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Tuesday 6 – Thursday 8 September 2016

Churchill College, University of Cambridge CB3 0DS, UK

Group 3 of theme sessions

Thursday 8 September 2016

Social, economic and policy drivers in healthcare education

Theme paper abstracts

Group 3 of the theme sessions
Thursday 8 September 2016

Social, economic and policy drivers in healthcare education

Theme paper abstracts

Please note:
Abstracts and references are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.

Theme papers

Caring for people who have dementia in community hospitals: An ethnomethodological study of everyday decision-making

Paul Brownbill, PhD Student; Joyce Kenkre, University of South Wales; Nikki Lloyd-Jones, Senior Lecturer, Glyndwr University; Ray Higginson, Lecturer, University of South Wales; Sean Page, Consultant Nurse for Dementia, Betsi Cadwaladr University Health Board, Wales, UK

Background, including underpinning literature and, wherever possible, the international relevance of the research
Historically, community hospitals have been seen as a short-term bridge between the acute service and home. The patient demographic has changed, with community hospitals now admitting increasing numbers of older people with dementia, often staying for longer. Concerns raised about care of older people in the UK, NHS, (Francis, 2013), and need for improved service provision (Alzheimer's Society, 2011), prompted research about these hospitals as a care context. It is contended that whilst there are examples of excellent and innovative practice across care settings which have contributed to changes since these reports, there has been little exploration of social and cultural influences on those working in community hospitals. Additionally, there is confusion with appropriate name and perceptions of remit of community hospitals, highlighted when discussing challenges these hospitals face (RCN, 2007).

Moreover, people with dementia are particularly vulnerable when moving from hospital where their social and clinical needs are a priority. Therefore, staff in community hospitals are facing significant decision-making challenges.

Aim(s) and/or research question(s)/research hypothesis(es)
To explore resources, influences on everyday decision-making and use of language of those working with people who have dementia in community hospitals, and to develop a model of decision-making. Further aims discussed in this paper include gathering relevant documents used to assist decision-making such as care planning guidance, and policy documentation and to identify best practice and incidences of good decision-making.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
Ethnomethodology is the study of practical actions, concentrating on reflexivity of social action, (Garfinkel, 1967; Turner, 1974; Heritage, 1992; Dingwall, 2000).

Ordinary talk as important, and to start with the talk being what it is, is a grounded way to demonstrate tensions.
The focus is the everyday social actions or decisions seen by others as accountable, assuming that participants use recognisable, but taken for granted methods of decision-making. As with Garfinkel, this study explores the methods used by participants in constructing decisions and the assumptions used in decision-making processes.

Ethnomethodology is appropriate as its particular focus is the mundane, often taken for granted situational elements. Ethnomethodology also focuses on the place of activity being as significant as what occurs and is often the context that renders an action intelligible.

Consistent with ethnomethodology, reflexivity and indexicality, the methods are based on naturalistic data collection through two periods of observation akin to previous decision-making studies, (Thompson *et al*., 2002; McCaughan *et al*., 2005).

Additionally, the methods include three semi-structured group interviews.

The group interviews allow orientation to common language and how participants create accounts of experiences of community hospitals and people with dementia. The two periods of observation include listening to and engaging in naturally occurring conversations with staff working in three community hospitals, and reviewing documents used whilst decision-making. The group interviews allow an understanding to be gained of commonly used personal and professional language and how different people talk about experiences of community hospitals and people with dementia.

Each 1-hour group interview comprises five to seven people. Group 1 includes friends, relatives, carers and those from the voluntary sector, group 2 includes community healthcare professionals, and group 3 includes allied health/community professionals. Group members have experience working with or caring for people with dementia in community hospitals.

Key findings and recommendations
The paper will reveal decisions-making processes in everyday practice. The factors involved in decision-making focus on clinical and social priorities dependent on the context. Decision-making includes a range of internal and external influences. This paper expects to show some of the tensions between these external and internal influences on decision-making to

produce a social model of decision-making that will allow these conflicts to be made explicit. This will also build on local initiatives by demonstrating decision-making in practice.

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Key words:

- dementia
- decision-making
- community hospitals
- ethnomethodology.

3 key points to indicate how your work contributes to knowledge development within the selected theme:

- contributes to the Alzheimer's Society drive for the need for improved service provision for people with dementia highlighted by the Alzheimer's Society and the Welsh Assembly Government report (2011), and the Prime Minister's Challenge on Dementia 2020 report (2015)
- can lead to improvements with regards the concerns raised about fundamental issues related to the care received by older people in the NHS, (Francis, 2013)
- people with dementia are particularly vulnerable when moving from hospital where their social and clinical needs are a priority; for this reason, staff in community hospitals are facing significant decision-making challenges, which this study can illuminate to inform policy and practice.

G3SEPD-T2

Lying to ourselves: Rationality, reflexivity and the moral order of structured agency

Benny Goodman, Lecturer, Plymouth University, UK

Key concept(s) to be addressed, including, wherever possible, international relevance:

- rationality
- reflexivity
- reflexive deliberations
- structured agency
- thoughtlessness
- habitus
- lifeworld
- heuristics
- affect

Aim(s)/focus

A report (Wong and Gerras, 2015) suggests that United States' Army officers may engage in dishonest reporting regarding their compliance procedures for 'zero defects' by the army hierarchy. They do so knowing that they are 'lying to themselves' and justify this in order to meet wider organisational goals. Professional values (integrity, honesty) are thus systematically put at risk in this manner at all levels of the army. Similarly, nurses with espoused high ethical standards sometimes fail to live up to them, and may do so while deceiving themselves about such practices. Reasons for lapses are complex. However, multitudinous managerial demands arising within 'technical and instrumental rationality' (Roberts, Ion,

2015) may impact on honest decision-making. There is a tendency to use essentialist, individualist explanations for agency and accountability, at times implicitly drawing upon rational actor theory which over simplifies human agency within particular social structures and fails to account for such things as heuristics (Slovic *et al*., 2007) or emotion (Fox, 2015) in decision-making. This perspective facilitates the argument for 'moral enhancement tools' such as values-based recruitment to address poor ethical decision-making, through focusing on individual moral character rather than complex social structure. This paper suggests that compliance processes, which operates within the social structural context of the technical and instrumental rationality manifest as 'managerialism' (Rudge, 2015), contributes to professional 'dishonesty' about lapses in care, sometimes through 'thoughtlessness' (Arendt, 1963). The need to manage risk, measure, account and control (Hillman *et al*., 2013) in order to deliver efficiency, effectiveness and economy (technical rationality), thus has both unintended and dysfunctional consequences. Meeting compliance requirements may be mediated by factors such as the 'affect heuristic' and 'reflexive deliberations' (Archer, 2009) as part of the 'structured agency' (Scambler, 2015) of nurses. It is the complexity of 'structured agency' which may explain why some nurses fail to respond to such things as sentinel events, a failure to recognise 'personal troubles' as 'public issues' (Wright Mills, 1959), a failure which to outsiders who expect rational and professional responses may seem inconceivable. There is a need to understand these processes so that nurses can critique the context in which they work and to move beyond either/or explanations of structure or agency for care failures, and professional dishonesty. Will such tools as professional revalidation, strategies for compassionate practice, recruitment based on identifying values, be robust enough to address the contemporary habitus (Akram and Hogan, 2015; Bourdieu, 1977) and the lifeworld(s) of nursing (Habermas, 1987)?

Issues for debate

The degree to which we can hold individuals to account for their actions (as structured agents) and whether 'moral enhancement tools' such as 'values-based recruitment' and the UK's CNO's 'compassion in practice' strategy are robust enough to address the structures within which agency operates. Are individuals able to engage in critical reflexivity to guard against Arendtian 'thoughtlessness' or are our 'reflexive deliberations' too bounded by the context in which they operate? To what degree can nurses understand their 'personal troubles', for example unease at suboptimal care whether that is experienced in their own setting or in reports, as public issues requiring analysis, critique and then action?

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Key words:

- reflexivity
- rationality
- structured agency
- thoughtlessness

- managerialism.

3 key points to indicate how your work contributes to knowledge development within the selected theme:
- addresses 'structured agency'
- questions the validity of moral enhancement tools
- considers critical reflexivity in the nursing context.

G3SEPD-T3

Systematic review: How healthcare organisations are demonstrating organisational learning from complaints

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Background, including underpinning literature and, wherever possible, the international relevance of the research
Current research suggests that patient complaints concerning healthcare experiences are valid indicators of gaps in care that need improvement (Christiaans-Dingelhoff *et al*., 2011). Recommendations put in place by parliamentary and national guidelines after the Mid Staffordshire Inquiry clearly show there has been missed opportunities to learn from patient complaints by healthcare organisations (Francis, 2013) and (Clwyd and Hart, 2013).

Aim(s) and/or research question(s)/research hypothesis(es)
This study aims to systematically review the literature examining how healthcare organisations are demonstrating organisational learning from patient complaints.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
This systematic review will follow an adapted version of the SPIDER tool (sample, phenomenon of interest, design, evaluation, research type) (Cooke *et al*., 2012).

Sample
Studies that include the NHS, other healthcare services provided in the UK, healthcare charities, or international healthcare data from developed countries.

Phenomenon of Interest
Organisational learning from complaint, innovations triggered by complaints as well as barriers to learning from complaints.

Evaluation
There are no predetermined parameters in which the learning has to have occurred, rather that there is evidence in any form.

Design and Quality Assessment
It is unlikely that there will be any randomised control trials in this field, therefore this review has the potential to explore a wide range of techniques.

Methodological quality
A mixed-methods appraisal tool (MMAT) that enables a systematic approach to the wide range of methodologies seen, and needed within the health sciences (Pace *et al*., 2012) will be used to appraise methodological quality of the studies. Papers need to achieve 50% or above to qualify for the review.

Defining inclusion criteria:
- those that comply with the SPIED criteria
- data from comparable healthcare organisations within the developed world
- all methodologies will be included.

Defining exclusion criteria:
- studies noting coincidental changes in complaints results/outcomes not directly linked to an aim, intervention or learning from complaints
- newspaper articles, journals or sources with a non-professional focus (popular media and others forms)
- failure to meet the inclusion criteria
- any inconsistencies concerning the data source will be reviewed by a person outside of the panel.

Data collection
Databases will be used that are relevant to healthcare and education such as MEDLINE, EMBASE, British Nursing Index, CINAHL, ERIC, Maternity and Infant Care and SCOPUS.

Analysis
29 studies were sourced and assessed against MMAT by the main researcher and a second reviewer. There were 10 discrepancies which were taken to an adjudicator. 17/29 studies scored >50% MMAT and are included in the review. The lead researcher and a second reviewer will analyse the data for themes using a meta-ethnographic approach.

Key findings and recommendations
This systematic review is at the analysis stage but the themes are likely to cover:

- reluctance to engage in learning from complaints by staff, especially the medical staff
- no consistency or standardisation of learning approaches between, or within, organisations
- organisational culture unsupportive of the patient's right to complain
- the importance/impact of the leader/role model
- opportunities missed to share learning from complaints across staff groups as well as up and down the management structure.

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Key words:

- healthcare
- organisation
- learning
- complaint
- innovation.

3 key points to indicate how your work contributes to knowledge development within the selected theme:

- a systematic review that examines the current research available
- results of review will highlight innovations, gaps, or barriers to organisational learning from patient complaints
- results will trigger further research, policy change and ultimately improved care.

G3SEPD-T4

The impact of care experience prior to commencing nursing education, on students' academic competence

Sarah Field-Richards, Research Fellow, University of Nottingham; Sharon Andrew, Professor of Nursing, Anglia Ruskin University; Patrick Callaghan, Professor of Mental Health Nursing; Philip Keeley, Professor of Nursing, University of Huddersfield; Sarah Redsell, Professor of Public Health, Anglia Ruskin University; Helen Spiby, Professor of Midwifery; Joanne Lymn, Professor of Healthcare Education, University of Nottingham, UK

Background, including underpinning literature and, wherever possible, the international relevance of the research
Identification of failings in nursing care quality in the UK led Francis (2013) to recommend that prior care experience (PCE) should form a prerequisite for entry into nurse training. Echoing this, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with care experience prior to commencing nurse training. There is however little evidence regarding the impact of PCE (pilot-derived or otherwise), on the subsequent development of nursing students'

compassionate values and behaviours. The appropriateness and effectiveness of the Government's response, as a means of addressing concerns raised by Francis (2013), is therefore unknown.

Compassionate values and behaviours can be articulated as the summation of the 6Cs of nursing – compassion, care, communication, commitment, courage and competence (DH, 2012). This paper focuses on one of these aspects – competence – and explores student nurses' perceptions of the impact of PCE upon academic competence in early nursing education. Academic competence is conceptualised as the cognitive skills, attitudes and behaviours (enablers) which contribute to achievement in the academic environment (DiPerna and Elliott, 2002; DiPerna, 2006).

Compassion, to which competence is a contributing value, is considered to be a characteristic of importance to nursing internationally (Flynn and Mercer, 2013). In exploring the impact of PCE on the development of competence as a component of compassion, this research holds relevance internationally for educational policy debates surrounding the potential place of PCE in nurse training entry requirements, as a means of fostering compassion in nursing. Further, higher academic competence has been associated with lower patient mortality rates (Aiken *et al*., 2014).

Aim(s) and/or research question(s)/research hypothesis(es)
The aim of this research was to explore DH pilot participants' perceptions of the impact of PCE, on aspects of academic competence.

Research methodology/research design, any ethical issues, and methods of data collection and analysis
Methodologically, this research was approached from an interpretivist perspective. It was undertaken as part of a wider DH-funded, mixed-methods longitudinal study, exploring the impact of PCE upon student nurses' caring and compassionate attributes.

Semi-structured telephone interviews were conducted with eight purposively sampled DH pilot participants between October and December 2015. Broadly, interviews explored participants' perceptions and experiences of undertaking the pilot. An interview guide was used flexibly and developed iteratively, to facilitate discussions. Interviews typically lasted for one hour, were audio-recorded, transcribed verbatim and thematically analysed (Braun and Clarke, 2006). The values and behaviours defining the 6Cs were employed as an analytical framework. This paper reports findings relating to aspects of academic competence.

Key findings and recommendations
Preliminary analysis suggests that participants perceived the impact of PCE upon academic competence to be multi-faceted and largely beneficial. Themes identified include impact upon readiness, preparedness and motivation for learning, cognitive skills such as critical, reflective analysis, the development of social support networks conducive to learning, fostering confidence for competence, and influence upon negotiations and values relevant to the theory–practice nexus in nursing.

This research makes an early, evidence-based contribution to political, educational and academic debates, surrounding the issue of the impact of PCE, and its potential as a prerequisite for pre-registration nursing education, as a means of fostering safe and compassionate nursing care. In considering the implications of this study for healthcare education, critical issues are however highlighted, including the need for further research exploring the relationship between perceptions of impact and clinical academic assessment outcome measures, the longevity of impact in terms of influence throughout the course of study and beyond, and consideration of the comparability of outcomes between students who have, and who have not, undertaken PCE. This research also indicates that there is a need to further consider the relative influence of the specific nature of PCE and the context in which it is undertaken, beyond that of undertaking PCE per se.

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Key words:

- Francis report
- policy
- education
- 6Cs
- competence.

3 key points to indicate how your work contributes to knowledge development within the selected theme:

- contributes to knowledge surrounding the role of PCE in the development of academic competence as a means of fostering compassion
- contributes to educational policy debates surrounding PCE as a potential entry requirement for nursing education and training
- contributes to knowledge surrounding potential means of fostering academic competence in order to improve patient safety.

G3SEPD-T5

Linking the Teaching Excellence Framework (TEF), Nursing and Midwifery Council (NMC) Revalidation and peer review to support learning, reflection and development

Dawn Johnson, Senior Lecturer in Nursing, Head of Continuing Professional Development; Heather Ingram, Lead Midwife for Education, Quality Lead; Alison Pooler, Director of Learning and Teaching, Prescribing Lead, Keele University, UK

Background, context and evidence-base for the innovation, including, wherever possible, its international relevance
Keele University peer review (Keele University, 2016) is a policy process which requires a peer observation of teaching once a year, followed by constructive feedback, a written reflection, and a reflection meeting. Group meetings take place three times a year where lecturers discuss chosen themes of learning and teaching

The commencement of NMC revalidation in April 2016 requires all registered nurses and midwives to gather evidence of learning and reflection over a three-year period, including five pieces of practice-related feedback, 'practice' in the case of lecturers, being education. This links with a peer observation of teaching, but also recognising that practice-related feedback will be valuable from students, not just in module evaluations, but linking student evaluations of the observed teaching session directly with the peer observation of teaching to triangulate themes to enhance lecturer learning from the overall feedback from the session.

Another key requirement of NMC revalidation is the process of reflection through five written reflective accounts and a reflective discussion with a chosen NMC-registered partner. This model can be incorporated into the current peer review process to ensure all requirements are fully embedded and are relevant to educational practice. Key to this process is linking educational practice to the four themes of the new NMC Code (NMC, 2015), 'prioritise people, practise effectively, preserve safety, promote professionalism and trust'.

The TEF green paper (Department for business innovation and skills, 2015), while still in the consultation stage, clearly focuses on student engagement and experience, where student feedback on all aspects of their programme of study will be key.

The linking of two significant developments affecting nursing and midwifery lecturers in higher education, TEF and NMC revalidation, and the university requirement to for each lecturer to participate in peer review, gives opportunities to develop and implement processes which will meet the needs of all three of these policies, and create a more robust system of peer and student evaluation and reflection on teaching.

A final aspect to link is the annual appraisal process, which will monitor and support lecturer learning and teaching development, and fulfil the confirmer element of NMC revalidation.

Aim/focus of the innovation
To link TEF, NMC revalidation and a peer review process together to enhance excellence in teaching practice through feedback and reflection.

Implementation of the innovation
This commenced with a workshop in December 2015 where staff could give their views about linking TEF, NMC revalidation and peer review. Staff welcomed the concept, and wanted to see documentation streamlined to avoid repetition. Given that the NMC documentation must be used for revalidation, it was agreed that this should be used as part of peer review documentation.

Various student evaluation templates were considered, and it was agreed that a selection of these would be available for staff to decide which they would give to students to evaluate their observed teaching session.

In line with the NMC revalidation process it was agreed that peer review groups could be of a lecturer's choice, and that a lecturer could choose their peer reviewer, a change from the previous process.

A new peer review documentation pack was developed to include the NMC reflective accounts form and the reflective discussion form, to ensure that the written reflection following peer observation could be an NMC reflection, and that the peer review reflection session during the NMC revalidation renewal year could be the reflective discussion. The pack also includes student evaluation templates to ensure one of these is used for the peer observation session.

Methods used to assess the innovation
This new process will be assessed by:
- feedback from lecturers about the new process
- documentation evidence of completed peer observations peer and student feedback and reflection
- student feedback on the process through the staff and student liaison committee
- line managers who undertake appraisals.

Key findings
Findings will be collated from April to August 2016 and the process reviewed prior to the commencement of the new academic year in September 2016, and in the light of the TEF white paper still to be published.

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Key words:
- NMC Revalidation
- teaching excellence framework
- peer review
- student feedback
- reflection.

3 key points to indicate how your work contributes to knowledge development within the selected theme:
- implementation and opportunities in NMC revalidation
- implications for nursing and midwifery lecturers from TEF
- strengthening peer review to support teaching excellence.

Conference committee

Dr Elisabeth Clark (retired), The Open University, UK
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Professor Amanda Kenny, La Trobe University, Australia
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