheena Cottam and Stephanie King, University of Central Lancashire

Promotional abstract: Personal tutor support is a service provision for learners to encourage and increase overall engagement with nursing studies however complexities and challenges exist in the empowerment and support of a student's learning journey. This lightning talk draws on the reflective perspectives of two experienced academic nurse lecturers and Personal Tutors in their proposed innovation of a phenomenological project, focusing on empowerment of first year under-represented student nurses at a widening-participation higher education institute.

Summary: The 'Personal Tutoring' framework is a student support system delivered by academic staff and has an important role to play in supporting a diverse student population whilst studying full/part time at university and during clinical placements as Pre-Registration Student Nurses.

Student engagement with the personal tutor strives to facilitate academic success throughout an Individualised educational journey, through role modelling of expectations and professional identity required to become a Registered Adult Nurse (Nursing and Midwifery Council [NMC] 2018). A collaborative innovative project between two nursing Personal Tutors explores the challenges and successes of enabling student empowerment through learner support. Creating a sense of belonging and a 'community of practice' (Wenger-Trayner, E. and Wenger-Trayner, B. 2015) is crucial part of the students support system with enablement and empowerment for the learner to develop self, both personally and professionally. Personal Tutors through the lived experience, learn to juggle 'many hats' and 'manage shifting sands', often becoming an 'emotional buttress' (Brookfield, 2011, page 229) supporting multiple numbers of students, often resulting in personal tutor 'compassion fatigue'. This poses the question whether the level of personal tutor support is sufficient for those learners who are under – represented and from diverse backgrounds, with additional complexities, for example, international nursing students, where English is often not their first language, or students with Specific Learning Difficulties. Universities promote the widening participation agenda, along with an inclusive curriculum and personal tutor support for all, but does compassion fatigue of personal tutor impact upon learner success and are there any measurable qualitative narrative implications? Personal tutors are not expected to have an expertise in all areas of student support, however, awareness of cultural dimensions, social and academic background, to sustain confidence and promote co-creation between student and personal tutor is necessary to encourage cognitive growth, using a problem-solving approach. Personal tutors recognise the uniqueness of holistic support and strive to equip learners with the required tools needed for the complexities of nursing practice. First year undergraduate nursing students often experience stressful situations when transitioning into higher education, this is where the personal tutor's lived experience and inspirational empathetic listening skills can empower students to scaffold ideologies for self-awareness and adopt coping strategies, according to McKimm and Forrest (2010) 'using the Drama and Winner's Triangle models can aid solutions and improve communications, thus learners becoming more resilient using a 'transactional analysis' approach.

Our personal tutor provision will contribute to the future of student achievement through pastoral and academic support, optimising and empowering a successful learning journey through nursing education.

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Keywords: Personal Tutor. Empowerment. Student nurse. Support. Diverse.

Strand LT4B: Lightning talks

LT4Bi, 14:55 - 16:45, 6 December 2023

Supporting students throughout the academic feedback cycle

dwina Rushe, University of Liverpool

Promotional abstract: Evidence from peer review literature suggests that the process facilitates communication and self-reflection as well as the development of metacognitive skills.

This qualitative research study explores student engagement, attitudes, and feelings towards peer review within the assessment and feedback cycle. A peer review process was embedded within a year two BSc occupational therapy research module as part of the teaching and the module's formative process.

Summary: This qualitative research study explores student engagement, attitudes, and feelings towards peer review within the assessment and feedback cycle. A peer review process was built into teaching within a year two BSc occupational therapy research module as part of the module's formative process.

A scaffolding approach was used throughout the module to introduce peer review with distinct stages embedded within teaching and in formative evaluation. This process allowed for experimental learning, building confidence in feedforward and feedback and developing digital literacy skills within a positive learning environment.

Evidence from peer review literature suggests that the process facilitates enhanced communication and self-reflection as well as the development of metacognitive skills. This peer review process sought to enhance learning and promote engagement by introducing students into the assessment process as assessors, while developing enhanced familiarity and understanding with the module marking rubric and feedback/feedforward mechanisms.

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Keywords: Peer review. Assessment. Feedback cycle. Engagement. Metacognition.

LT4Bii, 14:55 - 16:45, 6 December 2023

Where are all the men? Exploring Occupational Therapy as a career choice for men - a qualitative research study

Bethany Housley and Edwine Rushe, University of Liverpool

Promotional abstract: Join us to hear the findings of a qualitative research study surrounding Occupational Therapy (OT) as a career choice for people who identify as men. Since its origins, OT has been a female-dominated profession. However, there is a lack of research around why so few who identify as male are entering into this career. This study seeks to understand the factors that support men to enter and engage in the study of OT. Come along to gain insight into lived experiences of male OT students, why they chose this path, current feelings about the program, and thoughts about the future.

Summary: This exploratory qualitative study will look at Occupational Therapy (OT) as a career choice for those who identify as men. Since its origins, Occupational Therapy has, internationally, been a female-dominated profession. This uneven gender divide persists, for example, according to the Health and Care Professions Council Diversity Data Report 2021, 92% of Occupational Therapist respondents were women compared to only 8% men (HCPC, 2021).

An understanding of why there is an underrepresentation of males within the profession may lead to suggestions of how to improve diversity and further male recruitment. A report by the Nuffield Trust found that benefits of a diverse workforce include improved quality of care for patients, a more sustainable workforce supply, and increased efficiency of services (Hemmings, et al. 2021).

It is important to carry out this research at the entry point to the profession, in relation to OT students as opposed to those already registered as OTs, because OT students are at the very start of their career journey. There is currently a lack of research as to how and why they choose to enter the profession. Therefore, this research will contribute to gaining a wider understanding of the decisions and experiences leading to them wanting to become an Occupational Therapist.

The aim of this research will be to provide an in-depth understanding of the lived experiences of male students on the Occupational Therapy program, and why they chose this healthcare course. The research will also explore their current feelings about the program and their feelings looking into the future, including discussion of any enablers and barriers to this.

Participants in the study will be Occupational Therapy students at the University of Liverpool who identify as male, across both the BSc and MSc year groups. They will be interviewed in a one-to-one, semi-structured format. Each interview will take no longer than an hour and may be done either face-to-face or online, at the preference of the participant involved. A sample size to aim for will be approximately 5 participants.

The proposed study will use a qualitative research design within phenomenology (Husserl, 1931) to complement the exploratory nature of the research and complexity of human experience. Reflexive thematic analysis (Braun and Clark, 2012) will be used to locate themes emerging from the discussions.

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Keywords: Occupational Therapy. Gender. Students. Qualitative. Underrepresentation.

LT4Biii, 14:55 - 16:45, 6 December 2023

Enhancing blended learning experiences: Strategies and outcomes applied to Critical Care Nursing Education

Heather Kincaid and Siby Sikhamoni, Kingston University

Promotional abstract: Join our presentation as we explore the practical considerations of delivering a blended learning course and the challenges. Learn how our 20-week course integrates asynchronous learning (70-90%) with face-to-face interactions. We'll delve into the Community of Inquiry (CoI) model, highlighting its three interconnected presences: social, cognitive, and teaching. Discover our strategies to nurture critical thinking, foster social connections, and enhance teacher presence. With metrics guiding student progress and participation, attrition rates are low, and performance matches face-to-face delivery.

Summary: A national blended learning framework was introduced to train 11,000 critical care nurses within the next few years (Health Education England, 2021). While the efficacy of blended learning as a successful mode of education has been supported by evidence (Graham, 2019). However, there is a high degree of variation in approaches towards blended learning delivery (Office for Students, 2022). This situation leaves academics who are new to blended curriculum delivery without clear guidance on module design and needing more practical tools. In this presentation, we will share practical tips and strategies that we utilised to design a successful blended course, providing the audience with valuable insights and actionable recommendations.

The national blended learning framework stipulated that 70-90% of the course should be asynchronous learning. In our 20-week course, four campus study days were allocated for face-to-face interactions, and 16 weeks were attributed to asynchronous learning. As part of our efforts, we adopted the Community of Inquiry (CoI) model developed by Garrison et al. (2000). This model presents a comprehensive theoretical framework that outlines three interconnected presences crucial for fostering effective blended learning experiences: social, cognitive, and teaching presence.

Cognitive presence centres on nurturing critical thinking skills, encouraging inquiry-based learning and facilitating meaningful educational experiences. Teaching presence revolves around the pivotal role of teachers in guiding and supporting students' cognitive and social processes. Social presence focuses on establishing a sense of sociability, connection, and interpersonal interaction among participants within the online learning environment (Garrison et al., 2000)

We employed the ABC curriculum to support the cognitive presence (Laurillard, 2002) to promote exploring, constructing, and resolving ideas and concepts through various learning activities. This approach empowered learners to engage deeply with the content. To foster a community spirit and cultivate relationships between students, we address social presence by organising students into teams from the course's onset. Additionally, to embed a collaborative atmosphere that enhances the overall learning experience, we provided the allocated teams with a private digital platform to facilitate a sense of belonging and peer learning.

To actively engage and support students in the blended learning environment, we employed various strategies to enhance teacher presence and facilitate effective student-to-teacher interactions. For instance, at the beginning of each asynchronous week, we created welcome videos to personally introduce the learning objectives and provide an overview of

the week's activities. These videos established a connection with the students and set clear expectations.

Furthermore, we used metrics provided by the virtual learning platform and MS Teams to monitor student progress and participation. The engagement metrics enabled timely identification and support to students with low weekly engagement. As a result, the course has yet to experience attrition. Also, there was no significant difference in student performance with blended delivery compared to 100% face-to-face delivery.

Our student demographic has changed significantly, comprising 75% of mature international nurses engaging with UK higher education for the first time. We have recently received research funding towards understanding the acclimatisation academic needs of international nurses.

In summary, through these endeavours, we fostered a collaborative and supportive online learning environment that positively impacted our students, their practice, and the stakeholders involved in healthcare education.

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Keywords: Blended-learning. Student engagement. Asynchronous learning strategies. Enabling success. Belonging.

LT4Biv, 14:55 - 16:45, 6 December 2023

How could healthcare staff support the creation of autistic-friendly workplaces?

Ashley Davies and Edwina Rushe, University of Liverpool

Promotional abstract: Autistic people are under-represented in the workforce and this study aims to understand the efforts taken by employers within the Liverpool region to recruit and retain autistic employees. It will also explore employers' knowledge of (and access to) education and external support as research demonstrates these can be facilitators in creating an accessible workplace.

Summary: Autistic people are under-represented in the workforce, with the 2021 UK census recording only 21.7% in employment, compared to 53.6% of the disabled population and over 80% general population (ONS, 2022). Employment provides more than just economic benefits, it plays a role in increasing independence, autonomy and self-esteem, facilitating socialisation and allowing for contribution to and integration in society. Furthermore, it encapsulates the transition into adulthood with suggestions this may be even more important for groups at risk of social isolation. The Occupational Therapy lens understands "being, doing, belonging (becoming)" (Wilcock, 2006) as integral to well-being and consequently this is a significant population at risk of exclusion and occupational deprivation.

This session aims to: Explore how employers are made aware of the needs of autistic employees and where the employers gain information and education about autism. Share details of specific workplace interventions and adaptations used and their impact through the lived experience of employers. Give an overview of the external support currently available within the Liverpool region and how this is advertised and accessed.

When considering this project design, it seemed important to ensure an approach that would allow for greater exploration of the subject and a move away from the medical approach to autism research, instead embracing the neurodiversity approach that recognises disability as a social construct. This MSc qualitative phenomenological study explored how employers are made aware of the needs of autistic employees and where they gain information and education about autism. An insight into the workplace interventions and adaptations made to support employment and the perceived impact is revealed through the lived experience of employers. The study also identified employers' knowledge of external support within the Liverpool region and how this is advertised and accessed.

The methods selected were chosen to explore examples of good practice rather than to apply findings to a wider population. The use of semi-structured interviews gave flexibility and allowed insight into the experiences and perspectives of the employer in a real-world setting and specifically addressed the occupational experience. Purposive sampling and a smaller study facilitated the gathering of "information-rich data" to understand intrinsic and extrinsic factors that have influenced stakeholders and ensured a client-centred approach. While the Equality Act (2010) places responsibilities upon employers to provide reasonable adjustments, it should be acknowledged that these guidelines can be difficult to interpret especially with conditions such as autism that cover such a broad spectrum. It can be challenging for employers to understand the needs of their diverse workforce and healthcare staff have the potential to support them to create more accessible environments. The continued integration of healthcare staff, and specifically in this instance, Occupational Therapists into the private sector could promote greater inclusion in the workplace.

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Keywords: Autism. Inclusive Workplace. Equality Act. Primary research. Occupational Therapy.