



National Association of Educators in Practice

**Whose placement is it anyway?**

**Publication of peer-reviewed  
abstracts accepted for the 2020  
NAEP Annual Conference**

(planned then cancelled due to the 20/21 coronavirus  
pandemic)



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## Welcome

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We warmly welcome you to the National Association of Educators in Practice (NAEP) and are pleased to share the Publication of Peer reviewed abstracts accepted for the (cancelled) 2020 NAEP Annual Conference based on the theme:

### **“Whose placement is it anyway?”**

As many of you are already aware, sadly we had to cancel our eighth annual NAEP conference in Birmingham due to the 2020/2021 coronavirus pandemic. We are delighted that colleagues whose presentations had been accepted for the 2020 conference have agreed to share their abstracts in this publication.

The purpose of this publication is to enable us to continue to disseminate research and innovative practice, despite the current challenges we all face. We also wanted to ensure that colleagues who had submitted abstracts for the conference in 2020 had the opportunity of sharing their examples of good practice and collaborative interprofessional learning, in recognition of their commitment to enhancing the quality of practice-based education.

The NAEP Executive Committee continued to meet virtually during 2020 and to welcome new members from across health and social care professions. We sincerely hope that we can hold our next conference in 2022 and continue to explore different ways of engaging with our membership during this year. These opportunities will be posted on the [NAEP website](#).

The [International Journal of Practice Based Education in Health and Social Care](#), which is accredited by Scopus, continues to attract national and international submissions and is an excellent resource of high quality articles focussing on contemporary practice. Professor Lynn Clouder, the journal’s editor, welcomes new submissions and is encouraging authors of the abstract submissions to develop them into publications for the journal. Please contact Lynn if you are considering a draft publication: [l.clouder@coventry.ac.uk](mailto:l.clouder@coventry.ac.uk)

We hope that, if you are not already a member of NAEP, you will register as a member and join our National/International Network [here](#). 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 across the Allied Health Professions, Midwifery, Nursing and all Health and Social Care Professions. Membership of NAEP is free and provides valuable continuing professional development opportunities for everyone engaged in practice-based education.

Dr Jane Morris  
Chair, National Association of Educators in Practice

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

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## About NAEP

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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

## Overview

### Whose Placement is it anyway?

Effective practice-based learning depends on **learners, practice educators, academic tutors, service managers** and **employers** working collaboratively, with the shared vision of enabling the future workforce to meet the evolving needs of the **people who use our services**. It can be challenging, however, to balance the needs of all those involved in or affected by practice education. This collection of peer-reviewed abstracts aims to bring together different perspectives on the practice learning experience, and to share good practice in balancing some of the tensions in practice education arising from:

- Diversification of practice
- Diverse learners and service users
- Capacity and recruitment: service needs
- Expectations and experiences of new generation learners
- Service user expectations and expertise
- New models of learning



A number of abstracts were submitted addressing the issues or themes above, with a focus on implications for practice-based learning. A range of topics are covered, including:

- New/emerging roles and practice education
- Preparing learners for portfolio careers
- Practice learning in diverse contexts and settings
- Promoting diversity and inclusion in the workforce
- Supporting learners with varying learning needs
- Becoming ethical practitioners
- Ensuring a representative and diverse workforce
- Partnership working between placement and education providers
- Promoting a practice learning culture within teams/services
- Beyond RePAIR
- Learners' contribution to productivity and service improvement
- Service user involvement in practice learning
- Personalised care: implications for practice learning
- Learners' perceptions of placement experience
- Digital technologies in practice based learning
- Mixing generations and learning from each other
- Apprenticeships and workplace learning
- Distance learning in practice
- Interprofessional learning in practice

We hope that you find the abstracts useful. The lead authors have given permission for their contact details to be added to enable further conversation and collaboration.



## Abstracts

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The abstracts are presented in alphabetical order of the **surname** of the lead author.

Contact details of the main author are supplied where available, with the author's consent.

**Jessica Brinkley, Danica Bowers, Gareth Cornell, Matthew Cox, Samuel Dean, Nicki Garner, Lucy Gray, Caroline Owen, Suzanne Symonds, Rachel Szczepanski, Hazel White, Laura Wilkinson, Andrew Wortham.**

### **Balancing quality and capacity: a new educational model to improve the quality of physiotherapy student practice (PrBL) placements whilst simultaneously increasing placement capacity.**

#### **Background**

There is a clear rising demand for greater capacity for pre-registration physiotherapy placements each academic year to enable the workforce of the future. Notably over recent years the educational construct and models at pre-registration level have evolved and changed. Students learn in different ways and means and as such expectations are simultaneously different. It is a constant challenge within practice-based learning education (PrBL) to match this evolutionary pace.

Most, if not all, services are facing increasing clinical and operational demands, often with only the same, or sometimes less, resource. It is valid to critically challenge how quality PrBL education can be developed at the same time as developing our existing employed workforce, improving services, delivering on productivity and efficiency targets, ensuring safety, providing the best patient experience, and providing evidence-based healthcare to deliver the best possible patient outcomes. It is also pertinent to address how we may better support the clinical educators overseeing PrBL placements in clinical practice, how we can safeguard resilience and sustainability and how we best prepare the workforce for tomorrow today.

#### **Purpose/Aims**

The following objectives were agreed:

- To design, develop and pilot a model (or models) of clinical education for BSc physiotherapy student placements within the Surgery Division across 2019/20.
- To accurately explore and understand our capacity within the Surgery Division to deliver sustainable student placements based on an effective and efficient model of education.
- To invest in and develop the knowledge and skills of staff within the Surgery Division to be highly effective educators.
- To explore, define and evolve a clear, strong and engaging philosophy and culture of education within the Surgery Division.
- To create and consolidate a diverse range of supporting resources to underpin placement delivery, where possible experimenting with new ways and approaches of learning.

#### **Design Method**

*"Make the 'ordinary' be 'extraordinary' – at least just for a little while."*





A project board was created involving representatives from each of the six physiotherapy specialities within the Division. A staff survey of all clinical educators was conducted to ask what needed to be better and where our gaps in knowledge and understanding might be. This was followed by a staff engagement event to generate and share ideas as well as assess readiness for change.

Students were cohorted for each placement block so a minimum of 6 to 8 students were working within the teams and could participate in the shared learning approach. Key aspects of work included -

- Development of a Digital Placement Timetable
- Organisation and delivery of Group Learning sessions on key/shared themes
- Development of teaching plans and presentations for topics
- Development and collation of supporting learning resources and a shared drive
- Creation of active learning tasks incorporating inquiry-based learning
- Development of a Clinical Skills Passport
- Guidance to assist clinical educators with the university marking criteria
- Support meetings for clinical educators and mid-way and final marking points
- Feedback focus group with students at the end of placement
- Creation of a Placement Co-ordinator role
- Development of 'spoke' learning opportunities within placements

### **Evaluation**

Evaluation has been conducted continually throughout phase 1 of the programme across the 2018/19 and 2019/20 academic years. Staff and students have all been involved in the evaluation through focus groups, questionnaire surveys and learner feedback from classroom sessions.

The programme to date has been presented to senior management within the Trust, as well as at a South Yorkshire Regional Education Conference.

Placement capacity has increased within the Division from no more than 20 students per academic year in 2018 to more than 35 in 2019/20.

Planning for phase 2 in 2020/21 has begun, including sustainability planning as well as adoption and spread across other areas within the Trust.

*Jessica Brinkley is a Physiotherapy Lecturer-Practitioner with a shared clinical-academic role split between Sheffield Hallam University and working as a senior physiotherapist for General Critical Care at the Northern General Hospital in Sheffield. Jessica is the Chair of the Surgery Division Clinical Education Quality Improvement Programme which was originally set up July 2018 to improve the quality of physiotherapy student education provided across six inpatient physiotherapy teams during practice placements.*

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## Cathy Burton and Vicki Lightfoot

### Developing practice – a programme for those wanting to progress into advanced or managerial roles.

#### Introduction:

The Developing Practice Programme is a patient-focussed programme designed by the Clinical Practice Education (CPE) Team to support experienced clinical staff transition into more advanced or managerial roles within Lincolnshire Community Health Services (LCHS). To offer an inclusive learning environment, non-clinical staff are also invited onto the Programme as a way of bringing together the LCHS workforce, to offer insight to patient-focussed development, to create diversity within cohorts and offer a true reflection of the organisation.

The role of an inter-professional facilitator is regarded as pivotal (Reeves et al, 2007) offering a joined-up approach for clinical development and utilising the skills and clinical knowledge of Clinical Practice Educators (CPEs). The LCHS CPE Team is uniquely placed to deliver this programme due to the professional clinical diversity of the team, the only Multi-professional CPE in Lincolnshire which is also rarely observed nationally. A Quality Improvement Project is incorporated into the programme to ensure that the learning and development achieved through the Developing Practice Programme directly influences patient care by small positive change.

#### Quality

To recognise the standard of work achieved by the developing individuals, there will be a marking criteria based on the LCHS Values and Appraisal parameters and awarded accordingly at graduation.

#### Implementation:

The implementation of the Developing Practice Programme will support individual learning. Core Sessions:

- Session 1 – full day: Welcome to the Programme and Personal Development
- Session 2 – full day: Leadership of Self and Others
- Session 3 and 4 – remote 2 hours: Facilitating Learning of Self and Others. Audit, Research and Development
- Session 5 – full day: Practice Focussed and Quality Improvement
- Session 6 – remote 2 hours – Interprofessional Group Supervision
- Session 7 – remote 2 hours – Presentations of Quality Improvement Project

#### Milestones and Timescales:

The Developing Practice Programme is delivered within a 3-month period with an additional 6 months to complete the Quality Improvement Project.

#### Risks:

Barriers to completing the programme within this timescale include:

- Poor buy-in from managers – counter-measured by joint learning assessment
- Poor engagement by clinicians – counter-measured by application
- Capacity of teams to release staff – monitored as required

By the end of the Developing Practice Programme, the Portfolio should contain evidence of all Core Day session work, 1-3 reflection pieces and a completed EPI.



**Performance indicators:**

Attendance

- 100% of individuals to have completed pre-course preparation.
- 80% of individuals to complete all Core sessions leading to graduation within a 10 month timescale.

Course measurable data, Clinical Confidence Questionnaires, submission of work, reflections and Quality Improvement Project

- All measurable data collated and reported within 1 month of the programme.
- 80% of developing clinicians to reach a 'Consistent' level
- 15% to have reached a 'Performs Well' level
- 5% to have reached an 'Exceptional level'

**Outcomes to date:**

Performance indicators have all been achieved for two cohorts. In-depth reflections have been completed to include experiences of working amidst COVID-19 and redeployment. Quality Improvement Projects have been completed, and personal growth observed and reported. An overall improvement in Clinical Confidence has been observed through self-assessment questionnaire. Two Nursing staff have been successful applicants for Specialist Practitioner Qualification (District Nursing) and 3 Band 5 clinicians have been promoted to a Band 6 post.

***Cathy Burton** is a Clinical Practice Educator (CPE) for Lincolnshire Community Health Services. As part of a multidisciplinary CPE Team, she is driven to create and facilitate inclusive inter-professional development and takes pride in enabling others to empower patients by quality clinical practice and education.*

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**Melanie Clarkson, Gemma Burke, Cath Holborn, Sheela MacWan, Jo McNamara, Alex Robinson, Keeley Rosbottom**

### **Placement Learning Tutor: The evolving clinical support model for student Therapeutic Radiographers**

The placement learning tutor (PLT) clinical model was introduced in Aug 2018 due to removal of funding of the previous support mechanism. This saw a significant reduction in contact time between the visiting academic and the students whilst they were on clinical placement. Being mindful of the average attrition rates of over 20% for Therapeutic radiography students (Nightingale et al, 2019) it was imperative the new model was fit for purpose. With projects from Strategic Interventions in Health Education Disciplines (SIHED) and Reducing pre-registration attrition and improving retention (RePAIR) underway it was important that the new model considered the impact changes may have on the students.

With a successful run-through of a full academic year in 2018/19, feedback was positive but there were gaps that needed to be addressed. Feedback was sought from: students via student evaluations on clinical placement and the National Student Survey (NSS); practice educators via the practice educator awayday; clinical managers and the course management committee meeting and the PLTs through their clinical model planning meeting. Although there was no specific feedback on set issues, there were patterns that needed to be addressed:

- 1) A reduced NSS score showed that the final year students did not feel as supported as they had previously
- 2) PLT's stated a reduced rapport with students due to the lack of face to face contact
- 3) Attendance monitoring was of concern by clinical managers and PLTs.

In addition to the feedback, the RePAIR project also reported its findings with attrition impacting on year 2 students due to lack of support.

All this information was discussed in a half day planning meeting which allowed the team of PLTs to review the placement calendar and plan specific visits and activities at set points throughout the year to enhance some of the issues highlighted. Actions included:

- Back-to-back weekly visits in blocks rather than visits every other week to increase rapport between PLT and student.
- Planned activities around assessment submissions and stress trigger points such as deadlines.
- The introduction of an attendance monitoring system that mirrors NHS practice.

The changes are in the early stages and feedback was positive. However, when COVID 19 lockdowns commenced, this saw the restriction of PLTs to visit students on placement. Everything that was planned for was moved online and delivered via zoom, with sessions recorded for those unable to make it. In addition, PLT support sessions were introduced once per week, where any student could drop in regardless of if they were on placement to aid their emotional wellbeing. Virtual support is continuing and, on full review of the feedback may become a more permanent fixture as a blended support model develops.

***Melanie Clarkson** is currently the Clinical Lead for Radiotherapy and Oncology at Sheffield Hallam University. She is also the Placement Learning Tutor for Radiotherapy students at the James Cook University Hospital in Middlesbrough and the Northern Centre for Cancer Care in Newcastle. She has a special interest in student wellbeing and developing resilience in students ready for clinical practice. She has published work on the use of mindfulness in pre-registration students and has presented at the Annual Radiotherapy conference on staff wellbeing.*

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**Janet Collier, Kirsty Catling, Lucy Pepper, Sarah Stewart, Anna Volkmer**

### **Development of a study day: ‘Ethical considerations for student speech and language therapists’**

Working in healthcare has always presented ethical dilemmas. The Royal College of Speech & Language Therapists Curriculum Guidance (RSCLT, 2018) for the pre-registration education of speech and language therapists (SLTs) specifically states that all graduate SLTs are required to have knowledge and skills to: contribute to the assessment of capacity in people with communication difficulties; understand the ethical implications in end-of-life and palliative care, patient-led decision making and risk management; and understand the ethical and legal implications of withholding and withdrawing feeding and nutrition.

Traditionally at UCL, discussion of ethical considerations for SLTs has been included within individual modules of the MSc Speech and Language Sciences programme. Taking advantage of a major course redesign a few years ago, combined with our awareness of changes in clinical practice, a small working party of teaching staff was formed to review the way this teaching is delivered. This culminated in the creation of a new, cross-modular study day which aimed to facilitate greater immersion in the topic and consolidate learning across course modules. This teaching was delivered for the first time in January 2019 and took the form of a combination of (i) classroom teaching, (ii) small group workshops incorporating problem-based learning with the use of complex case studies and scenarios, and (iii) an ‘expert panel’ question and answer session.

Anonymous student feedback was collected at the end of the day via a Mentimeter survey and also via the end of year professional studies module survey. Overwhelmingly positive feedback was received from the students, for example:

- *‘The workshop case studies were great – you could tell people enjoyed it because we were all discussing each other’s cases afterwards in the break’;*
- *‘Panel discussion very useful at the end for discussing real life examples’;*
- *‘Lots of opportunities to ask own questions and discuss’.*

Seventy-seven percent of students felt ‘fairly’ or ‘very confident’ about being able to apply their new learning to practice.

Changes to the content for the January 2020 teaching were made on the basis of the 2019 feedback (e.g. *‘More on other client groups, paediatrics/learning disabilities’;* *‘More on what a mental capacity assessment would look like’*). Planned changes included broadening the range of client case studies and creating a new video of a mock capacity assessment. Further revisions are expected year on year and due to the pandemic, the 2021 programme was delivered online.

With regard to wider application, it would be interesting to share how teaching relating to ethical issues is included in the clinical training of other groups of allied health professionals both within educational establishments and on clinical placements.

*Janet Collier is a qualified speech and language therapist with many years’ clinical experience. She currently works part-time in the acute speech and language therapy team at St Mary’s Hospital in London and part-time as a Lecturer on the MSc Speech and Language Sciences course at University College London. Her role includes coordinating the Professional Studies module for final year speech and language therapy students including organising clinical placements.*

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Lieselotte Corten, Helen Fiddler, Sarah-Jane Ryan

## The expectations of physiotherapy students before going on diverse placements in the UK.

**Background:** The field of physiotherapy (PT) is constantly evolving, with an increased emphasis on health promotion and prevention, resulting in increased employment of physiotherapists in primary health care, and non-traditional settings (Maharaj et al., 2018). Therefore, placements offered to students need to reflect this. Limited literature is available on the expectations of PT students on diverse placements (Kyte et al., 2018, O'Conner et al., 2018), therefore research on students' expectations in these type of placements is warranted.

**Objectives:** To explore the expectations of PT students of diverse placements.

**Methods:** This was a qualitative study, using a focus group approach. The four participants were 3<sup>rd</sup> year undergraduate Physiotherapy students, who undertook a diverse placement in early 2020. All participants provided informed consent. Open-ended questions and a topic guide were used for the focus group interviews, to allow participants to have the freedom to express their views freely. The focus group was digitally recorded and transcribed by an independent research assistant. Thereafter, thematic analysis (Braun & Clark, 2014) was performed.

**Findings:** Preliminary findings indicated that all four participants enjoyed the opportunity to experience a diverse placement. They commented on the opportunity to be more autonomous, creative and sustainable in their approach. Key to the success is preparation, communication, structure and organisation.

**Discussion:** The preliminary findings of the study will be considered in light of previously published studies (Kyte et al., 2018, O'Conner et al., 2018), who found that diverse placements increased students' leadership skills, teamwork, independence and adaptability. The main concerns were the amount of supervision received and the preparedness for the placement. Our study is limited to one university in the UK, with one cohort of students. However, as we are the piloting phase of diverse placements, we included all students who undertook diverse placements in 2020.

**Conclusions:** The findings can identify facilitators and barriers to diverse placement experiences, providing valuable insight in the current curriculum, and identify the need for more specific additional preplacement briefings (depending on the identified needs). It also highlight the experiences of students, allowing us to optimise students' learning and employability, responding to current UK population needs.

*Dr. Lieselotte Corten is a senior lecturer in Physiotherapy, at the University of Brighton. She graduated with a BSc (2009) and MSc (2011) in Rehabilitation Sciences and Physiotherapy at the Catholic University of Leuven, Belgium; with a major in paediatric physiotherapy. She was awarded a PhD in Physiotherapy from the University of Cape Town in July 2017 (dissertation title: The use of assisted autogenic drainage in children with acute and chronic respiratory conditions). She obtained a £1000 scholarship of the Centre for Learning and Teaching (University of Brighton) to conduct research in the expectations and experiences of students placed at a diverse placement (mainstream schools).*

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**Richard Day and Sharron Heathcote**

**Keeping it Clinical! Creating ‘real’ personal and professional change in PGT e-learning.**

**Background**

This evaluation highlights an innovative new model of learning alongside the PGT distance learners’ experiences of the Biopsychosocial model. Previous methods of ‘teaching’ the Biopsychosocial model have used a variety of education approaches, however there is little evidence of which is the best method from the students’ perspective. This paper highlights the development, implementation and evaluation of an innovative new model of learning utilising a reflective approach to facilitate postgraduate interdisciplinary use of the Biopsychosocial model in a practice-based learning environment.

**Aims**

To identify self-report reflective clinical practice change when students analysed a self-selected case study from a biological, psychological and social perspective.

**Methods**

A descriptive evaluation analysis was undertaken to identify the students who perceived a change to their clinical practice after participation within the module. Student reflections were reviewed by academic staff to identify themes that indicated a positive influence on their clinical practice. Students selected an anonymised individual from their own caseload and considered the different aspects of the Biopsychosocial model in detail. The 20 credit MSc level module was hosted on an online e-learning platform, supported with discussion board activities. The student submitted a written reflection which was used to evaluate the impact of the module.

**Evaluation**

18 students participated in the module with all successfully completing the module. All 18 students submitted the reflection. 13 of these identified that the module had positively influenced/changed their clinical practice. The remaining 5 students did not highlight either a positive or negative change to practice. The student quote below demonstrates a self-report change example.

*Student A: “...this module has had quite a profound effect on me personally and professionally...the biggest change that I have noticed is in how I have started to inculcate the knowledge of the psychosocial aspect of pain into...my work. Trying to understand these associations has not only helped me understand the care needs of a patient but also to develop a more holistic approach when communicating with the patients and their relatives.”*

**Conclusion**

Considering the independent aspects of the Biopsychosocial model from a PGT students’ own caseload resulted in 13 out of 18 students’ reflections indicating a positive change in their clinical practice. Further educational based research is required to explore the best way of teaching the Biopsychosocial approach to instigate positive clinical practice change and to maximise the impact of the Biopsychosocial approach.

*Richard Day is a Lecturer within the Centre for Medical Education at Cardiff University. With a professional background in Physiotherapy he teaches the topic of Pain on a wide range of Postgraduate Taught modules. He is interested in creating actual change in practice via innovative and stimulating learning opportunities.*

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**Michael Dean, Kirsty Ayers, Carol Sacchett**

**Feedback from service users on “values” in speech and language therapy: the perspective of people with aphasia.**

This project relates to the themes ‘Service user involvement in practice learning’ and ‘Becoming ethical practitioners’.

Values such as compassion, dignity and respect are increasingly prominent in the way healthcare organisations describe themselves, and how both services and individual practitioners’ performance are evaluated. Demonstration of values can be measured through feedback from service users, which can complement that received from other sources during practice-based training.

Current measures used to evaluate values are limited, with a lack of agreed definitions or objective behaviours on the part of practitioners that link those values. Moreover, current measures may be difficult for people with communication impairments to access as they are based on written questionnaires or spoken interviews, and the concepts involved are abstract in nature.

In this study, a qualitative approach was used to explore the values which people with aphasia (language impairments acquired following brain injury) perceive to be important in the speech and language therapy they receive, as well as identifying the behaviours of therapists associated with these values. The method used was adapted to make it accessible to the service users.

Nine people with mild to moderate aphasia took part. Data were collected via two focus groups (n=8) and a semi-structured interview (n=1). Pictorial and written materials guided the discussion. In addition to the researcher, an experienced SLT supported individuals throughout the sessions to express their views using any means available (‘Total Communication’). Sessions were videoed, transcribed and subjected to thematic analysis.

Core themes included values exhibited by individual practitioners (patience, kindness, honesty, empathy, professionalism, respect) and also their expertise and resourcefulness (for example, in designing programmes of homework, integrating therapy into everyday life and making onward referrals to a range of organisations). Time available and awareness of aphasia were described as barriers to demonstrating positive values.

The values highlighted by people with aphasia were largely consistent with those adopted by healthcare organisations, however with different emphases. The specific examples that were identified provide a basis for giving feedback to speech and language therapy students about how behaviours in a clinical context are perceived by service users, giving students an objective basis for development. Planned future work will design a measure of values for trial in practice-based training.

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**Carol Dicken**

**Health, Social Care and Education Students' perspectives of working and learning with students and staff from other professions whilst on placement**

I am currently undertaking an Education Doctorate (Ed.D) at the University of Winchester which is focused on understanding the opportunities that students have for learning and working with other professions whilst on placement in practice settings. For my Pilot Study I designed, implemented and evaluated a questionnaire seeking the views of final year students, from health, social care and education courses, about their experiences of working and learning with qualified professionals and students from other disciplines whilst on placement. This presentation appears to fit well with the conference themes of collaborative working and learning from the expectation and experience of learners.

The context for this research lies within the move towards greater collaborative and integrated working in health, social care and education (Department for Education (DfE) 2018; NHS England (NHSE) 2018; NHS 2019). The need for students to develop the knowledge, skills and values to work collaboratively is recognised by professional, statutory and regulatory bodies (PSRB) and incorporated into regulatory standards. Practice placements are recognised by professional (e.g. COT 2017) and public bodies (HEE 2019) as having the potential to provide authentic interprofessional education (IPE) to develop collaborative working.

Students do, however, identify missed opportunities for working and learning with other students (Gilligan et al 2014) and a lack of encouragement from supervisors and educators to take advantage of naturally occurring learning opportunities such as shadowing or attending meetings with other professionals. Students also describe poor collaborative practice witnessed within their practice placement setting (Pollard 2008) which they appear to perceive as normal and acceptable. Learning about collaborative working occurs naturally within interprofessional work environments, particularly when people are co-located and have opportunities for the sharing of knowledge and expertise through ad-hoc conversations (Clouder et al 2017).

The purpose of this questionnaire was to start to understand actual and potential learning opportunities for students to learn 'with, from and about' (CAIPE) other professions whilst on placement from the experience and perspective of students. The research aims were to:-

- Identify students' contact with other professions on placement
- Identify students' contact with students from other professions on placement
- Gain their perceptions of opportunities for working and learning with other professions on placement

An online questionnaire was circulated through course leaders to final year health, social care and education students in one Faculty between May and July 2019. It asked students about their contact, and activities undertaken, with students and staff from other disciplines.

The questionnaire was completed by 48 students including representation across nursing, midwifery, allied health, social work and education pre-qualifying courses. Information about contact with other disciplines will be used as the basis of a social network analysis (Kadushin 2012). Other findings identify activities which bring students into contact with students and staff from other disciplines and the extent to which opportunities are guided and supported by practice educators or supervisors.

The analysis of data from the questionnaires is currently underway and further detail will emerge.



However, it is hoped that these findings will provide the potential to develop and encourage interprofessional learning in all placement settings and not just those placements specifically designed for the purpose. This is the initial phase of an Education Doctorate and these findings will be followed up in more detail through focus groups with students in 2021.

#### References

- Centre for the Advancement of Interprofessional Education (CAIPE) <https://www.caipe.org/about-us>
- Clouder, L., Daly, G., Adefila, A., Jackson, A., Furlong, J. & Bluteau, P. (2017). *An investigation to understand and evaluate the best ways to educate for and promote integrated working across the health and care sectors*. Coventry University and NHS HEE . Available at [https://cele.coventry.ac.uk/celewordpress/wp-content/uploads/2012/05/integrated\\_working\\_report23rdjune2017.pdf](https://cele.coventry.ac.uk/celewordpress/wp-content/uploads/2012/05/integrated_working_report23rdjune2017.pdf)
- College of Occupational Therapists (COT) (2017) Professional Standards for Occupational Therapy Practice Available at <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/professional-standards>
- Department for Education (2018). *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children* .DfE Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working\\_Together\\_to\\_Safeguard\\_Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)
- Gilligan, C., Outram, S. & Levett-Jones, T. (2014). Recommendations from recent graduates in medicine, nursing and pharmacy on improving interprofessional education in university programs: a qualitative study. *BMC Medical Education*, 14(52), Available at <https://bmcmmededuc.biomedcentral.com/track/pdf/10.1186/1472-6920-14-52>
- Health Education England (HEE) (2019) *HEE Quality Framework 2019-20* HEE.NHS.gov.uk
- Kadushin, C. (2012) *Understanding Social Networks; Theories, Concepts, and Findings* Oxford, Oxford University Press
- NHS (2019) *The NHS Long Term Plan* <https://www.longtermplan.nhs.uk/>
- NHS England (NHSE) (2018) *Breaking down barriers to better health and care* <https://www.england.nhs.uk/publication/breaking-down-barriers-to-better-health-and-care/>
- Nursing and Midwifery Council (2018a). *Future nurse: Standards of proficiency for registered nurses*. NMC Available at <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses>
- Nursing and Midwifery Council (NMC) (2018b) *Realising professionalism: Standards for education and training Part 3: Standards for pre-registration nursing programmes* Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/print-friendly-programme-standards-nursing.pdf>
- Pollard, K. C. (2008). Non-formal learning and interprofessional collaboration in health and social care: the influence of the quality of staff interaction on student learning about collaborative behaviour in practice placements. *Learning in Health and Social Care*, 7(1), 12-26. Available at <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1473-6861.2008.00169.x>

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**Sarah Elliott, Angela Glynn, Jane Morris**

**Exploring the pedagogical perspectives of physiotherapy practice-based education in a seven day model of working**

As part of a wider doctoral study, the purpose of the study was to gain a deeper understanding of practice education in a seven-day model of working within physiotherapy. This paper explores and considers pedagogical perspectives that include skills and knowledge, learning approaches, meaningful clinical experiences, interactions with others, socio-cultural aspects, recognition and awareness of a constantly changing health system and society (Higgs et al., 2012; Barradell, 2017; Broberg et al., 2009; Vagstol & Skoien, 2011).

Higgs et al. (2012) suggest that practice education should be provided in the 'contexts of our time'. This includes recognising changing practice and society, shaping curricula and being proactive, future-orientated and innovative in changing times. The aim of pedagogy in physiotherapy education is to cultivate excellent practice into the teaching and learning of physiotherapy students both in the university setting and in practice education (McCallum et al. 2013).

A qualitative interpretive approach informed by phenomenology was taken. A purposive sample of six physiotherapy students, six practice educators and three university link tutors were asked to talk in a semi-structured interview about their experiences of practice placements hosted across a seven-day model of working. Thematic analysis was used to interpret and present the findings.

Pedagogical perspectives explored include: education in context, understanding the practice, models of practice education, engaging in relationships and the consideration of a new younger generation of learning. The main theme running through was the impact of experiencing inconsistent working patterns across a seven day model. The findings suggest that seven-day practice placements within physiotherapy are an influential experience for learning, although it has to be acknowledged that there are many barriers and challenges to be considered. While the boundaries of learning have changed with the introduction of inconsistent working patterns, this has influenced and changed participants' values and beliefs through a process of experiential learning and reflection.

The findings of this study contribute new knowledge to physiotherapy practice education on the impact of inconsistent working patterns that are experienced during seven-day working that have not previously been identified or discussed.

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**Sarah Elliott, Angela Glynn, Jane Morris**

**Developing professional socialisation and professional identity of physiotherapy students in a seven day model of working.**

Practice-based learning is situated and socially constructed through experiential learning. Clancey (1995) postulated that situated learning is always integrated with the individual's identity and participation in a social activity. Clancey (1995) referred to participation as 'grappling with ideas, practice and people over time and between a community of practice'.

To understand the transition of practice education in a seven-day model it is important to consider how physiotherapy student participants have constructed their professional identity in this context. The formation of a professional identity of healthcare students involves learning skills, attitudes, behaviour and professional roles and it is essential that appropriate socialisation of students into the profession in the clinical arena is conducted (Moola, 2017). Socialisation may occur through relationships between mentors, peers and patients, learning strategies, opportunities, curriculum approaches, and incidental socialisation may occur in the clinical settings that are different, diverse and unpredictable, such as the inconsistent patterns of seven-day working within physiotherapy.

Utilising the work of Caza and Creary (2016), this study has highlighted, in relation to developing a professional identity in a seven-day model of practice education, that physiotherapy students demonstrate a hierarchy of needs based on Maslow's theory (1943) as they move through the experiential learning cycle. They first demonstrate personal constructs that relate to individual needs and meeting expectations. These have manifested as the barriers identified in relation to seven day working. But as they undertake reflection on the process, they then consider practice-level constructs or the challenges as they conceptualise the experience of working within transient teams and inconsistent working patterns. Finally, they consider how they may take this experience forward as a meaningful learning experience into their professional career with active experimentation as they consider the changes that have occurred in physiotherapy practice education. It could be said that self-actualisation has occurred, as it is at this stage that learners can consider the meaning of the learning process in the practice setting on their onward career or profession (Olsen, 2013).

Becoming a physiotherapist in a model of seven-day working is a continual and dynamic process of reconciling who we are as learners, educators and providers of physiotherapy education, what we think we know about practice education and discerning what we think we should know, so as to create a future workforce that is fit for purpose.

*Sarah Elliott is a Consultant Physiotherapist at Medway NHS Foundation Trust where she specialises in Critical Care. Sarah completed her Professional Doctorate in 2019; her research explored the experiences of physiotherapy students, practice based educators and university link tutors in a seven day model of working in practice based education.*

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**Yvonne Feeney, Stephanie Daley, Sube Banerjee**

**Implementing a longitudinal model of dementia education for undergraduate healthcare students: identifying the common barriers and facilitators across five Universities.**

**Background**

We will discuss the management of common barriers and facilitators faced by educators and students when implementing a new model of learning. Traditionally, undergraduate healthcare education lacks longitudinal experiences, which can limit student understanding of long term conditions. In a bid to improve dementia education, the Time for Dementia programme (TfD) was introduced at Brighton and Sussex Medical School in 2014. The programme enables healthcare students to learn about dementia through longitudinal contact with families living with the condition in the community. Positive learning outcomes have led to the programme's expansion at five UK Higher Educational Institutes (HEI's). Implementing new educational models can be complex and challenging for educators. An understanding of the common barriers and facilitators of implementing TfD would assist future sites implement the programme and in addition support educators manage other curricular change efforts.

**Aims**

To investigate the barriers to and facilitators of implementing the TfD model of education across five HEI's.

**Methods**

A multi-site qualitative study was conducted across five HEIs between October 2018 and December 2018. Semi-structured interviews were completed with staff (n=12) experienced in the implementation of TfD. Interviews were audio-recorded.

**Analysis and Results**

Data was thematically analysed using inductive approaches. Five key themes were identified: 1) Leadership, 2) Buy-in, 3) Perceived value, 4) Team coalition, and 5) Time and fit. Participants identified that commitment and resilience was important to manage curricular change, however a lack of time was challenging. A strong sense of value in the importance of the change effort was closely aligned with participants' own sense of intrinsic values and motivated them to implement the programme despite the challenges. Buy-in and team coalition acted as extrinsic drivers motivating change efforts that fostered participant motivation.

**Conclusion**

It is well known that curricular change is a difficult task, however with effective leadership, stakeholder buy-in, perceived value and motivation, and supportive team working practices, the task is more readily achievable.

Emphasis needs to be taken to ensure those implementing the programme not only focus on alleviating perceived barriers, but more importantly foster the facilitators to change. These findings have informed a change management framework. Findings from this study shed new light on change management literature and can support wider roll out of TfD, but in addition can be applied more widely to other curricular change efforts.

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**Yvonne Feeney, Stephanie Daley, Sube Banerjee**

## **Factors influencing the development of compassion towards people with dementia in undergraduate healthcare students.**

### **Background**

This study aims to inform a larger programme of work to understand the development of empathy in healthcare professionals towards people with dementia and improve educational approaches. Over 850,000 people live with dementia in the UK and the risk of developing the condition increases with advancing age. Given its progressive nature, coupled with co-morbidities, people with dementia will require support from medical, psychological, and social care professionals at some stage during their illness, yet they often experience poor outcomes within the healthcare setting. Healthcare professionals of all disciplines are likely to work with someone with dementia during their career and repeated calls have made it clear that dementia care should be person-centred and compassionate. There is, however, a lack of empirical evidence about the factors that are most impactful on the development of compassion. To understand the development of compassion towards people with dementia, undergraduate healthcare students taking part in the Time for Dementia programme were invited to discuss their understanding of compassion towards dementia.

**Aims:** To identify factors influencing the development of compassion towards people with dementia.

### **Methods**

A qualitative study was completed. Semi structured interviews (n=9) and two focus groups were completed with undergraduate nursing and medical students from Brighton and Sussex Medical School and University of Surrey. A topic guide was developed following review of the literature. Interviews were audio recorded and participation was voluntary.

### **Analysis and Results**

Data was thematically analysed using inductive approaches. Four themes were identified that students felt influenced compassionate care towards dementia. These are: 1) Empathy, 2) Seeing the person, 3) Dependent factors, and 4) Barriers to compassion.

### **Conclusion**

Students defined compassion as a value-based trait that involves caring about others in a non-judgemental, holistic way. Kindness and patience were important characteristics of compassion in addition to altruistic motivation to help. Unique challenges were identified when providing compassion towards those with dementia. They felt the ability to be compassionate was dependent on available time and their own skills supporting those with dementia. Students felt that other professionals may hold negative stereotypes that can act as a barrier in the delivery of compassionate care. To be compassionate, students believed empathetic understanding is needed. Empathetic approaches were enhanced by seeing the person, which was achieved through perspective-taking and effective communication. Findings from the study help to increase understanding of factors that influence the development of compassion. These findings form part of a larger study that will investigate the development of empathy towards people with dementia.

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## Mary Flahive and Marie O Donnell

### Observations from a Physiotherapy Student-led Practice Model

Practice educators (PE's) regularly report on the burden of having students, whilst students often report feeling unconfident upon completion of their degree. Finally, due to staffing levels & increasing patient numbers, many inpatients are not seen regularly by therapy professions.

#### Aim

To observe the impact of a student-led model of placement on:

- (1) PE burden
- (2) Student confidence
- (3) Patient contacts

#### Methods

Three final placement students were chosen to run a medical ward in an acute Model 4 hospital, using the practice tutor only for supervision, thus eliminating the need for a PE for 7 weeks. The Physiotherapist allocated to the ward, was re-allocated to assist other medical wards.

#### Results

(1) No PE's were required thus reducing the burden reported by staff. PE perception of students' abilities also increased as they observed their competence both in ward management and clinically.

(2) Student supervision reduced exponentially as student competence increased, thus freeing up Practice Tutor time for service development. Students also used peer learning to enhance their knowledge and competence. They also reported feeling very confident upon completion of the placement and "workforce ready" as they felt they had experience of "real life" work versus placement work. This was related to their autonomy in practice also.

(3) No patients went unseen over the 7 week period on the medical ward. The Physiotherapist who was re-allocated reported 420 patient contacts, which would have otherwise gone unseen during that period.

#### Discussion

These observations demonstrate how using a student-led model can positively influence many factors for students, patients and PEs, in a busy acute setting. This type of model can be utilised in many professions and may help to solve some of the common issues around PE burden, productivity and student confidence. Whilst this model worked well in an acute medical ward, variations should be trialled in other settings.

#### Conclusion

No negative aspects were observed using a student-led model of placement. This appears to be a viable placement model, given the increased demand for placement sites and should be explored further in a variety of settings.

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**Robert Frost and Rachel Gomez**

**‘m2Hear’ multi-media videos: Assessing the benefit to the training, clinical confidence and competence of Audiology undergraduates.**

**Introduction**

Theory to clinical practice transition is a well-documented challenge across healthcare education<sup>1</sup>, particularly in audiology where learners must disseminate knowledge to patients. Anecdotally, students report challenges in empowering patients with knowledge/skills relating to hearing aid care.

The current study aimed to assess whether the re-purposed mobile ‘C2Hear’ re-useable learning objects (mRLOs) would aid prospective audiologists in educating patients on practical and psychosocial knowledge relating to hearing aids

**Methods**

Five final year BSc Audiology students were conveniently sampled from De Montfort University. Students completed baseline measures of self-efficacy for hearing aids (MARS-HA), practical hearing aid skills (PHAST) and hearing aid knowledge (HACK) and had access to mRLOs for 6 weeks. After 6 weeks, baseline measures were re-completed and a focus group was conducted. Qualitative data was themed inductively and mapped to the COM-B model.

**Results**

Quantitative questionnaires revealed no statistically significant increase in self-efficacy for hearing aids, hearing aid practical skills or hearing aid knowledge (all  $p > .05$ ). Individual students did demonstrate increases in self-efficacy for hearing aids and hearing aid knowledge but the small sample size limited sub-group analysis.

Qualitative analysis demonstrated multiple benefits of the mRLOs to students, including the benefits of portable learning, use as a reflective source, interactive resources as a preferential learning medium and professionalization.

**Discussion**

Due to high baseline scores a ceiling effect was imposed on quantitative results. All students ratified the benefits of mRLOs on their learning and further trials with an earlier student cohort may demonstrate wider benefits of the mRLOs.

1. Huston, C. Phillips, B. Jeffries, P. Toderro, C. Rich, J. Knecht, P. Sommer, S. Lewis, M. (2017). The academic-practice gap: Strategies for an enduring problem. *Nursing Forum*. 53(1). pp27-34

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**Hollie Hadwen, Jane Harvey-Lloyd, Ruth Strudwick**

**The challenges in preparing diagnostic radiography students to become compassionate professionals**

The NHS Constitution aims to safeguard the underpinning principles and values of the NHS, emphasising the behaviours expected of all NHS staff (DH, 2015). The values are designed to underpin certain behaviours in staff which align to each of the values e.g. 'working together for patients' should instil a person-centred approach at all times, ensuring that service users are involved in every aspect of their treatment and that both service users and staff are empowered to speak up when things are not acceptable or errors are made. Higher Education Institutions (HEIs) assume a fundamental role in promoting and embedding those values and behaviours into selection and recruitment strategies and curricula, thus supporting individuals in the transition from student to professional.

The purpose of this presentation is to discuss how values-based practice has been embedded in undergraduate radiography education at our HEI. First year students are asked to consider the NHS values within the context of their role as a student radiographer. This is undertaken prior to their first practice placement, where students are divided into small groups to discuss what the NHS values mean to them as individuals, before making pledges which they will endeavour to embed into their practice. From this a pledge wall is developed. On return from practice, educators explored the students' reflections of their first practice placements and the extent to which they felt they had been able to uphold their pledges

The data presented in this presentation will focus on the disparity of the pledges made prior to placement and those they felt that they had been able to uphold. The discussion will focus on why the gap occurs and how as educators and professionals we can work together to ensure that the challenges that students are faced with whilst in placement can be overcome to ensure that values-based practice remains at the very core of their professional role.

*Hollie Hadwen is a Lecturer in Diagnostic Radiography at the University of Suffolk. She is currently writing her doctoral thesis exploring the experiences of new educators supporting the pastoral needs of undergraduate radiography students. Hollie is passionate about teaching and learning; supporting students to develop and achieve in higher education and beyond.*

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**Amanda Harrison, Christine Blacklock, Diane Sibbald, Anne Marie Weller  
Acknowledgements to Cumbria PEF's: Josie Herries, Victoria Hodgson & Jen Logan**

### **Benefits of Interprofessional Clinical Educator Training for Staff and the System**

This study explored the experiences of Cumbrian PEF's in developing, facilitating and evaluating multi-professional Practice Education workshops for Nurses and AHPs across organisational boundaries. The organisations within this challenging geographical area recognised the need to support the development of quality learning environments across all services, and practice education skills were central to this. These skills supported not only undergraduate students, but other learners such as Assistant Practitioners, Apprentices, colleagues on Return to Practice programmes or placements, and in the development of skills in Preceptorship for newly qualified colleagues during their first year of practice. The quality of student placement experience was important too, as organisations recognised that, to recruit successfully, they needed to be a destination employer of choice for graduates.

A team of six full time equivalent Practice Education Facilitators (PEF) working across two NHS trusts and countless Primary Care and Private and Voluntary Organisations ran a 2 day workshop to train staff to support learners in practice in line with NMC and HCPC requirements. The training was multi professional, place based: across organisational boundaries in a geographical footprint covering a wide and challenging geographical area. Peer learning was facilitated across organisational boundaries and professions. The sessions mapped directly to NMC, HCPC requirements for preparation of Practice Supervisor/Practice Assessor and Clinical Educator roles. The Design of the program aimed to ensure active learning, incorporating activities, group discussion, video clips and role play to help focus thinking of the participants. The rolling program offer gave access to ongoing updates facilitated by PEF team and helped to support and develop a peer Community of practice of other Educators.

Analysis of the course via anonymous electronic questionnaire had a good return rate, with 45% saying they were confident in their role as an Educator in practice prior to commencing the course, increasing to 93% feeling confident post attendance. 100% of attendants agreed or strongly agreed that the content resources and activities were useful, and 100% of attendants agreed or strongly agreed that the PEF presenting the courses were knowledgeable and approachable. The evidence suggests that the PEFs are the right people with the knowledge and skills to provide place-based training for staff who are supporting learners in practice.

A direct result of having a diversity of attendees meant that staff in Private and Voluntary Organisations, and the Public sector were networking and arranging innovative placements to support the learners in their system, based on a new understanding of each other's roles. This in turn will directly impact upon the experience of the learners in the system allowing them to be more employable and holistic in their approach.

Student satisfaction has continued to increase during the period of the PEF team running the training sessions, with problem topics noted in placements about preparation and support vanishing from their feedback. Student Satisfaction ratings at the end of a 2-year cycle of the workshops had reached a high of 97% across all provider organisations in the geographical footprint.

***Amanda Harrison** is a physiotherapist who currently works as a Practice Placement Facilitator for Cumbria Northumberland Tyne and Wear NHS Foundation Trust. Her interests in supporting learners focus around how we can learn inter-professionally in the workplace, to enhance the learner experience and break down professional boundaries.*

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## Ruth Hawley and Julie Bernstein

### Whose responsibility is it anyway? Exploring who is responsible for what when placements become difficult and identifying strategies to overcome challenges.

In considering the issue of “whose placement is it anyway”, how to balance the tensions that can arise within practice education, unpicking who is responsible for what at the times when a placement becomes difficult is a topic of utmost importance and relevance. Practice education is an interaction between governmental agendas, higher education institutions (HEIs), clinical workplace contexts (often within health and social care but not exclusively), and professional bodies, and as such is a complex relationship to manage (Gilbert, 2014). If and when placements are difficult, either because a student is underperforming/ failing, undisclosed health issues emerge during the placement, the student has additional needs or significant difficult incidents occur, numerous challenges occur and there is the potential for a significant detrimental impact on student, practice educator, placement context and the relationship between the practice context and relevant HEIs (Duffy, 2013; Nolan et al, 2016; Hunt et al, 2016).

In today's health and social care contexts, practice areas already find it difficult to offer student placements for various reasons, such as fiscal constraints, staffing resources and patient complexity (Gilbert, 2014; Price & Whiteside, 2016) thus impacting on placement capacity. However, as student numbers are often increasing, thus increasing the demand for placements, alternative placement models such as 2:1 are being considered which bring their own benefits and challenges. Irrespective of what model of placement is being delivered, effective management of placement difficulties is important and relevant to all parties involved. In contexts where alternative models such as 2:1, which can bring additional challenges, are being implemented, it might be reasonable to suppose that, should additional challenges occur during these placements, the impact of this will be further exacerbated. Thus having clear communication and management strategies in place to manage these issues becomes even more important.

We explore several scenarios that are common in times of challenge in practice education, such as when student health and well-being impacts on placements, supporting students with additional needs in a placement context, failing and struggling students, managing incidents and risk in student placements, and will consider who has the responsibility for what in each scenario. Based on a review of relevant literature as well as lessons learnt from experience, complaints and appeals, we aim to create critical discussion and sharing of best practice across the sector.

#### References:

- Duffy, K., 2013. Deciding to fail. *The Journal of Practice Teaching and Learning*, 11(3), pp.36-58.
- Gilbert, J.H., 2014. Practice education and practice placements: universal problems. *International Journal of Practice-Based Learning in Health and Social Care*, 2(1), pp.1-5.
- Hunt, L.A., McGee, P., Gutteridge, R. and Hughes, M., 2016. Failing securely: The processes and support which underpin English nurse mentors' assessment decisions regarding under-performing students. *Nurse Education Today*, 39, pp.79-86.
- Nolan, C., Gleeson, C., Treanor, D. and Madigan, S., 2015. Higher education students registered with disability services and practice educators: Issues and concerns for professional placements. *International Journal of Inclusive Education*, 19(5), pp.487-502.
- Price, D. and Whiteside, M., 2016. Implementing the 2: 1 student placement model in occupational therapy: Strategies for practice. *Australian Occupational Therapy journal*, 63(2), pp.123-129.

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**Jane Hibberd**

**A Critical Analysis of Practice Education in Health and Social Care: Integrating Disabilities Studies, the Capability Approach and the International Classification of Functioning, Disability and Health**

Practice education forms an integral part of the curriculum for higher education students on pre-registration programmes in occupational therapy, physiotherapy and speech and language therapy. Given the increasing number of students with a disability in higher education, support for their needs is paramount particularly given the challenges of off-campus-based learning and the need for healthcare students to adhere to discipline-specific and regulatory body standards. An examination of the literature in this area reveals an under-theorisation of the issues.

This research study addressed this through an in-depth exploration of practice education, through the views of those involved: students with a disability, practice educators, visiting tutors and clinical learning environment leads. In-depth qualitative interviews were the main research tool used, and the interview notes were subject to layered, thematic analysis.

Two core themes were identified from the findings which are pivotal to understanding the experiences of students with a disability in practice education: work context and practices and public perception of disabilities and management of identity.

The International Classification of Functioning, Disability and Health and the Capability Approach were the two key theoretical approaches used for understanding constructions and narratives of disability, along with key ideas from critical disability studies, in particular the critical realist approach.

These theoretical approaches have the potential to trigger transformative knowledge and social justice in terms of providing a better practice education experience for students with a disability. Integration of students with a disability within the workforce is critical in facilitating an enabling environment and institutions, including key players involved in practice education, have a responsibility to work together to play their part in operationalising a paradigmatic shift in supporting such students during their practice education experience.

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**Gill Hodges and Angeline Daly**

**'Let's Buddy Up': The evolving undergraduate student's experience**

**Background**

Clinical experience is recognised as the core of therapeutic radiographer education. Quality clinical placements are vital to the development of capable and competent professionals. In a large regional radiotherapy centre, the principal site for practice placement for students from the local university, all students completed Professional Practice Placement on this site. After negative feedback from a student questionnaire, it was evident that changes were required to improve the quality of clinical placement for the students to ensure retention and a competent future workforce.

**Aim**

To improve and enhance the student experience at a large radiotherapy department.

**Methods**

Brainstorming sessions, focus groups, personal interviews and questionnaires were used to collect qualitative and quantitative data from students and staff. Problems and issues were identified.

Three areas of improvement that were prioritised are:

- 1) Implementation of a 'buddy' at each treatment area for each individual student
- 2) Professional Practice Placement workbooks updated and more relevant to current practice
- 3) Addition of Society of Radiographers (SoR) Trade Union Industrial relations representative (TUIR) and SoR Union Learning Representative (ULR) in Education Group meetings

**Results**

Repeat questionnaires have shown an improvement in the student experience during clinical placement. Student focus group discussions on changes implemented to assess their effectiveness resulted in minor alterations to changes initiated. There have been improvements in the integration of students and staff, as well as a perception, from verbal feedback, that students are taking a greater degree of ownership of their learning

**Conclusion**

The negative feedback from the initial questionnaire was a surprise to the staff and helped initiate a change in culture to undergraduate training within the department. This project is still in the early stages of implementation but has already shown promising results. Its continued success will depend upon continual communication and evaluation to ensure sustainability of the improvements made.

*Gill Hodges is currently Clinical Tutor/Practice Educator in Radiotherapy at the Cancer Centre, Belfast City Hospital. Her interests include ensuring the holistic approach to patient-centred care is integral in all aspects of undergraduate education. She has twice been in the winning Northern Ireland Society of Radiographers Radiographer Team of the Year: Radiotherapy Patient Information Team 2014, and Truebeam Dream Team 2017.*

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**Kirsten Jack, Deborah O'Connor, Claire Hamshire**

## **Facilitating Partnerships between Clinical Teams and Healthcare Students**

The aim of this presentation is to explore an innovative model of placement learning, which emphasises student partnership and engagement in the clinical environment. Building on our previous work, The Practice Learning and Teaching Orientations (PLATO) tool (Jack and Hamshire, 2019), we have developed a student version, which focuses on what learners are doing, rather than what is being done to them. Our 'Student PLATO' tool supports the dynamic process of placement learning as a space in which co-production is nurtured and encouraged and when used together with the PLATO educator tool, can develop true partnership learning.

The PLATO tool was developed from a repeat regional research study involving over 2,000 undergraduate healthcare students across nine universities in the North West of England (Jack et al, 2018). Central to this interactive tool are the students' personal qualities and the importance of their roles not only as carer but enthusiast, activist and pragmatist. Beyond these qualities, students are encouraged to reflect on their own learning philosophy and how this can be integrated into learning in partnership with the practice team. PLATO also supports learners to consider how wider and other external influences affect the direction of their practice learning.

Drawing on the tenets of Appreciative Inquiry (Whitney and Trosten-Bloom, 2010) the tool encourages positive reflection and growth to uncover existing strengths as well as areas for development. PLATO for Students is an important addition to education in the practice setting. It promotes the development of positive practice learning cultures and supports students to examine their perceptions about education in the clinical setting. Using PLATO can facilitate students' development by acknowledging their active partnership role whilst also considering the multifaceted influences on the learning experience.

### **References**

- Jack, K., and Hamshire, C. (2019) PLATO: A practice education tool to support learning and professional development. *Nurse Education in Practice*. 37, pp.141-145
- Jack, K., Hamshire, C., Harris, W.E., Langan, M., Barrett, N., and Wibberley, C. (2018) "My mentor didn't speak to me for the first four weeks": Perceived Unfairness experienced by nursing students in clinical practice settings. *Journal of Clinical Nursing*. 27(5-6), pp.929-938
- Whitney, D., and Trosten-Bloom, A. (2010) *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*. Berrett-Koehler Publishers, Oakland CA.

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**Dougie Lauchlan, Gemma Hunt, Carol Nurbhai, Wendy Chambers, Kirsty Marks**

## **A “cluster” approach to physiotherapy practice-based learning placements in remote and rural locations: an evaluation.**

### **Background**

One fifth of Scotland’s population live across 94% of the land mass that is defined as remote and rural, which places challenging workforce planning demands in the related regional NHS Health Boards (NES, 2013). NHS Dumfries & Galloway (NHS D&G) supports AHP placements from all universities in Scotland; however, its rural location has made it less facilitative of a “block” model of placement for physiotherapy students from Scotland. Through newly available funding of Student Awards Agency Scotland (SAAS), AHP students have funding support for placements. Despite this funding, some students have revealed concerns on being placed away from home/term-time address whilst on a “block” placement. Historically, placements have been organised in NHS D&G through a “single student” allocation. Given this newly available funding, a “cluster” approach was piloted in order to facilitate a group of students undertaking a remote/rural placement at the same time.

### **Purpose/Aims**

To explore the experiences of a “cluster” approach for students undertaking a remote/rural practice-based learning placement.

### **Methods**

A pilot set of placements were co-ordinated in student “cluster” groups in order to address the teaching and learning experiences of students (through peer-assisted learning whilst on placement) and evaluate the impact on their living experiences whilst placed away from home/term-time address. The students were randomly selected for these placements. Post-placement evaluations will be undertaken (on return to university in January/February, 2020) to explore the experiences of the students involved. Themes will be explored through open discussion and directed questions will address: learning experiences, financial burden, feelings of isolation/togetherness, support from other students, exposure to a wider picture of healthcare needs:

- What was your first thought on being placed away from home/term-time address?
- How did you feel in undertaking the placement with other students?
  - What were the benefits?
  - What were the downsides?
- How did the placement compare to other “urban/central-belt” placements?
- Did you utilise the SAAS funding for travel/accommodation?
- Would you consider working in a remote/rural location on graduating?

### **Anticipated outcomes**

There may be implications for HEIs in their arrangement for placements for students in remote/rural settings. The “cluster” approach to organising and undertaking placements may be one way of addressing student concerns on undertaking a “block” model of placement in remote/rural locations. In addition, it is hoped that this will positively contribute to recruitment in remote/rural settings, both initially for new graduate jobs and longer term across professional careers.

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## Nita Muir

### Constructive and negative aspects of social capital in work-related learning.

The notion of social capital in work-related learning is poorly understood despite the assumption that social learning is inherent within practice learning. Social capital involves developing connections based on trust and reciprocity (Putnam 2000). These connections promote informal learning (Field 2017) and this is pertinent for students in placement settings as these can serve to either enhance or impede the learning experienced.

This presentation will explore this in more depth using data from my doctoral thesis to illustrate key points and consider how these are applicable for undergraduate nursing students in new placement settings.

The research is interpretatively positioned through a qualitative case study methodology. Data was collected from participants in a specific work context and began with a preliminary focus group, followed by documentary analysis of a significant number of artefacts/documents produced by the collective involved. The data was then triangulated with data from interviews using a cross-case analytical framework. Thematic analysis was supported by Braun and Clarke (2006) and approval was gained from the university ethics committee.

The findings of the research indicate that, through the connections made within the work environment, social capital was created. The strong bonding social capital identified is suggested to be an informal learning factor (Eraut 2006) and a conduit for learning in and about the work involved. The findings also indicate a “dark side” to this informal learning factor which impeded collective learning through exclusivity and a maintenance of the status quo within the context of the work setting (Muir and Bryne 2020).

The power of these connections and implications for the context of work-related learning in the practice environment for nursing students will be considered with reflection on the constructive and negative aspects of social capital. These include a development of skills and knowledge by individuals but also a focus on exclusivity and hegemonic practice.

#### References

- Braun, V. & Clarke, V (2006) Using thematic analysis in psychology. *Qualitative research in Psychology*. 3, 77 – 101.
- Eraut, M (2006) Learning contexts. *Learning in Health and Social Care*. 5, 1- 8
- Field, J. (2017) *Social Capital*. 3<sup>rd</sup>Ed. Routledge.
- Muir, N & Byrne, J. (2020) Constructive and negative aspects of social capital in work-related learning. *Higher Education, Skills and Work-based Learning*. (Early cite)

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**Beth Pickard**

## **A Qualitative Content Analysis of Welsh Universities' Disability Service Websites and Consideration of Their Potential Impact on Recruitment of Diverse Learners: A Critical Disability Studies Perspective.**

This study addresses the conference's focus on "diverse learners and service users" as well as "capacity and recruitment: service needs" by considering the impact that Welsh universities' Disability Service websites may have on recruitment of disabled and diverse learners.

The study was developed in response to the narratives of disabled students in Higher Education who reported that they found it challenging to engage with the current system of specialist support (Pickard, 2019; Pickard, In Press), which is reported to be complex and difficult to navigate (Welsh Assembly Government, 2017; Department for Education, 2019). There has also been recent media coverage of disabled students' negative experiences of Higher Education and a suggestion that there may be many more disabled people who are not aware of the potential to engage successfully with Higher Education (Butterwick, 2019; McLean, 2019).

Concurrently, at the University of South Wales we have a widening access and participation agenda (USW, No Date) but are noticing on our professional trainings in Therapeutic Studies a lack of learner diversity (Coombes and Pickard, 2020). As such, Welsh universities' Disability Service websites were analysed in order to understand the portrayal of disability that disabled applicants may be receiving, and to consider whether this could contribute to a lack of diversity in applications and recruitment (Pickard, In Press).

Qualitative Content Analysis (Schreier, 2012) was pursued as a qualitative method that enabled the development of a concept-driven coding frame, drawing heavily from theoretical and philosophical stance of Critical Disability Studies (Goodley, 2017). This enabled consideration of the presence and prominence of certain elements and semantic choices, as well as the omission of other dimensions.

The outcomes of the research illustrate four thematic areas of interest: testimonial injustice and epistemic invalidation of disabled students' experiences (Wendell, 1996; Fricker, 2007); the Parsonian 'sick role' (Parsons, 1951, 1964); erasure of disabled presence; and disability advantage. These four themes are explored and discussed, and tentative conclusions and recommendations are offered. Some examples of good practice can be highlighted and learned from, while the lack of disabled students' voices and visibility is posed as a potential barrier to the recruitment of diverse learners, leading to a lack of diversity in the profession and workforce.

### **References**

- Butterwick, C. (2019), 'I couldn't have gone to university without support for my disability' [online], Guardian Newspaper, Available at [https://www.theguardian.com/education/2019/jan/24/i-couldnt-have-gone-to-university-without-support-for-my-disability?CMP=share\\_btn\\_tw](https://www.theguardian.com/education/2019/jan/24/i-couldnt-have-gone-to-university-without-support-for-my-disability?CMP=share_btn_tw)
- Coombes, E. and Pickard, B. (2020), 'Riding in Tandem: Journeying the Research-Teaching Nexus in Partnership', Online Conference for Music Therapy (OCMT) 2020, Saturday 1<sup>st</sup> February 2020, Online/International.
- Department for Education (2019), 'Evaluation of Disabled Students' Allowances (DSAs)' [Online], Available at <https://www.gov.uk/government/publications/evaluation-of-disabled-students-allowances-dsas>



- Fricker, M. (2007), *Epistemic Injustice: Power and the Ethics of Knowing*. (Oxford, New York: Oxford University Press).
- Goodley, D. (2017), *Disability Studies: An Interdisciplinary Introduction (2<sup>nd</sup> Edn)*. (London: SAGE).
- McLean, M. (2019), 'Getting Serious About the Barriers Facing Disabled Students' [Online], Available at <https://wonkhe.com/blogs/getting-serious-about-the-barriers-facing-disabled-students/>
- Parsons, T. (1964), *Social Structure and Personality*, (Glencoe, Ill.: Free Press).
- Parsons, T. (1951), *The Social System*. (London: Routledge).
- Pickard, B. (In Press), 'How is disability portrayed through Welsh universities' disability service web pages: A Critical Disability Studies perspective', *Learning and Teaching: International Journal of Higher Education in the Social Sciences*.
- Pickard, B. (2019), 'Demystifying the Process of Engaging with the Disability and Dyslexia Service in Higher Education'. *Journal of Inclusive Practice in Further and Higher Education*, 10(1), p. 40-58.
- Schreier, M. (2012), *Qualitative Content Analysis in Practice*. (London: SAGE).
- University of South Wales (USW) (No Date), 'Widening Participation' [Online], Available at <https://www.southwales.ac.uk/about/schools-and-colleges/widening-participation/>
- University of South Wales (USW) (No Date), 'Values and Culture' [Online], Available at <https://www.southwales.ac.uk/about/our-organisation/values-and-culture/>
- Welsh Assembly Government (2017), 'A Review of the Disabled Students' Allowances (DSA)' [online], Available at <https://gov.wales/review-disabled-students-allowances-0>
- Wendell, S. (1996), *The Rejected Body: Feminist Philosophical Reflections on Disability*, (New York, NY: Routledge).

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**Anna Potts, Max Cooper, Carl Fernandes**

**The Value of Service Users as a Teaching Strategy During Simulated Learning – an evaluation of medical students’ experience in the undergraduate general practice setting.**

**Background:** The General Medical Council (2019) defines the educational outcomes for medical student training, including communication and interpersonal skills essential in promoting collaborative patient partnerships. Whilst the value of service user involvement in medical student education has been documented, evidence of specific value within undergraduate general practice (GP) teaching is limited. Year 4 medical students at Brighton undertake five simulated GP sessions with actors, focusing on consultation skills. A new ‘hybrid’ session was developed involving service users who simulated common GP presentations (cough, sore throat, ear pain) and, where relevant, answered questions about existing chronic illness.

**Purpose/Aims:** To evaluate medical students’ perception of personal learning when service users are used within simulated scenarios for focused history taking and examination.

**Design/Methods:** Six service users with chronic conditions who contribute to the undergraduate curriculum were selected and received pre-simulation training. All simulated sessions were guided by GP facilitators. Student evaluation consisted of a Likert-style questionnaire measuring the impact service users had on students’ achievement of three learning outcomes, alongside freehand qualitative comments to determine whether students found service user involvement to be a valuable experience.

**Analysis/Evaluation**

84 of 127 (66%) attendees completed the questionnaire. 92% rated the session as good/excellent for focused history taking of sore throat/ear pain/cough. 90% of students felt the session was good/excellent for achieving a better appreciation of focused examination skills. 88% rated the session as good/excellent for providing the opportunity to examine patients in a safe environment.

91 qualitative comments specifically compared the involvement of service users over actors. These were grouped into three themes of authenticity, understanding the relevance of medical conditions within the “acted scenario”, and honing consultation skills. 41 students commented that service users’ involvement added authenticity, with just one student in disagreement. 19 felt they gained knowledge about the relevance of the service users’ real medical conditions on the simulated, presenting complaint. 9 students commented positively about the impact the service users had on developing consultation skills, with only 3 students stating they would prefer actors.

**Conclusions:** Student evaluation following this simulated session indicates service users can enrich student learning by providing authenticity and contextual relevance. Each patient provided unique learning experiences for student groups, combining simulation with authentic conditions. However, service user value in more complex simulated scenarios requires further research, considering the potential need for more complex acting skills.

*Anna Potts worked clinically as a Diabetes Inpatient Specialist Nurse at Brighton and Sussex University NHS Trust. She recently retired, but continues to lead the Patient Educator Group at Brighton and Sussex Medical School. The key focus of this role is to provide patient-centred learning opportunities for the students and support patient/public involvement in wider activities within Brighton and Sussex Medical School.*

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**Sarah Spencer, Judy Clegg, Emma Gregory**

**Who benefits from this speech and language therapy placement? Creative solutions to meet the needs of students, service users, and service providers.**

### **Background**

There have been a number of recent changes leading to challenges in providing placements for speech and language therapists. These include changes to student funding combined with service pressures on external placement provision, alongside changes to the design and structure of our pre-registration programme.

### **Aims**

This study aims to present and discuss approaches to increasing placement capacity for allied health professionals.

### **Description**

We will discuss case studies about how we have responded to such challenges by diversification of practice, increasing capacity for in-house provision, and applying new models of learning. These case studies include:

- 1) A description of how we have prioritised service user expertise to co-design new clinical placements within our department. This has led to significantly expanding our in-house clinical placements for children and adults with communication impairments;
- 2) The development of new HEI/NHS collaborative placements led by SLT students to offer additional and more diverse services across health, education and social sectors;
- 3) Delivering student-led clinical audits to evaluate existing interventions provided by our colleagues in the NHS. This has led to reciprocal benefits: services gain access to robust evaluation data for use with commissioners and students gain skills in clinical audit which are useful when entering the workforce;
- 4) Student-driven clinical learning to embed clinical skills including continuous reflection to integrate theory into practice through online continued professional development (use of a programme wide reflective practice PebblePad portfolio) and the integration of clinical simulation activities to support early clinical skills.

### **Analysis**

Analysis will include mapping these case studies onto guiding principles of placements (e.g. peer led learning (White et al 2012; Sevenhuysen et al 2017), collaborative models of clinical education (Briffa and Porter 2013), evidence-based practice and application of knowledge translation strategies (Scott et al 2012), reflective practice (Hill et al 2012).

We will also discuss how we have evaluated these innovations:

- a) survey and interview data with service users and practice educators,
- b) by analysing student reflections and feedback,
- c) examining changes to student assessment outcomes

### **Discussion**

These evaluations show that we have successfully expanded the provision of high quality placement capacity, as well as increased service delivery capacity within NHS services through the



involvement of students to meet the needs of a more diverse population of service users with communication impairments. We also discuss the challenges and benefits of centralising service user perspectives when planning new placements and new models of supporting students' clinical learning.

*References:*

- Briffa, C., & Porter, J. (2013). A systematic review of the collaborative clinical education model to inform speech-language pathology practice. *International journal of speech-language pathology*, 15(6), 564-574.
- Hill, A. E., Davidson, B. J., & Theodoros, D. G. (2012). Reflections on clinical learning in novice speech-language therapy students. *International journal of language & communication disorders*, 47(4), 413-426.
- Scott, S. D., Albrecht, L., O'Leary, K., Ball, G. D., Hartling, L., Hofmeyer, A., & Thompson, D. (2012). Systematic review of knowledge translation strategies in the allied health professions. *Implementation Science*, 7(1), 70.
- Sevenhuysen, S., Thorpe, J., Molloy, E., Keating, J., & Haines, T. (2017). Peer-assisted learning in education of allied health professional students in the clinical setting: a systematic review. *Journal of allied health*, 46(1), 26-35.
- White, P., Rowland, A. B., & Pesis-Katz, I. (2012). Peer-led team learning model in a graduate-level nursing course. *Journal of Nursing Education*, 51(8), 471-475.

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**Ruth M Strudwick**

**Values-based Practice in Radiography– Pie in the sky or practically possible?**

The aim of the paper is to discuss the practicalities of Values-based practice in Radiography.

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.

Diagnostic and therapeutic radiographers spend a very short time with their patient. It could therefore be argued that there is no time to find out what is important to the patient. There is a culture of speed and efficiency within radiography whereby it is perceived that to be efficient patients need to be seen and imaged or treated as quickly as possible. This is at odds with being a caring professional.

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 result is the beginning of VBP conversations in radiography; when embedded, VBP can provide assurance that we put the patient as the centre of everything we do.

This paper will provide a debate about the practicalities of such an approach within contemporary radiography practice and how VBP can be taught to students and qualified practitioners.

***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 for Radiography & Interprofessional Learning at the University of Suffolk (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.*

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**Kate Tucker, Calum Delaney, Jenny Mercer, Sue Tangney**

## **Developing Professional Identity: Exploring the Lived Experience of Speech and Language Therapy Students.**

**Background:** When studying for a professional qualification, professional identity develops. Professional identity is seen here as a sense of *being* that professional. The development of professional identity follows an individualised trajectory. It is influenced by the unique experiences that the individual encounters and how these experiences are interpreted. In this way, education is reconceived as an ongoing process of *becoming*. It is argued that to be successful in a chosen professional field, it is essential to develop an appropriate professional identity. Consequently, there have been calls to support the development of professional identity within the curriculum. The nature and development of professional identity has been explored in other health professions but has received limited attention in speech and language therapy (SLT). This study is an exploration of the lived experience of SLT students, to permit a deeper understanding of their professional identity development.

**Purpose:** This will report on the first phase of an ongoing study of professional identity development in SLT students. The aims of this phase were:

- To explore SLT students' perceptions of the nature of their professional identity
- To understand the influence of their student experience on these perceptions.

**Methods:** This qualitative study employed hermeneutic phenomenological methodology to explore lived experience and meaning making. Individual semi-structured interviews were carried out with five, final year SLT students from a UK Higher Education institution. Interviews explored the experiences of the students and how these influenced their understanding of SLT and their professional identity development. Data were analysed via an iterative process of coding, interpretation and theme development.

**Findings:** Participants perceived being a good person; being limited; being trustworthy; being an independent thinker; and being connected through communication as central to professional identity in SLT. Main influences on professional identity development were the approach of the practice educator; opportunities for autonomy; working within an interprofessional context; and interactions with service users. Discussion here will focus on the theme of being an independent thinker, which illustrates the importance of independent learning opportunities.

**Conclusions and Implications:** This study brings new insights into potentially unique aspects of what it means to be an SLT as well as important influences on the process of becoming an SLT. It also adds to the literature on professional identity development in Allied Health Professionals. It highlights the need for professional identity development to be addressed more explicitly during the educational process and within practice educator training.

*Kate Tucker is a PhD student affiliated with Cardiff Metropolitan University. Her PhD topic is professional identity development in speech and language therapy students. She qualified as a Speech and Language Therapist in 1996 and has worked in a range of clinical settings, with specialisms in aphasia and dysphagia. She has worked in Higher Education since 2006, most recently as a senior lecturer at Cardiff Metropolitan University. Her teaching interests are employability skills, resilience, inter-professional learning and clinical simulation. She is a Fellow of the HEA, and a member of the Royal College of Speech and Language Therapists and HCPC.*

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## Jennifer Turnbull

### Radiotherapy Mentoring Project

Practice education is integral to the education of undergraduate therapeutic radiographers, and the learning environment has significant impact upon student satisfaction on placement. High levels of attrition from the degree at the local university led to a service evaluation which highlighted issues within the learning environment of the primary placement site. These issues, including student-staff friction, were similar to those identified in literature. Guidance suggested that mentoring can improve the learning environment by increasing student inclusivity and visibility. A mentorship project was researched, designed, and implemented.

The initial service evaluation (2017) investigated perceptions of the role of the practice educator. Individual anonymous online questionnaires were designed to incorporate both quantitative and qualitative responses and collect data independently from therapeutic radiographers and students. Question structure and wording were comparable between questionnaires. 88 therapeutic radiographers from the primary placement site, and 62 radiotherapy and oncology students in years 2-4 from the local university were invited to participate, with response rates of 59% and 61% respectively. Descriptive and thematic analyses of responses were analysed with a statistical package.

The design of the mentoring project was carefully considered. It was important to engage stakeholders in the project, so emphasis was placed on the benefit of mentoring for the mentor, the mentee, and the organisation. The academic team worked collaboratively with hospital management, and protected time was secured for the mentors. Other support structures for mentors included training, organisational support, and effective communication structures. The mentor role was established, and mentors were recruited and trained. Mentors provided weekly meetings with mentees to provide support.

Anonymous questionnaires mirroring the learning environment components of the initial service evaluation were sent to 2<sup>nd</sup> to 4<sup>th</sup> year students. Evaluation demonstrated the project was successful: student retention increased, and, while data collection and analysis is ongoing, improvements have been noted. For example, there has been a statistically significant increase in students' perception of feeling like part of the team, and a statistically significant decrease in students' perception of bullying being a problem within the department.

While findings still demonstrate areas for improvement, it could be suggested that the mentoring project has induced a change in departmental attitude and culture. The project continues to be a key component of the placement experience, and may be successful in other allied health placement settings.

*Jennifer Turnbull is a part-time lecturer at Glasgow Caledonian University, and part-time therapeutic radiographer at The Beatson West of Scotland Cancer Centre. Her interests in education centre on practice education experiences, practice educator training, and interprofessional experiences.*

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**Carrie Weller and Duncan Shrewsbury**

**Immersive Inter-professional Education in Healthcare: a Novel Team-based exercise for Under-graduate Medical Students.**

This abstract describes the design and implementation plan for a new approach to undergraduate medical education which aims to enhance early clinical experience through inter-professional learning and working.

The healthcare environment is transforming in order to manage and meet the needs of contemporary society, which is reflected in regulation (e.g. GMC 2018). As a result, medical education needs to equip learners with the skills and confidence to work in a complex and high-functioning landscape. Key to this is true inter-professional team based healthcare (Hean et al, 2009; O’Keefe & Ward, 2018).

To support the development of the skills required for team based healthcare, the authors reviewed the curriculum for Year 2 medical students at Brighton & Sussex Medical School (BSMS), to identify where we could modify teaching activities to have a focus on the development of inter-professional working.

**Purpose/Aims**

The authors modified one of the Year 2 modules to have a focus that is both patient-centered and supports inter-professional working. The following learning objectives were identified:

- To provide an understanding of the wider and diverse skill set that comprises the healthcare team and to appreciate the need to work constructively, considerately and effectively with team members and other colleagues.
- Develop an awareness of the contribution from the wider teams that influences a patient’s recovery and rehabilitation
- Work effectively as a inter-professional team to develop a comprehensive package of care for a patient

**Method**

Incorporating student feedback with wide stakeholder engagement, we approached the redevelopment of the module and the creation of this novel activity. The Brighton and Sussex University Hospitals NHS Trust (BSUH) is the main secondary/tertiary care hospital trust partner offering placements for BSMS students. It also offers placements for non-medical students from a range of healthcare professions. We invited colleagues from a range of non-medical professions within the hospital trust to host students for their ‘immersive’ experience. These disciplines all support patient care at different stages of the patient journey and for most students, this will be their first experience of seeing how the service is provided: who provides the service, what their role involves and how this impacts on patient care.

The medical students will rotate through four different disciplines during their immersion week at BSUH with all Year 2 students undertaking this activity within one of four immersion weeks during the academic year. Additionally medical students are introduced to the environment and oriented to the learning outcomes for the week through a locally developed ‘scavenger hunt’ game, which draws on an educational technology mobile application to guide students through the hospital. This is a pilot for future expansion to all healthcare students.



To extend the inter-professional experience, non-medical students from a range of healthcare professions have been invited to join the medical students in an Action Learning Set facilitated by multi-professional Practice Educators. The medical students will share their learning and experience from their morning immersion placements and, within small inter-professional groups, the students will complete a piece of work where every discipline can contribute (e.g. comprehensive package of care for a patient). At the end of the week the student groups will be asked to present their work to a multi-professional audience.

### **Results – Plans for Evaluation**

Feedback will be considered in two ways: engagement with the learning experience, and perception of change as a consequence of the activity. Engagement will be ascertained through feedback data from the scavenger hunt application, and from facilitated work in the action learning sets.

### **Conclusion**

We have described the design and implementation plan that will deliver an innovative approach to medical education that will support inter-professional learning, understanding and working. The focus on a multi-professional discharge planning exercise, at such an early stage in the medical education journey, as well as the incorporation of contemporary educational technology approaches offers a novel contribution to the delivery of medical education. The activity will be fully evaluated against the objectives set for impact and our intention is to demonstrate achievement of a framework that informs the design of future healthcare education curricula, delivered inter-professionally in order to prepare students for working in transformative practice.

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## Sophie Willis and Susannah Glover

### Do service users benefit from university and charity collaborations to share their experiences?

**Background:** Healthcare education can effectively address the needs of the NHS by ensuring that programme delivery is informed by the contemporary experiences of service users. It is well-documented that involving service users in the design, delivery and evaluation of curricula can ensure the curriculum is relevant and accountable to service users as well as affording students opportunities to benefit from their unique experience and expertise. However, often challenges arise due to difficulties in identifying service users to engage with. Collaborations between universities and healthcare charities offer one solution that serves to enhance the service user voice in education and contribute to humanising healthcare.

#### Purpose:

1. To share best practice experiences of a collaboration between Breast Cancer Now charity and City, University of London to embed service user participation throughout the curriculum.
2. To highlight the stakeholder benefits of effective collaborations between charities and universities to enhance student education and patient care.

**Description:** Engagement with individuals who are willing to share their patient stories with students can offer a powerful stimulus for students to reflect on both the impact of their roles and reaffirm their decisions to embark on healthcare careers. Consequently, for HEIs it proffers a tangible way to both prepare students for practice education and enhance retention of students. Whilst much research is focused on the benefits to students, there is limited evidence of the powerful positive impact that such engagement with HEIs can have for the service users themselves.

**Evaluation:** Individual interview sessions were conducted with service users who had been involved with the design and delivery of curricula were conducted. Vignettes of their expectations, experiences and aspirations were recorded. These enabled the service users to explain the situation in their own terms and key points in relation to their perceptions and attitudes related to their engagement were used to understand the impact that their engagement had had upon them.

#### Implications

The collaboration between HEIs and charities to identify service users to participate in the delivery of healthcare curricula realised the following benefits for the service users involved;

1. They valued the opportunity to positively impact of the development of future healthcare professionals
2. They believed their 'voice' was being heard and that they were able to 'give something back' to a healthcare system that they felt had supported them
3. They considered that there were positives to come from what had been difficult personal circumstances in relation to their health

*Sophie Willis is a senior lecturer and strategic practice lead for allied health professions at City, University of London. She qualified as a Diagnostic Radiographer in 2001 and worked as a radiographer at Addenbrooke's Hospital, Cambridge for a number of years before moving into education in 2006. She currently contributes towards teaching and programme development across a range of radiography programmes at both undergraduate and postgraduate level. Sophie's research interests relate to the discourses that arise between educational policy and its translation into practice, and non-traditional student's experience in higher education.*

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**Sophie Willis, Judy Brook, Michelle Ellis**

## **What works: student preparation for practice placements?**

### **Background:**

In 2016, Health Education England identified attrition from pre-registration healthcare programmes was in some cases above 20% and subsequently funded the Reducing Pre-registration Attrition and Improving Retention project, reiterating their mandate to enhance educational quality and support learners. The findings identified practice placements as a key influence on student attrition.

Current research has frequently highlighted a need to improve practice placement preparation and support to reduce attrition. Reasons for attrition associated with practice placements include; the 'reality shock' when students are confronted by the realities of the role and unpleasant placement experiences linked to lack of support or witnessing bad practice. Perceived lack of support is a central concern for students and lower student morale and can be compounded by a dissonance between student expectation and the reality of placement experience.

With deepening concern about safe staffing in the NHS due to clinical vacancies, the need to minimise attrition and strengthen the pipeline of newly qualified practitioners into the workforce is essential. Additionally, heightened scrutiny of progression rates for aligned to the introduction of the Teaching Excellence Framework has brought student attrition into sharp focus.

### **Aim:**

To investigate the extent to which current preparation for practice is impacting on the expectations and experiences of contemporary pre-registration learners to establish new models of preparation for practice.

### **Study design:**

Pre-registration students from 12 programmes in nursing, midwifery, radiography and speech and language therapy were invited to participate in this two-phase study;

1. **Phase I: questionnaire:** (census sampling)
2. **Phase II: 4 x focus groups:** with 8 students in each involving a representative mixture of students from all professional groups (purposive sampling)

### **Planned analysis of data:**

1. **Phase I:** descriptive statistics
2. **Phase II:** qualitative analysis following a two-stage approach; 'first cycle' – structural coding framework and 'second cycle' – pattern coding frameworks

Results are to inform:

- To identify 'new models of learning' in relation to students' preparation for practice placements
- To enhance the experience of pre-registration students during their practice placement
- To contribute towards an increase in student satisfaction with their practice placement experiences
- To contribute towards a reduction in student attrition

### **Implications:**

Exploring the preparation students receive before practice placements is a starting point for



supporting student progression through pre-registration programmes. Enhancing preparation for practice may also lead to higher student satisfaction with their educational experience and increase associated local and national metrics in relation to student satisfaction.

**Sophie Willis** is a senior lecturer and strategic practice lead for allied health professions at City, University of London. She qualified as a Diagnostic Radiographer in 2001 and worked as a radiographer at Addenbrooke's Hospital, Cambridge for a number of years before moving into education in 2006. She currently contributes towards teaching and programme development across a range of radiography programmes at both undergraduate and postgraduate level. Sophie's research interests relate to the discourses that arise between educational policy and its translation into practice, and non-traditional student's experience in higher education.

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## NAEP Executive Committee List: April 2021

Name	Representing
Tamsin Baird	<p align="center"><b>Physiotherapy</b> Professional Adviser, Practice &amp; Development Chartered Society of Physiotherapy</p>
Dr Vince Clarke	<p align="center"><b>Paramedics</b> Principal Lecturer and Programme Leader Paramedic Science University of Hertfordshire College of Paramedics Trustee Official for Education</p>
<p>Professor Lynn Clouder <b>Vice – Chair of NAEP</b></p>	<p align="center">Professor of Professional Education and Director for the Research Institute for Global Education, Coventry University HEA National Teaching Fellow Editor of the NAEP 'International Journal of Practice-based Learning in Health and Social Care.'</p>
Ms Louise Coleman (until Feb 2021)	<p align="center"><b>Radiography</b> Professional Officer for Education and Accreditation The Society and College of Radiography</p>
Ms Carol Dicken	<p align="center"><b>Social Work</b> Associate Professor Department of Social Work and Social Care Faculty of Health, Social Care and Education Kingston University and St George's, University of London</p>
Ms Pauline Douglas	<p align="center"><b>Dietetics and Northern Ireland</b> Senior Lecturer/Clinical Dietetics Facilitator University of Ulster</p>
Professor Dawne Gurbutt	<p align="center"><b>Nursing/ IPE</b> Director of Centre for Collaborative Learning, UCLAN Honorary Fellow Centre for Advancement of Interprofessional Learning (CAIPE)</p>
Dr John Hammond	<p align="center"><b>Physiotherapy</b> Associate Professor Centre for Allied Health, St George's, University of London London and South East Area Placement Partnership (Chair)</p>



<p>Dr Jane Harvey-Lloyd</p>	<p style="text-align: center;"><b>Radiography</b> Associate Professor, Course Leader: PGC in Advanced Practice and Reporting Computed Tomography Colonography School of Health and Sports Sciences, University of Suffolk</p>
<p>Jenny Little</p>	<p style="text-align: center;"><b>Radiography</b> Imaging Education Lead, University Hospitals of North Midland NHS Trust, Staffordshire</p>
<p>Professor Ann Moore CBE <b>President</b> (until 2021 AGM)</p>	<p style="text-align: center;"><b>Physiotherapy</b> Emeritus Professor, University of Brighton Editor-in-Chief Musculoskeletal Science and Practice</p>
<p>Dr Jane Morris <b>Chair</b></p>	<p style="text-align: center;"><b>Physiotherapy</b> Hon. Fellow School of Health Sciences, University of Brighton HEA National Teaching Fellow</p>
<p>Mr Richard Pitt (until 31 July 2021) Professor Liz Anderson &amp; Dr Angela Lennox (from 1<sup>st</sup> August 2021)</p>	<p style="text-align: center;"><b>Centre for Advancement of Interprofessional Education</b> CAIPE Chair; Visiting Professor Tokyo Metropolitan University, Japan</p>
<p>Sarah-Jane Ryan <b>Treasurer</b></p>	<p style="text-align: center;"><b>Physiotherapy</b> Principal Lecturer/Practice Education Tutor (Physiotherapy) School of Health Sciences, University of Brighton</p>
<p>Katherine Tucker</p>	<p style="text-align: center;"><b>Speech and Language Therapy</b> Doctoral Researcher, Cardiff Metropolitan University</p>
<p>Louise Walker</p>	<p style="text-align: center;"><b>Associate Professor of Midwifery</b> Professional Lead of Midwifery, University of Nottingham Lead for Education Development &amp; Global Engagement for Midwifery, UNICEF BFI Lead</p>
<p>Carrie Weller</p>	<p style="text-align: center;">Strategic Lead for Multiprofessional Education Directorate of Education &amp; Knowledge Brighton &amp; Sussex University Hospitals NHS Trust</p>
<p>Miss Helen Bristow <b>Hon Secretary</b></p>	<p style="text-align: center;">Physiotherapist</p>



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