Learning in Practice: a critical perspective

Friday 20th April 2018

The Studio, Cannon St, Birmingham
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Keynote presentation

Keynote speaker - Jenny Miller. Presentation title: Profound Impact

Parallel sessions 2 – presentations

14.40-15.35 - Room ‘Develop’ – Enhancing capacity and productivity in and through practice learning
Innovation in Practice: Resource toolkit to facilitate student self-directed learning during non-patient contact time
Evaluation of current clinical educator staff attitudes to student placement and development of new models of placement provision to enhance capacity

14.40-15.35 - Room ‘Innovate’ – Quality improvement in and through practice learning
Developing interprofessional simulation with pre-registration students at University Hospitals of Leicester NHS Trust
Using simulation based learning to develop the confidence and competence of undergraduate speech and language therapy students in dysphagia practice
To explore and evaluate the effectiveness of the physiotherapy student mentorship programme at the Royal National Orthopaedic Hospital, Stanmore

14.40-15.35 - Room ‘Show’ – Values-based learning in practice
Inclusive strategies for supporting students with disabilities during Practice training
PSS-Study: An exploration of physiotherapy student-perceived stress and the related coping strategies whilst on placement

14.40-15.35 - Room ‘Tell’ – Quality improvement in and through practice learning
The value of Peer Observation between healthcare professionals in an acute trust
Exploration of the placement of pre-registration paramedic students within wider community services

NAEP Executive Committee List: April 2018
Welcome

We warmly welcome all delegates and presenters to the seventh 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 presenter 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 seventh 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
Friends remembered

Rosanna Hudson

Rosie, until her untimely passing, was the British Dietetic Association’s Education Officer and a valued member of NAEPs executive committee. Her enthusiasm, passion and can-do attitude were infectious to all she came into contact with. She was very well respected by the allied health profession colleagues she worked with. She actively promoted the benefits of good practice education in professional development, career enhancement to optimize the care provided.

As well as her work with NAEP Rosie was the driving force behind the establishment of the Sport and Exercise Register - a nationally recognised voluntary register designed to accredit suitably qualified professionals showing they have the competency to work in sport nutrition.

Rosie had extensive involvement in dietetic education, at both under- and postgraduate level, to ensuring practitioners were fit to practise. She was also working on the emerging Apprenticeship agenda.

Our heartfelt thoughts are with her family, friends and those who had the privilege to work with her. She is sorely missed and fondly remembered.
It was with great sadness that many of us heard that Viny had died on 15th September 2017 following a short but terminal illness. Viny was a very dear friend and colleague to many and we will all miss her greatly. Viny was a Physiotherapist by background, qualifying as a Chartered Physiotherapist in 1971. She went on to specialise in neurological physiotherapy. However in the late 70s Viny moved into education, undertaking a Cert Ed at Wolverhampton Polytechnic and then completing a Diploma in Teaching Practice (1977-1978). She then went on to gain a Masters Degree in Medical Education at Dundee University in 1993 and completed a PhD in Practice Based Competency Assessment at Birmingham University in 1999. It was very clear to those who knew her, even in her early years in education, that she had immense scholarship and vision particularly in educational practice. Viny worked as a lecturer and later senior lecturer at Birmingham University but as her career developed she became very much involved in research and so was appointed as a Senior Research Fellow at Birmingham University and then at Wolverhampton University, where she focused her research on Ethnicity and Health, and at the same time she worked also as a Senior Research Fellow at the University of Brighton, where she focused her research on pedagogic and clinical education research. She also of course contributed in all her roles to teaching and learning in all three Universities.

Viny’s research focused on the exploration of Health professionals’ education at undergraduate and postgraduate levels. Her research significantly raised the profile of reflective practice and the use of learning contracts in Physiotherapy education. Viny’s approaches to research have been largely qualitative and her approach to qualitative analysis was viewed by many as being Innovative and inspirational. In particular, the use of poetry as part of a dissemination strategy has been very well received and celebrated.

In 2014 Viny was awarded a Fellowship by the Chartered Society of Physiotherapy for her contribution to education. Viny over the years supervised many Masters and Doctoral theses and students have very much valued her significant contributions to their work.

Viny also made a substantial contribution to NAEP, being part of the NAEP committee and also being part of the Editorial Board of the Journal: Practice Based Learning in Health and Social Care. Viny has been described by many as being “inspirational, intelligent, warm, humorous, fun, insightful, highly respected, talented and full of clever solutions”. Many will continue to be inspired by her high quality publications.

Viny has sadly passed away but many of her friends and family and colleagues will remember her with much fondness and deep respect.

Professor Emerita Ann Moore CBE
Conference Outline

Investment in the future of the health and social care workforce is everybody's business, but is not without its challenges, particularly in the current context of scarce resources. An increased emphasis on values, quality and productivity requires us to work together to find new solutions, optimising capacity by sharing innovation and building on what works well. The contribution of learning in practice to this agenda is significant and is the focus on the 2018 National Association of Educators in Practice conference.

Conference themes

1) Values-based learning in practice

This subtheme focuses on how the practice learning experience can impact on our understanding and development of our own and others’ values.

2) Quality improvement in and through practice learning

This subtheme focuses on both the quality of practice learning experience, and how practice learning can enhance service quality.

3) Enhancing capacity and productivity in and through practice learning

This subtheme focuses on the reciprocal relationship between practice learning and productivity and capacity, in relation to both service and workforce development.
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<td>Coffee &amp; Registration</td>
<td>Room: Achieve</td>
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<td>9.15</td>
<td>Welcome to Birmingham and Introduction to the Conference</td>
<td>Room: Innovate</td>
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<td>Dr Jane Morris, Chair of NAEP</td>
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<td>9.30-11.00</td>
<td>“Provocations”: workshops and plenary</td>
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<td>9.30-10.30: Workshops</td>
<td>Enhancing capacity and productivity in and through practice learning</td>
<td>Room: Develop</td>
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<td>Facilitators: John Hammond, Lynn Clouder</td>
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<td>9.30-10.30: Workshops</td>
<td>Quality improvement in and through practice learning</td>
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<td>Facilitators: Kim Russell, Louise Coleman</td>
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<td>9.30-10.30: Workshops</td>
<td>Values-based learning in practice</td>
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<td>Facilitators: Ian Fleming, Arinola Adefila</td>
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<td>Feedback from workshops: Action planning – take home recommendations</td>
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<td>11.30-11.50</td>
<td>Values-based learning in practice</td>
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<td>Quality improvement in and through practice learning</td>
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<td>Chair: Maureen Shiells</td>
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<td>11.30-11.50</td>
<td>Using food diaries to stimulate learning and reduce conflict</td>
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<td>and reduce conflict in advice provision</td>
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<td>Tracey Parkin, Jane Collingwood, Andrew Harris</td>
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<td>11.30-11.50</td>
<td>Implementation of value based care: Do physiotherapists need to</td>
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<td>reconceptualise the Biopsychosocial Model?</td>
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<td>Georgi Daluiso-King, Clare Hebron</td>
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<td>11.30-11.50</td>
<td>Evaluation of shared placements between MSc Pre-Registration &amp;</td>
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<td>BSc (Hons) Diagnostic Radiography Students</td>
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<td>Alexandra Partner, Naomi Shiner, Emma Hyde</td>
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**NAEP conference 20/04/18: Learning in Practice: A critical perspective**
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<td>Innovative practice education: adding value to services in the community through evidence based interventions</td>
<td>Idalina Rodrigues, Nicola Lawtie, Ali Tempest,</td>
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<td>The Student-Centred Practice Education Model: Integrating research and educational theory, to conceptualise best teaching and learning practices in practice education in occupational therapy</td>
<td>Caroline Hills, Tracy Levett-Jones, Helen Warren-Forward, Samuel Lapkin</td>
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<td>Improving clinical education through understanding ourselves and our expectations.</td>
<td>Ananthi Puntis, Deborah Harding, Mary Jane Cole,</td>
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<td>12.10–12.30</td>
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<td>Kareena Bassan, Catherine Evans</td>
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<td>The role of the Professional Midwifery Advocate to support quality improvement in and through practice learning</td>
<td>Amanda Wain, Sue Britt</td>
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<td>Promoting values-based learning through interprofessional education (IPE) for MPharm students at the University of Brighton</td>
<td>Fiona Ponikwer, John Smart, Mike Okorie, Lelia Bissell</td>
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<td>Student Time Out Session. The creation of a student Nurse and Midwifery support forum.</td>
<td>Natalie Matchett, Rachael Hayllar</td>
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<td>12.30–13.00</td>
<td><strong>Poster Viewing</strong>&lt;br&gt;Posters are invited to stand by their posters during this period to answer any questions related to the poster abstracts</td>
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<td>13.00-13.30</td>
<td><strong>Lunch</strong></td>
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<td>13.35-14.35</td>
<td><strong>Keynote Speaker:</strong>&lt;br&gt;Jenny Miller, Chief Executive of PAMIS (Promoting a More Inclusive Society). Presentation title: Profound Impact.</td>
<td>Chair: Professor Lynn Clouder, Vice-Chair of NAEP</td>
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### Parallel Sessions 2 – Presentations

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<td>14.40-15.00</td>
<td>Enhancing capacity and productivity in &amp; through practice learning&lt;br&gt;Chair: Carol Dicken</td>
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<td>Values-based learning in practice&lt;br&gt;Chair: Pauline Douglas</td>
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<td>Innovation in practice: Resource toolkit to facilitate student self-directed learning during non-patient contact time.&lt;br&gt;Mary Flahive, Caoimhe Harrington, Deirdre English</td>
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<td>Evaluation of current clinical educator staff attitudes to student placement and development of new models of placement provision to enhance capacity.&lt;br&gt;Sarah Dyson, Laura Groom</td>
<td>Using simulation based learning to develop the confidence and competence of undergraduate Speech and Language Therapy students in dysphagia practice.&lt;br&gt;Emma Ormerod, Lucy Talbot</td>
<td>PSS-Study: An exploration of Physiotherapy student-perceived stress and the related coping strategies whilst on placement.&lt;br&gt;Jacqueline Bennion, Trystan Symons, Ian Shearman, Charlotte Holloway, Richard Kain</td>
<td>Exploration of the placement of pre-registration Paramedic students within wider community services.&lt;br&gt;Jane Hopping, Steve Cowland</td>
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<td>15.20–15.35</td>
<td>To explore and evaluate the effectiveness of the physiotherapy student mentorship programme at the RNOH, Stanmore.&lt;br&gt;Nicola Mault, Jennifer Fulton, Claire Fieldus, Anthony Gilbert.</td>
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<td>15.20-15.45</td>
<td>Tea and Cakes&lt;br&gt;Reminder to complete online feedback survey</td>
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<td>15.45-16.15</td>
<td>Update on NAEP current activity and future directions - Jane Morris&lt;br&gt;NAEP journal – Turning your NAEP abstract into a paper – Lynn Clouder&lt;br&gt;Announcement and presentation of Abstract Prizes</td>
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Introduction to “Provocations” workshops

This year’s NAEP conference is making a change to the format and including a parallel series of sessions entitled **Provocations**. The aim of these interactive sessions is to enable us to have “time and space for discussion” to explore some of the challenges we all face.

In these sessions participants will be invited to discuss potentially controversial issues directly related to the main themes of the conference. Although the content will be facilitated by members of the NAEP committee the emphasis will be firmly on utilising the knowledge in the room.

Participants will be allocated in advance to these sessions with the intention of maximising both the breadth and depth of experience within these sessions.

The **Provocations** sessions will last for an hour between 9.30 and 10.30. We will then come together as a single conference to share some of the output and to develop our explorations into actions that participants can apply to their own practice and future research.
Enhancing capacity and productivity in and through practice based learning: a consensus development approach

The number and availability of physiotherapy practice placement offers in Central Scotland has reduced over recent years. One reason for this has been the restructuring of rehabilitation services, which has placed additional resource pressures on staff who would normally support supervision of pre-registration students. As part of regular Practice Educator (PE) update meetings and review of pre-registration programmes, 36 experienced PEs participated in a consensus development workshop to review the delivery of physiotherapy placements at Glasgow Caledonian University. Six “bistro-style table” groups allowed PEs to develop and build on their personal thoughts on a set of themes/questions in a small group setting. This style of evaluation enabled us to collate the views of staff directly involved in practice education and to capture the level of consensus towards future placement models, structure and delivery, with consideration as to how capacity and productivity could be enhanced. PEs were asked to discuss and provide feedback on:

- advantages/disadvantages of changing the placements structure to consider fewer placements of longer duration
- advantages/disadvantages of re-considering the placements “profile” titles of each placement experience
- undertaking a 2:1 model of supervision
- support needed from the university if implementing a peer/collaborative model of placement supervision

Individual “table” discussions were summarised and each “table” fed back to the larger group to develop wider discussion on key themes in a plenary session. Direct quotes were also retrieved through individual responses to the above questions. The findings of the evaluation were themed into three distinct areas:

1. Placement structure - there was almost wholesale agreement that the existing placement “block” delivery was preferable to day release over a period of time. More than half the responses favoured a 6-week placement length option.
2. Placement profiles - there was a large majority in favour of an overall need to reconsider the profiling of placements.
3. Supervision model - there was little consensus on whether supervision could be given for more than one student at a time.

Moving forward, the programme team at GCU are responding to this feedback to:

- Introduce longer “block” style placements which will reduce the need for the number of placements.
- Make placement profiling changes to reduce the demand on sites who deliver specific clinical areas of care.
- Conduct more evaluation on the collaborative/peer supported placement model to bring back to the group at a later date.

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.
Innovative practice education: adding value to services in the community through evidence based interventions

This is a three-year DMU funded project during which a strategic partnership between DMU and Leicester Partnership NHS Trust (LPT) has developed a locally based Speech and Language Therapy (SLT) Centre. The centre has worked closely with other organisations such as ICAN (the children’s communication charity) in order to deliver services to the local community. Two therapists from LPT were seconded to DMU and worked to provide evidence-based services for adults and children delivered by DMU SLT students through innovative placement models using a group supervision model. The aims of the project were:

- To develop sustainable, innovative placement models, using evidence based interventions to enhance clinical education opportunities and increase capacity.
- To utilise students through role-emerging placements to deliver additional services to those offered currently to clients with dementia and children with language delay.
- For care home staff, teachers and teaching assistants to increase their knowledge and understanding of targeted programmes
- To provide a targeted service to children who may be at risk of communication difficulties
- Provide clients with Dementia and their carers - intervention to increase their well-being, cognition and interaction

Method

Peered students worked in partnership with Early Years Practitioners to deliver the Early Talk Boost programme (ICAN, 2015; Lee and Pring, 2015), a targeted intervention which boosts the language development of children aged 3-4 years.

Pairs of students worked with two care homes to explore the training needs of the staff, the SLT needs of the adults with dementia and to deliver services based on this assessment. Students also worked with adults with early onset dementia and their carers working using conversation partner training (Eggenberger, Heimerl and Bennett, 2012).

Results and evaluation

23 students have had some placement experience in the SLT centre. 19 people with dementia with their carers, and 25 children have received speech and language therapy input from SLT students.

Pre and post measures demonstrated an increase in student’s confidence and perceived skills. Role-emerging placements have provided more opportunities for students to develop confidence, problem-solving and independence than in traditional placement models.

Comparison of clients and carers/children’s baseline skills/well-being before and after the intervention showed positive impact.

Feedback from stakeholders was extremely positive and the student contribution highly valued. The delivery of outreach placements has provided a platform for discussion around the need for a ‘physical’ therapy centre. The secondment position has been vital to the success of this project enabling the individual to overcome organisational barriers and to develop partnership through negotiating across DMU and LPT.

Conclusion

The SLT centre has offered an increased and more diverse range of placement opportunities for students. It has considered students as ‘added value’ for services and explored role emerging placement models whilst maximising student learning. Results indicate that students were more independent, leading to increased resilience and confidence and better preparation for the workplace. Positive feedback has been received from all stakeholders and this has widened our understanding of how to work in partnership with all stakeholders to develop the project for the future. The project is now in its 2nd phase where piloted placements are being embedded into the DMU placement portfolio.

This project has increased DMU SLT placement capacity and enhanced the practice education at DMU. Developing local placements in the DMU Square Mile demonstrates that DMU is a public good. This community based project has improved relations with all stakeholders and enhanced their understanding of SLT.

Idalina Rodrigues is the Clinical Education Lead for the Speech & Language Therapy programme at De Montfort University, Leicester. Her clinical background includes working with children with developmental language disorder in a range of educational settings. Her interests in practice education centre on student supervision and professional development in clinical placements.
Evaluation of practice education for Physiotherapy and Occupational Therapy students at University Hospitals Leicester NHS Trust (UHL).

The introduction of a placement guideline aimed at developing the capacity and quality of physiotherapy and occupational therapy practice placements at UHL fits within enhancing capacity and productivity in and through practice learning. An initial service evaluation was completed in September 2016 to identify the number of placement offers per year, potential barriers, and scope for increasing placement capacity. An outcome of this service evaluation was the introduction of the Physiotherapy and Occupational Therapy Student Practice Placement Guidelines (placement guidelines) alongside quality development projects. In September 2017 an audit was completed to measure change following the implementation of the placement guidelines. The aims were to i) audit practice guideline standards for placement offers and practice educator training ii) review the potential barriers to offering practice placements iii) identify areas for quality improvement projects.

Retrospective data was collected through audit of local databases and a questionnaire was completed by practice educators.

An increase in physiotherapy placement offers has been achieved increasing from 110 in 2015-2016 to 134 for 2017-2018. This has also been evident in occupational therapy, increasing from 24 in 2015-2016 to 47 for 2017-2018. 98% of the population audited had completed the practice educator training.

61% of practice educators had completed an update within the previous 2 years.

The common themes for barriers to offering practice placements continue to be: resources (time and space), lack of student preparation, non or late disclosure of learning needs, some placements needing car drivers, and late placement allocations. Additional barriers identified during this audit include: caseload, staffing levels, part time educators, travel between hospital sites, and additional support for new educators.

The results indicated areas for Practice Learning Leads (PLLs) to collaborate with local Higher Education Institutions (HEIs) to improve the experience and quality of placements for students and practice educators, such as providing practice educator updates.

Physiotherapy placement offers were slightly below predicted, indicating a small increase is needed. The level of student practice placement offers have increased significantly during the audit period and since the introduction of the placement guideline. Additionally, there is a higher level of physiotherapy and occupational therapy staff trained as practice educators; however 39% of educators currently require a practice educator update.

In conclusion, the quality and quantity of practice placements at UHL has improved and can develop further through an action plan to include quality development projects, further collaboration with HEIs and practice educator training/updates.

Kareena Bassan is the Physiotherapy Practice Learning Lead at the University Hospitals of Leicester NHS Trust and a Neurological Physiotherapist by background. Her interests include developing the quality of clinical-based education for physiotherapy students, upholding and promoting professional values and behaviours and neurological rehabilitation.
Using food diaries to stimulate learning and reduce conflict in advice provision

Background
Interprofessional education can lead to enhanced patient care and improve patient safety (1), however engagement in this process in the classroom needs to be meaningful and relevant. Food diaries are utilised by both dietitians and dentists in clinical practice, each profession has different priorities when assessing this information (2,3). The aim of this IPL session was to explore commonalities and differences in food diary use to improve understanding and identify areas of change to support holistic patient care.

Method
Forty four students took part in the IPL session. The session was delivered twice, sessions consisted of 8 dental students and 14 dietetic students. Each session began with a brief overview; dental students on their role in preventing dental carries and dietetic students on the work of a dietitian. Students were then split into four groups, consisting of dietetic and dental students. Each group was provided with a different case scenario, containing relevant clinical and social information and a 3-day food diary. Each profession identified changes that they would make and the rationale for the change was provided to group members. At the end of the session, groups fed back on areas of commonalities and differences identified in managing the scenarios as well as potential solutions. Sessions were evaluated using posits to indicate key learning points. Data collected at the end of the session was analysed using content thematic analysis (4).

Results
Two themes emerged relating to students learning:
1. Areas that students found interesting (not directly related to clinical care they would deliver)
2. Areas that were likely to impact on clinical care in practice. Specific areas highlighted as impacting on clinical practice were: Snacking behaviour, food choices offered and oral hygiene practices.

Dental students focused on frequency of sugar rather than amount and limited snacking behaviour, while dietetic students focused on the nutritional content of the whole diet, with a tendency to increase frequency of snacks in individuals not meeting nutritional requirements.

Conclusion:
Greater understanding of the rationale for advice offered to patients has highlighted areas in practice that could be approached differently, to reduce conflict in advice provision and support holistic care of patients. Students involved recommend further learning in this way to share knowledge, skills, develop understanding and reduce conflict in advice provision.

References:

Dr Tracey Parkin is a dietitian with extensive experience of working in the NHS. She is currently an Associate Professor and Programme Lead for the BSc (Hons) Dietetics at Plymouth University. Her interests in teaching and research centre on communication skills and behaviour change. Working with patients to improve self-care management is core to her research. In the classroom these concepts are utilised with students to develop communication skills, problem solve and identify ways of working more effectively to improve patient care. Better understanding through interprofessional working is one way that patient care can be improved.
The Student-Centred Practice Education Model: Integrating research and educational theory, to conceptualise best teaching and learning practices in practice education in occupational therapy

**Background:** Various studies have investigated what is quality teaching and learning in practice education from students and practice educator perspectives. Yet one study of health science students identified that the student experiences of placements do not match their preferred learning environments (Brown et al., 2011). Practice educators were anecdotally reporting that younger students’ (the Generation Y cohort) were challenging traditional teaching and learning approaches in practice education. The aim of this PhD study therefore was to investigate whether contemporary practice environments are conducive to the learning needs and preferences of Generation Y occupational therapy students.

**Design:** A sequential explanatory mixed method, multiphase study informed by pragmatism was completed. This comprised of two surveys of practice educators to explore their perspective of (a) whether a typical Generation Y student exists; (b) how Generation Y students present in practice education and successful strategies used; two surveys of Generation Y occupational therapy students to identify (a) their lifestyles; (b) their technological ability; and (c) the extent to which the student characteristics aligned with the purported generational stereotypes identified in the literature; a systematic review of the literature followed by 22 interviews with Generation Y occupational therapy students to explore their preferred teaching and learning preferences in practice education. Ethical approval was received for all stages of the study.

**Results:** True to mixed methods, seven inferences (new understandings from the results) were generated from the study. These were then meta-synthesised into the Student-Centred Practice Education Model. This model has seven steps, using the STUDENT as an acronym. The model combines the results of this research with educational theory and published research findings on teaching and learning in practice education.

**Conclusion:** A recent systematic mapping review of educational approaches and teaching methods in practice education in occupational therapy reported that there is a lack of pedagogical theory to guide and direct practice educators (Roberts, Hooper, Wood, & King, 2015). The Student-Centred Practice Education Model succinctly provides this much needed guidance for both students and practice educators. The model also has the potential to inform future research and to contribute to the future development of evidence-based practice education.

**Caroline Hills** has been an occupational therapist for over 35 years. She has been a clinician, a manager, and a service manager and a lecturer in the UK, Australia, and Ireland. Caroline has been Practice Education Co-ordinator at the National University of Ireland, Galway since 2009. Caroline is particularly interested in practice education, teaching and learning, evidencing competence, and technology in practice.
The role of the Professional Midwifery Advocate to support quality improvement in and through practice learning

Background
Supervision of Midwives supported protection of childbearing women and was the cornerstone of quality improvement and professional development since the Midwives Act of 1902. Following legislation, a new model for Supervision was developed. The Professional Midwifery Advocate (PMA) is a fundamental leadership and advocacy role deploying the A-EQUIP model; Advocating and Educating for Quality Improvement. The four functions, Education and Development, Monitoring, Evaluation and Quality Control, Restorative Clinical Supervision (RCS) and Personal Action for Quality Improvement, support a continuous improvement process, building personal and professional resilience, enhancing quality of care and endorsing appraisal and professional revalidation.

The University of Nottingham is one of the first national providers of the program for Supervisors of Midwives to undertake the role of PMA. Whilst some elements of the function remain, the strong focus on the RCS element may require acquisition of new skills. RCS is concerned with addressing the emotional needs of staff and supporting the development of resilience, allowing for the creation of thinking space through discussion, reflective conversation, supportive challenge and open and honest feedback. Principles of containment and reciprocity enable midwives to understand and process thoughts which free them to contemplate different perspectives, and inform decision making. Studies have demonstrated that in those professions where a restorative model is aligned to education and leadership, there is potential for improvements in staff engagement, compassion satisfaction and ultimately service provision.

Focus of presentation
This new model is not without its challenges insofar as there is only minimal guidance as to its implementation into the clinical setting; each Trust may adopt a varied approach and it is likely that PMAs will need to acquire skills related to leadership and change management alongside group supervision techniques and elements of counselling and motivational interviewing skills. The new model will need to be audited and evaluated at each Trust to measure its’ successful implementation. It is envisaged that this will be a Standard of the Care Quality Commission and as such, PMA’s will be required to evidence the effectiveness of their role. This could include providing a record of meetings with midwives, and demonstrating how the quality of the service has improved with the introduction of the PMA role. The development of an educational programme needed to capture these diverse elements of the role and encourage the creation of new momentum to take it forward and inspire practitioners. This presentation will detail the course from inception and design through to delivery and evaluation and will aim to showcase a module which encompasses an inspirational approach within this area of practice education.

Conclusion
The A-EQUIP model requires professionals to contribute to personal action for quality improvement. The PMA’s focus will ensure quality of care becomes an intrinsic part of everyone’s role within contemporary midwifery care. By placing an emphasis on values, quality and safety this will provide an innovative investment to safeguard the future of midwifery services.

Sue Britt is an Assistant Professor of Midwifery at the University of Nottingham. Her teaching interests focus around the psychology of childbearing, as well as a values-based approach to practice. Her specialist areas encompass emotional intelligence and resilience, counselling skills for practice and supporting emotional wellbeing.

Amanda Wain is a Teaching associate at the University of Nottingham. Her interests in teaching and learning centre on clinical practice where childbearing women have particular, obstetric, medical or social need. She has a strong interest in preceptorship and mentorship. She was also a Supervisor of Midwives.
Implementation of value based care: Do physiotherapists need to reconceptualise the Biopsychosocial Model?

Background:
The ‘biopsychosocial model’ (BPSM) is referenced in clinical practice as an approach that is used to address the person ‘holistically’. However, research has illustrated that physiotherapy management of individuals using the BPSM does not embrace this meaning, and physiotherapists struggle to apply the BPSM in practice. Teaching approaches have attempted to address this implementation failure with minimal benefit however, there has been little attention to unravelling the conceptualisation of the model and the effect this has on its application in practice.

Purpose/ Aims:
The aim of this presentation is to offer a framework for holistic value-based care. This framework is based on the findings from a concept analysis which explored how the BPSM was understood and conceived within physiotherapy literature. The framework can be used as an educational tool during mentoring on practice placements. The presentation will explain how the framework was developed and aims to discuss how it can support more value-based clinical practice within physiotherapy.

Methods & Description:
A concept analysis was conducted to gain conceptual clarity on the BPSM as it is present in physiotherapy literature. Following ‘Rodgers Evolutionary Method’ of concept analysis, the literature was systematically searched and the data was then themed using Braun and Clarke’s thematic analysis to express the BPSM’s key conceptual characteristics.

Evaluation/ outcomes:
Physiotherapy literature presents the BPSM in a reductionist, simplistic manner. This conceptual view of mankind fails to value an understanding of a person’s ‘lifeworld’ and personal values as central to their care.

Discussion & Implications:
The BPSM is predominantly presented within physiotherapy as reductionist, oversimplifying its essence as a holistic model of care. This conceptual understanding may explain why physiotherapists struggle to implement holistic ‘lifeworld’ led care in practice. This study highlighted the need for greater philosophical discussion and understanding in physiotherapy education. Although philosophical debate appears to be increasing in physiotherapy curricula, the inclusions of these debates on practice placements may well vary dependent on the confidence of mentors in entering such debates.

Following the concept analysis, a framework for holistic clinical practice was developed. The aim of which is to provide clinicians and practice based educators with a heuristic opportunity to expand beyond the basics of the BPSM, into a space that engages the clinician in seeing the ‘person’ within the patient. This is intended to enhance the integrity and quality of value-based healthcare in physiotherapy and beyond.

Georgi Daluiso-King is currently working as a Musculoskeletal Advanced Physiotherapy Practitioner for Sussex Community Foundation Trust and the MSK Partnership. Georgi’s interests centre around communication and person centred care and mentorship. Having completed a Concept Analysis on the biopsychosocial model in physiotherapy, she is interested in how philosophy influences the interpretation and application of physiotherapy therapeutic management principles, and how an understanding of philosophy can support more meaningful learning. She is devoted to her clinical mentorship role for all staff and MACP students, and is working on ways of enhancing this experience within her Trust.
Improving clinical education through understanding ourselves and our expectations.

This presentation demonstrates value-based learning in practice that can be shared with other practice educators. The activities helped to highlight clinicians’ own values and beliefs that impact on their effectiveness and aim to improve the quality of practice education. They are simple to use and can be a cost effective way of underpinning the practice educator’s core beliefs/values and linking this to the university’s assessment criteria.

Background/purpose
Our team found a student challenging as they appeared apathetic and did not appear to take on board any feedback or be able to take responsibility for their own learning. Some members of the team found this frustrating. In collaboration with a researcher colleague with an interest in supervision, a short programme of three activities was designed, aiming to support the practice educators to explore core beliefs and why we might have found the student challenging, in the space of a 2-hours team in-service development session.

Method/activities
1. Thinking about our student experience: Write and share three positive experiences that we had when we were on practice placement and three less positive experiences.
2. What does a ‘good’ student look like? Visual elicitation activity to encourage colleagues to articulate what they mean by a good, ok or poor student.
3. Getting behind what we see in the student: Using Maslow’s pyramid as a template to think about practice education in our setting from the student’s perspective and write down the different challenges/issues at each level.

Analysis/ outcome
The first activity highlighted that the clinical area was less important than the relationship with the clinical educator and integration within the team.

The second activity highlighted that our expectations of our students were unrealistically high in comparison to the university assessment criteria; which could explain the potential frustration we experienced.

The third activity demonstrated how the things that we enjoy as clinicians can be very different for students.

Discussion/ Implications
These activities allowed us to examine our own personal values, which shape us as practice educators. The practice educators were very positive about this learning experience and felt that it would change their current practice as they were more empathetic to students and had more realistic expectations.

This presentation is an example of value-based learning in practice. It is also an example of a programme that could be used to improve the quality of practice education in a cost effective way.

Ananthi Puntis is currently a physiotherapist working for The Integrated Falls and Bone Health Service which is part of the community division of St Georges Hospitals University NHS Trust. She has been a practice educator for 11 years. Her interest in clinical supervision centre around core beliefs and reflective practice in order to improve the quality of supervision to improve staff morale and personal development.
Promoting values-based learning through interprofessional education (IPE) for MPharm students at the University of Brighton

**Background:** Interprofessional education (IPE), where ‘two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (Barr, 1998), is essential to prepare the ‘collaborative practice-ready workforce’ needed globally (WHO, 2010). Interdisciplinary teamwork has also been incorporated into regulatory bodies’ standards, including the General Pharmaceutical Council, General Medical Council and Health and Care Professions Council. As there are not always opportunities to work this way pre-qualification, managed interactions between pharmacy and medical students were initiated to help them better understand each other’s roles and perceptions in preparation for practice.

**Aims:** University of Brighton MPharm students go on placement to community and hospital pharmacies throughout their degrees. However, we cannot guarantee they all experience the same level of interprofessional teamwork on these. The IPE programme was therefore designed to ensure all were prepared for interdisciplinary teamwork in their future careers.

**Design:** IPE is run for both Years 2 and 3 students. Initially they are put into small groups comprising pharmacy and medical students from BSMS (Brighton & Sussex Medical School). They watch a filmed scenario based on a real case, discuss their initial thoughts on diagnosis/treatment and elect a facilitator to contact the IPE team regarding any further information required. At the second meeting, groups receive answers to their queries, finalise their patient care plans, and submit these to the IPE team as PowerPoint presentations for feedback. Students later submit reflections on what they learned from each other, how they dealt with any disagreement within their teams, and their role as future practitioners within a healthcare team.

**Evaluation:** Almost 900 pharmacy and medical students have experienced this programme since 2014, all of whom were surveyed before and after IPE work. Results show significant improvements for medical students on undertaking collaborative practice, and including the patient/family in decision making for pharmacy students. Reflections provided more in-depth qualitative feedback on personal development together with insights as to how the programme could be improved. Students themselves saw the interaction as “invaluable”, allowing them to understand the similarities and differences in each others’ roles and how working together benefits the patient. Pharmacy students also felt far better prepared for practice: this has been confirmed by students now on pre-registration year.

**Discussion & Implications:** IPE is important for all health and social care students as it inculcates skills and values for all participants, but a ‘sustainable’ activity is key in both its initial and future development within the organisation. Through making enhancements annually, we are now able to provide IPE to all year 2 and 3 students, along with multidisciplinary conferences in Year 1 (personal wellbeing) and Year 4 (service user led workshops).


**Fiona Ponikwer** is a lecturer in Learning & Teaching Quality and Academic Skills Tutor at the School of Pharmacy & Biomedical Sciences at the University of Brighton. Her interests in teaching and research include: interprofessional education; student transitions; communication skills; and flipped and blended learning.
Evaluation of shared placements between MSc Pre-Registration & BSc (Hons) Diagnostic Radiography Students

Background
A new two year Masters (pre-registration) Diagnostic Radiography programme was introduced in 2016 at the University. It is one of only 4 courses of this type in the country. To date no literature has been published to evaluate the impact of such a course. The Masters students (level 7) share multiple teaching sessions with the undergraduate students (level 4); mixed level teaching is a new development for the current academic team. These cohorts undertake their clinical placement at the same NHS site over the same time period. This has provided an opportunity to evaluate the perceptions, expectations and experiences of the students learning together on placement.

Aims
To evaluate the shared placement experience of MSc (Pre-Registration) Diagnostic Radiography and BSc (Hons) Diagnostic Radiography from their perspective

Method
The study used a questionnaire design to gather quantitative and qualitative data from all groups. Both the MSc (n=5) and BSc (n=38) students were included to provide comparative data. This will be enriched with qualitative data gained from small focus groups undertaken at the end of the MSc shared placement block.

Analysis:
Analysis is ongoing but provisional results from the BSc students is that the presence of level 7 MSc students within the classroom is enjoyable and adds depth to the learning as they pose more challenging questions. Working together on placement has been a positive experience.

Conclusion
Mixed level teaching enriches discussion within the classroom, is more time and cost efficient. The addition of the MSc Pre-Registration Fast Track Diagnostic Radiography has increased student numbers without significantly impacting on capacity, whilst addressing the local workforce needs. The results of the study will form part of the programme evaluation and provides opportunity to develop the curriculum in close partnership with placement providers.

Alexandra Partner is Assistant Discipline Lead for Diagnostic Imaging and Programme Lead for BSc (Hons) Diagnostic Radiography at University of Derby. Alex holds a variety of other professional roles including ISAS assessor, HCPC Fitness to Practise panel member and external examiner at another UK University. Alex is particularly interested in research in radiography pre-registration education.
Physiotherapy Students’ Lived Experiences of assessment in practice education: a phenomenological interpretive study.

Quality improvement in and through practice learning

The findings of the study will contribute to obtaining new insights and in-depth understandings of student assessment as experienced by students in practice. This may have implications for both students and educators and how student assessment processes are understood and supported in the context of practice education.

Background/Context

In this study, student assessment experiences related to practice education are explored in the context of two pre-registration physiotherapy courses, at the University of Brighton. The notion of student assessment, in the sense it is being used in the study, refers to student assessment processes related to a fixed period of education within a professional practice setting, as an integral part of the higher educational process and course curriculum. In the higher educational arena of the health professions, work-engaged learning opportunities and student assessment processes are mandatory elements of the pre-registration professional education and curricula. In the literature, practice placements are appraised as potential sources for making student learning and curriculum more relevant, facilitating professional learning and self-improvement, preparing students for professional practice, and enhancing the development of professional identity of the student. The potentiality of assessment in the enhancement of student development has also been highlighted in a wider sense, linked to lifelong learning and practice improvement. In this study the experiential significance of student assessment related to practice education were explored in more depth from the perspective of physiotherapy students.

Aim of the research: To increase understanding of pre-registration physiotherapy students’ experience of assessment during practice education.

Design/Methods

Qualitative data of students’ lived experiences were obtained after their practice placements, based on individual, face-to-face interviews, and in-depth interview techniques.

Analysis

Phenomenological interpretive strategies were implemented in analysing the data. Preliminary findings will be presented.

Implications and transferability

The findings of the study will contribute to phenomenological interpretive knowledge in the field. As such the study has significant implications for obtaining new insights and in-depth understandings of student assessment process as a lived-through phenomenon related to a practice placement. This may have implications for students – in being able to relate with the experiences being explored, and educators’ (including teachers and health professionals, who are educators and assessors in practice placements) appreciation of the varied ways in which assessment related to practice placements can be experienced by students, which again may have implications for their preparation for assessment and placements. It may also address needs for further research.

Jane Morris is currently Deputy Head of School for Learning, Teaching and Student Experience at School of Health Sciences, University of Brighton. Her interest in teaching and research centre on feedback and assessment; assessment in practice-based education, reflection and interprofessional learning. Jane is a National Teaching Fellow.

Pirjo Vuoskoski is currently Senior Lecturer in Physiotherapy, School of Health Sciences, University of Brighton. Her interests in teaching and research centre on student assessment; assessment encounters in HE and practice education, lived experiences of assessment in problem-based pedagogy.
Student Time Out Session. The creation of a student Nurse and Midwifery support forum.

Background
The Practice Learning Support Unit (PLSU) provides student Nurses and Midwives with a forum called the Student Time Out session (STOS). Student Occupational Therapists and Physio Therapists were already receiving a regular face to face meeting with our Allied Health Professional (AHP) Practice Placement Facilitators (PPFs) to do inter-professional based learning, reflecting on their practice and learning experiences. As a team it was felt it would be beneficial to student Nurses and Midwives if the same service was offered to them.

Purpose and Aims
The aim is to provide equal learning opportunities and support to all students within the Trust. The objectives are; for students to reflect on positive aspects of their development, learn about other professions, problem solve through peer support and share best practice.

Design
A poster was created and distributed to the local HEIs to advertise on their own student virtual learning environments and within our Trust. A presentation was developed including a variety of group work activities. During the session the PPFs facilitate students in recognising their own achievements and discussing them within their groups, they also discuss scenarios and ask any questions regarding their placement in which their peers can offer support and advice. Now that students self-fund their health care education, we have sort to provide innovative and diverse learning opportunities to enhance the quality of placement experience.

Evaluation
The STOS has always rated very highly through the evaluations. There has always been a good turnout of students at a variety of different stages in their education. During our most recent STOS students said that they enjoyed discussing and celebrating their personal achievements, that they benefited from peer support and it will help them overcome any challenges they may face in placement.

Conclusion
Overall the STOS is a very successful project. Students see it as a valuable session that provides them with the time out of placement to reflect on their practice and problem solve through the help of their peers. With the current changes within the health care education system, the STOS provide extra support to these students in an ever increasingly pressured working environment. The STOS was developed to provide equality to students in the service that is provided by the PLSU team, which has been achieved.

Natalie Matchett is an AHP Practice Placement Facilitator at Derby Teaching Hospitals and she is an Occupational therapist by profession. Currently working in the Practice Learning Support Unit where her experiences are focused on working alongside educators and students across all divisions interprofessionally to provide a high level of support in order to strengthen the practice learning experience. Natalie is enthusiastic about the quality of healthcare education and enjoys working closely with local HEI’s, service providers and commissioners at a pre and post graduate level to ensure we have graduates fit for now and future practice.

Rachael Hayllar is currently a Practice Placement Facilitator (PPF) for student Nurses, Adult and Child branch, within the PLSU at Derby Teach Hospitals Foundation Trust. Rachael is very passionate about supporting mentors and students in practice to ensure that student’s receive a positive practice placement experience to improve retention levels. She enjoys working alongside local HEIs to ensure excellent quality health care education and promoting interprofessional working and learning to create a resilient and high quality future work force.
1. An Inter-professional peer learning practice placement model for Occupational Therapy students: A pilot evaluation.

**Background:** Recent changes to healthcare education funding and increasing demand for Allied Health Professionals (AHPs) has prompted professional bodies to encourage innovative methods of placement provision in order to grow placement capacity. As alternative to the traditional 1:1 (one student and one educator) placement model, Practice Placement Facilitators (PPFs) at Derby Teaching Hospitals explored collaborative and peer-learning models and found strong supporting evidence for the benefits these alternatives can provide (Price and Whiteside 2016, Moore et al 2003). A 4:1 placement model which included interprofessional (IP) and peer learning was developed in collaboration between the placement provider and local University and piloted for Occupational Therapy students with the Hand Therapy Department. This approach proved to expand placement capacity, work productivity and provided additional peer support during practice placement.

**Purpose and Aims:** The purpose of this pilot placement was explore how a peer learning model could maximise placement learning opportunities and placement capacity. The aims were:

- Students to work as an IP team within Hand Therapy to relate theory and practice together
- Build a strong working relationship enabling better patient outcomes
- To improve work place practice and productivity
- Utilise the benefits of peer learning through project work, shared caseloads, peer reflection and support.

**Design:** Prior to commencement of placement a group induction, time tables and tutorials were planned. To teach and foster IP and peer learning students were given combined student placement projects, joint student patient assessment and treatment sessions and worked in a shared learning environment; both office and treatment space. The use of blended teaching and social media platforms was employed by the PPFs and students to enhance learning throughout placement.

**Evaluation:** The end of placement evaluation revealed the impact of an IP peer leaning approach to the students’ placement. They all reported on the positive effect peer and IP learning and developed understanding of how collaborative working improves patient outcomes. They made pledges to continue to be involved in IP and peer learning practice when qualified practitioners

**Conclusion:** The IP peer learning model proved to enhance the learning environment and increased IP practice on placement. The benefits seen supported educational learning theories with participants challenging and supporting each other in improving practice, which resulted in positive outcomes including greater autonomy, resilience and professional behaviour. Moving forward, an IP peer learning approach will include wider AHP’s, Medical and Nursing students with ongoing input from their affiliated Universities.

**References**


Natalie Matchett is an AHP Practice Placement Facilitator at Derby Teaching Hospitals and she is an Occupational therapist by profession. Currently working in the Practice Learning Support Unit where her experiences are focused on working alongside educators and students across all divisions interprofessionally to provide a high level of support in order to strengthen the practice learning experience.

Jayne Seagrave is an AHP Practice Placement Facilitator at, Derby Teaching Hospitals NHS Foundation Trust.
2. An Exploration of the impact of Technology-enhanced Teaching on Learning and on Practice Education

Background
This is a project in progress precipitated by the university-wide introduction of a new VLE, Canvas, which was piloted from January 2017 with PEPS Stage 1 trainee practice educators in the Department of Social Work and Social Care. The move to this particular VLE was deemed a ‘positive pedagogical disrupter to advance the university’s teaching and learning mission’ (TEL, 2017) enhancing both student learning and achievement and higher education practice. Widening participation through delivering a more inclusive curriculum is a particular focus of this university. "Universities have been slower to reflect on how academic practices best serve this more diverse student body". (Archer, 2007 in Hughes, 2016). By the initial project review stage in autumn 2017, successful implementation was found to have ‘addressed critical issues of culture change, effective and sustainable education that is aligned with good student learning experiences fit for a global, 21st century world’. (TEL, 2017)

Objectives
Part 1 (April 2017) aimed to evaluate the impact of use of the VLE from the student perspective, in terms of

- Curriculum accessibility
- The extent to which they felt reflected in the curriculum and
- Extent to which Canvas equipped them with skills to contribute to and work in a global and diverse environment

Part 2 (Jan-April 2018) is aimed at reviewing the student perspective and experience as above, after a further period of use of the VLE and including students who are new to using the VLE for the first time at Kingston University, in 2017/18. This will also enable exploration of the impact of this learning opportunity and tool on practice education practice with social work students who are also using the VLE, at the same university.

Methods
Part 1 was completed through a mixed methodology of participatory action research using a ‘learning conversation’ or ‘instructional conversation’.(Cazden, 1991, p.54), which was audio recorded and transcribed; reviewing student Canvas logs; academic/designer reflections on the design and development process (field notes, email correspondence with technology support team). Staff were trained to develop module sites, building on the university's Inclusive Curriculum strategy. The new cohort of 24 Level 7, PEPS Stage 1 trainee Practice Educators were introduced to the module and used the VLE from January –August 2017. This was their first post-qualifying module studied at this university and their first experience of Canvas, but they had varying levels of prior VLE experience. In the module penultimate session they were invited to share their perspectives in an audio recorded instructional conversation with the module leader.

Part 2 will use an online survey with the same respondent group and all new Stage 1 and Stage 2 learners currently undertaking the Practice Education course to explore some of the outcomes arising from Part 1.

Part 1 Outcomes and Implications
1. Further exploration required of impact on work with social work students, particularly enabling learning and development (PEPS Domain B), developing graduate employability skills and ensuring an inclusive practice learning practice curriculum.
2. Further exploration required around the extent to which an Inclusive Curriculum is promoted: accessibility; reflective of students themselves; positive contribution to development of global employability skills.
3. Opportunity to “explore how disciplinary knowledge in social work could be embedded in the design of Canvas itself and pedagogical approaches used with the students”. Does the curriculum design in Canvas reflect social work values themselves?
4. Further exploration required around design effectiveness
5. Change seen as opportunity to ‘revamp, review and update’ module content
6. There is tangible value in student-lecturer research partnerships.

Dale van Graan is a Senior Lecturer and Course Leader of the postgraduate MA in Professional Education and Training (MA PET) at Kingston and St George's University, London. Dale has led the Practice Education Programme at KU since 2008 and is herself also a registered social worker, practising practice educator/assessor, clinical supervisor, trainer and professional development consultant

MSc students undergo an accelerated programme over two years, which incorporates 1045 clinical hours of practice education in line with the international guidelines and requirements.

In preparation for practice education, students undertake a Prep for Practice Education module to gain insight into placement, manage expectations and allay fears, as well as enhance future performance on placement.

The purpose of this study was to determine the effect of a two-week observational placement on student’s expectations and insight into practice education. Prior to this year, student is had not completed an observational placement and instead began practice education with a four week placement.

Expectations and fears around practice placement were surveyed during the Prep for Practice Education tutorials and prior to commencement of the observational placement.

Following the completion of a two-week observational placement, students will be surveyed regarding their realisations post placement, how the placement has influenced their readiness for subsequent placements, and changes in their expectations. The format of the placement and how this impacted on student experience will be evaluated (i.e. exposure to multiple clinical areas, completing the two weeks within the same clinical area). Student and educator feedback is also collected using the validated CEQA feedback form. In addition, CEQA feedback will be compared to that of students following the original 4-week placement model. This will further add to analysis.

Results will influence the organisation of subsequent observational placements and the format they will take and influence the content of the Prep for Practice Education module in an attempt to maximise student readiness and manage student expectations for practice education.

Alison Holmes is currently a practice tutor for the MSc physiotherapy programme (PQ) AT University of Limerick. Her main interests include: Student behaviours and attitudes in practice and education, clinical reasoning and educator training. She has an MSc in Physiotherapy research methods.
4. 'Project Placements' - A novel approach to speech and language therapy education

Background
Traditional placement models usually place high demands on clinicians’ time due to the amount of direct and indirect clinical supervision required. The idea to utilise student’s skills and reduce demands on the acute team was identified by the Acute Team Lead.

Aims:
- To pilot a novel approach to placement education, reducing demands on qualified SLT time, without adverse effects on student learning.
- To utilise the skills brought by students to raise the SLT profile and develop the SLT service on a senior health ward, where caseload pressures mean this is challenging for qualified SLT staff to routinely do.
- To facilitate practical learning about clinical governance for the students, whilst actively participating in clinical governance activities which benefit the SLT service and the ward students are based on.

Methods
- SLTs and Team Lead identified an appropriate ward to participate which might benefit from increased SLT presence. Liaised with key stakeholders, gained their approval and informed them of plans.
- Carefully planned timeline for placement, produced timetable for students to inform them of essential meetings and milestones and allow them to independently plan how the project would run.
- Produced placement handbook outlining key information such as standards of documentation, uniform and infection control policies, emergency contact details etc.
- Full day induction, provided information and teaching about ‘project placement’ and expectations, acute team processes and ward processes.
- Encouraged students to independently ‘plan – act – do – review’. Students spent time making observations and generating project ideas, pitched these to the team, implemented ideas and fed back at the end (with outcomes from ward staff).

Evaluation
Ideas generated and carried out by students, with the following outcomes:
- Refresher training on dysphagia identification and management provided by students to Health Care Assistants and nurses.
- Highly positive feedback received from those receiving training, and from the wider multi-disciplinary team.
- Increased SLT profile on the ward due to student presence.
- Key guidance on food consistencies also displayed on ward, contributing to maintenance of patient safety.
- Excellent feedback received from students who felt they were able to develop a wide ranges of clinical and professional skills within placement.
- Ideas for further audit/projects also generated by students on review of placement.

Conclusion
This was a successful pilot of a novel approach to student placements that can be replicated in future/on other wards. SLTs and ward staff will continue with the changes implemented by the students. The new audit ideas generated by students will be carried forward by SLT team or future students.

Elizabeth Montgomery is a specialist Speech and Language Therapist at St George’s NHS Trust. She is currently working within the acute and critical care inpatient setting.
5. A two year education initiative to improve the quality of end of life care within 13 Nursing Homes in an urban area.

Background
Advance care planning (ACP) and the skilled assessment and management of symptoms at the end of life are viewed as essential to allowing people to die well in a place of their choosing. An education initiative involving collaboration between a hospice education team, specialist nurse community impact team and a local Clinical Commissioning Group (CCG) was conducted between April 2016 and December 2017 in 13 nursing homes within the hospice catchment area.

Aims
The aim of this initiative was to improve the quality of end of life care in nursing homes in an urban area by:
- Increasing the confidence of nursing home staff in having ACP conversations
- Encouraging the Nursing Homes to offer ACP to all of their residents
- Improving the recognition, assessment and management of symptoms at the end of life
- Increasing competency in using an end of life care syringe pump device

Design
Registered nurses and care staff were trained in the nursing home setting by members of the education team between April and the May 2016 (ACP) and June and July of 2017 (Symptom management). An audit of practice was conducted prior to and four to six months after each training initiative, via survey monkey and telephone interview.

Evaluation/outcomes
A proportion of the homes had a low level of ACP practice prior to the training whereas others were offering these discussions to the majority of their residents. Overall results suggest an increase in the number and quality of ACP discussion taking place in the nursing homes and improvements in the documentation used. The confidence in discussing ACP increased for registered nurses but there was a reluctance to engage carer staff in these discussions.
All of the participants surveyed reported that learning from the course had influenced practice, with increased confidence in recognising symptoms at the end of life. There was also a significant increased level of confidence with giving one off doses of injectable medication and using the syringe pump device.

Implications for practice
The collaboration of a hospice, local CCG and community impact team enabled the improvement in ACP and symptom management at the end of life in nursing homes suggesting the benefit of ongoing partnership working with a further training initiative being planned for 2018.
Expanding the hospice virtual learning platform to offer end of life care courses to the care home sector

Carole Cousins is a Practice Educator leading on community outreach at Princess Alice Hospice, Surrey. Her interests lie in sharing end of life care knowledge and practice with and encouraging the professional development of the staff within the generalist community sector.
6. Increasing future workforce in a challenging environment

Background
Derby Teaching Hospitals has always striven to provide Operating Department Practitioners (ODP) students with the highest quality learning experience whilst on their practice placement. This helps ensure recruitment and retention of potential future workforce within a challenging environment. Lack of awareness of the profession and the loss of the NHS bursary from September 2017 in England, have both contributed to a drop in the number of students applying for the ODP course. This presents a challenge to raise the profile of the profession and to try to recruit locally (Growing our own: Shaping your future workforce – NHS employers 2015). Other challenges include: having students from more than one university; having to support mentors, students and placement areas; protecting both the future workforce and service users.

Purpose and Aims
The purpose of this project was to work in collaboration with the three local universities to ensure student capacity and the success of the ODP workforce. The aims of the project were to plan and implement actions to achieve the main points which are:
- Raising profile of the profession within the public arena
- Increase number of students, bolstering the workforce
- Provide support mechanisms for placement areas, mentors and students.

Method
Even though the loss of the NHS bursary scheme has led to a reduction in the number of students applying for the ODP course, the lifting of pre-registration training commissioning restrictions has opened another opportunity. It means employers are no longer restricted to offering placements to only one university and are therefore able to approach several universities at once to help alleviate the problem. Derby Teaching Hospitals Trust undertook several activities including:
- Organising local roadshows with the universities for the public, raising the ODP profession’s profile and potential local recruitment (grow our own).
- Attending college recruitment events.
- Helping mentors and placement areas cope with more than one lot of paperwork.
- Universities attending the Trust to do regular mentor updates.
- Mentors attending universities for updates.
- ODP Practice Placement Facilitator trained to deliver mentor updates.

Evaluation
After using a variety of methods, promoting the profession, there have been a number of enquiries about the ODP course to the three universities that provide students. Some applicants live within a 15 mile radius of the Trust, and therefore potential future employees. We need now to ensure that their student experience whilst on placement is of the highest quality, as this is paramount to ensure the recruitment and retention of qualified ODPs.

Conclusion
The initial response and interest in the ODP profession from attending the colleges and the roadshow has led to a number and variety of people of all ages wanting to know more about the profession as well as wanting work experience within the theatre environment. There is still a lot of hard work to raise the profile of the profession. With universities and Trusts working together, hopefully this can be achieved.

References

Stephen Astles is currently a Practice Placement Facilitator working for the Practice Learning Support Unit, based at the Royal Derby Hospital. He also works two days a week in clinical practice. Has an interest in Interprofessional Learning and continued high quality placements and education of the NHS future workforce.
7. LCHS Therapy placements the good, the bad and the future

Background
Lincolnshire Community Health Services (LCHS) offers a range of student practice based learning opportunities for therapy learners. A review of adult Occupational Therapy (OT) and Physiotherapy (PT) placements was undertaken for 2017-18 to review capacity and the quality of learning experiences and identify ways to increase placement capacity.

Aims
The aims of this project are to understand current placement capacity and identify ways to enhance and develop a robust placement model for the future within OT and PT to meet rising demand.

Project Design
A review of placement data and student placement feedback was undertaken for the 2017-18 financial year. This review included analysis of placement offers versus acceptance, placement location, type of learning environment, educator availability and course route and requirement. A mapping exercise was used to identify common themes from the placement data available and all placement educators identified across the organisation. Consideration was also given to feedback from HEIs as to reasons for poor uptake and barriers.

Results
PT offered more placements than OT. However, the ratio of placement offers to acceptance was 50% for both. There were teams that did not offer any placements, although they had capacity to. There was disparity of educators between the two professions, with PT having 42 and OT having 19. However this reflects the fact that PT has a larger workforce and more specialist services compared to that of OT within LCHS.

Implications
The findings of this project were numerous and include the need to ensure all educators offer the minimum standardised offers expected of two offers per year, with the expectation they will have at least one student. There is a need to demystify “community” placement terminology, as ‘community’ is an umbrella term for many specialisms offered under this heading. Practical issues such as accommodation and vehicle access need to be explored further between students and providers to raise the quality and accessibility of placement opportunities. Different models of placement are to be piloted, to include a neighbourhood team model to allow full inter-professional learning experiences across the patient pathways. A student ambassador / placement advocate role and an educators’ forum will be implemented to support uptake of placements within Lincolnshire.

Conclusion
There is potential to enhance capacity and productivity of practice based learning opportunities within OT and PT within Lincolnshire leading to an innovative and modern practice based learning environment.

Rowena Burgess is a Clinical Practice Educator for Lincolnshire Community Health Services and a Senior Lecturer at University of Lincoln. She is a qualified Physiotherapist and has an interest in neuro rehab, long term conditions and older people care in the community.

Vicki Lightfoot is a Clinical Practice Educator for Lincolnshire Community Health Services. Her professional background is Occupational Therapy. She graduated from Coventry University in 2000. She has completed a PGCE and currently undertaking her MSc in Frail Older Persons. She has an interest in clinical education and community elderly care.
8. Interprofessional learning, enhancing work-readiness for AHPs

Relevance and Background
Quality of patient care will be enhanced through mutual recognition and appreciation of the respective roles and responsibilities, which in turn will increase productivity. This is in line with our professional and Trust values of quality of care, dignity and respect, safety and team working. This project is achievable during times of financial pressures within the NHS as it utilises the current staff/provisions within the departments but with a different slant. Wider literature suggests that students lack confidence and perceived competence in these areas which affects their ‘work-readiness’ and increases the ‘reality shock’ on qualification (Kane, 2010). Anecdotally, student radiographers find the theatre environment intimidating and, when ready to qualify, feel nervous about going into theatres despite it being a key area of focus during their training. It is still unclear as to why students feel this way when qualified. However, newly qualified radiographers often doubt their skills (Mackay, 2008), even though they are offered many weeks of experience in theatres. The idea of this project was to address these issues. Similarly, recently qualified ODPs (operating department practitioners) expressed fears of working within a different department, especially areas not covered within their training.

Purpose/Aim
To explore the use of an induction programme/shadowing system for students within both theatre and radiology departments to enhance work-readiness for both professions upon qualification.

Design
3-day placements with pre and post placement questionnaires to assess student perceptions around the unfamiliar environments for both professional groups.

Analysis
Using a Likert scale for confidence levels before and after the project along with opportunities for students to make free comments on their experience.

Outcomes
Pre-questionnaires on Likert scale indicated a lack of understanding and appreciation of respective roles and sense of belonging as well as a lack of knowledge relating to organisational issues in theatre. Post questionnaires indicated an increased awareness of knowledge and appreciation of respective roles, as well as an increase sense of belonging, confidence and interprofessional partnership working.

Discussion/Implications
All students report that their knowledge and confidence has increased within the areas targeted. They have a better appreciation of the roles and responsibilities of the different professions but feel more integrated into the teams. This is something that a department can do for free. Interprofessional working leads to better working relationships. This model can be applied to multiple areas that naturally cross, providing opportunities for future interdisciplinary learning and collaboration.

References

Jenny Little is a qualified radiographer of 34 years currently specialising in interventional radiography. Finally achieved my dream role as Practice Educator at UHNM in 2016. I have always enjoyed teaching as part of my role and feel that I now have the opportunity to make a difference to the student experience within our Trust. My areas of interest include: quality of student placement; inclusion in the department; interprofessional respect through partnership and interprofessional learning.

BACKGROUND
The health service continues to experience unprecedented demand and there is huge pressure across the sector to provide a successful 7 day a week service. All of this is expected to be achieved alongside considerable cost savings. Understandably there is still real concern on the impact on quality, staffing and education of our future health professionals. Practice placements play a key role in physiotherapy students’ professional development with an increasing emphasis on a person-centred approach to healthcare. It is essential to engage students’ as partners in their own learning (Healey, Flint & Harrington, 2014). This approach enables them to take responsibility for their own development both on campus and in practice ensuring their patients’ needs, and not their own needs, are foremost in their mind on placements.

Working with people in a more person-centred and caring way does place a different set of demands on health care professionals. It requires health care professionals to be excellent listeners, have adaptable communication styles and be flexible in their response to the person’s individual needs (Coulter & Oldham, 2016). To date there has been some research into the characteristics that make a successful health care professional, successful regarding their ability to be truly person centred (Kayes et al, 2015). Interestingly, they found that within the studies reviewed the focus was on the characteristics of rehabilitation practitioners and little focus was given to ‘how the way we work, who we are, or how we think may influence outcomes’ with patients (pg 250). When we look at the literature that focuses on pre-registration health care students there is little out there. Recognising this difficulty especially in transitioning to the practice learning environment can be challenging for both educators and learners.

Methods
Campus and practice curricula are designed to develop criticality that fosters independence, however demonstrating this in an appropriate way to your educators to get the most from your practice learning experiences can be difficult. This is where the placement passport can aid.

This presentation builds on our recent research (Morris & Ryan, 2017) that explored both students’ and educators’ experiences of using the passport. The research has enabled students to reflect on their first-hand experience of using the placement passport in practice. Final year students will share their own engagement with their passport, how they have developed their passport from placement to placement and how they feel it impacted on their relationship and the learning opportunities with their educators.

Jane Morris is currently Deputy Head of School for Learning, Teaching and Student Experience at School of Health Sciences, University of Brighton. Her interest in teaching and research centre on feedback and assessment; assessment in practice-based education, reflection and interprofessional learning. Jane is a National Teaching Fellow.

Sarah-Jane Ryan is a Senior Lecturer in the School of Health Sciences, University of Brighton.

Natalie Harrison is a Year 3 BSc (Hons) Physiotherapy student, University of Brighton.

Stephanie Ingram is a Year 2 MSc rehabilitation Science student, University of Brighton.
Ruth Strudwick, Hollie Hadwen, Jo Butler

10. Students initiating service improvements

The assessment for the year 3, level 6 Interprofessional learning (IPL) module at our university requires students to write a 3,000 word report about an interprofessional service issue in practice. The assessment is designed to allow individual students to select a service issue relevant to their practice and, in the context of that issue, to construct a lucid, precise and systematic report relating to improvements in service provision.

Students are encouraged to either: critically review and evaluate the impact of a national or local policy or guideline used within clinical practice or put forward ideas to improve an aspect of service provision whilst considering the impact of change on, for example the service, organisation or interprofessional team or recommend a course of action to solve a problem e.g. improve on a specified performance indicator.

There have been several occasions where student’s reports have been used to instigate a change in practice and an improvement in service provision. For example, one of the midwifery students suggested support for women with autism when in labour and this has been presented nationally, resulting in a change in practice in her own Trust.

Students are encouraged to share their service improvement ideas with their line managers and practice areas so that this work can be used in improving services.

In the poster we will share some examples of this work and other student work that has been influential in making changes to practice in different professional settings. There will also be a discussion on how the development of these skills will help to develop professionals for the future.

Ruth Strudwick has been involved in Radiography Education since 2001, and is a Diagnostic Radiographer by background. Her current role is Associate Professor, Subject lead and practice placement lead for the BSc (Hons) Diagnostic Radiography course at the University of Suffolk (UoS). She is also the course leader for the Interprofessional Learning (IPL) Programme which includes all pre-registration health & social care courses at UoS.

In 2011 Ruth completed her professional doctorate - ‘An ethnographic study of the culture in a Diagnostic Imaging Department’. Ruth teaches on several courses at UoS and her research interests include; interprofessional working, clinical education, values-based practice and work-based culture.
11. Values-Based Practice (VBP) Training for Radiographers.

Values-Based Practice (VBP) is the consideration of a patient’s values in decision-making. It is an approach that complements evidence-based radiography to ensure a holistic service. VBP takes into account and highlights what matters to the patient. By patient values we mean the unique preferences, concerns and expectations each patient brings to a practice encounter and must be integrated into clinical decisions to serve the patient. VBP is an approach that complements evidence-based radiography to ensure a holistic service. In essence VBP takes into account and highlights what matters to the patient.

A small team made up of the committee members of the Association of Radiography Educators (ARE) and other interested radiography educators have adapted materials from a VBP handbook, originally developed for medicine. The handbook, conceived by Professor Bill Fulford and Dr. Ashok Handa, has been adapted by the team for use by diagnostic and therapeutic radiographers.

The handbook has been produced with the intention that it will be used by and for radiographers. The scenarios included in the text have been piloted with radiographers and undergraduates at study days and in teaching sessions. We are grateful to the participants for their input.

Raising the awareness of values is essential to enable contemporary person-centred care. Sustainable implementation, however, depends on a whole-systems approach where patients are put at the centre of service delivery. The handbook introduces the concept and provides examples of individual values.

ARE have facilitated two successful study days focused on VBP in radiography. ARE committee members have also facilitated teaching sessions with student radiographers at their individual universities.

Our aim has always been to share this material; we advocate that all radiographers must gain understanding of VBP and adopt the approach in practice. The handbook acts as a method of raising awareness. The result is the beginning of VBP conversations in radiography; when embedded, VBP will provide assurance that we put the patient as the centre of everything we do.

Ruth Strudwick has been involved in Radiography Education since 2001, and is a Diagnostic Radiographer by background. Her current role is Associate Professor, Subject lead and practice placement lead for the BSc (Hons) Diagnostic Radiography course at the University of Suffolk (UoS). She is also the course leader for the Interprofessional Learning (IPL) Programme which includes all pre-registration health & social care courses at UoS.

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Keynote presentation


“I became the CEO of PAMIS in January 2015. We are the only organisation in the UK that works solely with people with profound and multiple learning disabilities (PMLD) and their family carers. We learn from them as the expert educators in so many areas but in particular they teach us how to care, how to act with compassion, how to make human connections and how to work together. I work with inspirational, dedicated and expert staff and families and together we get to push the boundaries of what is possible in order for communities to be inclusive. My background is in occupational therapy and leadership of allied health professions within a local health board but also nationally and within Scottish Government funded projects. As the CEO of PAMIS I am involved in national and international networks and advisory groups supporting the voice of people with PMLD and their family carers.

I am passionate about the education of health and social care students but also of the wider community and am actively involved in supporting students on placement. Ask me anything about toilets (well only changing places toilets!) - inclusion being core to our work and now a bit of a hobby – driving the @pamilooCP!

KEYNOTE ADDRESS

Profound means deep, it means wise, it means expert. People with profound and multiple learning disabilities and their family carers are some of the best educators that we have. They teach us how to care, how to act with compassion, how to communicate and they inspire us to work collaboratively in order to enhance the lives of some of the most complex people within our communities.

This presentation will support and emphasise each of the conference themes and challenge us to consider how we can really learn from the experts - people with profound and multiple learning disabilities and their family carers.
Innovation in Practice: Resource toolkit to facilitate student self-directed learning during non-patient contact time.

Purpose of the educational development
The purpose of this project is to develop and collate new and existing self-directed learning tools to inform development of an accessible Resource toolkit for students and practice educators (PE). The Resource Toolkit would optimise student self-directed learning during non-patient contact during clinical placement(s).

What problem does it address?
Practice educators (PE) have reported perceived negative impacts on service delivery (Sevenhuysen and Haines 2011), productivity (McMahon et al 2014) and personal wellbeing (Davies et al 2011; Baldry Currens & Bithell 2000) during practice placements. PE’s have reported that the majority of their time is dedicated to direct clinical supervision (Harrington et al 2017 - unpublished).
Using the Resource Toolkit would enhance student learning on placement, optimise practice educator time management for the duration of clinical placements, enhance student and practice educator productivity and reduce practice educator overall perceived burden during clinical placements.

Methods:
Review of literature will explore perception of students on placement and productivity in the clinical environment and improving student learning on placement. The proposed Resource Toolkit will include optional electronic and/or paper format self-directed pro formas. Guidelines for implementation in the clinical environment will be compiled for both students and PE’s. An online survey will establish pre and post perceptions of implementing the Resource Toolkit.

Findings:
Development project currently under way and will be presented.

Discussion/Conclusion
Engagement with the Resource Toolkit would facilitate structured self-directed learning during non-patient contact time and optimise practice educator time management. This would optimise service efficiency and reduce perceived PE burden during placement.

Mary Flahive is a Practice tutor on the BSc Physiotherapy Programme at University Hospitals Limerick. Her interests include enhancing placement performance during non-clinical time.
Evaluation of current clinical educator staff attitudes to student placement and development of new models of placement provision to enhance capacity

Background
In light of recent changes in funding for physiotherapy courses in HEI’s and the subsequent increase in placement requirements, there is a need for remodelling of current placement provision. A survey of the physiotherapy staff of a large acute teaching hospital was carried out to address these issues over a period of 4 weeks.

Aims
This project examines the current local model for providing clinical placements and also examines the attitudes and beliefs of clinical educator staff with regards to placement provision.

Design methods
The project took the form of a questionnaire (a mixture of multiple choice and free text answers), delivered to all levels of staff within the physiotherapy department to establish the following themes:
- Staff demographics.
- Levels of clinical practice experience and education.
- Views, opinions and challenges of student placements
Some general themes around student education and placement provision were explored using free text answers.

Analysis
Response rate was 57%. 50% of staff who responded had completed a formal HEI practice educator course. 53% of the staff surveyed said they were responsible for student clinical education, 50% having been so within the last 6 months. The majority of staff shared student education with another clinician.
The main reasons cited for not supervising students on clinical placement were:
- Not having completed a formal practice educator course.
- Management responsibilities.
- Clinical caseload.
Factors identified that would enable staff to be more involved in student placement provision were:
- Protected time.
- Delegation of tasks.
- Sharing of students.
- Clinical caseload.

Discussion/Conclusions:
Opinions were mixed as regards to the involvement of various staffing levels in clinical education and placement provision. In some clinical areas there was clear hierarchical approach to the provision of clinical education with higher staffing grades having less or no involvement. Ideas were generated around how some of the future challenges to the provision of clinical education could be overcome and included:
- More sharing of students.
- A buddy system for less experienced staff.
- Use of more specialised clinical areas to provide a small element of practice education.
- Considering the use of placement with other members of the wider MDT.

Implications:
- New models of providing clinical education could increase capacity.
- Challenges include cultural changes within the therapies department.
- Creation of more equity across the therapy services for placement provision.
- Use of local clinical specialities to create unique opportunities for student education.

Sarah Dyson is currently a clinical physiotherapy specialist for respiratory and critical care at the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Her interests include student education, with an emphasis on practice placement education and developing the next generation of physiotherapy professionals.
Developing Interprofessional Simulation with pre-registration students at University Hospitals of Leicester NHS Trust.

The interprofessional (IPL) simulation project aims to improve the quality and diversity of learning opportunities for pre-registration students during practice placement. This links with the conference theme: quality improvement through practice learning.

UHL employ a practice learning team consisting of practice learning leads and clinical placement facilitators across a range of professions. This multidisciplinary (MDT) approach to practice education aims to ensure that student needs within individual professions are met alongside maintaining a high level of quality within practice education. The team facilitate IPL classroom based sessions on a weekly basis and a pre-registration nursing simulation programme was in place. In order to develop this to recognise the MDT approach to patient care, an IPL simulation session was explored.

The aims of IPL simulation are to increase confidence in: i) undertaking direct patient care and assessment; ii) understanding other’s roles; iii) recognising the deteriorating patient and communicating essential information to other professionals.

A high fidelity IPL simulation session was developed to include nursing, physiotherapy and occupational therapy. An inpatient respiratory scenario was developed to include clinical elements for each profession whilst promoting team work and communication. A pre-simulation session was incorporated to prepare the students. A debrief immediately followed the IPL simulation session to enable reflection and discussion of learning outcomes. Students completed a pre and post questionnaire. Students invited to the sessions were selected from relevant clinical areas, were not in their first year of training or on their first clinical placement.

Three sessions have been facilitated and evaluated. Pre and post confidence scores from session 1 were unavailable. Scores from sessions 2 and 3 have been evaluated (n=7). Students rated their confidence on a scale of 1-10 for each aim. The results indicate an overall increase in students’ confidence for each aim: i) +1.3 ii) +1.7 iii) +2.1. Qualitative feedback was gathered indicating that the IPL simulation sessions had a positive impact on learning. Facilitators reflected following each session identifying outcomes and areas for development.

The initial evaluation of the IPL simulation sessions has demonstrated a positive impact on pre-registration students’ learning during practice placement. Further development of the sessions is needed to increase the fidelity, number of students, and range of scenarios. This can be achieved by; including other professions, developing resources, creating additional scenarios with clinical teams, use of actors, and introduction of a post questionnaire at two weeks to review impact on clinical practice.

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, interprofessional learning and sharing best practice.
Using Simulation based learning to develop the confidence and competence of undergraduate Speech and Language Therapy students in Dysphagia practice.

Background
Students on the BSc Speech and Language Therapy (SLT) undergraduate programme at the University of Manchester qualify to practise with both adults and children on graduation. However, students report limited skills and confidence for dysphagia practice, and SLT departments in the NHS report that graduates are underprepared for work with patients with dysphagia. Previously this has been addressed through post graduate attendance on theoretical training courses, followed by practical training in the workplace. However, places on courses are limited, and they are costly. The increasing demands for dysphagia practitioners is set to continue due to the aging population.

Aim
To provide dysphagia learning opportunities which promote student competence and confidence and enable Speech and Language Therapist graduates from the University of Manchester to enter the workforce appropriately skilled to meet patient’s needs.

Method
- Review of the current dysphagia curriculum identified students have academic teaching on campus throughout the programme, some may then encounter dysphagia practice whilst on clinical placement. But the reliance on clinical placement for experience of application of theory to practice meant that there was considerable variability of students’ experience.
- Review of the literature for evidence based teaching approaches to develop student’s ability to apply theory to practice identified the established use of simulation in training healthcare professionals, particularly in nursing and medicine. Research in the use of simulation based learning in SLT is currently limited but a small number of studies have had positive results.
- Identified specific learning outcomes;
- Developed a blended approach of video data and a simulated ward environment.
- Collaborated with a large teaching hospital which has experience of both simulation and an interest in SLT education/ teaching to find a suitable client who met specific criteria.
- Completion of student ‘behaviour change’ questionnaire pre-and post-simulation, this measured agreement with statements regarding student’s knowledge, skill and confidence. It also recorded reported anxiety regarding dysphagia practice.

Results
Responses to the questionnaire showed an increase in reported knowledge, skill and confidence levels. It also demonstrated a reduction in anxiety regarding dysphagia practice.

Conclusion
The pilot of simulation based learning for dysphagia teaching has been positively received by students and further research in this area is planned. We also plan to explore extending the use of simulation based learning for other clinical areas/caseloads on the undergraduate degree programme.

Emma Ormerod is currently a Senior Clinical Lecturer in Speech and Language Therapy at the University of Manchester. Her interests in teaching and research centre on the use of simulation for developing clinical and professional skills in undergraduate students.
To explore and evaluate the effectiveness of the physiotherapy student mentorship programme at the Royal National Orthopaedic Hospital, Stanmore.

Physiotherapy students undertake a wide range of short placements, typically 4-6 weeks, over the three years of their training in a variety of different healthcare settings and NHS Trusts. As a result, a student physiotherapist can often find themselves on placement as the sole student from their year or university at RNOH, and lacking an immediate support network. In a short period of time they are expected to learn new IT systems, integrate with established teams of clinicians and cope with a tertiary patient caseload, and at the same time, living in temporary accommodation or coping with significant travel times. Feedback from students and staff in regards to these areas has resulted in the development of the student mentorship programme at the RNOH.

The mentorship programme aims to address issues of isolation and expectation management by providing a forum where all physiotherapy students on placement at the RNOH at the same time can meet for peer support, and provides an off-line access to a clinical mentor. It appears that this type of student mentorship is not present in other UK hospitals; therefore the study aims to assess the effectiveness of the programme, gain feedback on the benefits from students and staff and allow increased awareness in the UK for the programme encouraging its use in other hospitals, if deemed effective.

Sample will be a convenience sample students, utilising students that attend the RNOH over a one year period. This is a qualitative study, using questionnaires to understand the students’ experience, including what sessions they attended, what they found beneficial and what could be improved as well as things that they would like to see in the future. Focus groups are due to be completed in February / March 2018 to increase insight and awareness of the issues around the programme and to gain further feedback / information from the questionnaire.

Results have not yet been fully collected and analysed but it is expected that the student mentorship programme will be beneficial for physiotherapy students at the Royal National Orthopaedic Hospital and then it can be rolled out to other students of the MDT and other Trusts. So far the subjective feedback has been overwhelmingly positive and some constructive feedback has been provided by the students, indicating that the focus groups will be insightful and a great deal more in-depth information will be found.

Nicola Mault is currently a band 7 physiotherapist specialising in spinal cord injury rehabilitation at the London Spinal Cord Injury Centre, Stanmore. Her interest in teaching expanded when she completed a master module titled “The Facilitation of Education in Practice” at the University of Hertfordshire. She enjoys teaching clinically as well as teaching basic management skills such as communication, reflective practice and time management skills to students and staff.
Inclusive strategies for Supporting Students with disabilities during Practice training

The Equality Act (2010) was introduced to protect individuals from unfair treatment and promote a more equal society. The Act requires institutions to remove barriers and ensures people with disabilities achieve their full potential. Hargreaves et al (2014) argue that health and social care are significantly improved by the inclusion of staff with disabilities. It is now common practice for students training to join the health care workforce to have reasonable adjustments provided on campus (GEO 2010). Hargreaves and Walker (2014) argue, however, that inclusivity during practice education remains poor with respect to “the design, preparation and support for practice-based elements of courses” (p. 1750). It is therefore pertinent that practice education develops the appropriate inclusive strategies aimed at enhancing opportunities for people with disabilities.

Healthcare undergraduates are obliged to complete a number of clinical placements as part of their degree programme and training. These placements may involve up to 50% of the students’ training and is typically a challenging period (Dearnley et al 2010). Negotiating added complexities could make practice placements more perplexing for students. For example, a student who declares a disability may need to request appropriate reasonable adjustments or face stigma from practitioners and colleagues (Tee and Cowen 2012).

The aim of this research project was to examine strategies for supporting students with disability on placement. It focused on healthcare and social care training where placements are notably challenging for students. Students with disabilities may accentuate the challenges negotiating added complexities. The session will showcase a successful placement webApp developed with funding from the Higher Education Funding Council for England. The App was developed by a team of lecturers, disability tutors, learning support coordinators, learning technologists and others. It provides information and guidance to students, educators and placement teams, around learning in practice settings, providing reasonable adjustments and discussing concerns. Inclusive strategies could improve our understanding of how students and practice educators/mentors prepare for clinical placements and how they overcome barriers. The session will demonstrate how the webApp has been used, discuss the key challenges students with disabilities face when studying in a practice learning environment and how effective the App has been. Preliminary evaluation of the bespoke webApp will also be presented.

References

Arinola Adefila is currently working as a project coordinator of a HEFCE project at the Research Centre for Global Learning: Education and Attainment, Coventry University. She has worked as a researcher for over 20 years. Her current research interests include differential attainment, STEM education, e-learning, professional development, strategic management and capability development. Arinola works on a number of collaborative research projects and supports teaching and learning in HE. She has been involved in the development and evaluation of learning resources for health care students for the last 7 years.
PSS-Study: An Exploration of Physiotherapy Student-perceived Stress and the Related Coping Strategies whilst on Placement.

Background
Work-related stress has been linked to illness and absence due to worker’s inability to cope with the demands placed upon them. In the 2015 National Health Service (NHS) staff survey, 37% of all NHS staff reported feeling unwell due to work-related stress. In comparison to other students, high levels of stress have been reported in those studying healthcare courses. Furthermore, high levels of stress have specifically been reported in physiotherapy students. Students in healthcare are expected to be life-long reflective learners to ensure safe, patient-centred and quality practice. Stress has a known impact on students’ health, well-being and performance. Therefore, high levels of stress may adversely affect patient-centred care. An absence of literature exists exploring levels of stress and coping-strategies among physiotherapy students within clinical practice and therefore, effective guidance to address the detrimental effects of stress on students’ experiential learning. Before this can take place, identification of stressors, coping-strategies and their relationship to students’ demographics is required. The aim of this study is two-fold: to identify common stressors and coping-strategies of physiotherapy students on placements; to explore the relationship between the above and the demographics of age, gender and year of study.

Methodology
This exploratory, cross-sectional study took place between September 2016 and April 2017. The study aimed to recruit a purposive sample population in order to gather relevant research data in regards to physiotherapy pre-registration clinical placements. The participants were asked to complete a five-part closed questionnaire. Questions were in a categorical check-list format, with no minimum choice selection.

Results
Seventy-seven questionnaire responses were gained. Common stressors identified were lack of practical skills (58.4%), participants’ perceived expectations of knowledge needed (57.1%) and time demands placed upon participants (55.8%). Common coping-strategies identified were to talk to a friend in the same year of study (79.2%) and to exercise (68.8%). Age and gender had unremarkable correlation to stress and coping-strategies. Second year MSc students showed vulnerability to specific stressors.

Conclusion
This study found certain stressors were experienced more by the pre-registration MSc cohort. These findings begin to provide awareness of students’ demographics that potentially require further support in managing stress. Understanding stress whilst on clinical placement could equip educators to empower students to be resilient, productive life-long learners. The findings of this study suggest a basis for future longitudinal qualitative work, to add descriptive narrative and specificity regarding possible clinical educators’ support strategies.

Jacqueline Bennion is currently employed as a Band 5 rotational physiotherapist at the Royal Free London NHS Foundation Trust after qualifying as a physiotherapist at Kingston and St. George’s University of London. Following an eight week research internship for Allied Health Professionals with Arthritis Research UK, she has an avid interest in clinical research specifically further development on the National Institute for Health Research (NIHR) clinical-academic pathway. Furthermore, she is currently starting preliminary work for a clinical research audit within her work place. She is passionate about asking questions to improve clinical practice, education and to continue caring.
The value of Peer Observation between Healthcare Professionals in an Acute Trust

Peer observation (PO) has been advocated as a means of monitoring and improving the quality of teaching. The process of PO within educational and clinical settings could facilitate improvements in all aspects of practice and facilitate inter-professional education (IPE) through different healthcare professionals learning from each other’s practice.

PO is a form of peer review within teaching practice in which colleagues observe each other’s practice enabling feedback and discussion which will promote reflection and identify areas for improvement. It is not a new concept and a routine practice for practitioners completing education training qualification. Equally practitioners are aware of quality standards for education in healthcare. However within a busy acute trust where it can be challenging to deliver education within a service driven environment, we asked whether peer observation added any value to personal development of practitioners, increased opportunities for IPE and contribute to meeting the requirements of the professional standards both as educators and own professional body.

This study was designed to evaluate PO within an acute hospital with respect to the Health Education England Quality Framework. Key aims were:-

- Evaluation of peer observation within the healthcare environment
- To assess the opportunities to increase IPE
- To develop ideas for future research and practice

Participants were recruited from an existing multi-professional education forum. Observers had to have taken part in PO at some point, while teachers were expected to have teaching as an integral element to their practice. Focus groups and online piloted questionnaires were completed to obtain qualitative and quantitative data from each participant group.

Data were analysed according to the principles of thematic analysis (qualitative data) and descriptive statistical analysis (quantitative data). All data were amalgamated into a cohesive narrative in order to answer the aim and objectives of the research project.

This study provided an in-depth analysis of the perceptions and expectations of the healthcare staff towards peer observation.

Overwhelmingly positive attitudes were reported by both observers and those being observed. This suggests the process is a valuable experience, provides the opportunity to work with different people, increases awareness of other healthcare disciplines and facilitates IPE. It also has positive implications for personal development all of which contributes to improved education practice and compliance with regulatory standards for healthcare education. All of which ultimately positively impacts on patient care. Recommendations were made for the implementation of a routine peer observation programme within a multi-professional healthcare setting.

Alice Conway is the lead for Pharmacy Education at Brighton & Sussex University Trust and Lecturer in Pharmacy at the University of Brighton. Her interests in education centre on both undergraduate and postgraduate pharmacy development and enhancing opportunities for inter-professional education and learning.
Exploration of the Placement of Pre-registration Paramedic Students within Wider Community Services.

This project was designed with the aim to

- enhance the experience of paramedic students
- facilitate the acquisition of shared nursing skills required for working within the community setting as a paramedic
- promote the shift of health care from secondary to primary care with knowledge shared of services available within the community setting
- build on and support multidisciplinary working amongst community health staff

This knowledge will inform future practice as students will have a wider understanding of other services available, therefore reducing hospital admission and improving quality of patient care. This relates to the conference theme of quality improvement in and through practice learning.

The initial phase of the project consisted of a pilot placement in which eight students spent two weeks undertaking a rotation around the different community services, including District Nursing and Specialist Nursing Services. This was evaluated through student questionnaires and feedback gained was analysed. Data showed that the students found this to be a valuable experience, with a clear benefit to future practice, with many citing that as a result they would consider referral of some patients to other services instead of transferring to hospital. Areas for improvement were identified including expanding the placement more widely into community services, reviewing the placement paperwork and providing an improved induction to both students and facilitators.

The project was repeated with 38 students on a two week rotation placement, this time increasing placement areas to include children’s services, night nursing, practice nursing, care homes, MSK services and podiatry. Feedback was gained from the students, and also from the facilitators in practice. This again showed clear benefits to both the students and facilitators. With both citing that they had gained a clearer understanding of service provision. Areas for future improvement were identified, including reviewing where in the three year training it is most appropriate to host this placement to ensure maximum benefit, reviewing the induction process and information provision to facilitators.

Evaluation of both projects has been overwhelmingly positive, with both students and facilitators citing clear benefits and greater understanding of each other’s roles. This in turn will greatly benefit patients as it will improve multidisciplinary working and create a greater awareness of services that can be utilised as an alternative to conveyance to hospital and therefore prevent admission. We will continue to run and evaluate the placements, ensuring that changes are made where required to maximise their impact and learning gained.

Jane Hopping is currently a Community Lecturer Practitioner working within The Royal Marsden Community Services. Her interests in teaching and research centre on provision of care within community nursing services; this includes embracing opportunities for education and identifying strategies to improve interprofessional learning within community services.
### NAEP Executive Committee List: April 2018

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<tr>
<th>Name</th>
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| Mr Nigel Brown      | **Paramedics**  
Practice Education Lead (Specialist Paramedic – Urgent & Emergency Care)  
South East Coast Ambulance Service NHS Trust (SECAmb) |
| Professor Lynn Clouder | **Radiography**  
Professor of Professional Development, Director of the Centre for Excellence in Learning Enhancement, Coventry University  
HEA National Teaching Fellow  
Editor of the NAEP ‘International Journal of Practice-based Learning in Health and Social Care.’ |
| Ms Louise Coleman   | **Social Work**  
Director of Practice Education for School of Allied Health, Midwifery & Social Care  
Joint Faculty of Health Social Care & Education  
Kingston University and St George’s, University of London |
| Ms Carol Dicken     | **Dietetics and Northern Ireland**  
Senior Lecturer/Clinical Dietetics Facilitator  
University of Ulster |
| Ms Pauline Douglas  | **Clinical Psychology**  
Clinical Director, Doctoral Training Programme in Clinical Psychology  
University of Manchester |
| Mr Ian Fleming      | **AHPs and Scotland**  
Practice Education Co-ordinator  
NHS Education for Scotland |
| Dr Dawne Gurbutt    | **Nursing/ IPE**  
Clinical Lead for Interprofessional Education  
School of Medicine  
UCLAN |
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<tr>
<td>Dr John Hammond</td>
<td>Physiotherapy Head of Department of Rehabilitation Sciences Kingston University and St Georges, University of London</td>
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<td>Jane Harvey-Lloyd</td>
<td>Radiography Associate Professor, Diagnostic Radiography University of Suffolk</td>
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<td>Dr Janet Holt</td>
<td>Nursing Discovery Theme Leader: Ethics, Religion &amp; Law Academic Lead for Scholarship: School of Healthcare University of Leeds</td>
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<td>Ms Jenny Miller</td>
<td>Voluntary sector CEO PAMIS, University of Dundee-based charity</td>
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<td>Professor Ann Moore</td>
<td>Physiotherapy Emeritus Professor of Physiotherapy University of Brighton Director – The Council for Allied Health Professions Research (CAHPR)</td>
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<td>Dr Jane Morris</td>
<td>Physiotherapy Deputy Head of School of Health Sciences, University of Brighton (Learning and Teaching, Student Experience) HEA National Teaching Fellow</td>
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<td>Dr Gwyn Owen</td>
<td>Physiotherapy Professional Adviser, Chartered Society of Physiotherapy</td>
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<td>Mr Richard Pitt</td>
<td>Centre for Advancement of Interprofessional Education CAIPE Chair; Visiting Professor Tokyo Metropolitan University, Japan</td>
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<td>Mr Nigel Roberts</td>
<td>Podiatry and Republic of Ireland Practice Education Co-ordinator Discipline of Podiatric Medicine, NUI Galway</td>
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<td>Miss Helen Bristow Hon Secretary</td>
<td>Physiotherapist</td>
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