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Poster abstracts:
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Contents

D1A1: Revise and recall: A novel and rapid technique developed for medical students to enhance efficiency while studying and reduce stress

Poster authors

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Main focus/theme of, or issues addressed by, the poster

To reduce feelings of stress while enhancing ability to study and recall information.

To respond to student request for a goal orientated technique which is quick and easy to learn and which takes very little time to use effectively in any location.

Research approaches and underlying evaluation

A mixed methods approach was undertaken. The primary aim was to develop the technique and secondly to provide a pilot for a larger quantitative study. First, the specific needs of the medical students were investigated. The revise and recall technique was designed to address those requirements. Then the technique was evaluated over the course of one full academic year.

Qualitative analysis: the specific needs of medical students at King's College London were investigated by the thematic analysis of transcripts from focus groups of 5 or 6 students and semi-structured one-to-one interviews. Students also provided a qualitative evaluation of the use of the technique after they had completed their exams and before they had received their results to prevent the results influencing their perceptions.

Quantitative analysis: the perceived stress and exam results were compared pre and post the use of the new revise and recall technique.

Results

Twenty two students took part. Qualitative analysis revealed some issues specific to this group of students that they all experienced and some issues that were not common to all. The technique was developed to address all common issues with an option for individual modification.

The pilot quantitative data revealed interesting trends which should be investigated fully in a larger study. There was a mean reduction in stress perception over the period of the study with 83% of participants reporting a positive experience. There was an increase of 3% in the mean exam results when compared with results from the previous year.

Implications for healthcare education

This technique was designed be taught to one specific group of healthcare professionals to assist them in career long learning and stress management. Similar specific development could be undertaken to provide tools for other groups of healthcare professionals to learn while they are students and take into their working lives.

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D1A2: Using Word clouds and Twitter to close the evaluation loop

Poster author

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Main focus/theme of, or issues addressed by, the poster

Learning and teaching strategies

The poster describes part 1 of a process designed to effectively communicate what students felt they had learned during a classroom session. This was done by asking the students to reflect and record their thoughts on bespoke evaluation cards after a teaching session. The data generated by these were fed into a word cloud generator that enabled the big ideas to be seen. The word cloud was then tweeted to the students using a unique hashtag, (#pgcne16 and #pgcne16s2). At the end of the module, the word clouds were assembled into a collage, tweeted to the students to let them see what they had achieved over time, and provided evidence of achievement that motivated learning, (Race 2010). The collage was then paired with the learning outcomes from the module and the students were invited to word search the word clouds to match outcomes with achievements.

Subsequently, students will be asked to participate in a focus group to reflect upon the authenticity of the approach. A creative interpretive method will be used with Evoke cards. This part of the project will take place in April 2017 following ethical approval.

Research approaches and underlying evaluation

The research approach underpinning this scholarly activity is an action research imperative after McNiff (2013). This asks the fundamental question, how can I improve my practice?

Implications for healthcare education

The use of Twitter is on the rise and this project demonstrates how it can be employed by educators to continue learning conversations beyond the classroom. Indeed, Twitter on a mobile device in a nurse's pocket in the clinical area enables the extension of the classroom into practice. This project also shows how Twitter can be extended beyond the trivial and given that it is an international platform has no national boundaries.

The word cloud tool enables learning gain to be seen and can be adopted for a variety of purposes.

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D1A3: The competence of mentors in clinical practice: A systematic review

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Nurse mentors in clinical practice play an important role in facilitating the development of nursing students' clinical skills and experience and acting as a source of support (Jokelainen *et al.* 2011). At the EU level, the clinical practice component should comprise at least 50% of the degree program in nursing.

The aim of this systematic review was to synthesize the evidence related to nurses' perceptions of their competence in mentoring nursing students in clinical practice (Tuomikoski *et al.* 2016).

Research approaches and underlying evaluation

Study design

A systematic review of qualitative studies was conducted according to JBI produce and to published protocol. Electronic and manual data searches were performed. The studies were selected and the quality of studies was assessed by two researchers. A standardised data extraction tool (JBI-QARI) was used. Data was analysed by metasynthesis.

Results

From the 18 included studies, 221 findings were extracted. These findings were aggregated into 32 categories, and then into eight synthesised findings. The eight synthesised findings were: In mentoring, nurses should be able to (i) set individual learning objectives with students; (ii) mentor students to develop core elements of nursing; (iii) support students' learning process; (iv) create reciprocal and trustful relationship with students; (v) give and receive feedback from students (vi) produce constructive evaluation (vii) cooperate with stakeholders (vii) have personal qualities that support student learning.

Implications for healthcare education

This systematic review shows that nurse mentors need diverse competence in mentoring nursing students in clinical practice. They need the competence to support student learning process through reciprocity relationship with student. Creative and effective strategies are needed to develop mentor competence and ensure the high-quality mentoring of nursing students. Educational and healthcare organisations should work together in close collaboration to increase competency of both mentors and nursing students to work in increasingly diverse environments.

References

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D1A4: Nurses' competence in mentoring nursing students during clinical placement

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Nurses have an essential role when supporting student clinical placement. Nurses in clinical practice play an important role in facilitating the development of nursing students' clinical skills and experience and acting as a source of support (Jokelainen *et al.* 2011; Tuomikoski *et al.* 2016). Creating positive mentor experience has an impact on students' decision to remain in the nursing profession (Hilli *et al.* 2014). At the EU level, nurse education comprises at least three years of study or 4600 hours of theoretical and clinical practice and the clinical practice component should comprise at least 50% of the degree program in nursing and be performed in hospitals and other health institutions as well as in the community, where students learn to organise, dispense and evaluate the comprehensive nursing care, to work and to lead a team.

Aims

To describe nurses' competence in mentoring nursing students during clinical placement and identify the factors that affect mentoring.

Research approaches and underlying evaluation

Study design

A cross-sectional, descriptive explorative study design was used.

Methods

Data were collected during spring 2016 by a survey that was sent to nurses (n=3355) employed at five university hospitals in Finland. Nurses' competence in mentoring nursing students was measured with the Mentors' Competence Instrument. The analysis included descriptive statistics, nonparametric tests and Poisson regression analysis.

Results

Nurses with experience mentoring nursing students with diverse backgrounds rated their overall mentoring competence as good. Nurses were motived and evaluated their communication skills and their qualities of mentor very high. Competence of feedback and evaluation skills rated lowest. Factors that affect nurse competency in mentoring nursing students in clinical placement were completed mentoring course, work experience, role of the mentor and activity of mentoring.

Implications for healthcare education

Influential strategies are needed to develop nurse competence of mentoring and guarantee the high-quality mentoring nursing students. Nurses education of mentoring and regular acting as mentor to increase competence of student mentoring.

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D1A5: *Teaching and learning beyond the classroom: A student nurse perspective*

Poster authors

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Main focus/theme of, or issues addressed by, the poster

- Planning, preparation, delivery and evaluation of a health promotion session by Part 3 BSc Adult and Mental Health nursing students. The health promotion session is delivered using UWS portable educational resource, 'Class in a bag' (target population: school children 4-17 years) and Fitness Intervention resources to help promote physical activity with specific groups who would not usually engage in exercise (target population: a variety of community groups). This activity forms the basis of an oral academic assessment in the current undergraduate programmes.
- 'Class in a bag' topics include:
    - Healthy eating 'Class in a bag';
    - Food's journey through the body 'Class in a bag';
    - Hand washing 'Class in a bag';
    - Dementia through the eyes of a child 'Class in a bag';
    - My body 'Class in a bag';
    - Benefits of not smoking 'Class in a bag'.
- Fitness intervention resources include: The dementia ball; arm chair skittles; hula hoops; pedometers for walking groups and tea dance music.
- The emphasis for the student is on team working, leadership, communication and graduate skills development.

This approach to teaching and learning is supported by the Curriculum for Excellence (Scottish Government 2008); The Scottish Government (2014) Setting the Direction for Nursing and Midwifery Education in Scotland and the Nursing and Midwifery Council (2015) The Code for Nurses and Midwives.

Research approaches and underlying evaluation

Partnership working with the local education authority:

- Evaluation of this ongoing activity is recognised positively by the education department and is evaluated well by the class teachers and head teachers of the schools involved. This activity meets the needs of the Scottish Government's Curriculum for Excellence as well as addressing the needs of the undergraduate nursing programmes.

Partnership working with community groups:

- Overwhelmingly positive.

Programme evaluation:

- Fully integrated into the undergraduate curriculum;

- Student Module evaluation is positive;
- Helps prepare the student for the transition to registered nurse;
- Module assessment (oral examination) success is positive and feedback from external examiner commends this method of teaching, learning and assessment.

Implications for healthcare education

- UWS strives to promote innovative teaching, learning and assessments to enhance the student journey (UWS Corporate Strategy 2014; UWS Education Enabling Plan 2015), with scope to network with other Higher Education Institutions to share good practice.
- The role of student nurses in promoting the benefits of positive health and wellbeing within the communities we live.
- Enhance the student experience and continues to foster healthy partnerships with local communities throughout the West of Scotland (Lanarkshire, Ayrshire, Dumfries and Galloway and Glasgow).

References

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D1A6: Development of an e-portfolio for pre-registration student nurses

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Main focus/theme of, or issues addressed by, the poster

Background

Evidence of continuing professional development is a statutory requirement of the Nursing and Midwifery Council (NMC) and in 2016 the NMC introduced the revalidation process that requires nurses and midwives to maintain their professional registration (NMC 2016).

Professional development portfolios can be viewed as a valuable tool enabling nurses and student nurses to demonstrate continuous learning and professional development in accordance with regulatory requirements (NMC 2016). They have been a feature of UK higher education for several years (Head and Johnson 2012), particularly in health and social care disciplines and especially within nursing (Peacock *et al.* 2010).

Aim

To develop a new strategy for portfolio development for BSc and MSc adult and mental health nursing students from paper-based to electronic format based upon the NMC revalidation process taking a multi-professional, collaborative approach.

Research approaches and underlying evaluation

Implementation

The project team consisted of lecturers from across the adult and mental health BSc and MSc programmes and members of the technology enhanced learning (TEL) team, experts by experience and student nurses.

The e-portfolio is designed to prepare students for NMC requirements for revalidation and to enable seamless continuation of professional and personal development in the transition from student to professionally accountable registered practitioner through preceptorship. The portfolio consists of sections based upon the NMC revalidation template and including reflective accounts, practice-related feedback and reflective professional development discussions with the personal tutor.

The online electronic process reflects the elements of digital literacies (JISC 2014) encompassing a range of other capabilities, for example, learning skills, communications and collaboration and digital scholarship which are vital to nursing practice today. The platform also enables students to continue to develop their portfolio in preparation for revalidation via an alumni account.

Students are able to share elements of their portfolio with personal tutor and mentors and it is envisaged that guidance for completion of the portfolio will be facilitated by personal tutors. A practical training session, for adult and mental health students and adult nursing lecturers, was developed and delivered collaboratively within the project team, giving both students and lecturers the opportunity to use the portfolio on mobile devices and ask questions on its use.

Implications for healthcare education

Utilisation of the new portfolio will be continually evaluated and amended. It is anticipated that themes generated from this change may include:

- Development of the personal tutor role
- Improved student confidence in self-assessment
- Improved awareness and confidence in engagement with a professional development portfolio as a qualified nurse
- Smoother transition through preceptorship

References

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D1A7: Educational interventions to improve handover in health care

Poster authors

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Dr Morris Gordon, Reader in Medical Education and Systematic review, University of Central Lancashire

Main focus/theme of, or issues addressed by, the poster

Handover may be defined as the transfer of information about, and responsibility for, a patient between healthcare professionals and settings (Kicken *et al* 2012). Sadly, standards of patient handover are often inadequate (Keogh 2013), resulting in errors and threats to patient safety.

Research shows that education can increase the quality of patient handover (Drachsler 2012), however, students and qualified healthcare staff are rarely trained in the requisite skills (Gore *et al*. 2015). A 2011 systematic review (Gordon and Findley 2011) found little research describing educational interventions to improve handover, how they were designed or their effectiveness.

Research approaches and underlying evaluation

An updated systematic review was undertaken to determine how the handover education literature has progressed since Gordon and Findley's (2011) publication. The target population comprised medical and nursing staff, midwives and operating department practitioners, both qualified and undergraduates, and the setting was in-patient medical establishments.

From 4399 citations, 27 potential studies were fully screened, with 17 papers included in addition to the previous 10 studies from 2011. The majority involved postgraduate doctors and before/after designs. Most study results achieved levels 1-2 on Kirkpatrick's hierarchy (Kirkpatrick 1967) and the strength of the evidence for supporting the conclusions varied.

Despite the increase in published works, their quality generally remained poor and findings were similar to the previous review with a paucity of information on content, pedagogy or underpinning theory. A number of studies also focused on using tools to aid handover without any education about their correct use.

Implications for healthcare education

In the absence of quality research which focuses on describing content, learning outcomes, pedagogy and any conceptual underpinning, curriculum planners and teachers will still struggle to produce educationally high quality evidence-based interventions to improve handover education across healthcare professions. As a result, handover education may continue to not be embedded in curricula and healthcare professionals may remain untrained in handover skills, with the consequent risk that patient safety may be negatively impacted.

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D1B1: Team Trailblazers: Examining the impact of a student-led undergraduate team project

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Student experience and engagement, Team working and Leadership Development.

With the ideology that making the student experience more engaging leads to better learning and development (Healey *et al.* 2016), this poster will review whether a defined student-led project at Keele University for nursing undergraduates achieves this outcome.

Team working can occur locally and also across organisations therefore making it imperative that students learn how to function within an interdisciplinary team (Kruck and Teer 2009).

With ever-growing reports of poor leadership and the need for effective and compassionate leadership within the United Kingdom National Health Service (NHS England 2014), healthcare education needs to ensure that leadership and effective team working are embedded within workforces if organisations are to meet the challenges ahead (Kings Fund 2016).

The poster details a year-long student-led interdisciplinary team working project that aims to give the nursing students first-hand experience at team working and leadership skills within the first year of their programme. This project commences prior to their first placement and then continues in parallel to their first year of clinical practice placements.

Outcomes of the poster:

1. Identify the engagement and perceived range of skills and competence focused around team working and leadership developed as a result of participating in an interdisciplinary student led project.
2. To explore perceptions of the transferability of skills and learning from the team working project into clinical nursing practice.

Research approaches and underlying evaluation

The poster will report on the thematic analysis from focus groups conducted with students that have completed the project and have progressed further into the programme.

Implications for healthcare education

Nurse education needs to review whether its programmes are preparing the nursing workforce with the skills, competency and confidence to carry out these roles. WIllis (2015) asserted that nurses must be confident change agents and leaders to ensure enhanced patient care.

The research conducted will capture student perceptions around development in relation to experience and engagement; personal development; team development; leadership; innovation, and transferability of learning for the benefit of patient care.

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D1B2: The perceptions of older students participating in Masters level health and social care programmes about their experience at university

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Postgraduate course provision has grown recently accompanied by growth in healthcare professionals now studying to Master's level. (Watkins 2011; Zwanikken *et al.* 2013). Nurses and other healthcare professionals are now completing postgraduate degrees with the aim of practising at advanced levels (Drennan 2008; Green, Perry and Harrison 2008). The growing requirement to have a Masters to practice at advanced level has led to increasing numbers of older professionals returning to university (Coneeley 2005; Drennan and Hyde 2008). Significant numbers are 45 years and over and considered "older" students (Findsen 2012).

Older professionals want to extend their careers and are encouraged to do so because:

- They have a right to work for as long as they want and to retire when they wish.
- They are facing challenges caused by the recession and continuing austerity, creating uncertainty about their ability to have a secure income during retirement (Casey and Dostal 2013; McNair 2009).

They also face a phenomenon labelled credential inflation which involves the realisation that the requirements for most jobs have risen, so for many older professionals their previous qualifications do not allow them to stay competitive in an increasingly exclusive job market (Organisation for Economic Cooperation and Development 2012; European Centre for the Development of Vocational Training, 2010). A pressure to attend higher education and upgrade your credentials in midlife exists because ageing workers are compared to, and compare themselves with, the younger workforce. The demand for advanced credentials also distinguishes particular professions from others as educational credentialing intensifies in occupations where the right level and type of degree has become the only acceptable one (Isopahkala-Bouret 2015). To remain in such occupations requires constant renewal making educational credentialing a long-lasting practice so widely accepted that it is not questioned. While there is recognition of these pressures, the changing motivations and their impact on the experience of older professionals studying part-time at University has received very little attention.

The aim of this study is to examine how older students perceive their experiences returning to higher education, as they work towards completion of a Masters qualification. It considers the social, cultural,

political and organisational influences that have impacted on their learning.

Research approaches and underlying evaluation

This research employed descriptive phenomenology. Descriptive phenomenology allows an exploration of phenomena through direct interaction between the researcher and the participant (Gerrish and Lacey 2010). It was grounded in Husserlian principles and focused on the description of meaning of the experienced phenomena (Giorgi 2000). This approach allows the use of specific examples of participant's everyday experiences to facilitate analysis (Giorgi 2006; Norlyk and Harder 2010).

Implications for healthcare education

Understanding the perceptions of current older students reveals how they are dealing with a situation where they may be confronted by workplace ageism and a climate where credential inflation appears to be occurring against a backdrop of recession and austerity.

The study suggests ways in which the experience of older students may be made more attractive. The strategies revealed could significantly enhance support for part-time older learners and challenge the existing culture and pedagogies that exist so that the sector is better able meet the needs of growing numbers of older students.

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D1B3: Developing advanced critical care practitioners: A collaborative approach between hospital and university

Poster authors

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Main focus/theme of, or issues addressed by, the poster

There is unprecedented demand on healthcare services with an ageing population and many patients with multiple comorbidities. One of the recommendations from the Five-Year Forward report was to develop advanced practice roles and allow healthcare professionals to become more autonomous (Imison *et al.* 2016), including in high acuity areas such as Intensive Care Units.

In 2016, The Royal Marsden Hospital advertised for Advanced Critical Care Practitioners (ACCPs) and two suitable nurses were appointed. The ACCP Curriculum developed by the Faculty of Intensive Care Medicine is used to provide a structured programme that complies with the Faculty requirements (Faculty of Intensive Care Medicine 2017). The ACCP programme consists of an academic component (delivered by King's College London) and the clinical component which is delivered at the Royal Marsden Hospital under the supervision of two Critical Care Consultants.

Assessment is through a mixture of formal tests of knowledge based in the university and workplace based assessments undertaken in the clinical area. Assessments are opportunities for trainees to demonstrate excellence as well as identifying areas of weakness. This part of the curriculum provides the paperwork for these assessments.

The students' progress is formally reviewed with regular meetings between the students, a university academic, the two Intensive Care consultants (who are also the clinical supervisors) and the clinical nurse lead. The ACCPs have undertaken two formal reviews of knowledge to date, and shown their skills practiced as per the Faculty of Intensive Care Medicine curriculum. These include Direct Observation of Procedural Skills, Acute Care Assessment Tool, Case-based Discussion, ICM Mini-Clinical Evaluation Exercise, Multi-Source Feedback and an Expanded Case Summary. Students also have their logbook reviewed that demonstrate activities, patient involvement, practical procedures and critical incidents as well as a summary of all formal teaching sessions and courses attended.

This presentation will outline how the new role was developed, how the students have developed their clinical skills and how they are assessed clinically and academically and how the university and hospital are working collaboratively on this new advanced practice role.

This new advanced practice role offers opportunities to fill gaps in the medical workforce, improve clinical continuity, provide mentoring and training for less experienced staff as well as offering a rewarding clinical role.

Implications for healthcare education

- This presentation demonstrates how a structured clinical and educational programme can be applied using the Faculty of Intensive Care Medicine curriculum.
- This highlights the ability of Higher Education Institutions to work collaboratively with clinical colleagues in developing advanced practice roles and ensuring quality assurance mechanisms are in place, set training standards, ensure adequate supervisory requirements are in place and clear role descriptions are available.
- We will demonstrate that this model could be adopted widely in other clinical specialties.

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D1B4: Making advanced practice fit for the future: Delivering fit-for-purpose advanced practitioners via a curriculum development project

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Main focus/theme of, or issues addressed by, the poster

There is a need for healthcare professionals (especially non-medical) to manage the growing burden of complex and chronic diseases more efficiently and effectively. The current workforce needs to extend their skills and knowledge via structured education programmes to become competent advanced practitioners at a rapid rate with short training times.

We are undertaking a review of our current MSc in advanced practice aiming to develop a curriculum that addresses the healthcare needs and Trust requirements for their workforce. The work commenced January 2017 and will be completed by July 2017. It is apparent that we need to develop an Advanced Practice programme that is clinically relevant, allows students to develop specific clinical competencies (as well as the generic Department of Health Advanced Practice competencies) and ensures that evidence based research is integrated into the programme content. Given these pertinent points, there is a need to change our MSc advanced practice programme so that we can offer contemporaneous and clinically relevant programmes that meet both the clinical and academic requirements.

Our aim is to develop a curriculum that equips practitioners with appropriate skills and knowledge, is fit-for-the-future and addresses the gap in the current workforce. Therefore, the methodology will revolve around developing a curriculum with Faculty academics, College representatives, Trust representatives and students (i.e. project team).

The project will commence with focus group discussions with key stakeholders. These will focus on experienced clinicians currently working as nurse practitioners and nurse consultants from our Trust partners (including nurses and other allied health professionals), along with current students and alumni who have previously completed the programme. The focus group discussions will obtain participants' views on their training and education needs. Findings from these focus groups will inform the development of a draft curriculum will be presented to all relevant academic and practice stakeholders for review and comment.

As the new MSc programme is refined and adjusted according to this feedback, the project team will have regular meetings with all relevant individuals/stakeholders that will inform further work. The primary goal is to ensure that the new curriculum meets the required current, and future clinical demands of the workforce whilst ensuring the required academic standards from an educational perspective are met.

Research approaches and underlying evaluation

Data will be primarily descriptive in nature, with the focus group discussion data transcribed and subjected to a standard process of thematic analysis.

Implications for healthcare education

- This collaborative approach of working with industry partners and current/past students, demonstrates an inclusive strategy that will ensure a fit-for-purpose advanced practice Masters.
- This presentation will outline how our approach to curriculum development is applying the local Health Education workforce planning process in developing a curriculum for advanced practitioners.
- This presentation will highlight how this project ensured students are part of the project team as active participants in developing 'their' curriculum and active contributors.
- For current students, the new advanced practice programme will ensure students are a better-prepared workforce, working at advanced practice level.
- Written assessments and clinical portfolio can be used for professional revalidation and work appraisals.

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D1B5: 'Snap Skills': Using short focused video media to support the development of fundamental mental healthcare competencies.

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Nurse education within the United Kingdom (UK) is regulated by the Nursing and Midwifery Council (NMC). Within the UK nursing education has four distinct fields rather than leading to a generic nursing registration.

Despite aspects of mental health being within the existing standards for pre-registration nurse education of Adult nurses (NMC 2010), and the drive for improved mental and wellbeing and improved services (Department of Health 2011; Independent Mental Health Taskforce 2016). There are paradox assertions that Adult field nurses don't feel prepared or equipped to care for people with mental health needs (McVey 2013; Anonymous 2014).

In order to address this, Lecturers at the University of Derby developed a series of videos, created to enhance fundamental mental health skills. Each constructed as 'bite-sized' clips lasting less than 2 minutes. This selected format enabled, as phrased by Gutierrez (2016) adaptation to 'modern day learners', with access to the resource across platforms that was easy to consume, relevant and applicable to development.

Research approaches and underlying evaluation

1. To reflect upon the development of innovative teaching and learning resources.
2. To examine student utilisation and impact upon confidence and competence in responding to and meeting the needs of patients with mental health needs.

Findings from focus groups of users of the teaching and learning resource will be presented within the poster.

The use and evaluation of 'snap skills' © as a teaching and learning resource will provide evidence around the utility of this approach to facilitate the development of mental health skills for none specialist nurses.

Implications for healthcare education

The 'snap-skills' © resource were collaboratively developed with service providers and users. The format selected was short video recordings, edited and uploaded to YouTube, and subsequently embedded within an online learning environment.

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D1B6: "An exploration of the attitudes of Orthoptic clinical educators towards reflection"

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Clinical practice is a vital part of education for all health professional programmes, providing a learning environment which addresses the theory-practice gap and is supportive, supervised, authentic and consistent with communities of practice (Lave and Wenger 1991) and where reflection occurs. However, the concept of reflection is broad and challenging to define. This lack of clarity and purpose of reflection creates uncertainty for health care educators and hence their ability to both model reflective behaviours from which students can learn and value. In its simplest form, Reid (1993) considered reflection as a "process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice". Reassuringly, a wealth of evidence across a range of professions including dentistry (Boyd 2002) and nursing (Baker 2006; Ruthman *et al.* 2004) and medicine (Chambers 2011) supports the view that reflection should be included in clinical education paradigms but there is a distinct lack of evidence regarding reflection in orthoptic practice. It is disconcerting, however, that within the field of Orthoptics, little support is provided to guide the students through the reflective process despite the professional requirement. It is interesting to note that relatively few studies have sought to ascertain the attitudes of clinical educators towards reflection (Cashell 2010; Bulman *et al.* 2013; Manning *et al.* 2009). Thus the study explores the attitudes of orthoptic clinical tutors attending a Clinical Education Module for Orthoptists, towards reflection, how reflection is perceived and used as part of their role in facilitating learning in the clinical education of undergraduate orthoptic students.

Research approaches and underlying evaluation

The study was conducted using a mixed methods approach incorporating both qualitative and quantitative methods, namely a focus group and a questionnaire, and consistent with sequential strategy. The focus group was interpretive: participants, of which there were thirteen, had similar

characteristics and were brought together for their specific knowledge or experience to increase the trustworthiness of the interpretation of the research findings. Furthermore, the focus group facilitated interaction with other educators thereby promoting the exploration and clarification of participants' views around reflection which would be less easily accessible in one to one interviews as recognised by Asbury (1995). Creating an appropriate environment through focus groups, encourages active dialogue where views can be openly debated using a skilled moderator whist simultaneously providing a high level of face validity (Kreuger 1994). Recurring themes were identified from the focus group to inform the subsequent quantitative questionnaire. A mixed methods approach was used to facilitate triangulation to increase the rigour of the study.

The main findings demonstrated that there was a lack of consensus of a definition of reflection and the perceptions showed little recognition in its value in assisting in students to learn but viewed it as important for their own learning and personal development. The educators viewed reflection as a continuous journey and as part of continuing professional development and identified a range of constraining and enhancing factors including the lack of an appropriate learning environment, uncertainty of reflection and time constraints.

Implications for healthcare education

Although the findings should be reviewed with caution, it is clear that there is a need for Orthoptists to acquire greater understanding of the meaning of reflection generally and the role and benefits of reflection in facilitating student learning and that reflection should be viewed as a skill which needs to be introduced early into curricula. It is intended that the questionnaire will be rolled out across the orthoptic profession targeting both clinical tutors and future clinical tutors. Furthermore, in light of the little evidence regarding attitudes towards reflection, it is likely that the study will be extended to include a wider range of professionals.

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D1B7: Letting go of power in a co-produced clinical practice placement development

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Main focus/theme of, or issues addressed by, the poster

The NHS Five Year Forward View (NHS England 2014) sets out a vision for the NHS focusing on new models of care and recognising that health and social care professionals need to work differently to engage with and empower individuals and communities. This vision encourages the development of diverse solutions to healthcare challenges through a modern workforce and innovation in practice. This poses a challenge for educationalists. How do we creatively design and developing curricula and learning experiences that facilitate knowledge and skills development that align with this vision? How do we prepare graduates for the workplace of the future?

Within occupational therapy profession, non-traditional, role emerging and project based placements have been used in practice learning for over 20 years (Overton *et al.* 2009) to enable knowledge and skills development. The College of Occupational Therapist define role emerging placements taking place "where there is not an established occupational therapist role" (College of Occupational Therapist 2006, p1) and evidence indicates that these type of placements provide students with opportunities for personal growth and development (Clarke *et al.* 2014) beyond that available in more traditional practice settings.

At London Southbank University, we have worked closely with a Service User Co-operative over a 12-month period to design a role emerging practice placement experience for the postgraduate pre-registration students on the occupational therapy course. This follows a previous placement opportunity offered by the co-operative to the social work students. Co-creation and co-production was central to the placement design, its everyday working and evaluation. Although service user involvement in health and social care education is well established and is wide spread in UK (Spencer *et al.* 2011), this placement emphasised the role of the service user within clinical practice and the educational process.

Through long-arm supervision of the students during their seven-week placement, the authors were inspired to question their traditional supervisory role of directing the delivery of service, theoretical framework and the language of the profession. This process allowed further reflection on our experience of co-production in practice education.

Implications for healthcare education

The project has made us more self-aware of our tendency to hold on to power in many aspects of clinical practice and practice learning. The power sharing prompted us to re-examine facets of practice routines and education. We conclude by looking at future directions of this project and its impact on our teaching and curriculum design.

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D1C1: Role of class size on student learning and staff satisfaction: A mixed-method study

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Internationally increased care demands and an ageing workforce have led to a shortage of registered nurses (Drury *et al.* 2009). In the UK and elsewhere this has resulted in added demand for nursing student places at universities. Given staff and space capacity issues, larger class sizes have been required to accommodate this. Whilst there is an abundance of literature which explores different aspects of higher education teaching (Moffett *et al.* 2014), including teaching styles (Shin and Kim 2013; Foley and Masingila 2014) and the challenges and opportunities these bring (Mulryan-Kyne 2010), including emotional aspects of teaching large groups (Hogan and Kwiatkowski 1998; HEA 2015), there is a dearth of literature which examines the role of class size on student learning and staff satisfaction. Concerns around student experience and staff satisfaction in the light of these changes prompted a formal mixed method evaluation study in one department of nursing in England to inform future development, including student and staff support and impact of learning and teaching approaches.

Project aim

To investigate the role of class size on student (n=213) learning and staff satisfaction (n=30) during the first year of a pre-registration adult field nursing programme

Objectives - to examine:

- Staff perceptions on how class size influences learning and teaching;
- Student experience of class size;
- Student outcomes (attrition, attendance, and performance).

Research approaches and underlying evaluation

The approach adopted for the study was that of cooperative inquiry (Heron 1996), chosen as appropriate for research with peers and because the study team were also research participants. Bournemouth University ethical approval was gained before study commencement. Data were collected between September 2016 and September 2016. The study design used mixed methods in three stages: phase 1 pre-student arrival survey of all staff involved in year 1 teaching (n=30); phase 2 staff survey 2 and student module evaluations; phase 3 staff survey 3, student module evaluations, key stakeholder focus group and end of year student nominal groups. End of year student progression data was also collected. Quantitative data were analysed using SPSS to produce descriptive statistics and qualitative data were underwent a process of thematic analysis.

Implications for healthcare education

Student data indicated that 85-98% felt able to ask questions and that the delivery encouraged student interaction. Whilst only a minority indicated the opposite, qualitative comments indicated that students with additional learning needs had difficulties associated with large class sizes. These findings contrasted considerably with the staff data where dissatisfaction was clearly evident in particular around knowing the students, maintaining classroom discipline, being creative and being able to identify weaker students. The majority also expressed perceptions of increased stress. The themes to emerge from the full data set were: staff wellbeing, gaps in learning and teaching skills sets, time out for innovation, responding to the seldom heard student voice, digital solutions and decreased interpersonal communication between students and staff. Further work is on-going to refine these results and to integrate the progression data. This will form the focus of the presentation. Detail will be provided to enable transferability to other settings to be judged by the audience

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D1C2: Collaborative Learning in Practice (CLiP®)

Poster authors

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Main focus/theme of, or issues addressed by, the poster

The poster presentation will address the issues we have experienced in regard to Student experience,

student and mentor satisfaction and capacity issues. The poster will discuss the coaching model of student nurse training in comparison to the current mentor model and the changes within practice guidelines being discussed by the NMC.

It will show the development of the pilot held within trust and a roll out following initial phase. We have had funding to develop the Pilot in the North west region and to share our findings to other organisations within the area and the country. We have had interest from other trusts in how we have implemented the programme and developed our coaching framework.

Research approaches and underlying evaluation

Pre and post evaluation questionnaires were undertaken with students, staff and patients. Observational study on both pilot sites of the use of call bells. As a trust we are due to undertake a research programme working collaboratively with the research team here at the trust and the universities affiliated to the trust. This will focus on student experience and impact on patient care. We have published an Ewin article of the pilot and are currently writing a journal article for the British Journal of nursing, where we will share our initial findings.

Implications for healthcare education

The CLiP will have and is already showing to have a positive impact on student nurse capacity in clinical areas, as more students are allocated to the wards than could have been under the mentor model. It is also proving to provide more capable, confident and independent decision makers allowing for a streamlined transition from student to staff nurse. This in the future may have a positive impact on the preceptorship period and the coaching model is already being discussed by the NMC as forming the basis of the educational standards.

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D1C3: Patient involvement in eLearning

Poster authors

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Main focus/theme of, or issues addressed by, the poster

Patient stories are recognised as powerful tools that bring something different from just reading about an experience. Reflecting on them provides an insight into the breadth of illness experience for the patient. Many health professionals will only have contact with the patient for a short period of time and therefore limited understanding of the context of their wider experience (The King's Fund 2017).

Research approaches and underlying evaluation

Education for Health delivers accredited continuing professional development (CPD) programmes for healthcare professionals through a blended learning approach. Our new Cardiovascular Disease

eLearning module incorporates talking head videos of a young heart attack victim, Emma. Her journey was broken down into short sections which were incorporated throughout the module in order to give her perspective alongside the relevant theory. The semi-structured interviews enabled Emma to tell her story and provide a rich source of first-hand information about the impact the condition, staff, and treatments have had on her overall well-being, along with an understanding of what she felt was missed along the management pathway. After watching some of the video clips, students are asked to reflect on her experience and how it related to the current topic of learning. We will use student surveys to evaluate the effectiveness of this approach.

Implications for healthcare education

High quality video capture technology is now relatively cheap and straightforward to use and hosting solutions are readily available (Davies 2014), facilitating the straightforward incorporation of video content into eLearning units. Following the journey of the same patient through an eLearning course enables the students to more fully understand the patient's experience and provides insight into areas that may otherwise be missed.

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D1C4: Professional development for nurses new to general practice

Poster authors

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Julia Neal, Director of Education, Education for Health

Main focus/theme of, or issues addressed by, the poster

The workforce in primary care (and particularly general practice) is getting older and it has been predicted for some time that shortages of general practice nurses (GPNs) and general practitioners (GPs) are likely. At the same there has been a shift of workload from secondary care to primary care in line with the national agenda. Around a third of consultations in primary care involve a GPN, so the importance of developing a competent workforce cannot be overestimated (Queen's Nursing Institute, 2015). In response to this need, a module 'Professional Clinical Practice for General Practice Nursing' was developed. It can be studied as either a non-accredited course or as a Level 6 module or graduate certificate accredited by the Open University.

Research approaches and underlying evaluation

Changing workforce requirements require education for practice nurses to be high quality and flexible, and this can be achieved through 'blended learning', a term generally used for a combination of digital and face-to-face approaches (Friesen 2012). Our course delivery approach used a 'blend of blends' (Bonk and Graham 2012), in which digital learning (eLearning units, videos, forums) was combined with both practice-based learning (recorded in a workbook and overseen by a work-based mentor) and face-to-face learning (at study days and with the mentor). These learning approaches were linked using

visual cues (colour coding and icons). This combination of approaches facilitated flexibility (online learning available for access by the learner at their own pace and time), as well as supporting the principles of personalisation (reflective learning on their own experience), participation (peer-to-peer and with tutors, at study days and on the online forum) and productivity (work-based scenarios) as proposed by Narayen and Herrington (2014).

Implications for healthcare education

The initial cohort of students described their motivation for enrolling on this course being:

- a desire 'to go back to basics … and to update my knowledge. Things are very different now to when I was first nursing'
- the need for 'an overview of what I need to do as a Practice Nurse'
- the provision of 'an important stepping stone for me to become a General Nurse Practitioner'

This feedback reinforces the identified need for a flexible approach to professional development that fits with their busy schedule. Further feedback will influence ongoing review.

The model used for delivering the learning through a blend of online, work-based and face-to-face learning combines the advantages of each approach and is transferable to a variety of settings and healthcare professions.

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D1C5: From expert to novice to expert: An analysis of the lived experience of return to nursing practice students

Poster authors

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Main focus/theme of, or issues addressed by, the poster

At a time when the NHS faces unprecedented workforce challenges, Return to Nursing Practice has been seen as a vehicle to address the shortage of Registered Nurses within the United Kingdom (Health Education England 2014). By completing a structured and supportive programme of study, students whose nursing registration has lapsed, can regain entry onto the professional register and

once more practice as a Registered Nurse (Nursing and Midwifery Council 2011).

The poster displays research findings exploring the experience of students undertaking the Return to Nursing Practice programme. The key themes illustrate the rationale for returning; the challenges of completing the programme; the notion of preparedness for practice and the analysis of the concept of how it feels to return to nursing as a "Novice" having perhaps previously practiced as an "Expert" (Benner 1984). By understanding this experience, providers are able to support students through their course of study, ensuring that they are prepared for the challenges of contemporary healthcare.

Research approaches and underlying evaluation

Key themes emerged following the distribution of an on-line open-ended questionnaire, which yielded data that provided insight into the experience of completing the Return to Practice Programme. A thematic analysis of findings highlighted concepts which impacted upon the student experience, both theoretically and from a practice based perspective.

The findings provided valuable data and insight into the following areas:

- Initial reasons for leaving the nursing profession;
- The rationale for returning to nursing;
- The concept of "preparedness" for the student to transition back into the NHS workforce;
- The unique challenges faced by this student group requiring distinctive and pro-active support both within the university and in clinical settings.

Implications for healthcare education

- The transition from "expert-novice-expert" - The unique support strategies required for this student group
- Theory to practice links
- Sustainment and retention of students through the programme and beyond.

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D1C6: An alternative way: Qualitative evaluation of the Community Nursing Development Framework (CNDF) Pathway

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Main focus/theme of, or issues addressed by, the poster

Changes in population demographics, adjustment of governmental policies, increasing public

healthcare demands and increasingly limited resources has seen a move, across the globe, to a increasing focus on community based healthcare (Liou and Chen 2012). In the United Kingdom demand for district nursing services is increasing significantly as delivering care in patients' home is seen as a vital component of the sustainable future of the NHS (NHS England 2014).

Within the United Kingdom appointment to community nursing posts has been predicated on the Specialist Practitioner Qualification (SPQ) for District/Community/Home Nursing, specified by the Nursing and Midwifery Council. Doubts about continuing to rely on the SPQ to prepare the future workforce are rising, with the Queens Nursing institute of Scotland (2015) highlighting that the availability of the SPQ is lacking in some areas of the United Kingdom and '…that there is no generally accepted alternative to it". Until 2014 in NHS Lanarkshire, community/district nursing appointments required the SPQ but, as there was growth in demand for community nursing services and a need to prepare greater numbers for these posts, this could not be done, in terms of affordability, accessibility and time, by relying on the SPQ alone.

This led to the development and implementation of the Community Nursing Development Framework (CNDF) pathway. Modules under this pathway are offered by the University of West of Scotland. This poster presents the findings from a qualitative evaluation of this locally devised innovate framework which provides an alternative, but equivalent, career option to the SPQ, enabling existing community registered adult nurses to progress to Case Load Holder/District Nursing Sister posts within NHS Lanarkshire. Findings indicate that students, staff and managers have recognised the benefits of the CNDF pathway such as personal development, career progression and increase in knowledge and skills. Equally challenges for the pathway have been noted and will also be presented within the poster.

Research approaches and underlying evaluation

A qualitative evaluation was carried out using focus group methodology. Ethical approval for the study was granted by University of West of Scotland Ethics Committee and standard ethical principles were adhered to throughout. Five focus groups were undertaken. In four of the focus groups theory and supervised practice placement aspects of the pathway were explored with the students and with the staff (both health board and university) who facilitated, supported and supervised the students undertaking the pathway. One focus group was conducted with the managers six months after the first cohort of staff had completed the CNDF pathway.

Implications for healthcare education

The CNDF pathway provides a local alternative to the Specialist Practitioner Qualification (SPQ) for District/Community/Home Nursing which has the potential for transferability to a variety of other healthcare practice and educational settings.

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D1C7: Effects of ubiquitous learning to students' knowledge

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Main focus/theme of, or issues addressed by, the poster

Higher education is changing from electronic and mobile learning towards ubiquitous learning. Ubiquitous technology allows learning in all places and times based on the student's personal schedules and needs. Ubiquitous learning environment combines real-life learning situations with corresponding situations in virtual environment by using mobile devices, wireless networks, functional objects and sensing technologies. In this study, the ubiquitous 360° learning environment was used for clinical histotechnology studies. Aim of this study was to evaluate the effects of ubiquitous learning to students' clinical histotechnological knowledge.

Research approaches and underlying evaluation

A quasi-experimental study design with experimental and control groups was used. Students in biomedical laboratory science degree assigned in clinical histotechnology course were divided in two groups. The experimental group (n=60) studied via ubiquitous 360o learning environment and control group (n=52) via web-based environment. Students' knowledge of clinical histotechnological was evaluated before and after the course by using instrument developed in this study. Instrument included in the knowledge test and the self-evaluation of routine and complex histotechnological processes of human tissue samples. Data was collected electronically between 2015 and 2016. Data was analysed statistically.

Statistically significant differences between groups were found both in knowledge test and in self-evaluation. Students studying in ubiquitous 360° learning environment possess stronger knowledge in histotechnology than students studying in web-based learning environment. Students in ULE group scored higher in all areas of knowledge. Level of knowledge rose significantly in experimental group.

Implications for healthcare education

It can be concluded that the use of ubiquitous 360° learning environment enhances learning significantly. Ubiquitous 360° learning environment can be used as effective learning environment and teaching method in clinical histotechnology.

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D1D1: Development of an innovative programme to meet the national drive for the Nursing Associate role

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Main focus/theme of, or issues addressed by, the poster

The new Nursing Associate role was launched by Health Education England (HEE) in 2016 for commencement in January 2017. We (Middlesex University) were the HEI within North Central London (NCL) - one of the 11 pilot sites chosen, and this presentation will inform others of the innovative approach taken. The shortage or registered nurses and recruitment challenges for the profession worldwide, along with the increasing healthcare demands of the population indicate the demand for roles such as the NA is one that is set to continue, thus this model has potential interest nationally as well as internationally.

Aim/focus of the innovation

The role of the Nursing Associate is the largest scale implementation of a new nursing role for our generation. It aims to fill the considerable gap between the work of support staff such as HCAs and that of the Registered Nurse. The innovation described within our case study is the development of an innovative educational programme to support the role.

Research approaches and underlying evaluation

The success of the programme is being closely monitored by the traditional performance indicators of attrition and module results, but we will also draw upon our 'reality checks' with students, evaluation of placements, and feedback from the employing practice areas.

Implications for healthcare education

The programme developed and delivered at Middlesex University (MU) in partnership with the NCL meets the rigorous requirements of the HEE curriculum framework, and met the timeframe for rapid recruitment, development and delivery. The programme provides academic underpinning for the Trainee Nursing Associates (TNAs), a block delivery of modules, a robust assessment strategy and a 'Hub and Spoke' model of placement learning. The spoke model allows the TNA to gain experience of primary care, community, acute physical care and mental health settings, which incorporate the HEE requirements of hospital, home, and close to home. There are 4 spoke placements of 2 weeks each over each year of the programme.

Key findings

Together with other pilot sites we found the limited timeframe for recruitment and programme commencement challenging. The speed of the innovation of the role, and the varying levels of support for the NA role from the profession and the media have created a challenging environment in which to innovate. This has provided the TNAs, programme team and pilot group an additional role – to be advocates of the NA role.

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D1D2: Systematic review of a technology supported collaborative learning in healthcare education

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Main focus/theme of, or issues addressed by, the poster

The technology supported collaborative learning can be used to improve information combining and sharing skills in multi-professional healthcare working environment. Collaborative learning refers to coordinated interaction of students with the goal that students acquire understanding of topic by combining information they have shared for themselves in web-based education platform. Collaborative learning has been studied in the context of elementary school, higher education and virtual learning environments. However, information is very scattered making it difficult to be utilised in evidence-based healthcare education. The aim of this systematic review was to summarise the knowledge of technology supported collaborative learning practices in healthcare education.

Research approaches and underlying evaluation

Data was collected from Aleksi-, Arto-, Cinahl-, Eric-, Medic-, Medline- and Scopus databases from year 1995-2016. Also the references of selected articles were screened and relevant studies were included to the review. Only peer-reviewed original studies which met PICOS review form were included to this survey. The quality of studies was evaluated using Joanna Briggs Institute's criteria. The study selection and critical appraisal was conducted by two researchers independently. The data was analysed using a descriptive synthesis. As the findings of this review, the most important issues about technology supported collaborative learning in web-based healthcare education are clearly described.

Implications for healthcare education

Technology supported collaborative learning was found to be very useful in healthcare education. By sharing information and experiences about the topic in web-based learning environment, the students will get more comprehensive and deep understanding of the issues since they can discuss and combine information collaboratively. That process will engage the students to target based actions and they learn how to reach goals of work together. Correct size of study group is important. Group members should be selected pedagogically so that each of the members can contribute to the work. Teacher's role is important to design the topic such as students have to share and combine their information. During web-based collaborative learning process, the students should get teacher's guidance when needed. That kind of collaborative action will be very useful in daily healthcare work.

The findings of this review are very important for improvement of technology supported healthcare education.

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D1D3: Smokes and Ladders: A board game assessment in tobacco control

Poster authors

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Main focus/theme of, or issues addressed by, the poster

This poster captures the preliminary student experience of board game design and collaborative work within the context of a newly introduced assessment in Tobacco Control, an undergraduate health professional course at the Auckland University of Technology (AUT), New Zealand.

Although tobacco control is a strategic, national public health priority in New Zealand, the goal to be largely Smokefree by 2025 (SF2025), is unlikely to be achieved using the current strategies. This has implications for health promoters because they have a prominent role in tobacco control at the individual, community and societal levels.

Not all students are enthusiastic about Tobacco Control on the first day of class. Some smoke or live with smokers and fear being judged. Others do not think that the subject is relevant and cannot imagine that it will be engaging and inspiring. The teaching joy has been to turn this around through innovative learning activities that engage and inspire as well as foster and stimulate the students' active involvement with their own learning.

Building on this innovative platform, together with the public health implications of not achieving the SF2025 goal, an innovative and novel assessment has been introduced where a board game is designed through collaborative work on tobacco control strategy development. Using Snakes and Ladders as a basis, groups of students will be supported to develop their own board games called 'Smokes and Ladders' and which portray the following:

- assessment of the risks, consequences and timing of tobacco control strategies
- impact of tobacco industry tactics
- advocacy for strategies relevant to sub-populations
- achieving Smokefree 2025.

Research approaches and underlying evaluation

Literature review: social constructivist approach and board games.

Weekly photographic record: board games being designed

Thematic analysis: learner and teacher perceptions of board games as a learning and teaching tool

Implications for healthcare education

The use of board games in tobacco control education is underpinned by the social constructivist view that learners are active participants in their own learning. Tobacco control health promoters need to do things differently. By locating an assessment in a gaming context, this is likely to inspire learning, encourage communication, collaboration and risk-taking and promote openness to new ways. Solutions to big tobacco control issues lie in strategic collaboration.

This innovative assessment is particularly useful to other healthcare educators where the workforce needs a new approach to strategic thinking and action.

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D1D4: The expression of experience: making it explicit for the curriculum in health sciences

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Main focus/theme of, or issues addressed by, the poster

In health sciences (as well as in pedagogy, management and other related fields), the implementation of reflective practice, as it was developed by the seminal work of Donald Schön (1983, 1987), is widely recognised as a valuable contribution. Specifically, while there are numerous studies in education of health science whose focus of attention is centred on the reflective student (cf. Jensen 2005; Rees 2013; Tetley *et al.* 2016), other studies target the reflective professional (cf. Johns 1996; Mackintosh 1998; McGuidam 2009; Asselin *et al.* 2013). The evidence that interrelates these two groups is not clear. With this vacuum in mind, I present a proposal for the curricular revision derived from my doctoral thesis, From the reality of professional care to the classroom (Moscoso 2017).

Research approaches and underlying evaluation

In order to collaborate with the expression of professional knowledge, I propose to carry out a case study, based on reflective practice as an epistemological and methodological resource, and making use of a considerable variety of strategies, such as non-participant observation, mediating reflection, reflective notebook and registration forms, incidental and in-depth interviews.

Implications for healthcare education

Health professionals are in permanent contact with situations of uncertainty and complexity. These situations are a frequent source of new knowledge, which has been recognised as a tacit dimension to the professional (Polanyi 1958, 1966, 1969), spontaneous and dynamic (Schön 1983, 1987). These characteristics make professional knowledge a valuable but distant knowledge to the initial curriculum. Thus, the expression of professional knowledge would allow the contextualisation of the curriculum (Lave and Wenger 2008), as it reflects the permanent contact with the reality of care.

In addition to the above, this research evaluates the reflective practice as a contribution to the humanisation of the curriculum from two points of view: (i) one that considers the professional in action as a generator of knowledge and valued her as an epistemic subject (and hence, better recognise those who she cares as a individual person); (ii) to consider reflective practice as a collaborative mean to the expression of professional values (which are key to the relationship of carer with those who need professional care).
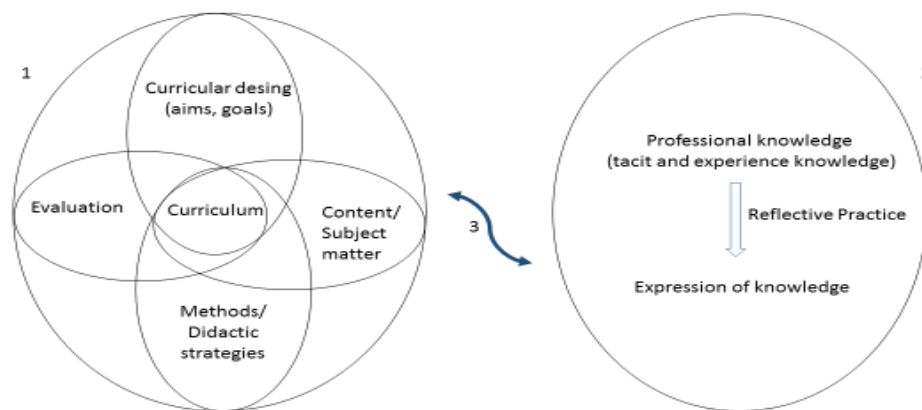
Figure: Expression of experience: a curriculum orientation (own elaboration)

In summary, the figure indicates that professional practice contains a tacit knowledge that can be expressed through reflective practice; and that this contextual and transformed knowledge can inform most, if not all the curriculum components: purpose, content, evaluation and methods.

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D1D5: The impostor phenomenon: Are professional identity and the academic context contributory?

Poster authors

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Main focus/theme of, or issues addressed by, the poster

A reflective Auto-ethnographic exploration of the Impostor Phenomenon associated with the transition from Nursing practice into the prestigious world of Nurse education. The main objective of the research was to identify whether professional identity and the academic context are contributory to Nurse educators experiencing the phenomenon.

"The Impostor Phenomenon" or "Impostor syndrome" is described as intense feelings of fraudulence and self-doubt in the face of success (Clance and Imes 1978). The phenomenon was first defined by Clance and Imes (1978), who established that many high achieving women doubt their expertise and feel they have fooled others into believing they are more capable than they are. Rather than being attributed to ability, success is deemed to be a result of external factors such as luck, hard work or fooling others into overestimating competence (Clance and Imes 1978; Mount, 2015).

Given personal and profound experience of the phenomenon, it was of interest to establish whether transitional identity from Nurse to Nurse lecturer and the stark contrast between the clinical and academic environment contributed to its presence. It was also relevant to consider whether the Impostor phenomenon has implications on professional performance.

Research approaches and underlying evaluation

Autoethnography is an unconventional qualitative research approach, which enables the researcher to reflect upon and explore personal experience. This is then considered in relation to the wider cultural and social context, in attempt to generate insight and understanding (Ellis, Adams and Bochner 2011).

Comprehensive, critical self-enquiry provides authentic insight into the Impostor phenomenon, which serves to broaden existing understanding of the experience in the educational context (Foster, McAllister and O'Brien 2006).

Reflective narratives were written outlining personal experiences within educational practice following transition from the role of clinician. These were then critically examined with reference to existing literature and knowledge enabling conclusions to be drawn regarding contributory factors to the experience. It was believed that reflective data would add depth to this knowledge, in keeping with the ethos of Auto-ethnography, where the objective is to consider personal experience to understand wider social phenomena (Ellis *et al*. 2011; Fook 2011).

Implications for healthcare education

Achieving an authentic insight improves the potential to provide management recommendations (Sherman 2013). This is of particular interest given the prominence and potentially destructive nature of the Impostor phenomenon (Hutchins 2015). It is associated with poor student evaluations and directly influences the performance, progression and retention of educators (Hutchins 2015; Zorn 2005). This is particularly relevant when there are already existing concerns regarding the retention of healthcare educators (Sherman 2013).

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D1D6: A multidisciplinary preceptorship foundation programme: An evaluation of the first year.

Poster authors

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Main focus/theme of, or issues addressed by, the poster

At the OUHFT we have implemented a novel 12-day Foundation Programme during the Preceptorship year in order to build a reputation of excellence in supporting practitioners new to their regulatory body. This includes a series of study days covering a wide variety of support, development and clinical skills training, whilst developing the role of the clinical preceptor.

Preceptorship is the transition period from student to competent practitioner, strongly advocated by the Department of Health (DoH 2010) and the Nursing and Midwifery Council. The DoH outlines support from two sources: within clinical practice and from a structured development programme.

One of the course objectives is to support higher forms of thinking during the preceptorship year by building on the knowledge, skills and confidence developed during undergraduate programmes. The programme facilitates preceptees to engage in all three learning domains (Blooms 1956).

Higher level cognitive skills are stimulated through problem based learning, case studies and with preceptees undertaking a clinically based quality improvement project during the year. The underlying philosophy of the course demonstrates the importance of the affective domain for this staff group, with regular group clinical supervision, and a focus on wellbeing, stress management and developing resilience. Finally the psychomotor domain is promoted through clinical skills training and supervision.

125 preceptees in 5 Cohorts have successfully completed the programme in the first year and a full evaluation of the success and learning has been undertaken and will be presented in this poster.

Quality indicators such as attendance, retention, levels of confidence and satisfaction rates have been evaluated and the programme developed where appropriate.

New developments including the expansion of the programme to include Allied Health Professionals and innovative future plans are also outlined in the poster.

Research approaches and underlying evaluation

The programme started in September 2015 for Nurses and Midwives. This poster summarises and presents the formal evaluations for the first five cohorts.

Implications for healthcare education

- The role and importance of a high quality preceptorship programme in sustaining a future resilient workforce and retention of staff.
- The experiences shared and greater understanding between multi-professional groups during a preceptorship year. Learning from and with other professional groups.
- Support and development needs after the preceptorship year.

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