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From The “Cot in the corner”

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Cardiff School of Nursing and Midwifery Studies  
Children & Young People

## 2nd Children & Young People's Nursing Clinical Skills Conference

# *Striving for excellence*

18<sup>th</sup> July 2008  
School of Nursing and Midwifery  
Children and Young Peoples Nursing  
Cardiff University

# ABSTRACTS



## **PLENARY SESSIONS**

### **Toby Mohammed**

We have invited Toby to open the plenary sessions due to his national contribution to the development of clinical skills in children and young peoples nursing, though his role as co-editor of Practices in Children's Nursing. Toby has a background within both clinical practice and academic roles and he is now Senior Nurse for Practice Development at Greater Glasgow and Clyde NHS Board.

Toby's experience and his contribution to education and clinical practice within Scotland place's him in a prime position to consider the future development of clinical skills within children's nursing.

We would like to take this opportunity to thank Toby for addressing the conference.

**Jane Davies, Lecturer and Professional Head, Children and Young People, and Pam Stead, Lecturer in Occupational Therapy, School of Healthcare Studies, Cardiff University.**

## **Developing Inter-professional Clinical Skills within the Child Branch and Occupational Therapy Curricula.**

### **Abstract**

In recent years principles for children and young people's health care services have been agreed by various professional bodies, voluntary, parent groups and children's welfare organisations COT (2003), COT (2007). These have been incorporated into the National Service Frameworks for England and Wales (DoH, 2004; WAG, 2005). There are also numerous Royal College of Paediatrics and Child Health and Royal College of Nursing guidance and standard setting documents. These include guidance including: better communication and coordination of children and young people's public services, child and family empowerment, services closer to the child's home, children only being admitted to hospital if medically required to do so, the importance of considering developmental issues with the provision of age appropriate services, and an increasing emphasis upon preventative health and health promotion strategies (CYPSS, 2005; RCN, 2003, 2004; RCPCH, 2003a, 2003b; COT 2003; COT; 2003; Riley 2007).

With increasing medical technological advances, particularly in neonatal care, along with enhanced care giving practices and new medical treatments, children and young people with chronic illnesses are living longer, requiring more complex and continuing care needs to be addressed into adulthood (Edmond & Eaton 2004). To enable the effective delivery of high quality integrated partnership services for children and young people staff need to be educated and skilled to develop the leadership, research and clinical competencies to achieve this. The Children's National Service Frameworks for England (DoH 2004) and Wales WAG (2005) emphasise that children and young people should receive high quality evidence based care that is appropriate to meet their specific needs and delivered by staff that have the right knowledge base, expertise and skills (WAG 2006).

In terms of preparing health care professionals for practice there has been a resurgence in skills focused teaching and learning activity. The emergence of simulated learning has provided students with an opportunity to enhance their skills in a safe and inter professional environment with some degree of realism. The real challenge however lies in the development and delivery of skills for practice in this environment. In December 2007 the Nursing and Midwifery Council endorsed the use of simulated clinical skills teaching, following an evaluative project, which explored the usefulness of this type of educational approach. Currently within children's nursing and occupational therapy practice some difficulties can arise in the context of the availability of skills acquisition, due to a number of factors including, the limited number of available children's placements, the number of students on practice at any one time and the need for compulsory fieldwork supervision and mentorship (NAPOT 2003). In allied health disciplines such as occupational therapy students encounter few placement opportunities centred specifically on the care of children, young people and families.

This project seeks to enhance inter professional student learning between both professions through the utilisation and development of realistic and professional digital video vignettes which specifically simulate a variety of situations related to children and young people's health and illness. The availability of such material via the University's virtual learning environment will give students unlimited access to review, analyse and reflect upon a variety of simulated scenarios before undertaking an e-learning activity and problem based learning scenarios. For example: a small group of students will individually view a digital scenario

(simulating real life experiences) and then dialogue on emerging issues through a series of electronic group discussion to explore the implications and relevance to their clinical practice. Following this, the students will produce a variety of presentations including group posters, small group presentations enabling them to share knowledge and professional expertise with their inter-professional peer groups. When the evaluation is completed this collaborative initiative could be extended and applied to other health professions such as physiotherapy and social work, where professional competence is central to practice.

This inter-professional initiative in a research led learning and teaching environment provides us with an exciting opportunity to be innovative for a number of reasons:

- It allows the concept of simulation in relation to children and young people to be more readily available for a wider inter-professional audience through the medium of the virtual learning environment
- It provides a sustainable means of creating up to date, topical and relevant situations that can be viewed, analysed and reflected upon and subsequently applied to a variety of practice settings
- Realistic family centred situations can be provided which do not require the ethical consideration that would be mandatory if real practice settings were to be filmed. Added to this there is no impingement upon the care given to 'real live' patients and their families
- The sharing of resources across schools could provide a stimulating and innovative way forward in the area of multi professional teaching and learning. This type of learning is seen as central to the development of health care services in the 21st century (WAG 2006, HPC 2005)

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## **Biography**

Jane Davies

After undertaking initial preparation in Yorkshire and London, Jane worked in a variety of children's settings around the UK for a period of fifteen years. In 1995 she moved into education and worked for six years at Chester College gaining a first degree mainly in social science/policy from the Open University, followed by PGCE. In 2001 she moved to Cardiff and has worked on a variety of programmes and projects over the last seven years. Her key interests centre around clinical skills in children's nursing, young people and mental health problems and legal and ethical issues in the context of children and young people. In developing further knowledge in relation to the latter, she gained legal masters in medical practice from Cardiff Law School. In 2002 with Dave Clarke her colleague she won a Florence Nightingale travel scholarship to Australia to explore the use of simulated learning in children's nursing. She has since played a significant part in the development of the skills laboratory here in Cardiff and continues to strive to implement new and innovative approaches to teaching and learning in this context. In June 2007 she was a co-organiser in the last national conference held at Cardiff University exploring simulated learning in children's nursing. She is currently Professional Head for Children and Young People and represents the University on a number of groups, including the All Wales Senior Nurse Forum for children and young people.

Pam Stead

Pam qualified as an occupational therapist just as the profession was starting to relinquish fluffy bunnies and basket weaving, and has experienced huge changes in occupational therapy practice and theory. She has worked in a wide range of occupational therapy settings, including social services, overseas and the NHS at district health officer level. Pam has worked in higher education for the past ten years and is a lecturer in the Department of Occupational Therapy, Cardiff University. She holds an MSc in Medical Education. Her professional interests include problem based learning, interprofessional education, reflective practice and practice based learning.

**Melanie Robbins and Joy McGinnity, Lecturers in Children's Nursing, Leeds University.**

This presentation will explore the development of OSCE's within the curriculum and the challenges and benefits for nurse education.

**Biographies:**

Melanie Robbins worked on a children's surgical ward before undertaking her community nursing degree. She then worked as a Health Visitor before moving into nurse education. She is currently Programme Manager for the BSc (Hons) Nursing (Child) Programme at Leeds University.

Joy McGinnity worked in adult areas before moving to children's nursing practice and then into education. She worked as a Clinical Teacher for ten years and is now a Nursing Lecturer on the Children's courses at Leeds University.

**Kathryn Summers Senior Lecturer and Professional Lead and Sarah Kingsland Lecturer/Practitioner. Child Nursing, Department of Health Well being and the family, Faculty of Health and Social Care, Canterbury Christ Church University**

## **The Canterbury Experience of Simulation in Children's Nursing**

Simulation is an approach to teaching and learning which is gaining a greater emphasis within nurse education. This has been fuelled by the Nursing and Midwifery Council's (NMC) decision to identify a baseline standard for using simulation safely and its inclusion as a contributory part to practice learning (Nursing and Midwifery Council (2006)).

Recent reports have also stressed it is important for children to be cared for by those who are specifically trainee and qualified (Bristol Inquiry 2001). Children are not merely small versions of adults (House of Commons Select Committee 1997) and therefore the skills needed by those who care for them need to be acquired in appropriate settings. For child nursing students this can be a particular problem, given the limited opportunities for placement in specific children's area throughout training. It is not unusual for child nursing students to make reference in evaluations to their lack of confidence in relation to clinical skills. Additional ways are needed to help these students acquire and gain confidence in skills they will need when caring for children. One such approach is through the use of simulated learning.

The use of simulation has been incorporated into The Child in Acute Hospital Services module within the pre-registration child nursing programme at Canterbury Christ Church University.

The practical sessions students experience during their studies need to be as close to real life situations as the teaching staff and technicians can make them. With the help of advanced teaching aids like SimBaby, the University offers students a learning environment of the highest quality.

Simulation does offer a strategy for learning and assessment to enhance clinical competence. It enables a learning environment to be created that is interactive and mirror as far as possible the real life clinical situation. Simulation experience can be created to promote the development of a reflective practitioner. Emphasis can be placed upon supporting the learner to plan, act, evaluate and re-conceptualise a situation to leading changes in behaviour and personal values (Bradley, 2003). Although simulation cannot replicate the clinical context its use in the education and training of health service personnel can mirror this approach by providing a non-threatening and safe environment. This presentation presents some of the advantages and issues for consideration in relation to its effectiveness as a teaching and learning method.

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## **Biographies**

### **Kathryn Summers**

Kath graduated from Leeds College of Health in 1994 as a children's nurse with a Diploma in nursing studies. Following this pre-registration course Kath continued with her studies at Leeds University and graduated in 1996 with a BSC Honours degree in Nursing Studies. Kath's clinical background includes the specialty of acute Paediatric nursing, Paediatric Nephro- urology nursing, Paediatric Intensive Care and Paediatric Palliative Care. She has worked in two large University Teaching hospitals - St James and Leeds General Infirmary and also Great Ormond Street Hospital for children.

Kath entered Higher Education in 2004 after gaining wide knowledge and skills from her clinical experience at senior level. Kath plays a significant role within the child nursing and Inter professional programme teaching in particular Acute Paediatric Nursing, Clinical skills and the Anatomy and Physiology of Children.

### **Sarah Kingsland**

Sarah started with Canterbury Christ Church University in September 2005 as a part time lecturer within the child nursing team. In this role she teaches on the pre-reg IPL programme and on post-reg Continuing Professional Development modules. Sarah continues to work part time in clinical practice at The Children's Hospital Lewisham.

Since qualifying as a Children's Nurse Sarah has worked in various NHS Trusts including Guy's Hospital, Medway Maritime Hospital and the Children's Hospital Lewisham. Sarah has worked in various hospital-based roles within paediatrics, predominantly within neurology, general paediatrics, paediatric surgery, PICU, paediatric A&E and practice development and education.

Sarah continues to study alongside her work, attaining academic qualification within children's nursing, critical care and education, her areas of interest and expertise.

**Nicola Rooke, Seconded Lecturer and Senior Staff Nurse and Julia Tod, Lecturer in Children and Young Peoples Nursing, School of Nursing and Midwifery, Cardiff University.**

### **Supporting Scenario Development: The importance of documentation.**

Our experience of using simulation as a method of teaching clinical skills in children's nursing has reinforced our belief that the experience has to be as realistic as possible for the student to maximize the learning opportunities available. One area within our clinical skills programme, which needed enhancing, was the documentation to support the realism of the scenarios we have developed.

During the last year Nicola has written a comprehensive multi-disciplinary set of notes and supporting documents for each of our scenarios and has implemented a case, which the students will follow throughout child branch. This presentation will explore the issues encountered in the development of the documentation, the process of development and the enhancement of realism within the scenarios.

### **Biography**

Nicola Rooke

I was born and educated in Bristol, I moved to Cardiff in September 1997 in order to commence the Diploma in Nursing (Child) at the University of Wales College of Medicine. On completion of the Diploma in Nursing in September 2000 I started work on the children's unit at The University Hospital of Wales, Cardiff. Since qualifying I have primarily worked on Paediatric South Ward which is a 34 bedded surgical ward catering for children aged 0-14 years, who are having both elective and emergency surgery, specialities include, trauma and orthopaedic, urology, ear nose and throat, general, spinal and neuro surgery. I have also worked on the high dependency unit, and the young persons unit.

Since qualifying in 2000 I have completed a BSC in childhood studies, a diploma in the assessment and management of pain, and also a diploma in teaching and assessment in clinical practice. I am currently undertaking the MSc in Nursing at Cardiff University, having just completed my first year.

During the last year I have participated in a secondment to Cardiff University from practice as a lecturer on the child branch team. I have primarily been involved in the teaching of students once they reach the branch element of their training, however I have also taught students who are in the first year of their training. During my secondment I have been involved in the teaching of clinical skills to students across the three-year programme, and have been able to develop the clinical skills scenarios and update the paperwork.

Julia Tod

Julia's clinical nursing practice was mainly in neonatal care in North and South Wales, Glasgow and Nottingham. A joint post (Gwent NHS Trust / UWCM) as children's nursing clinical teacher led to the current role as nurse lecturer at Cardiff University. Research interests include health behaviours, psychological effects of chronic illness, the role of young carers and application of psychology in health promotion.

**Amanda Garrow and Barbara Davies, Senior Lecturers in Children's Nursing, Northumbria University.**

### **Simulation or Practice Hours?**

The Nursing and Midwifery Council (NMC) produced a circular in November 2007 which stated that;

'Programme providers are to use up to a maximum of 300 hours of the 2300 hours practice component to provide clinical training within a simulated practice learning environment in support of providing direct care in the practice setting.'

This circular is supported by the findings of a recent pilot study conducted by the NMC to test whether simulation could provide a safe and effective means of learning clinical skills. These findings were encouraging, and suggest that as an adjunct to practice learning, learning in a simulated practice setting can provide a safe and effective means of supporting learning and enhancing evidence-based direct care across the four branches.

Whilst student experience and feedback appears overwhelmingly positive about this educational approach one would question whether this is the only driver? Financial incentives, increasing student numbers and increasing pressure upon placements also impact upon the providers of pre-registration nurse education.

This paper plans to present a debate about the issues arising from this initiative and the impact this will have upon student's, educators, practitioners and ultimately upon the service users themselves. This inter-active session will present a balanced debate upon a topical issue which impacts directly upon the delivery of clinical skills in children's nursing, providing the opportunity for our colleagues to express their views.

### **Biographies:**

Amanda Garrow is a Senior Lecturer in Children's Nursing at Northumbria University. She previously worked in Paediatric Accident and Emergency in hospitals in Nottingham and London.

Barbara Davies is a Senior Lecturer in Children's Nursing at Northumbria University. She also works as a Paediatric Rheumatology specialist nurse at the Royal Victoria Infirmary, Newcastle upon Tyne.

**Jackie Vasey and Karen Currell, Senior Lecturers, Child Team  
University of Huddersfield**

**From The “Cot in the corner”.**

This concurrent session aims to reflect on the development of a “Flexible learning space” in the University of Huddersfield. Following last years conference, I returned to Huddersfield with renewed enthusiasm regarding children’s clinical skills provision. Whilst Huddersfield has excellent skills facilities, we literally had “the cot in the corner” in terms of child skills provision.

Since last year we have developed a flexible learning space, which is not ideal, but has some clear advantages. The area is an extra large classroom, where theory is delivered, with a mini children’s skills area incorporated. This includes a cot, full traction bed, platform and incubator and child specific documentation. The room is fully equipped with relevant equipment, including Sim baby and other lower fidelity manikins that can be used for simulation. Theory can be delivered and interrupted at any time by demonstration of skills/simulation linked to the subject being taught.

A one dimensional model of a children’s ward has also been devised to enable students to demonstrate how they would manage a ward, in terms of allocating bed spaces and health and safety issues, for example.

**Biographies**

Jackie Vasey

I have been a Children's Nurse for 13 years-: working as a staff nurse, sister, pain management sister, practice development sister in Mid Yorkshire NHS Trust. Since June 2006 I have worked as a Senior Lecturer at the University of Huddersfield in the Child Branch Team- teaching mainly pre- registration child branch students. I am route leader for BSc Professional Studies Course- Child and Young Person Route and year Leader for 1st Year Child Branch. I am a member of simulation team, lead most of the taught child branch skills/simulation modules and my interests include ethical issues, pain management, orthopaedics, clinical skills, simulation and PBL.

Karen Currell

I have been a Children's nurse for 21 years - working as a staff nurse and sister in a variety of hospitals around the country including The Hospitals for sick children, Great Ormond Street, St Mary's Hospital , Paddington; St James University Hospital, Leeds and also in the community for Calderdale and Kirklees PCT's.

Since January 2007 I have worked as a Senior Lecturer at the University of Huddersfield in the Child branch team. I teach across the curriculum but mainly pre registration child branch students. I am course leader for cross conversion students. I am a member of the centre for applied childhood studies - a research body which conducts research on a diverse number of child related issues. I am also a member of the simulation team and practice simulation in many of my taught modules. My special areas of interest include paediatric medicine, respiratory medicine, students with dyslexia and innovative teaching and learning strategies.

**Debbie Porteous- Principal lecturer, Northumbria University  
School of Health, Community and Education Studies**

**Who is at risk in the delivery of clinical skills within a university setting, Students or Staff?**

Overall aim of paper;

To discuss the development of Good Practice Standards currently utilised at Northumbria University to facilitate the delivery of clinical skills teaching for undergraduate health students which includes nurses, physiotherapists, occupational therapists, operating department practitioners and midwives.

Abstract of presentation

Every person involved in the delivery of clinical skills within the School of Health, Community and Education Studies at Northumbria University should be safe and effective. There are significant risks involved for the student and academic in the teaching of clinical skills within the university setting.

Within the School of Health, Community and Education Studies a Clinical Standards group has been established to take the lead in establishing standards of good practice relating to the delivery of clinical skills to avoid accidents and minimise risk for both the student and member of staff.

The role and function of this group is to;

- \* Establish Good Practice Standards
- \* Review and monitor
- \* Provide advice and guidance on good practice
- \* Support staff in the delivery of sessions

The standards are clear and based on appropriate evidence which takes into account other recognised standards and clinical guidelines. Risk Management is incorporated to ensure a safe and secure environment for staff and students to learn within.

These standards will complement, not duplicate lesson plans developed by academics and they are all achievable within the resources available.

The aim for the student is to enhance the understanding of clinical skills required to enable the student to provide safe and effective practice within the clinical skills centre and practice setting.

Examples of good practice standards will be explored within the workshop and there will be an opportunity to view good practice standards relating to Basic Life Support sessions, Hand washing, First Aid etc.

**Biography**

I am a Programme Manager (Pre-registration) Children's Nursing at Northumbria University. I have been at the University since Dec 1995 and have had various responsibilities but always at the forefront is that the student experience within the Children's nursing curriculum is paramount and that we are preparing practitioners of the future. Prior to commencing at the university I have worked in a variety of clinical settings caring for sick children and their families. My particular interest is student education and developing practice within caring for children and families.

**Jane Hughes, Lecturer in Children's Nursing at the University of Manchester.**

## **Integrating an Accredited Paediatric Life Support course into the Bachelor of Nursing Child branch curriculum: Innovation and Challenges.**

### **Background**

The Bachelor of Nursing Programme (BNurs) at the University of Manchester has been in existence for over 30 years. A newly validated Child Branch commenced in September 2002, and in response to local workforce drivers, some enhanced skill developments were included in this. In many NHS Trusts doctors commencing rotations into paediatric areas are required to undertake the (Accredited) Paediatric Life Support (PLS) course yet qualified nurses often do not get this opportunity until they have been in post for some time.

### **Rationale**

Following consultation with academic and clinical representatives and review of the existing skills profiles in the paediatric nursing workforce, it was decided to include enhanced clinical skills teaching in the third year of the BNurs programme; therefore, the one day PLS course was integrated into the curriculum. This is an intensive, one day course using a theoretical and practical scenario based teaching and assessment approach. The author is not aware of any other pre-registration programmes where this course is integrated.

### **Development/evaluation**

This paper will discuss the:

- Challenges involved when integrating the PLS into the curriculum and how these were addressed.
- Practical aspects of negotiating with providers and organising this resource intensive course.
- Outcomes of the innovation, including evaluations from students and medical/nursing instructors, completion rates and areas for further development/possible future innovations.

### **Biography:**

Jane Hughes is a currently working a Lecturer in Children's Nursing at the University of Manchester, she is also branch co-ordinator for the Diploma programme. She has a broad range of experiences within Children's Services in secondary and tertiary settings. Jane is an APLS provider and is involved in the delivery of key Paediatric Basic Life support sessions to Pre-registration Child branch students. Her research and clinical interests lie in acute children's services and, ambulatory care. Some of her research has involved, exploring the experiences of parent caring for their child following day surgery, assessment of children's temperature.

**Sheila McQueen and John Thompson, Principle Lecturers, Northumbria University.**

**Learning and working together ... the reality of developing a multi-professional curriculum, core skills for professional practice.**

### **Aim**

In recent developments Northumbria University agreed a strategy and vision for the future delivery of clinical skills across the undergraduate health care pre-registration curriculum. This was part of the ongoing inter-professional and multi professional approach to health and social care. The drivers for change were influenced by the need to support the development of a health care workforce that can adapt to a dynamic health and social care environment including the need to improve efficiency in communication, the reduction in junior doctor hours and the blurring of professional boundaries for practice. Further to be able to work within an inter-professional and collaborative context and to be able to demonstrate appropriate levels of competence. (Skills for Health 2005) This presentation provides a fascinating insight into the collaborative process behind this innovation.

### **Abstract**

To facilitate this approach it was necessary to consider a new framework for clinical skills delivery which would ensure a robust, externally validated system of high quality learning and teaching, which places students at the centre of the strategy. A core aim of the curriculum is to enable students to acquire the skills for effective practice in a modernised, collaborative working environment where the perspective of patients is of central importance and inherent in the development of the Nursing and Midwifery Council (NMC) Essential Skills Cluster document and NMC (2004), National Health Service KSF (2004) and the Health Professional Council (2005). The option of a collaborative, curriculum initiative affords the opportunity to enhance skills across the professional boundaries and ensures students are fit for practice within a modernised health care environment.

This was achieved by creating a suite of programmes that share year long 20 credit modules titled 'Foundation' and 'Development' of Core Skills for Professional Practice; and Core Skills for Professional Practice – Transition.

The thematic content of the modules includes such skills as basic life support, conflict resolution, infection control, clinical decision making and assessment frameworks. It provided the opportunity to examine how professional negotiation to develop a collegiate response was achieved in determining which skills are core to adult, children's, mental health and learning disability nurses, midwives, physiotherapists, occupational therapists and operating departmental personnel.. The process of writing the modules was challenging and involved collaboration between representatives from adult, child mental health and Learning disability nursing, midwifery, operating department practitioners, physiotherapists and occupational therapists. The representatives formed the Core Skill Development group that fed into the strategic Operational group made up of senior representatives of each profession. As a sick children's nurse who has for over 25 years banged the drum that children are different, and children's nurses are unique, Sheila McQueen found that this resulted in personal and professional conflict. It was a challenge then to lead on the design of modules of multi disciplinary teaching and interprofessional learning whilst still retaining the uniqueness of each professional group. This paper discuss the journey to acceptance that core skills run through the practice of a range of professional groups and that skill acquisition can be taught to students in a multi-professional context.



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## **Biography**

Sheila McQueen is a Principal Lecturer at Northumbria University, and has been the children's nurse representative in the development of the core skills for professional practice as part of the pre-registration undergraduate health curriculum. She has been a children's nurse for twenty five years, and was a senior nurse in children's intensive care for 15 years. Now works in pre and post qualifying Nurse Education at Northumbria University.

John Thompson is a Principal Lecturer at Northumbria University; he has been involved in the development of core skills for professional practice as part of the pre-registration undergraduate health curriculum. He holds BSc (Hons) degree in Health Studies and a Masters in Medical Science in Clinical Nursing, Midwifery and Public Health from the University of Sheffield. He is the Programme Manager for the accelerated Post Graduate Diploma in Adult and Mental Health Nursing and leads on clinical skill development.

**Philomena Morrow and Doris Corkin, Queen's University Belfast.**

## **Enhancing Clinical Skills in an Interprofessional Simulated Learning Environment.**

### **Context**

Interprofessional education (IPE) is now well established within the Diploma / BSc (Hons) in Nursing Science Curriculum, Children's Nursing at Queen's University Belfast, since inception in 2006 (Morison et al, 2003; Morison and Stewart, 2005; Corkin and Clarke, 2007). The interprofessional programme employed within the school of nursing involves third year nursing and fourth year medical students undertaking a Paediatric and Child Health module. This learning, stimulating and supportive environment provides students with the opportunity to learn about their own and other professional roles and responsibilities in the care and treatment of children and to reflect critically on how this knowledge impacts on their ability to work as members of the team.

### **Aim of IPE Project**

This IPE project is currently being implemented in collaboration with the Centre for Excellence in Interprofessional Education ([www.qub.ac.uk/ceipe](http://www.qub.ac.uk/ceipe)) which is investigating opportunities for the development of shared learning within the curricula of medical and nursing professionals. Simulation using a SimBaby has been introduced to promote an integrated approach to student learning through the use of 'real life' scenarios. To encourage the development of practitioners who can think quickly, critically and analytically and facilitate students in the use of peer and self-evaluation as a means of promoting reflective practice. Presence of parent (nurse lecturer) requires that students communicate effectively, thus enhancing the concept of family centred care. A second workshop is currently being planned to disseminate to other clinical teaching areas both regionally and nationally.

### **Key findings**

On completion of SimBaby sessions students are invited to complete a questionnaire using a Likert scale aimed at ascertaining student's reactions to the learning experience and focus groups were used to evaluate student experiences. Ongoing findings suggest that students evaluate this learning experience very positively. Student comments included: 'I think we should have much more exposure to SimBaby training as it is very useful and practical and memorable learning tool'. In addition, IPE simulation enables students to identify their personal and professional learning requirements to achieve proficiency for future practice. Above all, students valued the opportunity to exercise clinical judgement and decision making skills without endangering the child.

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Queen's University Belfast, Centre for Excellence in Interprofessional Education  
[www.qub.ac.uk/ceipe/current/projects](http://www.qub.ac.uk/ceipe/current/projects) (Accessed 21/02/08).

## **Biographies**

### **Doris Corkin**

Doris has both adult and children's training, specialised in neonatology, has worked in an acute medical / surgical ward for six years and instrumental in establishing a new community children's nursing service before accepting current teaching position in 2003.

Teaching commitments include pre and post registration children's nursing with interests in the nursing care of children and young people with complex / palliation needs. As a module and programme co-ordinator Doris makes every effort to develop children's nursing through inter-professional education, QUB teaching awards, conference presentations and publications.

### **Philomena Morrow**

Philomena's interests include cardiology, respiratory care, diabetic and burns / plastic surgery in children and publications relate to subject areas. Since 2000, Philomena has been involved in leading and developing IPE within children's nursing and medical education and awarded on two occasions QUB teaching awards.

**Rachel Byatt and Carol Blackmore, Lecturers, Department of Nursing, Faculty of Health. University of Central Lancashire.**

## **Assessing clinical skills of student nurses via formative OSCE's**

### **Aim**

To reflect on the usefulness of a formative OSCE in assessing clinical skills and how it prepares students for summative OSCE within their final year.

### **Abstract**

In the nineties Project 2000 was the philosophy that underpinned Nurse Education, following completion there was a concern that staff nurses' lacked the skills required to practice within their role (Biley & Smith 1999). Further the United Kingdom Central Clearing Council (UKCC) compiled 'Fitness for Practice' (UKCC 1999) this investigated the concerns and found that in some clinical skills they were not fit to practice.

The Department of Health (DOH 1999) developed Making a Difference; set out guidelines for a new curriculum that incorporated skills acquisition. Within this curriculum a year long module has been devised that focuses on the clinical skills used within children's nursing, the module includes a formative OSCE that allows the students' to demonstrate their ability to perform skills. Furlong, Fox, Lavin and Collins (2005) describe an OSCE as an effective method of assessing students' clinical skills in an objective manner. Within nursing education using OSCE in a formative manner enhances students' skill attainment (Alinier 2003).

The module is in the first year of child branch and the OSCE takes place nine months into the module. The students receive a preparation session prior to it and they are given 8 topics to revise (4 of which will be in the OSCE). The OSCE comprises of 4 stations, a lecturer assesses each station. The students spend 6 minutes at each station (4 minutes working through a scenario giving rationale) and 2 minutes for feedback and discussion. They receive written feedback and discuss strengths and weaknesses demonstrated on the whole the following week. Although OSCE is considered to be extremely stressful (Marshall & Jones 2003) the students do value it after successful completion.

This presentation will highlight the commencement, development and evaluation of this innovative strategy.

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## Biographies

Rachel Byatt

As a member of the children's nursing division Rachel contributes to teaching and learning on the pre-registration curriculum and post-registration modules. She has an interest in problem-based learning, clinical skills and numeracy within nursing. She is admissions tutor for the division and is module leader for Developing skills and Competencies in children's nursing which assesses students via an OSCE and written examination. She is part of the team who is developing and writing the new children's curriculum.

Rachel has a wealth of experience in the acute hospital setting, specialising in nursing children with medical, surgical, ENT and orthopaedic conditions. Also nursing children who are admitted into the children's medical emergency department. Rachel works within the clinical setting at least once a month; this enables her to maintain her clinical knowledge and skills. This allows her to link theory and practice and enables her to bring her clinical knowledge in to the University setting. She has a particular interest in numerical skills of nurses' and incorporates this into her teaching where applicable.

Rachel also teaches on a number of modules in the common foundation programme focusing on generic nursing theory and skills.

Carol Blackmore

Carol is a member of the children team within the child branch nursing division and teaches on both the pre registration and post registration nursing curriculum. She is the module leader of a child branch second year module which incorporates many aspects of children's nursing such as child development theories, play, communication, safeguarding and protecting children and care of children with complex needs.

Carol has been involved in the development of competency based practice assessment document and at present is part of a team developing the new child branch nursing curriculum. Carol has a wealth of experience as a children nurse and has worked mainly with the acute setting of paediatric medicine and surgery and also many years management experience as a ward sister prior to coming into teaching. Carol is interested in the acute care and management of the sick child and also supporting children and their families who have chronic or complex needs.

**Cilla Sanders and Michelle Green, Lecturers in Children's Nursing,  
University of Leeds.**

### **The Student's perspective of OSCE assessment in Undergraduate Child Branch**

This workshop will explore OSCEs from the student's perspective and bring about discussion with regards to teaching methods and support mechanisms for this type of assessment.

#### **Biographies**

**Cilla Sanders**

Cilla Sanders is a lecturer in Children's nursing at the University of Leeds and has worked as a Children's Community nurse for 10yrs and as a children's nurse practitioner in an inner city Children's Clinic for 7yrs.

**Michelle Green**

Michelle Green is a lecturer at the University of Leeds and has worked in both neonatal and paediatric intensive care for 17yrs.

**Martin Early Senior, Lecturer and Karen Gradwell, Lecturer/Practitioner. Department of Nursing, Faculty of Health. University of Central Lancashire.**

## **The Student's Lived Experience of a clinical PBL/OSCE Module**

### **Aim**

To reflect on the lived experiences of a group of 3rd year child branch nursing students as they undertook a clinical PBL Module, which is assessed by an OSCE.

### **Abstract**

Since the inception of Project 2000, (United Kingdom Central Council) (UKCC) (1987) there has been the accusation from some quarters in the NHS that nurse training does not give the students the necessary critical thinking and problem solving skills in order to competently fulfil their role, once qualified.

As a result, the present pre-registration nursing curriculum 'Making a Difference' (D.O.H.) (1999) was developed and implemented. Its emphasis is on clinical skills acquisition and competency based learning. Within this curriculum a module has been developed using PBL and OSCE as teaching and learning strategy to help prepare student nurses for professional practice. Bailey and Smith (1999) state that PBL encourages critical thinking, and learners are stimulated to question their existing knowledge. Alinier (2003) states that an OSCE can be used to enhance skill acquisition through simulation.

Throughout the module, the students work through a clinically based PBL activity, and are then assessed via an OSCE, which is directly linked to the PBL. Throughout the PBL activity the students are allocated a facilitator who guides and supports them through the activity and prepares them for their OSCE. The level of support given is designed to promote their confidence and competence, which should be demonstrable by the OSCE. However, from our experience, this is not usually the case. Anxiety before undertaking the OSCE generally is high, however, the feedback following it is 'always' extremely positive.

This presentation will be supported by PowerPoint, highlighting the students' thoughts and feelings throughout this module

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Department of Health (1999) Making a Difference. Strengthening the Nursing, Midwifery and Health Visiting contribution to health and healthcare. London. DoH.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1987) Counting the Cost. London. UKCC.

## **Biographies**

### **Martin Earley**

As a member of the children's nursing team, Martin provides teaching and learning for both the pre-registration and post-registration nursing (Children) curriculum. He has an interest in Problem Based Learning as teaching and learning method within a variety of modules within the pre registration (child branch) and post registration curriculum. One of his pre-registered modules is assessed by OSCE. He has attended and presented at an International Conference on PBL.

Martin's vast clinical experience in children's nursing enables him to link the theory to clinical practice extremely effectively, bringing 'real' clinical issues into the classroom. His teaching and learning interest centres on High Dependency and Intensive Care nursing, and the clinical interventions within children's nursing. He has a particular interest in children's resuscitation, which he incorporates into his teaching sessions where possible.

He is the module leader for a variety of modules (both pre registration and post registration).

He contributes to the teaching of managing violence and aggression and breakaway techniques and moving and handling within both CFP and child branch.

### **Karen Gradwell**

Karen works full time but divides her time between clinical practice and teaching with the children's nursing team. Three days a week Karen works as a Sister on the Paediatric Unit in Blackburn, for the remaining two days she works for the University on a secondment basis.

Karen provides teaching and support on both pre-registration and post-registration modules. With her ongoing clinical experience in both medical and surgical paediatrics Karen has responsibilities for maintaining the skills support for the students both in the classroom and on the wards. Karen's main area of interest is in the acute care of children in hospital.



## **CLOSING REMARKS**

**Jane Davies, Lecturer and Professional Head and Dave Clarke, Lecturer and Programme Manager. Children and Young Peoples Nursing. School of Nursing and Midwifery. Cardiff University.**

**The Children and Young Peoples Nursing team would like to thank you for attending this event.**