



National Association of Educators in Practice

Making the case for Practice Education

Friday 21st April 2017

The Studio, Cannon St, Birmingham

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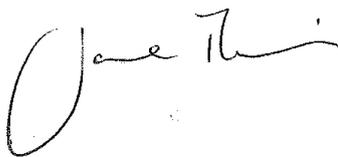
Welcome

We warmly welcome all delegates and presenters to the sixth annual conference of the National Association of Educators in Practice (NAEP).

The conference aims to provide a friendly, informal environment in which colleagues can present research, and share their experience of practice-based education. We sincerely hope that during the day you will have the opportunity to network with colleagues from a range of health and social care professions. We also encourage you to become a member of NAEP and join our National and International Network. This will enable us to continue to ensure that professional education is grounded in practice providing the best possible support network for educators and students in practice across the Allied Health Professions, Midwifery, Nursing and all Health and Social Care Professions.

We would like to take this opportunity to thank our keynote presenters and everyone who submitted an abstract for taking the time and trouble to do so.

We hope all participants in the conference have an interesting, enjoyable and useful day.

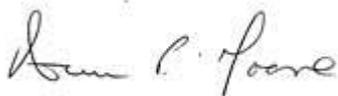


Dr Jane Morris
Chair, National Association of Educators in Practice
National Teaching Fellow of the Higher Education Academy

Dear Delegate

It gives me great pleasure as President of the National Association of Educators in Practice to welcome you to the National Association of Educators in Practice Conference. This is the fifth conference which NAEP has organised. I would like to take this opportunity of thanking the NAEP executive committee for putting the programme together which I think includes something for everybody! I hope you find the day enjoyable, stimulating and refreshing and look forward to speaking to you at various points during the day.

Enjoy the conference



Professor Ann Moore
President of the National Association of Educators in Practice.

About NAEP

The National Association of Educators in Practice is a support network for educators in practice across the Allied Health Professions, Midwifery, Nursing and all Health and Social Care Professions.

Vision:

To have a health and social care workforce in which individual practitioners fully understand the value of education for learners, patients, carers and other health care practitioners.

Mission:

To ensure that professional education is grounded in practice through providing the best possible support network for educators in practice across the Allied Health Professions, Midwifery, Nursing and all Health and Social Care Professions.

NAEP strives to:

- Provide a structured forum that generates and delivers support to those individuals who are recorded on the NAEP database.
- Provide opportunities for: sharing and dissemination of good practices, collaborative working and disseminating sources of information and expertise.
- Provide sources of information to inform the development of new roles for Educators in Practice and strategies for the advancement of education and service delivery.
- Provide advocacy and advice on policy matters
- Promote collaboration with other agencies to underpin and support Educators in Practice.
- Provide and support the development of an evidence base to underpin education in practice and ensure its dissemination to relevant stakeholders.
- Promote and provide CPD opportunities leading to recognised accreditation and qualification for practice educators



Conference Outline

In the current changing landscape, as demands of health and social care education increase and priorities change, new challenges and opportunities present themselves. Now, perhaps more than ever, we need to ensure that practice education remains high on the agenda, evidencing innovation and quality as well as responsiveness to changes in practice and future needs.

Conference themes

- Working in partnership to build placement capacity
- Assessment for learning in practice in a shifting landscape
- Research in practice education

Conference Programme

8.45	Coffee & Registration	'Innovate'
9.15	Welcome to Birmingham and Introduction to the Conference - Dr Jane Morris, Chair of NAEP	'Innovate'
9.30	Keynote Speaker Elizabeth Anderson: Engaging students to learn in practice: Lessons learnt through interprofessional placements Chair: Jane Morris	'Innovate'

10.30-11.10	Parallel Sessions 1 – Presentations			
	Room: 'Innovate' Assessment for learning in practice Chair: Kim Russell	Room: 'Develop' Working in partnership Chair Jane Harvey-Lloyd	Room: 'Learn' Research in practice education Chair: Lynn Clouder	Room: 'Inspire' Research in practice education Chair: Gwynn Owen
10.30-10.50	Understanding the pedagogical value of the ePortfolio for final year midwifery students Zoe Spendlove	Sustaining Physiotherapy Practice Placement Provision across NHS Lothian: Results of a Short Life Working Group Amanda Stears, Alison Hynd, Susan Begg, Stuart Crone, Andy McLaggan, Gail Nash, Sandra Rathjen, Peter Glover	"I was just doing PBL all the time": Occupational therapy students' experiences of using problem-based learning on practice placement. Channine Clarke, Lee Price, Lisa Hodgson	Perception of learning in practice education in speech and language therapy: student and educator perspectives Karen Davies, Emma Omerod, Sean Pert, Fiona Kevan
10.50 – 11.10	Evaluating the use of an e-portfolio to support learning in practice Rob Shaw, Lorette Porter, Naomi De Graff	Occupational therapy placement education: collaborative action planning for the future Maureen Shiells, Stephanie Tempest	Teaching and learning together in the workplace: using inter-professional education approaches to discover and uncover places to learn. Dawne Gurbutt, Russell Gurbutt	Can the use of placement passports during practice-based education promote partnership and a catalyst for growth? The experience of Health profession students and practice-based educators Jane Morris, Sarah-Jane Ryan

11.15-11.45	Coffee and Networking	Room:
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11.45-12.25	Parallel Sessions 2 – Presentations			
	Room: ‘Innovate’ Assessment for learning in practice	Room: ‘Develop’ Working in partnership	Room: ‘Learn’ Research in practice education	Room: ‘Inspire’ Research in practice education
	Chair: John Hammond	Chair: Maureen Shiells	Chair: Dawne Gurbutt	Chair: Carol Dicken
11.45 – 12.05	Promoting self-reflection and clinical skill development through behaviour change techniques and Video Enhanced Observation: a progress report Helen Nazlie, Helen Stringer	Evaluation of partnership working in a cross-sector collaborative role-emerging placement Douglas Lauchlan, Kerrie MacLean, Peter Glover, Jennie Stewart, Anne Austin, Edith MacIntosh, Denis McGlennon, Derek Laidler, Katy Docherty	Co-producing multimedia learning resources through interprofessional education (IPE): the PDoC way. Geraldine Hastings, Julie Latchem	Physiotherapy practice based education in a seven day model of working Sarah Elliot, Angela Glynn, Jane Morris.
12.05-12.25	Evaluation of the DIET-COMMS training package Kirsten Whitehead	Working together to develop parents’ communication skills: an innovative placement model. Naomi De Graff, Sarah James, Jenny Landells, Jo Sandiford, Louise Sutton, Rebecca Masters, Ella Vickers	Physiotherapy student responses to working in the critical care environment Amy Bendall, Claire Scanlon	Contributors to best practice when two educators co- supervise one student on placement in occupational therapy Caroline Hills, Valerie Flattery, Fiona Haughey, Lenore McLoughlin, Rosaleen Kiely

12.30 – 13.15	Lunch	
13.15-13.45	Poster Viewing <i>Poster are invited to stand by their posters during this period to answer any questions related to the poster abstracts</i>	‘Innovate’
13.45-14.30	Keynote Speaker Netta Lloyd-Jones: Is placement learning a sustainable model for health care professions? Chair: Anne Moore	‘Innovate’

14.40-15.25	Parallel Sessions 3 – Presentations			
	Room: ‘Develop’ Assessment for learning in practice Chair: Jane Morris	Room: ‘Learn’ Working in partnership Chair: Pauline Douglas	Room: ‘Inspire’ Research in practice education Chair: Ian Fleming	Room: ‘Innovate’ Working in partnership Chair: Carol Sacchett
14.40 – 15.00	Should student midwives assess their mentor's fitness to practice? Eleanor Orton	Developing a multiple student - educator model of supervision in acute practice Dani Evans, Hazel Horobin, Emer Keating	Touch as communication in palliative care: gaining insights from final year physiotherapy students in practice education. Hannah Carter, Geraldine Hastings	The Planning and Development of an Education Framework for Practice Educators Maria McNeill
15.00-15.20	Incorporating Service User Feedback into Practice Placement Assessments for Student Radiographers Ruth Strudwick, Jane Harvey-Lloyd University of Suffolk	A new way of working: Equitable allocation for Physiotherapy placement provision across the North West of England Joanne Nicholson, Philippa Hill, Sophie Taylor	Narrativity and reflexivity in practice-based education. Turning data into drama Vinette Cross, Jane Morris	Improving practice education for Physiotherapy and Occupational Therapy students at University Hospitals of Leicester NHS Trust. Avril Ormond, Catherine Evans

15.25-15.45	Tea and Cakes <i>Reminder to complete online feedback survey</i>	
15.45-16.15	Update on NAEP current activity and future directions - Jane Morris NAEP journal – Turning your NAEP abstract into a paper – Lynne Clouder Announcement and presentation of Abstract Prizes	‘Innovate’
16.15	Close of Conference	



Keynote introductory presentation

Keynote Speaker – Elizabeth Anderson – Engaging students to learn in practice: Lessons learnt through interprofessional placements



Professor Elizabeth Anderson is responsible for interprofessional education (IPE) and patient safety at Leicester Medical School. After completing a graduate nursing course at St Bartholomew's Hospital London, she moved to Leicester where she worked as a Midwife and Health Visitor. Her early research on Sudden Infant Death syndrome led into exploration of service design for marginalized groups such as travellers and disadvantaged populations. Elizabeth moved into health care research and then to scholarship in Medical Education where she led innovative practice-based educational interventions. She works to ensure learning is underpinned with theoretical insights. She served on the Board for the Disability Partnership, 'The Prince of Wales Advisory Group on Disability' while supporting education on disability awareness. Elizabeth has served on the Board for the UK Centre for the advancement of Interprofessional Education (CAIPE) and in 2016 she was awarded a CAIPE Fellowship for her contributions to interprofessional learning. Elizabeth was awarded a National Teaching Fellowship by the Higher Education Academy for outstanding contributions to education in 2007. She is widely published in the area of IPE and has served on the Board of the Centre for the Advancement of Interprofessional Education (UK) - CAIPE (www.caipe.co.uk). She is working to forward patient involvement and partnerships in education between patients, practitioners and students.

KEYNOTE ADDRESS

This presentation will explore the theoretical basis of experiential learning which requires practice educators to understand the importance of reflection following experience. Practice educators must learn the skills to ensure reflection for deeper learning. They must be able to unpack in detail what has taken place and help students make the links between their theoretical professional curriculum and the realities of practice. However when this learning is interprofessional there is an added opportunity for reflection using triological conversations which enable students to explore meaning from different professional stances.

Parallel sessions 1 – presentations

10.30-11.10 - Room 'Innovate' – Assessment for learning in practice

10.30 -10.50

Zoe Spendlove

Understanding the pedagogical value of the ePortfolio for final year midwifery students

Within Higher Education in the last decade there have been significant changes in portfolio pedagogy, with a progression from traditional paper portfolios to electronic portfolio systems. The pedagogical advantages of the ePortfolio however have been questioned within healthcare programmes due to the stringent competency and regulatory requirements of healthcare professional training. Notwithstanding such uncertainty, the use of the ePortfolio in healthcare education is in its infancy, and there is a dearth of qualitative research exploring, and assuring, the pedagogical value of the ePortfolio for healthcare students.

This qualitative research explored the pedagogical value of the ePortfolio for final year student midwives in evidencing learning in practice. More specifically, the study explored the advantages of ePortfolio usage, versus traditional paper portfolios, in demonstrating the achievement of learning outcomes in clinical practice, and the development of reflective skills. The research involved two concurrent cohorts of final year undergraduate student midwives undertaking an international ERASMUS placement. Consenting students were provided with practical instruction on ePortfolio building prior to embarking on their ERASMUS placement. Students were asked to demonstrate achievement of competencies set in their traditional paper portfolio in an additional form of an ePortfolio during the placement, therefore providing a comparison in evidencing individual learning in practice. On completion of the ERASMUS placement one focus group was conducted with each student cohort. Focus groups facilitated exploration of the practical experience of ePortfolio completion, and perception of the impact of ePortfolio completion on student learning compared to paper portfolio completion. Focus groups, involving 8 students in total, were recorded and transcribed verbatim to facilitate thematic data analysis.

Thematic analysis of focus group data revealed several themes regarding ePortfolio use compared to traditional paper portfolios. Whilst the majority of students preferred ePortfolio completion, the minority of students who preferred traditional paper portfolio completion recognised the ePortfolio was beneficial in encouraging adaptability in learning styles. All students reported the main advantages of ePortfolio use were the ability to share work, demonstrating learning outcomes in creative ways and the instant nature of ePortfolio access. This instant access allowed freedom of completion and facilitation of in-action reflection. These findings suggest that the stringent competency and regulatory requirements of healthcare professional training do not negatively affect the pedagogical advantages of the ePortfolio for final year student midwives. Furthermore, the ePortfolio was positively beneficial in assisting students with depth of reflection and creatively evidencing individual learning from diverse learning experiences.

***Zoey Spendlove** is currently Midwifery Teaching Associate and Deputy Lead for Post-graduate Midwifery Programmes at the University of Nottingham. Her interests in teaching and research centre on professional regulation, professional development, coaching and mentoring, and leadership and management.*

Evaluating the use of an e-portfolio to support learning in practice

E-portfolios have become a valuable tool in practice education as recognition has grown of their potential to support reflective practice and the provision of feedback during work placements (Peacock et. al., 2011), as well as to support the development of professional competencies and offer a means of evidencing and assessing their achievement and maintenance (Anderson et. al., 2009, p.73). Yet the integration and use of e-portfolios is complex and maximising their potential requires attention to a range of interrelated pedagogic, technical and attitudinal factors (Andrews and Cole, 2015). This suggests the need for incremental development and a key role for ongoing evaluation.

The aim of this paper is to describe the development and evaluation of a 'whole course' approach to embedding an e-portfolio across 3 years of a pre-registration speech and language therapy course 2012-17, and to discuss the implications for pre- and post-registration professional development.

The e-portfolio tool used is PebblePad which consists of a private personal learning space and an 'institutional' space that allows individuals to submit elements of their portfolio for assessment. Personal ownership is emphasised through the promise of continued access for alumni on a 'free for life' basis. Students can thus use their e-portfolio to support and integrate learning during and beyond the course.

Initial evaluation was carried out via online questionnaire and group interviews centring on affective reactions and utility judgements. Students clearly valued the fact that the e-portfolio provided them with the means to organise and access records of their learning experiences over their entire course. However, there were initial concerns about the impact on reflection of a potentially atomistic and time consuming approach to evidencing professional standards. This led to structural changes aiming to rebalance the use of the e-portfolio towards a more holistic treatment of standards. Associated changes were also made to the timing and nature of e-portfolio development activities.

These changes have now been consolidated within the course and further evaluation now aims to go beyond self-reported attitudinal research through 2 key thrusts:

- 1) A focus on the impact on learning during the course exploring engagement patterns, reflection and integration of learning from course modules, placements and extra-curricular activities.
- 2) An exploration of the uses of e-portfolios made by graduates after the course for ongoing continuing professional development.

This approach aims to further shape the use of e-portfolios on the course and gauge their impact. Outcomes will be reported.

Rob Shaw is a Learning Technologist at Leeds Beckett University, UK. He provides advice and support to Health and Social Care course teams on the introduction and use of e-portfolios to support learning. He is also undertaking a PhD in Higher Education Research, Evaluation and Enhancement in the Department of Educational Research at Lancaster University, UK. He has interests in technology-enhanced learning, academic development, teacher professionalism in Higher Education and reflective practice.

10.30-11.10 – ‘Develop’ – Working in partnership

10.30-10.50

Amanda Stears, Alison Hynd, Susan Begg, Stuart Crone, Andy McLaggan, Gail Nash, Sandra Rathjen, Peter Glover

Sustaining Physiotherapy Practice Placement Provision across NHS Lothian: Results of a Short Life Working Group

Background/Aim The aim was to develop a sustainable and equitable approach to the allocation and provision of physiotherapy placements across NHS Lothian through collaboration with stakeholders. Modernisation of the system of sourcing and allocating placements was required to ensure equity of allocation and increase capacity for placements whilst continuing to develop a workforce fit for practice.

Method A Short Life Working Group was developed with stakeholders who utilised quality improvement methodologies to identify both the needs and challenges relating to placement provision. Primary and secondary issues were identified using a driver diagram, thus informing the work streams that were subsequently progressed.

Results An accurate database of re-profiled physiotherapy practice placements was collated providing greater flexibility and increasing capacity. E.g. cardiorespiratory experiences have been identified in 7 extra sites, an increase of 20%. Areas where placement provision is not provided have been identified and conversations initiated. In addition if all experienced Band 5-7 clinicians provide 4 weeks placement per annum, then all placement provision needs would be met.

Conclusions The SLWG has demonstrated collaborative working at its best, delivered tangible outcomes in terms of a database, accurate information and, increased placement capacity and equitable allocation of placements, and facilitated clinical staff in their use of quality improvement methodologies.

***Amanda Stears** currently lectures in Cardiorespiratory Physiotherapy and is the MSc Pre Reg Placement co-ordinator for the MSc Pre Registration Physiotherapy Programme at Queen Margaret University. Her interests in teaching and research focus on quality education, promoting professionalism and compassion, and developing contemporary placements.*

10.50-11.10

Maureen Shiells, Stephanie Tempest

Occupational therapy placement education: collaborative action planning for the future

The face of UK practice education for Allied Health Professionals is undergoing a shift in light of increasing pressures and changes in structures. Occupational therapy students must complete a minimum of 1000 hours of practice education to meet the required standards of the World Federation of Occupational Therapists. From August 2017, Health Education England will no longer commission practice placements for AHPs in England, causing further pressures which are likely to have a knock on effect in all UK countries. This issue sits against a backdrop of persisting challenges with the provision of practice education, including equity of experience and placement availability. In seeking to support quality placements provision, the College of Occupational Therapists (COT) has commenced a programme of activity to respond to the changing landscape.

The two main aims of the COT programme of activity are to:

1. promote student placements as a CPD activity for occupational therapy personnel
2. develop a collaborative action-plan with key stakeholders to support practice education

An article to support Aim 1 was published in the professional magazine (Ellison and Tempest 2016). There is a follow up AHP Twitter debate planned (WeAHPs Jan 2017). In conjunction with the Practice Placement Tutors Forum, COT addressed Aim 2 by hosting an open session with 60 key UK stakeholders from a wide range of backgrounds; university lecturers, students, practice educators, professional body, commissioners and strategic leads in education. Qualitative material was gathered throughout the day and with consent of the participants, which was analysed to provide evidence for the next steps.

Raw data have provided a source of rich and insightful information from the delegates, most of who are involved in the front line delivery of practice education. Data was analysed using thematic analysis to facilitate emergent themes and categories (Bryant & Charmaz, 2007).

This presentation will; outline the aims of the COT plan of activity, focus on the findings from the event and the subsequent actions. These will be discussed in relation to the broader AHP agenda to provide a platform for debating the relevance of sharing the action plan across professions.

***Maureen Shiells** is currently Education Manager (pre-registration) at the College of Occupational Therapists. Former experience includes managing practice development for occupational therapists in Scotland's largest NHS Board (Greater Glasgow and Clyde), where practice education was a priority. Her practice interests lie in dementia, care of the elderly and trauma orthopaedics and she holds a strong view on the positive advantages of lifelong learning. Holding a background in both practice and education have been extremely helpful in the COT role to ensure that both students and practitioners alike receive equal recognition in this rapidly changing environment.*

10.30-11.10 - Room 'Learn' – Research in practice education

10.30 -10.50

Channine Clarke, Lee Price, Lisa Hodgson

“I was just doing PBL all the time”: Occupational therapy students' experiences of using problem-based learning on practice placement.

Background: At the University of Brighton, the Occupational Therapy programmes are underpinned by problem-based learning (PBL). PBL is a pedagogic approach where students are given a 'real life' client case study for which they have inadequate knowledge to resolve. Using a combination of small group work and individual self-directed learning, students identify and then acquire the knowledge, skills and understanding necessary to resolve the case. Whilst literature highlights the benefits of using PBL in the classroom, and as such is recognised by the College of Occupational Therapists as an important pedagogic approach, there is a general lack of research that explores the use of PBL in practice. No research could be found involving occupational therapy students on placement.

Purpose: Given that the College of Occupational Therapists promotes the use of PBL in curriculum design, HEI's have a responsibility to ensure its use is underpinned with a comprehensive research base. In order to enhance the evidence regarding the value of PBL as a pedagogic approach in the practice context, this study therefore aimed to gain a deeper understanding of the ways in which (if any) occupational therapy students transfer PBL skills they learn on campus into the placement setting.

Design / Method: A qualitative study was chosen as the most appropriate to build a deeper understanding of students' experiences of using PBL on practice placement. Focus groups

(90mins) were carried out with a small number of students (3-8) from each of the cohorts from the four year BSc (Hons) Occupational Therapy and two year MSc Occupational Therapy (pre-registration) courses.

Analysis / Findings: Thematic analysis was used to identify a variety of themes including; Active learning, Team working, Increasing confidence, PBL becoming part of pedagogic being, Standing apart from other students, Enhancing client centred practice, Emotional preparation and Barriers to implementation. Findings indicate that students valued using PBL on placement and that this enabled them to practice more autonomously and confidently. Furthermore, it appeared to assist with their ontological development as they created their professional identity.

Conclusion: This research adds to the body of knowledge that promotes the benefits of PBL as a pedagogic approach and has provided deeper insights into its effectiveness in the placement setting. Recommendation is made for students from all professions to consider the use of PBL to assist them on placement and for educators to familiarise themselves with, and encourage its use to enhance student development.

Channine Clarke is the Academic Lead for Occupational Therapy at the University of Brighton, with an interest in pedagogic research and problem based learning. She is particularly interested in pedagogy within the practice context. Her doctoral study concerned the development of professional identity of occupational therapy students on role-emerging placements.

10.50-11.10

Dawne Gurbutt, Russell Gurbutt

Teaching and learning together in the workplace; using inter - professional education approaches to discover and uncover places to learn.

NHS resources are limited which limits the time available for staff to develop and enhance their teaching skills. Whilst the integrated care agenda places emphasis on learning in teams and gaining confidence as well as competence in practice.

The aim of this study was to find ways to co-design and co-produce teaching resources with new educators in practice and to enable students to work together interprofessionally in practice on real world issues which were then brought back into the classroom for further study around clinical decision making and leadership.

The project involved the co-production of teaching materials in different formats (audio, written, activity) to suit learner needs delivered as a flipped classroom to support particular patient journey scenarios in practice drawing on approaches from CLiP (Collaborative Learning in Practice). Students from different disciplines accessed relevant disparate materials prior to working together and shared their knowledge in relation to case planning and management.

Practice educators found it helpful to have the opportunity to develop materials in tandem with an academic, enhancing teaching skills and developing confidence in e-learning. Students benefited from using coaching approaches to support each other and experience being mentored by staff from different disciplines.

Multi-streaming of information and small 'bite-sized' elements of prior learning render education accessible and utilise the available spaces in a day between activities.

Students gained confidence not only in learning information, but sharing information and developing networks and relationships which were helpful in practice. Students developed supportive relationships which were evident beyond the session. The implications are that much is to be gained from integrated work based learning using the principles of IPE.

Dawne Gurbutt is currently the Clinical Lead for Interprofessional Education at the University

of Central Lancashire. She has an interest in collaborative practice and integration of the patient voice in healthcare education. Her IPE work focuses on transformational learning including communities of practice, hidden curriculum and the importance of connectivity and collaboration in patient care.

10.30-11.10 - Room 'Inspire' – Research in practice education

10.30 -10.50

Karen Davies, Emma Omerod, Sean Pert, Fiona Kevan

Perception of learning in practice education in speech and language therapy: student and educator perspectives

Background: Speech and language therapy (SLT) services have undergone significant changes in the way they are commissioned, provided and managed in England (Davies & Davies 2012). At the same time, self-funding for SLT students has been introduced, potentially altering student expectations of their learning experience. We therefore have a turbulent context for maintaining the quality and quantity of practice education, potentially compounding existing challenges. The question of how placement capacity can be extended to meet the needs of new students and services challenges existing knowledge of how students learn in practice education (McAllister, 2005).

Little research explores the critical features that contribute to effective learning in practice placements (Sheepway, 2011) and limited knowledge of how to maximise learning and encourage a deep approach to learning necessary for clinical reasoning.

Aims: This paper reports the initial phases of a study exploring:

- i. Student SLTs' perception of learning on placement and clinical educators' perception of teaching student SLTs
- ii. Student SLTs' and educators' beliefs about how they promote learning on placement
- iii. Student SLTs' understanding and expectation of responsibilities for learning on placement and differences between Year 1 and Year 3 students
- iv. Criteria that educators and students believe they use to judge student SLTs' learning on placement

Design: The study used a qualitative method to collect data from three groups involved in clinical education in one institution (clinical educators, university tutors and student SLTs). Semi structured interviews were used to gather perceptions and beliefs of learning in clinical placements. Face to face and telephone interviews were used.

Analysis and results: Interviews were audio recorded and a thematic analysis conducted to identify themes and sub-themes. Framework analysis was used to compare groups of participants. Data collection took place over 3 months in England and was recorded using NVIVO. Initial findings will be available in September 2017. The study will provide a descriptive account of perceptions and beliefs reported by participants. Variation in perception of students following 1st and 3rd year placements will be investigated to identify any changes in understanding of learning and responsibilities. Finally, we will report similarities and differences between the perceptions of each group in order to identify any tensions between respective partners contributing to SLT clinical placements.

Discussion and implications: Implications for three areas of practice education are possible. First, the results will provide a clearer picture of the barriers and facilitators

of learning in practice education from the learner and educator perspective. Second, we should gain an understanding of the criteria that respective groups use to judge student learning and third, we should gain an understanding of how students and educators perceive their responsibilities. These implications will inform the design of new approaches to practice education for SLTs.

Karen Davies is a researcher and speech and language therapist at the University of Manchester. She has specific interests in partnership approaches to professional development and intervention with people with communication needs. Previous research includes investigating commissioning services for children, professional perspectives of collaborative practice and developing coaching roles in speech and language therapy.

10.50 -11.10

Jane Morris, Sarah-Jane Ryan

Can the use of placement passports during practice-based education promote partnership and a catalyst for growth? The experience of Health profession students and practice-based educators

Practice placements are considered potential sources for making student learning and curriculum more relevant, facilitating professional learning and self-development (Trede, 2012; Webster-Wright, 2009). A number of students entering health professional courses have additional needs and it is essential they are fully supported in the transition from campus based learning to practice to experience high quality learning experiences in preparation for qualification.

Although, disclosure of additional needs has always been promoted (Equality and Diversity Act, 2010), students may initially be reluctant to disclose their needs as they do not wish to be treated as a “special case”. As a result valuable time may be lost on placements where practice – based educators, who are also busy practitioners struggle to identify why students are finding aspects of their placement challenging and valuable time that could have been used to make reasonable adjustments to support their learning needs is lost. To address these concerns, the School of Health Sciences at the University of Brighton has developed a placement passport that has been designed to support students’ prior disclosure of learning needs including additional learning needs. Our aim was to facilitate disclosure and inclusive practice across the whole cohort and to encourage students to identify their strengths and areas for development that help in the negotiation phase of learning agreements that are routinely used on placements.

This work is based on research that examined the experience of students and staff using the passport. An interpretative qualitative design was used, with transcripts analysed using thematic analysis (Braun & Clarke, 2006). Two focus groups one with final year BSc(Hons) Physiotherapy students and one with current practice educators. Nine participants were recruited, 4 final year students and 5 practice educators.

Preliminary findings suggest the tool facilitates inclusivity, reflection and promotes an active partnership between learners and educators. However, some students find it challenging to disclose their learning needs, especially if educators fail to acknowledge the passport content or focus on their weaknesses. Both educators and students felt the process could be enhanced if both parties adopted a more humanistic approach promoting reciprocity in exchange of information prior to the start of each placement. There is potential for the passport to be adopted across disciplines.

Jane Morris is currently Deputy Head of School of Health Sciences (learning and Teaching and Student Experience) at the University of Brighton. She has extensive experience of supporting student learning in practice settings and facilitating the role development of practice based educators. She has been involved in the development of Postgraduate Education routes within the Faculty of Health and Social Science including the Postgraduate Certificate in Clinical Education and teaches on a range of pre-registration and postgraduate modules. She has co-authored two core texts on practice education and is committed to improving the quality of practice education for learners and supporting practitioners in their role as educators in practice settings. Jane was Chair of the Chartered Society of Physiotherapy's Practice Education Forum and is currently Chair of the National Association of Educators in Practice. Jane gained a teaching excellence award in 2005 and became a prestigious HEA National teaching fellow in 2012.

Parallel sessions 2 – presentations

11.45-12.25 - Room 'Innovate' – Assessment for learning in practice

11.45- 12.05

Helen Nazlie, Helen Stringer

Promoting self-reflection and clinical skill development through behaviour change techniques and Video Enhanced Observation: a progress report

Self—reflection is an integral part of the clinical education of all healthcare professionals. For nearly 30 years in the campus Speech and Language Therapy (SLT) clinics at Newcastle University we have videoed SLT students working with their clients. Clinical Educators (CEs) guide students to view these videos as a basis for self-reflection and to accelerate the learning of clinical skills by reinforcing their good practice. Video Enhanced Observation (VEO) is a software interface, originally developed for teacher training and development, which enables video to be tagged with labels so that observed behaviours can be easily found and analysed or reflected upon. A small observational study in two SLT campus clinics (Tavistock Aphasia Centre and Children's speech and language clinic) trialled a set of SLT specific tags with SLT students observing each other. The results, compared to observation without VEO, indicated that VEO had potential to enhance the learning experience, both from the observer and observed point of view. However, the available tags limited the usefulness of the interface compared to a narrative record of the observation. The recent inclusion of behaviour change techniques (BCT) into our analysis of interactions with clients has clarified the distinction between the techniques we use to deliver therapy and the content of that therapy. This in turn has given us more explicit labels to describe what we are asking students to observe in their own practice. The second phase of this evaluation is to integrate the use of BCT with video observation software to make more explicit the area for student's self-reflection and thereby enhance learning opportunities. A range of appropriate BCT tags was developed for the VEO interface using Behaviour Change Technique Taxonomy (BCTT). These will be evaluated, in comparison to current narrative records of observation in the third phase, when the CEs and student will use VEO to watch clinical sessions and tag behaviours. The data presented here describes the development of BCT tags, drawing on the existing BCT in SLT literature to ensure the most relevant BCT are chosen. Examples of the interface and how the tags are used to support self-reflection and skill development will be presented. The potential application for pre- and post-registration professional development will be discussed.

Helen Nazlie is a Speech and Language Therapist and is the Clinical Co-ordinator within the Speech and Language Sciences Section at Newcastle University. Her role involves clinical teaching, organisation of clinical placements and clinical educator training and support. Specific interests within clinical teaching and development include support for reflective learning and practice through use of technology; innovative approaches to practice placement learning in collaboration with placement providers and interprofessional learning. Helen is currently a Co-Director of the Tavistock Aphasia Centre (North East) based at Newcastle University.

12.05-12.25

Kirsten Whitehead

Evaluation of the DIET-COMMS training package

The need for healthcare professionals to have good communication skills is well recognised (DH, 2010) and the ability to communicate effectively is one of the Standards of Proficiency (HCPC, 2013). Dietitians rely heavily on this skill as much of their work revolves around verbal

interaction with patients and service users to promote health related behaviour change. DIET-COMMS was developed and validated to support the assessment of communication skills in dietetic consultations (Whitehead *et al.*, 2014). A grant obtained from the British Dietetic Association General Education Trust (BDAGET, 13 03) supported the creation of an open access training package based on DIET-COMMS. This training package has been accredited by the BDA and the European Association for Communication in Healthcare as a learning tool for both students and qualified staff.

The aim of the project is to evaluate the training package in order to identify further developments to meet learner needs.

The evaluation process is ongoing and includes an online survey embedded within the package, an online student survey and focus groups with students. The number of hits on the webpage are also being monitored.

The training package has had over 6000 hits. Seventeen people (9 dietitians and 8 students) and have completed the survey in the training package, 25 students (from 3 universities) have completed the student survey and one focus group (7 students) has been completed so far. Results are very consistent from the 3 sources. From the student survey, 17 students had already used the training package outside of teaching sessions and 21 felt they would use it again. Overall 24/25 students rated the package as useful. Having used the training package **all** students were more aware of the importance of communication skills in consultations and 23 felt the training package had helped them to develop their skills. The key area identified for improvements were to include videos from a variety of settings and to make the training package available as an app.

Preliminary evaluation of the DIET-COMMS training package has been very positive and both students and qualified staff are using it. Users perceive that they are improving their understanding and skills in this important area of practice. However there is a need to undertake further research to ascertain if skills are actually improving. As all healthcare professionals need to develop good communication skills this training package may have further use beyond dietetics.

Kirsten Whitehead is currently an Associate Professor in Dietetics and the lead for practice education in Dietetics at the University of Nottingham. Her PhD work was on communication skills for behaviour change in dietetic practice and she has continued with the interest and work in this area. She also has interest in public health and group education.

11.45-12.25 - Room 'Develop' – Working in partnership

11.45- 12.05

Douglas Lauchlan, Kerrie MacLean, Peter Glover, Jennie Stewart, Anne Austin, Edith MacIntosh, Denis McGlennon, Derek Laidler, Katy Docherty

Evaluation of partnership working in a cross-sector collaborative role-emerging placement

Scottish Government policies and drivers set out a direction that require Allied Health Professions (AHP) to rethink how, where and what services are provided in the future. The integration of health and social care services shifts the balance of care from acute-based services and providing more care in the community. Traditionally AHP placements have been provided within NHS services, but the NES strategic framework and Scottish public sector reforms require the future workforce to work differently in different contexts to support the 20:20 Vision. A partnership drawn from Carers Direct Ltd, NHS Highland, Glasgow Caledonian University (GCU), NHS Education for Scotland (NES), Scottish Care and the Care Inspectorate allowed the opportunity to pilot a Physiotherapy placement shared between two services dealing with the reablement of clients in both the hospital and in the community.

To evaluate the experiences of all stakeholders in bringing together closer partnership working between the NHS, the independent care sector and a higher education institution.

A four week hospital/community reablement placement was undertaken by two MSc (pre-reg) physiotherapy students in Oban. The placement was split between working in a NHS acute receiving hospital and with an independent provider of care at home. Supervision and support was developed through close liaison between the practice educators from both sites and the university.

The placement was evaluated through the use of both questionnaires and semi-structured interviews. The experiences of practice educators, students and service leads were sought.

- Students gained a realistic view of what happens in a person's home and the work the carer undertakes.
- The clients and carers benefited as students were able to identify appropriate interventions in the home.
- Partnership working was enhanced by sharing of the placement across settings – with all partners gaining insight into each other's services and building good working relationships which will support future placements.

The pilot placement allowed closer communication and working relationships to be fostered through the purpose of developing a learning experience for the students. Exposing students to different care sectors and settings allowed them to value the input and contributions from all involved in the client's care and reablement. A further benefit of the pilot was the increased understanding which developed between NHS Highland & Islands, Careers Direct Ltd and GCU. A strategy to build capacity for sustainable practice based learning experiences for AHP students across sectors and involving all key partners should be developed.

***Dougie Lauchlan** is a Senior Lecturer in physiotherapy and inter-professional practice at Glasgow Caledonian University, where he has worked since 2005. He continues to juggle teaching and practice and has a particular interest in professional socialisation and the transition of student to practitioner.*

12.05-12.25

Naomi De Graff, Sarah James, Jenny Landells, Jo Sandiford, Louise Sutton, Rebecca Masters, Ella Vickers

Working together to develop parents' communication skills: an innovative placement model.

Background

Leeds Community Healthcare Trust (LCHT) SLT paediatric service offers parent training workshops. A number of studies have reported the benefits of training parents within SLT, with an increase in child skills and parental skills in communicating with their children (Ciccone et.al., 2012). In some instances, trained parents produce significantly higher improvements than clinicians in carrying out the therapy approaches (Roberts & Kaiser, 2011).

Leeds Beckett University collaborates with NHS and other service providers to increase innovative placement opportunities, with the aim of increasing placement capacity and adding value to services. Non-standard placements can enable students to develop their clinical skills and meet the needs of current practice.

Aims

To pilot a partnership between Leeds Beckett University and Leeds Community Healthcare NHS Trust with students delivering parent training workshops for parents of children with language and/or speech sound delay. To evaluate:

- The students' experiences and expectations
- The parents' opinions of student involvement
- The parents' satisfaction and experience of the workshops
- The placement educator's experience

Design and methods

Deliver 6 workshops. The first workshop was run by an SLT, with students observing and the students delivered the subsequent workshops.

A mixture of qualitative and quantitative data was collected.

1. Pre and post workshop evaluation forms
2. Student pre and post interviews
3. Parent interviews
4. Placement Educator review

Data analysis

The interview data was fully transcribed and subjected to a thematic analysis.

Student themes:

1. Skill development
2. Confidence
3. Support v independence
4. Skills and qualities required for the placement
5. Placement organisation and communication

Parent themes:

1. Students' professionalism
2. Knowledge and strategies gained
3. Worry and confidence
4. The group experience: Support
5. Communication and organisation
6. Communication re: Service changes

Conclusions

The students benefitted greatly from this non-standard placement. They developed clinical skills and increased their confidence.

Parents were positive about the student involvement in the workshops and their experiences were not diminished in any way.

The SLT benefitted from a new look at an established (but developing) way of working.

Recommendations

Continue the close working relationship between the University and LCHT SLT service, to build further SLT placement opportunities, including developing independence in placement settings.

***Naomi de Graff** is a Senior Lecturer and Placement Coordinator at Leeds Beckett University. She has an active role developing innovative placements with partners across the NHS, independent and voluntary organisations. Her research interest lies in clinical skill development and she is currently studying for her Doctorate in Education which is focussed on therapeutic relationships.*

11.45-12.25 - Room 'Learn' – Research in practice education

11.45- 12.05

Geraldine Hastings, Julie Latchem

Co-producing multimedia learning resources through interprofessional education (IPE): the PDoC way.

This work supports the development a new multi-media resource to improve practising and student AHP understandings of caring for PDoC patients/their families and related ethical/social/clinical issues. The e-resource builds on Kitzinger and Kitzinger's highly successful healthtalk.org module for families and has buy-in from the core AHP Professional Bodies. The aim is that this new AHP-facing resource will have high accessibility, interprofessional value and impact on personal and practice development.

A new personal and professional development IPE module in the School of Healthcare Sciences aimed at students developing critical thinking and clinical reasoning skills provided an opportunity to pilot the existing resources and engage 251 final year undergraduates as co-producers. Students from 5 professional groups namely Occupational Therapy, Operating Department Practitioners, Diagnostic Radiographers, Radiotherapy and Physiotherapy participated in the pilot workshops.

Using a collaborative learning approach, pilot workshops were developed around the key issues of AHP core practices, communication with families, ethics and the law (i.e. best interest decision making) using PDoC research data and the healthtalk.org module. During each two-hour workshop, students provided art objects such as sketches and reflections at various stages of each workshop. They also provided written feedback to help build and shape the multi-media resource.

Analysis and Results

Early analysis indicates that students found the pilot workshops engaging, informative and thought-provoking. A flavour of what students said is provided here.

'Engaging class discussions were extremely enjoyable and thought-provoking. It was good to have discussions with each other and questions provided to provoke discussions.'

'I learnt about the bigger picture including definitions, impact on families, ethics versus law, weighing up what is best and what is needed.'; 'I learnt how to apply best interest decision-making in practice.'

'What I want to do is to be able to understand and be able to explain reasons of why patients are behaving in a certain way or why families might be negative to people who are frustrated with them and I really want to better understand the law around decision-making.'

Discussion/Implications

Inviting final year AHP undergraduate students to experience and co-produce these multimedia resources has provided essential and helpful direction about what student learning needs are. There is also insight into how new knowledge might be applied in practice and how the resources might impact on personal and professional development. Ultimately, this pilot work has demonstrated the importance of involving the target audience in co-production of this type of CPD resource.

Geraldine Hastings is currently Professional Lead for Physiotherapy at Cardiff University, School of Healthcare Sciences. She has a well-established career in teaching and learning with active involvement in the development and delivery of research led undergraduate and postgraduate physiotherapy curricula and interprofessional education in healthcare. Geraldine's research and scholarly interests include personal and professional development in physiotherapy education and practice; e-learning; interprofessional education; ethical and legal dimensions of healthcare practice.

Physiotherapy student responses to working in the critical care environment

Background/relevance

Working in critical care environments has been identified in the nursing literature as stressful, attributed to high patient mortality and morbidity; daily confrontations with ethical dilemmas; and a tension-charged atmosphere. The effect the environment has on physiotherapists, both qualified and undergraduates, is underreported within literature. Exploring experiences that student physiotherapists have within this complex area is pertinent to practice education. It will ensure teaching and support can be provided to best develop student confidence and competence in cardiorespiratory care.

Purpose/Aim

At Cardiff University an undergraduate student explored student physiotherapists' experiences of patient death within critical care units for their dissertation. The study yielded rich and plentiful data; one theme emerged surrounding the responses students had to working within the critical care environment. This one theme will be presented.

Design

The study used an interpretive approach with data collected through semi-structured face-to-face interviews. Purposive sampling was employed to recruit three final-year physiotherapy students. Themes identified from a literature review were used to develop an interview guide. A pilot study was completed. Pseudonyms were used to uphold participant confidentiality. A reflexive approach was practiced by the researcher throughout.

Analysis

Interviews were recorded and transcribed verbatim. Respondent validation was completed; data analysed using thematic analysis; triangulation also used to maximise credibility.

Results and Discussion

Theme: Student response to working in the critical care environment

Sub-themes:

- *Critical care: a "different atmosphere" in which to work – contrasts in reaction*
- *Professional accountability of caring for complex patients*
- *Challenges in communicating with people that are unresponsive*
- *The death of a patient - a frequent experience*

Each sub-theme is supported by rich quotations from participants. Findings mirrored those found in the nursing literature; although some contrasts were evident. Working in the critical care environment, participants expected patient death to occur; findings in this study highlighted some similarities and differences with other published physiotherapy literature on the topic (Powell and Toms 2014).

Conclusion

Professional confidence and competence in working with critically unwell patients is required by those specialising in cardiorespiratory physiotherapy as well as staff undertaking emergency respiratory on-call working; the latter being a common requirement of newly qualified physiotherapists. For undergraduate critical care clinical placements to be successful learning environments, identification and appreciation of the experiences students are having in these environments is necessary. This will enable learning experiences and opportunities to be maximised and tailored accordingly within practice education. This work begins to address a gap within the literature. However, as the theme emerged from a study that focused on students' experiences of patient death within the critical care unit; it is recommended that further qualitative work is completed focusing on the working environment separately.

Amy Bendall is a physiotherapy lecturer in the School of Healthcare Sciences at Cardiff University. Her teaching and research interests are focussed around cardiorespiratory physiotherapy on topics including: undergraduate preparedness for on-call working; employability skills required to work in cardiorespiratory care; student experiences of working in acute care environments and pre-habilitation for people undergoing surgical procedures.

11.45-12.25 - Room 'Inspire' – Research in practice education

11.45- 12.05

Sarah Elliot, Angela Glynn, Jane Morris.

Physiotherapy practice based education in a seven day model of working

Background

The physiotherapy profession is required to constantly review its current status, particularly in light of significant changes occurring internationally in practice and education settings. Amongst these changes are globalisation, greater community expectations and accountability. In the UK, the diversification of the physiotherapy profession to provide a seven day service has been required to meet the changing needs of society and to reflect developments and competitive pressures in the UK's health service. However, little is known about how practice educators and students experience this model.

Purpose

With such a change in practice, it is of high importance to gain insight to the experiences of those participating in seven day placements. The findings may provide a clearer description and deeper understanding of the implementation of seven day working on practice based education in physiotherapy. This may offer insight to other physiotherapists, health professionals and students.

Research Question: What are the experiences of practice based learning within a seven day model of working for practice based physiotherapy educators, physiotherapy students and university link tutors?

Methods

My research, utilising hermeneutic phenomenology has explored the experiences of physiotherapy students, practice based educators and university link tutors in a seven day model of working. Semi - structured interviews were undertaken with 15 participants. The participants were asked to talk about their experiences of practice based placements hosted across a seven day model of working. Thematic analysis was used to interpret and present the data.

Findings & Discussion

Three overarching themes emerged from the data;

- Barriers to practice based education in a seven day model of working
- Challenges faced in practice based learning by physiotherapists in a seven day model of working
- Changes undertaken in practice based education by physiotherapy during the transition to a seven day model of working

Using the metaphorical image of a traffic light system; the red light or barriers were interpreted to be stumbling blocks that need to be overcome in order for the physiotherapy profession to move forward in practice education in a seven day model of working and included how inconsistent working patterns affected learning and development. Challenges, the amber light, made participants pause and consider their actions or the impact it may have on practice before moving forwards. This theme related to the adjustment required to new ways of working which included the impact of shift work, a different approach to supervision and how the environment was different at weekends. Finally, the green light, reflects the changes that have already occurred. This theme related to physiotherapy students gaining more than just skills and knowledge and that it was a real life experience, preparing them for future employment and career.

Conclusion

The boundaries of our practice are changing and we need to take this journey into seven day placements together as we can then shape our practice, people and regimes within practice education. This first level of data analysis identified that it is the inconsistent working patterns that impact the most to physiotherapy education especially in respect to clinical reasoning,

managing caseloads and communication.

Implications

Learning takes place through engagement in actions and interactions that are embedded in the culture and history of the community of practice and this research has identified a number of recommendations for implementation into practice at an operational level. This includes approaching inconsistencies in working patterns and the effect it may have on communication, model of supervision and learning and development.

***Sarah Elliott** is a Physiotherapy Practitioner at Medway NHS Foundation Trust where she specialises in Critical Care. She commenced her professional doctorate in 2011 which is exploring the experiences of physiotherapy students, practice based educators and university link tutors in a seven day model of working in practice based education.*

12.05-12.25

**Caroline Hills, Valerie Flattery, Fiona Haughey,
Lenore McLoughlin, Rosaleen Kiely**

Contributors to best practice when two educators co-supervise one student on placement in occupational therapy

Background: In occupational therapy, practice education has not changed for many years, in that students complete 1000 hours of education (Revised Minimum Standards for the Education of Occupational Therapists, 2016). Currently there are many challenges in practice education. One challenge is that there are insufficient placements for increased student numbers therefore a range of placement models have been promoted. One model is where two or more educators supervise a single student jointly. This co-supervision model enables part time practice educators to take a full-time student and has the potential to relieve the burden of having a student (Graves and Hanson, 2014). Benefits for the student includes gaining clinical and supervisory experience from more than one therapist and experiencing more client contact (Copley and Nelson, 2011). Challenges of co-supervision include the educator's perception that it can be difficult for a student to manage the potential inconsistencies between educators including giving individualised feedback. However, practice educators perceived that the benefits to themselves, the students, the service outweighed the challenges (Copley and Helson, 2012). Despite this there is little information or direction on best practice when co-supervising an occupational therapy student on practice education. **Aim:** The aim to explore and define best practice strategies used when co-supervising a student on placement. **Methods.** Educators experienced in co-supervision were invited to participate in a focus group which utilised the nominal group technique (NGT) (Delbecq & Van de Van, 1971). NGT allows participants to create and rank their own categories about the topic of concern rather than the researcher deciding the categories (Lennon et al. 2012). As is it non-hierarchical all participants' views are equal, preferable to a focus group where group dynamics can influence the outcome (Kitzinger, 2006). **Results:** Top three ranked themes were 1) Planning before placement to communicate to students to know who is doing what 2) Setting clear expectations for the student and providing good feedback and 3) The two educators get on professionally. **Discussion:** The results indicate that this type of placement requires significant planning and communication between the two educators and for this to be successful the two educators should have a pre-existing professional relationship. Issues such as one experienced educator mentoring a less experienced educator through co-supervision was not raised as best practice. Whilst more research is indicated from both educators and students' perspectives the results informs those promoting or implementing a co-supervision model of practice education.

***Caroline Hills** is currently the Practice Education Co-ordinator for the occupational therapy programme at NUI Galway. She has been an occupational therapist for over 30 years and has worked in the UK, Ireland, and Australia. Carol is particularly interested in practice education, teaching and learning including simulation, evidencing competence, and inter-professional learning. Her PhD thesis is entitled 'Are contemporary practice environments conducive to the learning needs and preferences of "Generation Y" Occupational Therapy students?'*

Poster viewing and discussion

Julie De Witt

1. Resilience for Healthcare Practice: A study to explore student perceptions of personal resilience and the potential role of coaching approaches in building resilience

Aims:

To consider definitions of resilience for a student Diagnostic radiographer (DR) perspective

To consider the value/role of resilience 'training' within the undergraduate (UG) curriculum

Background: 'Resilience training' was introduced into the UG curriculum and this study (part of an MA Ed) as undertaken to discern impact and to inform curriculum.

Design:

1. Questionnaire (3 open questions), Year 1 DR students, exploring concepts of resilience (n=44)
2. Follow up online questionnaire asking student to rank each theme that emerged in step 1 in terms of importance to their resilience, (N=13)
3. Focus group (N=8) invited to discuss personal resilience in healthcare practice and their perspective usefulness of the resilience building exercises introduced in the curriculum. Analysed using thematic analysis.

The findings from to the question "what is your definition of resilience" uncovered that few students used an approximation of the 'traditional' definition of resilience; indeed, some seemed to view resilience as a weakness or something to be guarded against.

In part 2, there was no clear pattern in the responses. Literature also seems to suggest that the factors which 'underpin' any one individual's resilience is unique to them. Hence it may be pragmatic to assume that each person will need to develop their own 'recipe' based on their understanding of and evaluation of their resilience.

Analysis of the focus groups (part 3) discerned that the workplace (clinical placement principally) plays a large role in affecting personal resilience. The classroom based resilience development sessions had questionable impact, but there was some evidence to some had sunk into the subconscious; although it is difficult to confirm this assumption.

Perhaps in addressing personal resilience we first need to explore the language an individual student uses; if an individual does not see the value or relevance of personal resilience then any pedagogic efforts will likely fall on deaf ears. Resilience is personal and there will not be a one-size fits all approach; a piecemeal approach along the lines of 'one-off' training is unlikely to have any lasting impact. We should foster an understanding of resilience as a positive trait as there are differences in definitions students give. The themes of 'stories, myths and legends' and 'fear of mistakes' are related to a personal locus of control; whilst one can't stop the stories directly it is within an individual's control to react or engage in those. Teaching the principles of positivity, of self-compassion and of re-framing could therefore have a place.

***Julie de Witt** is a senior lecturer at University of Derby and a Diagnostic radiographer by background, with many years of experience in clinical practice and post grad qualification in Nuclear Medicine. With an MA Ed in Leadership Coaching and Mentoring Julie has noted that the focus in coaching literature is often on the 'executive' end of the spectrum; however experience has been that coaching approaches can be equally applied to interactions with students and with those working with students (tutors/mentors/assessors). Julie has recently completed a study looking at the role coaching approaches may play in developing student resilience for clinical practice; and now exploring the role of coaching approaches in supporting students for PhD study.*

Dougie Lauchlan

2. The Feasibility and Acceptability of the Assessment of Physiotherapy Practice Instrument During Pre-Registration Student Placements

Background

A persistent difficulty in assessing physiotherapy students whilst on placement centres around the transparency and consistency of assessment, particularly when there are many practice educators involved over a wide range of geographically diverse placement settings. The Assessment of Physiotherapy Practice (APP) Instrument is a 20-item instrument covering seven domains; supported by performance indicators for each item to guide educators. It is a valid and internally consistent instrument for the assessment of entry-level competence in physiotherapy with high levels of inter-rater reliability and test-retest reliability.

Aim

The aim of this project was to implement, pilot and evaluate the use of the APP instrument across all pre-registration practice placements at Glasgow Caledonian University (GCU).

Description

A series of consultation meetings were held over a calendar year with all relevant stakeholders, including professional body representatives, external examiners, practice educators, students, other university representatives and internal academic quality office personnel, as part of annual service evaluation. Feedback from these consultations assisted in the design of future training workshops for practice educators in the use of the APP instrument. Qualitative data were collected from undergraduate and postgraduate pre-registration students and practice educators using structured feedback focus group sessions and interviews.

Findings

Educators expressed that the behaviour focussed performance criteria of the APP considerably increased the ease and clarity of scoring students' performance, which also assisted practitioners in providing specific feedback to students. Students, in the main, were content with the use of the instrument, also appreciating the clear performance criteria. Uncertainty was voiced by both educators and students about the APP instrument grading all students to 'beginning/ entry level' standards of practice.

Conclusion & Implications

An 18-month process of consultation and piloting the APP instrument allowed it to be adopted into practice in all pre-registration Physiotherapy programmes at the University. Feedback indicated that both practice educators and students felt that the instrument was acceptable and its clear performance criteria increased its feasibility for practice. Ongoing refinement of training workshops is required, particularly in relation to educating practitioners as to their expectations of 'beginning/ entry level' standards of practice. The use of the APP instrument is recommended for Physiotherapy pre-registration programmes seeking a validated practice placement assessment method. Defining learning outcomes through behaviourally oriented performance criteria improves clarity of scoring for educators and enhances student feedback

***Dougie Lauchlan** is a Senior Lecturer in physiotherapy and inter-professional practice at Glasgow Caledonian, where he has worked since 2005. He continues to juggle teaching and practice and has a particular interest in professional socialisation and the transition of student to practitioner. His clinical/research interests are in sports medicine and post-surgical management & rehabilitation.*

Jennifer Jones

3. Working in Partnership to build placement capacity-Student Radiographer placement in the Independent sector

Historically Student Radiographer practical training has taken place in NHS imaging departments. The development of digital imaging has meant that there are fewer general X-ray rooms in many NHS hospitals. Consequently, at times there are up to four students allocated to one room in these hospitals. This can lead to a reduction in practical work that the student

undertakes.

From research undertaken for my Masters on the subject of postgraduate training in MR, there are at least 131 Independent hospitals in England that have an MRI scanner. These hospitals would also have a general X-ray room and at least one theatre. Each of these hospitals could accommodate a student radiographer who would be able to expand their knowledge, as procedures carried out in the Independent hospitals may vary from those carried out in the NHS.

Create a link with a local University so that there are staff in the department who can obtain Practice Educator status through either the experiential route or by attending a local course. Ensure that there is support from all the team, including from administrators, assistants and other radiographers. Discuss at staff meetings what the department could offer to the student and how they can be supported and assessed. Ensure that all Senior Radiographers are familiar with either the paperwork for placement or the electronic diary that needs to be completed. Build a relationship with the local linked NHS hospital and Practice Educator. Ensure that the Practice Educator is prepared for the assessments that may be undertaken in the department by going through a mock assessment with the clinical lead for the course. Ensure that the clinical link lecturer has the facility in the department to discuss the placement with the student in a confidential area.

Practice Educator(s) to attend events organized by the University so that best practice can be shared, and knowledge gained, with other Practice Educators in the area. Ask the University to send feedback pertaining to the students who have attended the department and ensure that this is shared at staff meetings to improve practice.

The Independent sector can offer student radiographers valuable experience in their varying facilities. This may be in a personal and individual manner and by offering exposure to examinations that may not take place in the NHS. If the independent hospital also undertook formal assessments then this would relieve the pressure in the linked NHS department.

Jennifer Jones is a Radiographer who has worked continuously in Radiography for over 30 years. She is currently a Radiology Services Manager for a newly built Independent Hospital. Her experience in the NHS and Independent sectors, developing teams and services, gives her an insight into how student placement can be managed wherever diagnostic imaging is carried out.

Kate Tucker

4. The Development of Professional Identity in Speech and Language Therapy

Background:

Within Higher Education, it is argued that the educational experience should ultimately transform the individual - it should be an 'ontological education' (Bramming, 2007; Dall'Alba, 2009). During professional development there will be a gradual formation of values, skills, knowledge and attributes. Through a range of educational experiences the professional identity is shaped. Professional identity is seen here as a sense of *'being'* that professional (Wenger, 1998), in this case a Speech and Language Therapist (SLT). Learning to be a professional involves what we know and what we can do, but also who we *are* (Dall'Alba, 2009). It is influenced by the particular experiences that the individual encounters and how these are interpreted. The development of identity follows an individualised trajectory (Dall'Alba and Sandberg, 2006), with the students encountering experiences that both facilitate and hinder. This is a lifelong process and an important element of the educational experience (Monrouxe, 2010). The nature and development of professional identity has been explored in other health professions, but it has not yet been systematically investigated in SLT.

Aims:

To explore the individual experience of professional identity development in SLT undergraduates.

Description:

This qualitative, longitudinal study will explore the lived experiences of undergraduate SLT

students in their development of professional identity. It will use 1:1 semi-structured interviews and take a hermeneutic phenomenological approach to data collection and analysis, to allow for in depth exploration of individual experiences, perceptions and meaning making.

Implications:

By understanding the experience of professional identity development within SLT, this may signal ways to address transformative learning needs and enrich the educational journey in future. This may then benefit the development of the future workforce.

Kate Tucker is a lecturer in Speech and Language Therapy (SLT) at Cardiff Metropolitan University. She is currently undertaking a PhD on the development of professional identity in SLT. Her teaching interests are employability skills, resilience, inter-professional learning and clinical simulation. Her clinical specialism is aphasia and she has recently established an HEI-based aphasia clinic. She has a Masters in Clinical Linguistics Research (2003). She gained her Post Graduate Certificate in Teaching in Higher Education in 2014. She is a Fellow of the HEA, and a member of the Royal College of Speech and Language Therapists and HCPC.

Ria Baker, Alex Levine, Sharon Lee, Sara-Jane Kray, Ruth Germaine, Paul Vigar

5. Increasing capacity: making practice education meaningful and relevant for the wider health and social care economy.

With the changing face of pre-registration education and training, alongside the evolving roles of professional practitioners within the health and social care arena (Department of Health, 2016), it is timely to explore how we can provide meaningful and relevant practice education opportunities to our pre-registration students, the focus for this submission is for those undertaking the BSc (Hons) Paramedic Science degree as a route to registration with the Health and Care Professions Council (HCPC) as a Paramedic.

The aim of this piece of work was to examine the development and implementation of practice opportunities within primary health services, mirroring the 'Taking Healthcare to the Patient' review of 2011, which sets out a vision for the ambulance services to provide an increase of primary care services.

During the consultation phase the opportunity for our students to spend two weeks in primary care was discussed with relevant stakeholders. The collective vision was that it would allow them to enhance their knowledge of the primary care sector, and begin to examine the interface with their role as a paramedic upon qualification. Alongside this was the notion that offering this experience at pre-registration level might encourage individuals to become qualified paramedic practitioners in the future.

During the second year of their studies our current paramedic students already have the opportunity to attend "alternative placements in community settings". Therefore, it was agreed that this would be the most appropriate opportunity to expose them to the primary care services. Across an 8-week period commencing in January 2017, 22 students from the April 2015 Paramedic Science Cohort will spend two weeks of practice placement (75 hours) in a GP surgery within three localities in Kent; Thanet CCG (Clinical Commissioning Group), South Kent Coast CCG and Canterbury and Coastal CCG.

The two-week timetable provides them with an opportunity to increase their knowledge concerning quality and governance processes, observe and understand triage, participate in chronic disease management through clinics such as COPD, CHD and diabetes. The students will also have the opportunity to observe the ANP/AHP role, and attend home visits/care home visits.

Upon completion of the practice placement, the students will be asked to complete an evaluation form and attend a focus group at Canterbury Christ Church University. This will allow for anonymous feedback via the evaluation, and an in-depth discussion about the

usefulness of the practice placement within a classroom setting.

Initial feedback from the Primary Care Workforce Tutors within the CCG's, Senior Lecturers on the Paramedic Programme and from the students themselves indicate that the introduction of this placement is going to broaden their understanding of the multi-agency approach to health and social care, and their role

***Ria Baker** is one of the Senior Lecturers in Practice Learning at Canterbury Christ Church University. Her role has responsibility for the Private, Voluntary and Independent Sector practice placements within Kent and Medway. Her interests lie in practice placement capacity, multi stakeholder collaboration and student experience, learning and support in a practice setting.*

Teresa Rushton

6. Understanding the experiences of Occupational Therapy students, with additional support requirements, whilst studying BSc (Hons) in Occupational Therapy

According to the Equality Act (2010), Higher Education Institutions (HEIs) are required to ensure that students with disabilities are given the same opportunities and are not discriminated against, victimised or harassed. HEIs are required to anticipate the needs of students with disabilities and make reasonable adjustments in order to facilitate learning and skill development.

Research has been conducted, with students, within the healthcare professions, with disabilities in Higher Education (Storr, Wray & Draper 2011). Whilst, a number of occupational therapy students have written of their individual experiences of education and working as an OT with a disability (Archer 1999, Sivansen 200), little research has been conducted which explores the experiences of Occupational Therapy students whilst studying occupational therapy.

The aim of this study was to explore the experiences of occupational therapy students with additional support requirements at one HEI within the United Kingdom. Interpretative Phenomenological Approach was used, 12 students participated in semi- structured interviews. Ethical approval to complete the study was granted. Students had a ranges of disabilities including Specific Learning Difficulties (SpLD), physical and mental health conditions.

A number of themes were identified including:

1. Placement
2. A Journey of Self Discovery
3. The Future

All participants described their personal journeys and considered how their diagnosis and the occupational therapy programme had influenced their identity.

This poster will further explore the findings of the research and consider the implications for education and practice.

***Teresa Rushton** is the occupational therapy practice placement coordinator at Coventry university. Her interests include non traditional practice placement education and supporting students with additional support requirements in practice.*

Helen Carr and Alex Levine

7. Challenging Seeing Things as We Are: Sharing Interprofessional Perspectives and Processes within Practice Education

To prepare students for a rapidly changing workplace, Canterbury Christ Church University has introduced an interprofessional team to improve support for students on placement and their practice learning facilitators. Since September 2014, this team has been expanding and now includes academics from Adult Nursing, Midwifery, Health Visiting, Operating Department Personnel, Social Care and Psychology working together across the professional pathways. These new posts, Senior Lecturers in Practice Learning, provide key links to the Community and Hospital Trusts and with the Private Voluntary and Independent sector, monitoring quality and implementing change in practice education and assessment. They are bridging the gap between education and the Trusts. Many strands of innovative support mechanisms are being introduced, such as regular interprofessional clinical group supervision and the development of interprofessional practice learning opportunities through hub and spoke placements. This is part of the University's ongoing commitment to promoting interprofessional education and developing interprofessional responses.

This presentation explores the journey so far – what we have learnt about our colleagues' approaches to practice education, the challenges and successes experienced in establishing interprofessional roles and looking forwards, to our future goals. The team's work addresses the three themes of this conference: we work in partnership to build placement capacity, build upon opportunities for interprofessional education and explore how we can raise the confidence of our students to discuss their concerns within an interprofessional framework of support. This presentation gives an overview of our work, the significant points of learning for us so far and then it focuses on an area of specific research – the progress made in improving our raising and escalating concerns processes. Initially, we have explored our Practice Issue Report (PIR) data, thematically analysing the types of concerns raised by students and the process followed. Next will be the analysis of qualitative data, identifying the experiences of students, academic tutors and practitioners in escalating concerns and the best ways forward to support students practising their duty of candour. As the context of practice gets even busier and short-staffed, we need to be equipped to manage concerns successfully with our partners within an approach where all feedback is welcomed. It has been useful to share interprofessional perspectives on support for practice education, and within this, raising concerns, and this presentation will give insights we have had on this journey into the cultures of our colleagues' professions.

Helen Carr (BSc (Hons) Soc/SocPsych; PGCHE; MSc Interprofessional Health and Social Care) has worked in residential care settings with children and adolescents, including unaccompanied asylum-seeking children, and within the refugee sector, primarily with Refugee Action. From Senior Lecturer in Social Care at Canterbury Christ Church University within the Social Work team, Helen is now seconded as a Senior Lecturer in Practice Learning. She works closely with two Health Care Trusts in Kent supporting students and practice educators and developing opportunities for integrated placements. Migration and working with forced migrants continues to be a specific area of interest.

Bob Fellows, Graham Harris, Kirsty Lowery-Richardson, Mark Gregson, Nigel Brown

8. Creation of a Paramedic Practice Education Guidance Handbook

Since paramedic education first moved to delivery via higher education, there has been a requirement for student paramedics to be supervised by a registered and appropriately trained paramedic whilst undertaking periods of practice placement. Historically this was undertaken by registered paramedics who may have held a work-based training qualification, or alternatively no formal qualification but the enthusiasm to assist with the development of future

paramedics.

Previously, education providers, utilised existing '*mentoring*' courses to develop paramedics as '*practice educators*'. These courses were designed for nurses, midwives and other allied health professionals (AHPs), and did not specifically deal with the issues raised in the supervision of student paramedics undertaking practice placements. Education providers have since developed modules specifically for '*Practice Educators*' in collaboration with partner organisations.

NHS employed Paramedics with in excess of 2 years' experience have recently been repositioned into Agenda for Change pay-band 6, the requirement for recognised and formalised Practice Education provision (and preceptorship of newly qualified paramedics) has been discussed as imperative in supporting this transition.

The College of Paramedics identified a need for a *Practice Educators Guidance Handbook* as a national standard guidance tool.

In order to create the guidance a Practice Educators guidance handbook working group was formed, the group was made up of invited and recommended Paramedics from around the UK (all four nations are represented). Many members of the group are considered to be experts in the field of Practice Education, and includes academics, active clinicians, managers, and also a current paramedic student.

There was a 10-month project plan, with meetings once a month held at varying locations throughout the UK. The handbook is on track to be completed and printed for April 2017.

This inaugural project is thought of as the start to a larger programme and vision of work The College hopes to create a curriculum guidance document around practice education along with a benchmark standard, for Higher Education Institutions, and also a UK wide Practice Educator register for paramedics.

The project has wide reaching implications and may influence the final decisions in the design for paramedics transitioning from Agenda for Change band 5 to 6.

Chaired by the College of Paramedics Head of Development, the Practice Educator Guidance Handbook working groups' (PEGHG) project is meeting its key milestones, and is currently on track to distribute a printed hard copy to every paramedic Practice Educator throughout the UK (regardless of whether they are a College member or not).). In complying to governance procedures the group has kept to quoracy throughout, with all stakeholders represented through the UK.

The proposal is to have first draft completed by the end of February, after which the document can be sent out to the primary stakeholders including the National Education Network of Ambulance Services (NENAS), and the Forum for Higher Education in Paramedic Science (FHEPS). Following their review, many of the secondary stakeholder comments will be welcomed, these include (but are not exhaustive to) the Association of Ambulance Chief Executives (AAACE), the Health and Care Professions Council (HCPC) and the National Association of Educators in Practice (NAEP).

The publication of this document sees the achievement of this goal and the implementation of a national standard for '*Practice Educators*' in the UK for paramedics. This document provides guidance that the College sees as a reference point for all practice educators, educational providers, employers, practice based education providers and regulators as to the role of a '*Practice Educator*' in the paramedic profession. In response to the constant and increasingly complex demands made on the profession, the clinical and professional practice of paramedics continues to evolve. The production of this guidance for the education and development of '*Practice Educators*' which underpins further professionalisation of the paramedic profession, could not be more timely. It clearly articulates the high standards of practice based education and development expected for the learner (student paramedic).

In summary, this handbook has many objectives, principally it seeks to provide those that both aspire to and who undertake the role of a '*Practice Educator*', with guidance on this vital multi-faceted role. It explains the values and behaviours expected of them as an individual, whilst providing guidance and direction in support of countless matters that a '*Practice Educator*' may have to deal with during the supervision of developing student paramedics. The College

believes that practice education is lifelong and that this guidance will aid in providing best-practice support to learners as they undertake their educational journey to becoming a graduate, with eligibility to apply for registration as a 'Paramedic' and become a member of the profession, and a future 'Practice Educator'.

Bob Fellows is the Head of Professional Development at The College of Paramedics. His key interest is in the interactions of Learners and practice educators in the clinical setting and how this impacts on the student experience. In addition Bob remains clinical with The London Ambulance Service as an experienced Tutor and Clinician

Jackie Lunn, Colin Jones, Teresa Rushton, Alisha Akhtar, Annabelle Edwards, Aoife Flynn, Kerriann McLaughlin

9. Models of Occupational Therapy Student Supervision.

Recent government initiatives to increase numbers of nurses and health professionals nationally (HM Treasury 2015) and the need to ensure that all health care students experience quality practice placements, which develop their skills and competence, has led academics and placement providers to reconsider models of supervision in practice learning.

Whilst a range of models of supervision in practice education exist, locally in occupational therapy education a 1:1 or 2:1 educator: student model tends to be adopted.

One experienced practice educator approached a local university to explore having multiple occupational therapy students on placement. Four final year occupational therapy students were placed in a paediatric setting and were supervised by one practice educator, supported by her manager. Prior to completing the placement the students did not know each other.

The placement was evaluated from the student, educator, manager and service perspectives. The results identified benefits and challenges. The challenges from the educator perspective were:

1. The initial time invested to plan and prepare for the students and complete the assessment reports.

The challenges as highlighted by the students included having:

1. Less 1:1 time with the dedicated educator
2. Different learning styles which therefore led to a perceived difference in experience and opportunity.

However, the students highlighted many benefits including:

1. Peer support and learning,
2. Skill development and realistic preparation for practice.

From the service perspective, the benefits were:

1. Increased efficiency and effectiveness.
2. Positive promotion of student education within the organisation.

This seminar will evaluate the models implementation.

Jackie Lunn is a senior occupational therapist, working within Birmingham City Council's Occupational Therapy Paediatrics Service.

10. Physiotherapy Practice Education in Primary Care: The Practice Educator Perspective

Perceived barriers to physiotherapy practice educators, in primary care settings, being actively involved in practice education are reported in the literature (McMahon et al 2014). This study aims to: Gain a greater insight into the benefits of and barriers to the provision of practice education by current physiotherapy practice educators in a primary care setting; and to identify the factors that contribute to this.

A qualitative approach using focus group design was used. Participants were recruited from physiotherapy staff members in a primary care service in Ireland who are regularly involved in student placements. A questioning framework was designed with the study's specific aim in mind. The questioning framework was piloted, questions were subsequently reviewed and refocused. Data was coded and analysed using thematic analysis as described by Braun & Clark (2006). Transcribed data was reviewed by a second researcher, who reviewed the primary researchers' coding and subsequent interpretation of the data and theme authenticity. Consensus was achieved.

Eleven practice educators volunteered and were divided randomly into two focus groups. Agreed themes following data analysis were: service efficiency, professional practice, workplace characteristics incorporating physical environment and culture. Participants reported positive and negative experience in all themes.

Physiotherapy practice educators reported multiple benefits of facilitating practice education including the enhancement of the teaching role, job fulfilment and contribution to the profession. Despite the benefits outlined above, practice educators have reported experiencing increased stress during provision of practice education and have also cited the negative effect the provision of practice education had on non-clinical duties with some tasks being deferred to non-placement time as barriers to the provision practice education. This study showed that all themes identified could be viewed as either positive or negative. The key message for placement facilitators is to identify the specific issues in each primary care site and look at an individual plan that will fit the context of that site

***Caoimhe Harrington** graduated from the School of Physiotherapy in University College Dublin in 2004. She soon moved to London and worked at Kings College Hospital and St. Marys Hospital. In 2007, she completed a M.Manip. Ther in Curtin University of Technology, Perth, Western Australia and following this worked at Waterford Regional Hospital in a Clinical Specialist role. Caoimhe began work at Mercy University Hospital in 2009 as Practice Tutor. Her research interests include understanding the challenges associated with Practice Education provision in Ireland, as well as the understanding the factors underpinning student satisfaction with a practice education experience.*

Emma Hyde, Ruth Strudwick

11. An investigation into first year diagnostic radiography students' preparedness to deal with ill service users in two UK universities

Transition to university level study is known to be a difficult adjustment for some students^{1,2,3}. Transition to a work based learning opportunity such as clinical placement can be really hard⁴⁻⁹. Key components that influence a successful transition to placement can be grouped into two main areas: 1. Practicalities - transport, accommodation, uniforms, work patterns, child care issues, etc. 2. Socialization into the profession.

At the same time as dealing with these issues, radiography students are also starting to work with very ill service users - usually for the first time. They may work with very ill service users in

areas such as intensive care, coronary care, neonatal units, and resuscitation rooms.

This poster will present research that was undertaken at two UK universities to investigate the preparedness of first year students to deal with very ill service users. The research took a qualitative approach, using focus groups at both universities to collect data. The data was audio-recorded and transcribed, and then analysed using a thematic approach. The poster will discuss the issues which were identified by participants in the study, and make recommendations for curriculum development to support future students.

Emma Hyde is currently the Head of Diagnostic Imaging at the University of Derby. Her interests in research centre on placement experience for student radiographers, and failing to fail. Her teaching interests lie in professional values, leadership and management and CT & MRI scanning.

Patrick Thoeung, Mary Sexton

12. Current issues in implementing Collaborative clinical placements: A survey of Physiotherapy clinical educators within the Placement Management Partnership (PMP) network.

Background: There has long been a shortage of clinical placements. Within Greater London offers have fallen to a critical level. Compounding this problem is the adherence to the traditional 1:1 Apprentice model. Although Collaborative models (e.g. 2:1, 3:1 and 4:1) offer additional benefits (e.g. peer learning) and have long been advocated their adoption remains low.

Aim: To understand the current issues affecting the implementation of Collaborative placements amongst Physiotherapy practice educators within the PMP network.

Design: A study involving both quantitative and qualitative approaches and utilising a web-based self-completion survey.

Method: 'Purposive' sampling was used to recruit subjects from the PMP contact list. 'Snowballing' was used to further recruit subjects. A mixture of closed and open questions gathered anonymous data about demographics, preferred models, attitude towards clinical education, perceived barriers and what help and support was needed. Completed surveys were analysed both descriptively and thematically with independent validation.

Participants: A total of 214 clinical educators took part over 4 weeks. Most participants (77%) were very experienced clinical educators. Most worked with adults (96%) and in inpatients (53%). Few attended clinical educator's training annually (11%) and few had recognised qualification as a practice educator (16%).

Results: Adherence to the traditional 1:1 model remains high (65%). Only 35% of clinical educators preferred Collaborative models and this was almost exclusively in the 2:1 format (33%). Participants recognised the benefits of Collaborative models but also expressed concerns about increased workload, reduced productivity and decline in patient care. Resource limitations (e.g. space and staffing) appeared to be the primary barrier, followed by time-constraints and safety. Frequency of training and experience did not enhance preference for Collaborative models but having additional qualifications did. Participants requested more training on Collaborative models and more availability from university tutors.

Conclusion: The adoption of Collaborative placements is low. There are various reasons but the most frequently reported relates to resource limitations. Annual training does not enhance preference for Collaborative models. Hence, providers of such training may need to review their programmes. Experience does not enhance preference for Collaborative models but having additional qualifications does. Therefore, promoting access to additional qualifications

might be of interest to key stakeholders. Financial incentive is currently ineffectual in promoting Collaborative placements. Much of the finding from this study is consistent with related studies however care is advised as the sample size is small with highly-experienced clinical educators over-represented. These findings should not be generalised to areas outside of Greater London.

***Patrick Thoeung** is currently a Highly Specialised Physiotherapist at Barking, Havering and Redbridge University Hospitals NHS Trust in Romford. His interest in practice education centres on enhancing the clinical placement experience, finding ways to reduce the placement shortfall, partnership working, changing the traditional perception of clinical education and innovation in recruitment.*

Darren Hudson

13. Our Approach to Supporting Specialist Post Qualification Training within the Clinical Workplace – An Overview and Student Review after 2 years

Due to the national staff shortages within Radiology and issues surrounding recruitment and retention of experienced staff, an internal demand for development of inexperienced staff within MRI was identified.

Aims of the programme were reviewed with the focus being on producing competent MRI Radiographers capable of performing routine head, spine and joint examinations.

The overall training programme was successfully Approved by the Society and College of Radiographers to help give its new content some validity and credibility.

Two years of feedback has been reviewed looking at overall impressions of the training days and feedback on their clinical placements. Of the students participating in the training programme; 60% were mobile based and 40% in static units.

From the feedback received on the taught days; 94% thought the overall training was good or excellent, 95% thought the quality was good or excellent, and 92% thought the content was relevant and useful to clinical practice. .

The main themes of positive comments were around having time out of the clinical setting to learn, being able to access knowledge not always available within the clinical departments, having opportunity to ask questions away from clinical pressures, and time to discuss scenarios and situations that have arisen.

Areas to improve upon were focused around the lack of support within the clinical setting and lack of opportunity to apply theory into practice due to the operational pressures to maintain throughput and run to time. Retention overall is above the average seen across all sectors.

One of the major challenges we have seen has been around existing trained staff feeling swamped with training new staff and the responsibility and pressure that comes with this.

Another area for further consideration is around providing more practical experience in a safe environment away from the clinical setting, possibly with the use of simulator workstations that would then better prepare students for clinical placement so that they feel of more use and less of a hindrance.

In conclusion, our internal training programme provides a structured approach to fast track inexperienced qualified radiographers into the speciality of MRI whilst in the clinical setting. Balancing operational demand and pressures with suitable learning opportunities and a supportive clinical environment is the major challenge. Further support of clinical staff in the role of Practice Educator may help this, along with development of more simulator based learning in a safe environment away from the clinical setting

***Darren Hudson** is currently MRI Clinical Lead for InHealth Group. His interests are in all things MRI, in particular safety and patient experience. As well as in the training of the next generation of MR Radiographers so they are equipped to meet the demands of this ever developing imaging speciality.*

Louise Palmer, Nikki Williamson

14. Making connections to further the profession

Jami, a London based charity that provides mental health services to the Jewish community, and the University of Essex formed a partnership to create role emerging placement opportunities for occupational therapy students.

Role-emerging placements have the potential to develop initiative, creativity, problem solving and professional identity (Cooper & Raine, 2009). Clarke et al (2015) also suggest that role-emerging placements can increase employability. Along with the potential benefits for a student role emerging placements can also be a creative solution to the shortage of student placements in the changing face of health and social care.

However, due to the lack of an existing occupational therapy service, a different type of approach is needed from a traditional placement to ensure a student can fulfil their learning needs and meet the criteria to be a practitioner.

This presentation charts the journey of setting up role emerging placement. It examines the processes and key elements required to ensure a successful experience for the student, educator, onsite supervisor, placement setting, and university. Feedback and reflections on this partnership have allowed us to explore the impact a role emerging placement can have on those involved, the challenges faced and the importance of a partnership approach.

The partnership between Jami and the University of Essex has benefitted service users, a multi skilled team, the organisation and student placement opportunities. Together we have created a pathway and guidance for setting up a successful role emerging placement that may benefit others in developing role emerging placement opportunities. This is essential in the changing landscape of health and social care.

It is essential for all allied health professionals to be creative in their approach to student education in the changing landscape. Through partnership we can create rich practice based learning opportunities that are vital to ensure fitness to practice.

Louise Palmer is an occupational therapist currently working for Jami as the NW area manager. Louise has an interest in developing recovery orientated services in mental health and enjoys working in partnership with universities to support student learning.

Helen Douglas, Bozana Domislic, Harriet Shannon

15. Benefits and challenges of clinical education for international postgraduate physiotherapy students studying in the United Kingdom: a student and clinician's views

Background

Clinical education is an essential component of undergraduate physiotherapy programmes. Once qualified, few formal opportunities exist to work with a clinical educator to advance physiotherapists' skills. To address this, physiotherapists on an advanced physiotherapy MSc programme undertake a three-week clinical placement. International students may face significant additional challenges during this placement in terms of adapting their approach and skills to meet the cultural expectations of colleagues and patients. The impact that the placement has on international students remains unknown.

Aims

To explore the benefits and challenges of clinical education for international postgraduate physiotherapy students, from the perspectives of a student and clinical educator.

Methods

A questionnaire with open-ended questions was distributed to an international postgraduate student and her clinical educator. Drawing on appreciative inquiry theory, respondents were asked to identify examples of successful practice during the placement, as well as reflecting on key challenges. Responses were collated and summarised using thematic analysis.

Results

The student was a paediatric physiotherapist from Switzerland with 4 years of post-qualifying clinical experience. The clinical educator was a senior physiotherapist with significant (>10 years) clinical expertise. The placement was undertaken in a tertiary care children's hospital.

Respondents noted reciprocal benefits of clinical placement to both the student and educator. For example, the student stated that: 'it gave me the chance to learn about new treatments and discuss the future role of physiotherapy. It has also given me plenty of research ideas.' Meanwhile, the clinical educator noted two-way dialogue in best practice: 'it is a great opportunity to compare practice and develop new skills, which is better achieved when the student has a good grounding of understanding and experience.'

The wider impact of the placement was also noted. According to the student, 'it helped to formalise links between different countries, which can be used for future collaborations.' The educator stated that, 'postgraduate students make a real contribution to the treatment of patients. Their challenging questions, also drive me to reflect on and improve my own practice.'

Challenges related to understanding abbreviations and medical jargon, which the student was unfamiliar with. Both student and educator noted that her grasp of these terms improved rapidly once immersed in the clinical environment.

Discussion and implications

Advanced clinical placements offer valuable experience to the international, postgraduate physiotherapist, the clinical educator and the patient. Their impact extends beyond the three-week period by stimulating international collaborations and original research.

Harriet Shannon is a senior teaching fellow who leads the UCL cardiorespiratory physiotherapy MSc programme. She teaches in respiratory physiotherapy, paediatrics and research methods. Harriet's teaching and research interests lie in the development of postgraduate physiotherapy education. She has a particular interest in exploring the experiences of international students. Harriet was awarded a senior fellowship of the higher education academy in 2016. She was particularly recognised for her work in improving pastoral support for postgraduate students.

Sophie Taylor, Ann-Marie McLoughlin, Jo Nicholson

16. An enquiry to identify the key skills, knowledge and attributes gained and required by Physiotherapy students on practice placement in the North West region.

Background

Traditionally physiotherapy practice placements have been organised around core clinical specialities for example musculoskeletal, cardiorespiratory and neurological physiotherapy practice. Whilst such specialisms still exist in clinical practice, the scope and delivery of Health and Social care has changed immeasurably and these narrow descriptors are no longer appropriate. This view harmonises with the Chartered Society of Physiotherapy's (CSP) view set out in the Learning and Development Principles for CSP Accreditation of Qualifying Programmes in Physiotherapy (2015). We have endeavoured to move away from a specialty

specific model of placement learning to one, which focusses on the acquisition of transferable skills and knowledge. This should enable our students to develop the necessary skillset, knowledge and personal attributes that will allow them to secure employment in the current Healthcare economy.

Purpose/Aims

- **to identify the key skills, knowledge and attributes students gain and require when undertaking practice placements in the North West of England**
- to ascertain how essential or desirable the student's possession of specific skills knowledge and attributes are to Educators in practice
- to demonstrate to stakeholders that placement learning is equipping physiotherapy students with the key transferable skills, knowledge and attributes required for employment

Design / Methods

An audit tool, based on a questionnaire format was emailed to Practice Educators employed across the North West region.

Two key elements Practice Educators were asked to record within the questionnaire were:

- How often a student Physiotherapist required certain key skills, knowledge and attributes when working within the Educators practice placement, using a rating scale.
- The desirability of these qualities in student practitioners (closed question)

Practice Educators indicated their consent on the questionnaire for data to be disseminated for educational and research purposes.

Analysis and Results

The audit generated 70 responses from 25 North West NHS Trusts and 1 private provider. A fraction of our findings are highlighted below:

- 100% of Practice Educators recorded communication was required ALL of the time, 86% of whom stated it was an essential quality
- 96% stated record keeping was required ALL of the time, 79% of whom stated it was an essential skill
- 69% stated that Research skills were used occasionally, with 19% stating they were never used
- 46% stated that a commitment to inclusive practice was required ALL of the time, with 34% stating it was required frequently.

Discussion /Conclusion /Implications

The findings of this enquiry confirm the vast array of skills, knowledge and attributes that students can gain and require on practice placement. Some skills, knowledge and attributes being more commonly practiced and reported as more essential than others. The findings will inform curriculum development and enhance discussions surrounding the language inherent within professional practice and placement learning.

Sophie Taylor is a senior lecturer in Physiotherapy at Manchester Metropolitan University and one of the Physiotherapy Placement co-ordinators for the BSc and MSc pre-registration Physiotherapy programmes. She has a keen interest in practice education, particularly around areas such as placement capacity and diversity and developing key transferable knowledge and skills for employment in the practice setting. She works closely with the North West Placement Development Network (NWPDN) and the other four North West HEIs providing physiotherapy education. Sophie is also a Clinical Physiotherapy Specialist in Rheumatology at Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Lynsey Richards, Punita Mistry

17. Dietitians self-reported confidence and knowledge of supporting student dietitians with additional learning needs on clinical placement

Background:

While supervising a student with dyslexia through a final clinical placement, it was felt that there was a lack of knowledge and understanding amongst the dietetic team regarding reasonable adjustments that could be made and how best to support the student to reach their potential within the clinical learning environment.

- Specific learning difficulties (SpLD) includes dyslexia, dyspraxia and dyscalculia
- 10% of the UK population have dyslexia
- Individuals with SpLD are likely to be drawn towards caring professions
- Research around healthcare students with SpLD is rare, but usually involves nursing students
- There is often a large gap between support that can be given at University vs that which can be provided on clinical placement
- It is imperative that supervisors are knowledgeable and understanding regarding the needs of a student with SpLD to maximise the learning potential of the student

Aims

To determine the level of confidence and knowledge of dietitians when supporting students with additional learning needs and determine what (if any) steps could be taken to improve confidence and knowledge

Design

- Questionnaire distributed in one department to assess self-reported confidence and knowledge and get ideas for how practice can be improved - completed by 12 dietitians
- Research on internet and request of information from local University to find out what resources were available to support supervising dietitians

Analysis & results

- On average, low scores reported for confidence and knowledge of supporting students with additional learning needs
- On average, higher scores reported for knowing where to look for information - out of the respondents who gave examples, most stated they would discuss with colleagues or use the internet.
- No specific resources found for dietitians supporting students on placement with additional learning needs. Local University confirmed that nothing specific exists to their knowledge. The Royal College of Nursing has toolkit - found not to be specific enough for AHP clinical placement.

Conclusion

Highlighting possible areas for improvement within our department regarding supporting students with SpLD has resulted in improvements to service delivery for students and patients – improved knowledge and confidence through attendance at study day and development of a specific resource for use within the clinical placement setting for AHP students with additional learning needs (which has now been endorsed by the British Dietetic Association). Given that at least 10% of our students (also colleagues and patients) may present with SpLD, it is our responsibility as educators to provide sufficient reasonable adjustments to maximise the learning experience for students and support them to reach their potential.

There is a need for further research within the area of supporting student dietitians with SpLD on clinical placement.

Lynsey Richards is currently a diabetes dietitian working at The Royal Wolverhampton NHS Trust. She also contributes to the clinical placement training of student dietitians and has a keen interest in the way clinical educators can better support students with additional learning needs within the clinical environment.

Keynote presentation – afternoon session

Keynote speaker - Netta Lloyd-Jones: Is placement learning a sustainable model for health care professions?



Netta Lloyd-Jones's expertise arises from over 20 years' experience in practice education/placement learning leadership roles. She has worked as Lecturer Practitioner within the NHS, in the Department of Health within the NHS Executive and within Higher Education Institutions and has undertaken management/leadership roles including being Departmental Head and on faculty management teams. Her current role is Head of Practice Education, Faculty of Health and Life Sciences at Oxford Brookes University. Her work comprises of leading practice education across health care pre-registration programmes within the Faculty which includes occupational therapy, physiotherapy, operating department practice, paramedics, nursing (adult, children's and mental health). This role has enabled her to contribute across a wide geography through being an active member of HEI placement partnership networks across South West, Thames Valley, Wessex and London. Netta is currently Chair of both the South Central Partnership for Placements (SCAPP) and the London and South East Placement Partnership (LSEAPP), and is a previous Chair of the South West Area Placement Partnership (SWAPP). Netta's teaching and research interests include flexible approaches to mentoring, learning professionalism and student engagement in health and life sciences, raising concerns about practice, interprofessional learning and collaborative practice, reasonable adjustments for health impairment, disability and learning difficulty, and preparation for and fitness to practise.

KEYNOTE ADDRESS

The paper will present a contextual background for the threat to sustainability and will provide potential solutions including;

- collaboration/ partnership working in a competitive world
- challenging cultural norms of various professions of their mentorship practice and approaches to supporting students,
- focused activity for HEIs in developing 'new' placements to meet service transformation needs
- national and local recruitment: placement providers role in making their provision attractive and a quality experience

The paper will conclude by identifying recommendations for practice education including:

- researching benefits of having students in practice
- streamlining QA processes: stop the machine

Parallel sessions 3 – presentations

14.40-15.25 - Room 'Develop' – Assessment for learning in practice

14.40-15.00

Eleanor Orton

Should student midwives assess their mentor's fitness to practice?

Discussion

In order to ensure public protection, students who undertake a NMC approved pre-registration midwifery programme are assessed and 'signed-off' as capable of safe and effective practice at the end of their programme by their mentors in practice (NMC, 2008). The NMC stipulates that 'signing-off' is only done by midwives who have successfully completed an NMC approved Mentor Preparation Programme. To this effect, they are assessed against 26 outcomes across eight domains by their partner Higher Educational Institution (HEI); by providing a witness statement from a sign-off mentor who has assessed their mentoring in practice; and finally, by being assessed on three occasions, 'signing-off' final year midwifery students as fit to practice. In summary, potential mentors are assessed by all interested parties except students themselves.

The introduction of fees and the demise of NHS bursaries may fuel new challenges for mentors who will assess the next generation of student midwives who may well demand value for money and the right to assess the quality of the 'product' they are purchasing. They may also, therefore, demand the right to be actively involved in assessing and selecting the midwives who mentor them.

The Nursing and Midwifery Council is currently undergoing a radical review of their educational standards and it is anticipated that there will be wide-spread changes which reflect the current challenges in healthcare in the UK. This is an ideal time to develop a new model for the Mentor Preparation Programme which values student's assessment of their mentor's fitness to practice by embedding a mentor assessment tool which reflects the 6C's (NHS, 2012). Not only would this benefit students, NHS Trusts could evidence the quality of their mentorship and mentors could evidence their practice which supports their application for revalidation.

Aims

The aim of this presentation is to present a new model of the Mentor Preparation Programme in which the students are central in assessing their mentor's fitness to practice.

Eleanor Orton qualified as a midwife in 1997. She has been teaching in the Division of Midwifery at the University of Nottingham since 2014. Eleanor's expertise in human biology lends itself to her role as lead for the Normal Childbirth module and teacher on the Normal Midwifery Practice and Complex Childbirth modules. Other areas of interest are clinical skills and Mentor Preparation. Eleanor has an honorary contract with a local NHS Trust and maintains strong links with clinical practice by chairing the Practice Learning team and supporting students in clinical practice.

15.00-15.20

Ruth Strudwick, Jane Harvey-Lloyd

Incorporating Service User Feedback into Practice Placement Assessments for Student Radiographers

There has been very little written about service user involvement in radiography education. Diagnostic radiographers spend very little time with their patients and do not have much time to gain feedback from them. The Department of Health (DH) clearly outlined its vision for involving service users in the design and planning of healthcare services in its White paper, The NHS Improvement Plan: Putting People at the Heart of Public Services (DH, 2004). In

educating the future healthcare workforce it therefore seems prudent to help students to develop working relationships with service users early on in their career. The regulatory and educational bodies of health and social care professions have advocated and tried to ensure a greater level of service user involvement in education and training (GMC, 1993; ENB, 1996; NMC, 2010). It was considered an important part of student learning to collect service user feedback on the student's performance in practice and so a mechanism was developed to do this.

Following a successful pilot (Strudwick & Black, 2015), a section was added into the students Practice Assessment Document for students to collect feedback from a service user they had imaged.

The aim of this project was to evaluate the inclusion of service user feedback in the students practice placement documentation, and to see how this feedback has been used by the students for reflection on their practice.

A questionnaire will be issued to all of the students and practice educators to ascertain their opinion about the service user feedback and how it had impacted on their practice. The questionnaire incorporated quantitative data using a likert scale and qualitative feedback from some open questions.

The questionnaire is due to be issued following the completion of the students' first practice placement in February. Results will be analysed and themes will be identified from the data.

This project will help to ascertain if the service user feedback is useful for students and contributes to their feedback on their practice placement performance. Feedback from service user can contribute to student assessment and students can reflect on the examination from the service user's perspective. Students can use comments to inform change in their practice and service users feel valued as their comments are being utilised.

Ruth Strudwick is a Diagnostic Radiographer. She is currently Associate Professor and Academic Director in Radiography at the University of Suffolk. In 2011 Ruth completed her professional doctorate which was entitled 'An ethnographic study of the culture in a Diagnostic Imaging Department'. Ruth teaches on several courses at the University of Suffolk and is interested in interprofessional working, clinical education and work-based culture. She is course leader for the Interprofessional programme which includes all pre-registration health and social care students, deputy course leader and practice placement lead for the BSc(Hons) Diagnostic Radiography course.

14.40-15.25 - Room 'Learn' – Working in partnership

14.40-15.00

Dani Evans, Hazel Horobin, Emer Keating

Developing a multiple student - educator model of supervision in acute practice

Understanding the role of the physiotherapist with patients who are experiencing respiratory difficulties is a core element of undergraduate education in UK Universities. However it has long been the case that clinical education placements for students in this area of practice are difficult to generate. It is a complex situation, however cardio-respiratory remains an area of recruitment and retention difficulty (Roskell and Cross, 2003) and this along with current strains re staffing perceived within the NHS, has contributed to a situation where a lack of adequate placements, has potentially resulted in reduced newly qualified practitioner competency in acute care working. This, in a cyclical manner, continues to drive the lack of recruitment for a sustainable workforce in acute care. In order to address this situation, the physiotherapy department at a medium sized teaching hospital on the South coast of England have begun to plan for the development of multiple students to educator models of supervision, given that 2, 3 and even 4:1 models have shown to be successful in developing student learning (Moore et al, 2003).

This is a participant observation evaluation of how the acute care management team approached the development of new ways of working with students undertaking acute care placements. It discusses how staff were supported in order to prepare them for new ways of learning and teaching, and the impact of those interventions. The evaluation involves; situational analyses, the formation of a strategic plan for change and resultant staff development activities. It also contains some qualitative data regarding the evaluation of team activities. Whilst it is not experimental, the observations offer a 'real life' exploration of the barriers and facilitations, organisational, inter-organisational and professional experienced by the team as they grapple with difficult work issues in the context of a pressurised NHS acute care system.

As well as containing the viewpoints of the team leaders, the evaluation collaboratively incorporates the perspectives of all physiotherapy team members including the University of Brighton placement education team. The evaluation concludes with the resultant pragmatic responses to discussion and the application of new learning, and how the team has advanced and changed through its plan execution. Whilst this development remains ongoing, there is learning here for all those working in acute care environments with regard to developing student placement capacity.

Dani Evans is currently the Clinical Lead for Critical Care and Respiratory Physiotherapy Western Sussex Hospitals NHS Foundation Trust. Her interests focus on the rehabilitation of patients post ITU and quality in respiratory care service provision.

15.00-15.20

Joanne Nicholson, Philippa Hill, Sophie Taylor

A new way of working: Equitable allocation for Physiotherapy placement provision across the North West of England

Background

Physiotherapy is one of several Allied Health Professions that have historically used an offer-based system to try to generate sufficient placement capacity for their students. This system has been ineffective in securing sufficient placements with a shortfall of 281 Physiotherapy placements reported in the North West in 2012/2013. The procurement of last minute placements affects the pre-placement preparation for both students and educators. In some cases it has led to students completing shorter placements or having, their placement deferred. This system lacked equity in the number of placements offered across Trusts, some offering

more than their fair share whilst others offered less.

Purpose/Aim

In 2013 Health Education England North West (HEENW) tasked the North West Placement Development Network (NWPDN) to develop and implement a more robust and equitable system for procuring placements. The objectives of this project were to:

- devise a formula which generated a minimum number of physiotherapy student placements to be offered by each Trust across the North West per academic year
- implement a system whereby Physiotherapy services within Trusts were captured and updated on an annual basis
- facilitate forward planning and organisation of practice placements
- reduce the placement shortfalls by 20% in 2013-14 and a further 20% in 2014-15

Design/Method

A formula was devised based upon the total number of whole time equivalent (WTE) physiotherapists within the North West, the WTE Physiotherapists within each Trust and the total number of placements required based on HEENW's physiotherapy commissioned numbers. A minimum quota of student placements for each Trust was calculated. The NWPDN met with therapy leads, Practice Education Facilitators and representatives from the 5 NW HEIs to discuss these calculations and gather their feedback on this new Equitable Allocation Process (EAP). A new system for requesting placements was then developed.

Analysis and Results

In the first year of implementation (2013-14) of this new EAP a 52% reduction in reported shortfalls was noted (281 to 146) with a further 45% reduction in 2014-2015 (146 to 66). The reduction in shortfalls allowed the majority of students and educators to be informed of the placement allocation 6 weeks in advance, a quality target set by HEENW (2014).

Discussion/Conclusion/Implications

The successful implementation of this process involved all stakeholders working together to achieve a more equitable and timely allocation for student placements. Teamwork, effective communication and collaboration being key to its ongoing success. The abolition of commissioned numbers by Health Education England however may pose a threat to the future of this collaborative system in an increasingly competitive Higher Education market.

Jo Nicholson is currently a senior lecturer in Physiotherapy at Manchester Metropolitan University and one of the Physiotherapy Placement co-ordinators for the BSc and MSc pre-registration Physiotherapy programmes. She has a keen interest in Practice Education, in particular around areas such as placement capacity, supporting disabled students on placement and the importance of developing key transferable skills/employability skills in practice. She works in close collaboration with the North West Placement Development Network (NWPDN) and the other four North West HEIs (University of Central Lancashire, University of Cumbria, University of Liverpool, and the University of Salford).

14.40-15.25 - Room 'Inspire' – research in practice education

14.40-15.00

Hannah Carter, Geraldine Hastings

Touch as communication in palliative care: gaining insights from final year physiotherapy students in practice education.

Background

Touch, defined as the foundation of physiotherapy practice, continues to be integral to patient care (Bjorbækmo and Mengshoel 2016). In palliative care, touch holds far greater communicative power, because of the emotive nature of death. Morris and Leonard (2007) suggest there is a lack of current research on how to meet the physiotherapy needs of palliative patients particularly from a practice education perspective where physiotherapy students are often uncertain how to communicate when on a palliative care placement.

Physiotherapy students face far greater challenges with the use of touch, due to their inexperience accompanied with the complexities of palliative care. Due to the paucity of literature around practice education this research study sought to explore the experiences of final year physiotherapy students, when on a palliative care placement, to gain insights into the role of touch, communication and the student experience.

Purpose/Aims

The study aimed to answer the research question: “*What are final year physiotherapy students’ experiences of using touch to communicate with palliative care patients, when on placement?*”

Methodology

Taking an interpretivist approach a focus group interview was conducted with a sample of final year physiotherapy students. Braun and Clarke’s (2006) thematic analysis approach was used to analyse the data.

Results

Four main themes were identified; *physiotherapy: a ‘hands on’ approach, touch and communication, influences on using touch to communicate and the palliative patient as a learning experience.*

Discussion/Conclusion

Students valued the use of touch to communicate in palliative care, however identified many challenges with its use. These proved to influence how the students used touch, as they recognised the significance of using touch inappropriately. Undergraduate classroom education was deemed insufficient in preparation for communicating in palliative care. Students emphasised gaining experience on clinical placement, as key to develop their skills in touch to communicate. These findings warrant further exploration of physiotherapists’ use of touch in palliative care, to maximise the student experience when on placement.

Hannah Carter is a recently qualified Physiotherapist, graduating with a first-class honours degree from Cardiff University. She currently works as a rotational Band 5 Physiotherapist within Abertawe Bro Morgannwg University Health Board. As someone with a background in caring, the use of touch to communicate has substantial meaning. Hannah’s experiences have provided an insight into its value as a method of communication, evoking an interest in its use in palliative care, and aiding immersion into this research.

15.00-15.20

Vinette Cross, Jane Morris

Narrativity and reflexivity in practice-based education. Turning data into drama

For allied health professionals concerned about the practice educator’s role in assuring safe, high quality care for patients and about the rigour of competence-related assessment decisions, making others’ wisdom accessible could provide a valuable resource for professional development and inter-professional learning across specialties and disciplines. However, prevailing political and organisational discourses within professional education and workplace practice pose considerable challenge to practitioners’ sense of self and professional identity in this regard. A narrative practice approach to personal identity work encourages the sharing of ‘small’ everyday, mundane stories with others. Small story research, recognises the multiplicity, heterogeneity and fragmentation of narrative activities, big and small, as well as the contextuality and performativity of communication practices.

Purpose and method: This presentation draws on a research project that used narrative interviews with practice educators from three Allied Health disciplines, to explore how individual practitioners make sense of the experiences that guide their actions as educators. The presentation describes the **analytic process** of turning research data into drama.

Discussion/implications: Researchers in an interpretivist paradigm have turned increasingly

to performative modes of research dissemination, to enable people and communities to explore and narrate their own stories in ways that encourage reflexivity and creative expression to help bring about change. The presentation considers the evocative impact of the piece in terms of the following criteria: does it tell us something that connects with universal qualities to which an audience can relate personally; does it help an audience to see more clearly by increasing the sense of contact with the experience, without fully possessing it? In other words, to what extent does the performance succeed in making the 'actors' voices present, not through any presupposition of 'truthfulness' but through constructed, authentic, testimony based on the lived experiences of real people rendered dramatically?

Vinette Cross is a Fellow of the Chartered Society of Physiotherapy UK. She is a Senior Research Fellow, (Applied Pedagogy) Centre for Health Research, School of Health Sciences, University of Brighton, and Senior Research Fellow in the Faculty of Education Health and Wellbeing, University of Wolverhampton. Her particular interests are professional learning and mentorship at all levels across the range of health and social care disciplines, and creative approaches in narrative inquiry.

14.40-15.25 - Room 'Innovate' – Working in partnership

14.40-15.00

Maria McNeill

The Planning and Development of an Education Framework for Practice Educators within Health and Social Care Professions at Dublin Institute of Technology

The BSc in Clinical Measurement Science is a four-year honours degree programme with specialisation in four main disciplines, namely; Cardiology, Vascular, Respiratory and Neurophysiology Science. Providing quality placements for students in the hospital setting is an essential component of the degree programme. The practice educator role involves mentoring and supervising students on placement. Prior to 2012 practice educators received no training to support this role. Current training involves one full day of generic education and a second half-day of discipline specific knowledge relating to projects, log books and assessments.

The aim of this research is to identify training needs for practice educators across the four disciplines and recommend an education framework to meet those needs. The proposed framework will outline a staged, developmental approach to provide a continuum of learning for practice educators that will be transferrable to other degree programmes within DIT such as Biomedical Sciences, Human Nutrition & Dietetics, Optometry, Ophthalmic Dispensing and Social Care.

There are currently 41 sites offering clinical placements to the BSc in Clinical Measurement Science. In May 2016 the chief in each department was surveyed to gain an understanding of how placements were managed within the hospital setting. 38 of the 41 sites took part in the survey.

From the survey the majority of sites adopted a shared model of supervision with the chief or senior member of staff signing off on log books and weekly supervision meetings. A range of education and training needs were requested such as annual education days, discipline specific training, train the trainer, research & statistics, reflective practice, leadership skills and the provision of postgraduate education.

23 of the chiefs indicated they would welcome the opportunity to become accredited practice educators, a further nine indicated they would want a senior member of staff to gain accreditation. Two only indicated they would not be interested in attending any formal training. Four did not respond to this question.

From the research it was clear that practice educators within Clinical Measurement Science have a desire for further knowledge and training to support their role. As the only education provider in the south of Ireland offering this degree programme it is incumbent on us to provide this post-gradual education. A 5 ECTS, level 9 module on practice education is currently under

the review.

The implication of this research is great. Clinical physiology departments are understaffed and receive no additional resources for taking students on placement. Providing practice educators with on-going training and support will be critical to ensuring there will be enough placements in the future to meet the degree programme needs.

***Maria McNeill** is currently the Practice Education Coordinator on the BSc in Clinical Measurement Science at Dublin Institute of Technology. Her interests are in teaching and research centres on professional development and learning through reflection. She is a strong advocate of interprofessional learning.*

15.00-15.20

Avril Ormond, Catherine Evans

Improving practice education for Physiotherapy and Occupational Therapy students at University Hospitals of Leicester NHS Trust

Occupational therapy and physiotherapy practice learning leads (PLLs) were introduced to UHL to improve and increase the practice education for occupational therapy and physiotherapy students. The number of student placement offers over the past two academic years was evaluated with the view to increasing student placement capacity and quality within the UHL therapy service. A greater understanding of the difficulties faced by practice educators was needed to establish an action plan for ensuring a wide range of consistently high quality placements across all clinical areas. The aim was i) to establish the number of student placement offers per academic year for physiotherapy and occupational therapy ii) to identify the potential barriers to offering student practice placements iii) to identify scope for increasing student placement offers. Retrospective data was collected through audit of local databases and a questionnaire was completed by practice educators.

For physiotherapy a decline in placement offers and placement allocations was observed. For occupational therapy a significant increase in placement offers and a small increase in placement allocations was observed. The number of trained practice educators for both professions was high compared to the number of placement offers per academic year. The common themes for barriers to practice placements were resources (time, space, study), professionalism of students, part time placements, lack of student preparation, non or late disclosure of learning needs. The results indicated areas for PLLs to develop and collaborate with local HEIs to improve the experience and quality of placements. The difference between number of placement offers and number of practice educators indicates that an increase in placement offers is obtainable. In conclusion, the quality and quantity of practice placements at UHL can be improved through development of an action plan to include quality development projects, collaboration with HEIs, practice educator training, and introduction of a student placement policy.

***Avril Ormond** is currently the physiotherapy practice learning lead for University Hospitals of Leicester NHS Trust. Her interests are in developing and supporting physiotherapy students during placement education, professional values, and interprofessional learning.*

***Catherine Evans** is currently the occupational therapy practice learning lead for University Hospitals of Leicester NHS Trust. Her interests are in education and developing practice placements for occupational therapy students, sharing best practice and research.*

NAEP Executive Committee List: April 2017

Name	Representing
Mr Nigel Brown	<p align="center">Paramedics</p> <p align="center">Practice Education Lead (Specialist Paramedic – Urgent & Emergency Care) South East Coast Ambulance Service NHS Trust (SECAmb)</p>
Professor Lynn Clouder Vice – Chair of NAEP	<p align="center">Professor of Professional Development and Director of the Centre for Excellence in Learning Enhancement, Coventry University HEA National Teaching Fellow</p> <p align="center">Editor of the NAEP 'International Journal of Practice-based Learning in Health and Social Care.'</p>
Ms Louise Coleman	<p align="center">Radiography</p> <p align="center">Professional Officer for Education and Accreditation The Society and College of Radiography</p>
Ms Carol Dicken	<p align="center">Social Work</p> <p align="center">Director of Practice Education for School of Allied Health, Midwifery & Social Care /Senior Lecturer in Department of Social Work and Social Care Joint Faculty of Health Social Care & Education Kingston University and St George's, University of London</p>
Ms Pauline Douglas	<p align="center">Dietetics and Northern Ireland</p> <p align="center">Senior Lecturer/Clinical Dietetics Facilitator University of Ulster</p>
Mr Ian Fleming	<p align="center">Clinical Psychology</p> <p align="center">Clinical Director, Doctoral Training Programme in Clinical Psychology University of Manchester</p>
Mr Peter Glover	<p align="center">AHPs and Scotland</p> <p align="center">Practice Education Co-ordinator NHS Education for Scotland</p>
Dr Dawne Gurbutt	<p align="center">Nursing/ IPE</p> <p align="center">Clinical Lead for Interprofessional Education School of Medicine UCLAN</p>
Dr John Hammond	<p align="center">Physiotherapy</p> <p align="center">Head of Department of Rehabilitation Sciences Kingston University and St Georges, University of London</p>

Jane Harvey-Lloyd	Radiography Senior Lecturer in Diagnostic Radiography University Campus Suffolk
Dr Janet Holt Treasurer	Nursing Senior Lecturer, School of Healthcare University of Leeds
Ms Rosanna Hudson	Dietetics Policy Officer, Centre for Education and Development, British Dietetic Association
Dr Clare Kell	Physiotherapy Programme Leader PCUTL/Senior Lecturer Cardiff University
Ms Jenny Miller	Voluntary sector CEO PAMIS, University of Dundee-based charity
Professor Ann Moore CBE President	Physiotherapy Emeritus Professor of Physiotherapy University of Brighton Director – The Council for Allied Health Professions Research (CAHPR)
Dr Jane Morris Chair	Physiotherapy Deputy Head of School of Health Sciences, University of Brighton (Learning and Teaching, Student Experience) HEA National Teaching Fellow
Dr Gwyn Owen	Physiotherapy Professional Adviser, Chartered Society of Physiotherapy
Mr Richard Pitt	Centre for Advancement of Interprofessional Education CAIPE Chair Elect; Visiting Professor Tokyo Metropolitan University, Japan
Mr Nigel Roberts	Podiatry and Republic of Ireland Practice Education Co-ordinator Discipline of Podiatric Medicine, NUI Galway
Dr Kim Russell	Midwifery Director of Educational Development & Global Reach (Midwifery) University of Nottingham HEA National Teaching Fellow
Dr Carol Sacchett	Speech and Language Therapy Director of Studies in Speech and Language Therapy University College London

Mrs Maureen Shiells	Occupational Therapy Education Manager, Pre-registration and Policy The College of Occupational Therapists
Dr Stephanie Tempest	Occupational Therapy Education Manager for Professional Development The College of Occupational Therapists
Mr Tony Walker	Nursing Lecturer, University of Hull
Miss Helen Bristow Hon Secretary	Physiotherapist