NTFS Projects: Beyond Competence
End of Year Report July 2011
Two year project (2010-2012)

National Teaching Fellowship Scheme

The Higher Education Academy

Project lead	University of Southampton
Project title	Beyond competence - enabling and inspiring healthcare
Lead contact name	Dr Faith Hill / Dr Anja Timm

1. Vision

Please revisit your vision statement. Does it still reflect what you ultimately want to achieve? Can you make it more focussed and engaging beyond the project team?

This was our original executive summary for the project bid:

> *This collaborative project between Southampton and Leeds aims to facilitate smooth transitions for students moving from university-based teaching to workplace learning. The particular focus is on healthcare education and the project examines the experiences of audiology, medicine and nursing students as they enter ever-changing healthcare environments. The project investigates how students currently make the transition from 'student' to 'trainee professional' - and from didactic, class-room teaching to increasingly independent learning.*

> *The project responds directly to needs identified by students, higher education institutions (HEIs), the health service, professional bodies and in the literature concerning transitions into placement learning. Moreover, it takes seriously the changing context of the NHS and HEIs in the period of public spending cuts. It explores the ways in which HEIs and placement providers can help students thrive in the workplace and makes recommendations for future policy and practice. Finally, it works with students to create resources for students, outlining and disseminating strategies for successful placement learning.*

Since we first wrote this statement of intent for the project, major changes are underfoot both within the higher education sector and within the National Health Service; two radical white papers have since been published. These developments have caused great uncertainties in both sectors.

At times of great institutional upheaval, most universities will seek to position themselves for the future, i.e. developing new programmes, etc. and the learning experiences of students on existing programmes are all too readily overlooked. In the workplace, most undergraduates on clinical placements have a supernumerary status. Since their presence is not crucial to care delivery, their needs are oftentimes trumped by more pressing concerns for patients and targets. In the current climate both the topic and our approach to investigating and supporting undergraduate students' learning as they transition into initial clinical placements has become more topical.

2. Intended outcomes

- What do you want to happen as a result of your project?
- Who are the main beneficiaries?
- How might you know if you've achieved your intended outcomes (e.g. quantitative and qualitative indicators, 'before-and-after' comparison)?

This was the project's purpose as set out in the original bid:

> *This project seeks to enhance the experience of healthcare students in the transition to clinical learning. There are two strands:*

1. *To increase knowledge and understanding of the NHS, clinical placements and HEI provision*
- *The difference between classroom teaching and work-based learning*
- *Student perceptions of and responses to the transition (including thriving and coping mechanisms)*

2. *To develop, produce and disseminate advice and resources:*
- *For students to maximise learning in clinical contexts*
- *For teaching staff, HEIs and NHS to improve clinical placements and work-based teaching (including informing national and local bodies)*

Again, the purpose of this project has not changed.

Beneficiaries:

- Students – especially those who are undergoing the initial transition from classroom to the clinical environment. And – by extension the people they care for / treat / look after.
- Universities (especially our own institutions) – highlighting the student experience is particularly important ahead of the increase in fees. Within the sector there is an expectation that students may become more demanding of support.
- NHS / clinical placement providers – the focus on undergraduate placements raises the issue of sustainability (or rather, ignoring the problems with undergraduate placements is likely to impact negatively on the preparedness of trainee healthcare professionals further down the line).
- Ourselves / the team – the project builds on and feeds into existing research programmes at both institutions; it will enable us to further develop our research agendas. Inter-professional aspects of the project may make future collaborations in healthcare education research easier.
- By producing user-friendly resources and thinking carefully about our dissemination strategy, we are hoping that the project will also be of benefit to other institutions

How do we know:

As outlined in the original proposal, formative evaluation is built into the project at every step.
- Firstly, we are working closely with our advisory group and with key contacts – already at the proposal writing stage. None of these groups are likely to want to waste their time on a pointless endeavour; their continued involvement with the project is promising.
- We are also working with student reference groups. So far we have had no difficulties in engaging with students and they have been extremely helpful in informing our research strategy and early thoughts about dissemination. A further test will be in students' willingness to participate in the education resource production process during year two.
- In October 2011, we will be running a consultation event with professional groups in London. This will help us to fully appreciate the changes that are underfoot across the

two sectors (and in other HEIs) and to ensure that the resources will be appropriately focused. Again, the willingness of participants to engage with the project will be testament to its relevance.

- The actual uptake & use of resources will be the ultimate test. With the help of the student summer intern at Southampton, we are already in the process of learning from past projects (as well as resource and dissemination failures).
- In response to our publicity we have been contacted by various people who are interested in our findings and resources. To date, we have also had no difficulties in placing abstracts at relevant conferences.

3. Activities and outputs

- What are your activities and outputs so far? Can you summarise them concisely in bullet points?
- Are your timescales realistic and how will you monitor progress?
- To what extent do your activities and outputs contribute to the intended outcomes, and ultimately your vision?
- Are there alternative or additional activities that you can plan to reduce the risk of not achieving your intended outcomes?

As noted in the Six-month report, the actual project start date was considerable delayed due to recruitment at the two sites. The original timetable assumed that we would be up and running at both sites (Southampton and Leeds) from August 2010. However, the research fellows only started working with us in November 2010 (Southampton) and January 2011 (Leeds). The delays have led us to reconfigure some of our project activities.

All data collection in educational research has to fit in with the academic year. For example, it is not possible to conduct research with students when they are on holiday. Moreover, it has to be sensitive to critical periods around exam periods, etc. Within this two year project, this means that there are limited opportunities for data collection; year two is mainly focused on producing education resources. For this reason, we have prioritised data collection over deliverable production.

So far, the following outputs have been affected by delays:
- Literature review (**output 1** - this is now being undertaken alongside the analysis)
- Profession-specific description and analysis of the changing context (**output 2**)
- Profession-specific account of the student voice outlining the transition into clinical placements (**output 3**)

Outputs 2 and 3 have to follow on from the analysis of the data, which has only just begun.

It is important to note that our timescales are realistic and we are confident that we will deliver all the planned project outputs within 24 months as indicated in our original bid.   At this stage, in Southampton we are just over eight months into the project and at Leeds we are just over six months into the project. Therefore, in order to deliver the project plan we will need to request appropriate extensions to the project end date, to reflect the belated start dates.

Since we have prioritised data collection – so as to accommodate the limited opportunities during the project period – this aspect has proceeded quite smoothly. Both teams had to apply for ethics approval to undertake the research. Permissions were gained in Southampton in January 2011 and in Leeds in May 2011. Below is a table outlining our progress.

Data collection to date:

	University of Southampton			University of Leeds		
	Medicine	Nursing	Audiology	Medicine	Nursing	Audiology
Staff Interviews		6 / 10	2 To do: 3	due to start 07/11 To do: 10	due to start 07/11 To do: 10	due to start 08/11 To do: 2
Individual Student Interviews	1 (pilot) due to start Sept 2011	12 (complete)	6 (complete)	6/20	3/20	due to start 07/11 To do: 8
Focus Groups	1 (pilot) due to start Sept 2011	1	To do: 1	*	*	*
Research Diary Participants	due to start Sept 2011	6 (complete)	5 (complete)	*	*	*

*Ethical approval yet to be gained at Leeds for these methods

As this is a multi-institutional project, some of our time has been spent on establishing the team within each and across the two sites. Both research fellows were new external appointments and both were new to healthcare education research. In addition, Sue Kilminster, who is a Principal Research Fellow at Leeds has joined the project as a Co-Investigator (her participation represents an institutional contribution).

To facilitate and assist with team working, we have undertaken:
- Joint recruitment at Leeds (Anja Timm attended the interview)
- Team-building / joint development activity of new research fellows in January 2011: Stuart Ekberg and Alison Ledger both attended a seminar organised by the Southampton School of Education on behalf of BERA, the British Education Research Association. Speakers were Professor emeritus Michael Eraut (Surrey) and Professor Alison Fuller (Southampton).
- Two internal project meetings have taken place in 2011so far (in February in Leeds and in May in Southampton). A third one is currently being scheduled to take place in Leeds at the end of July.
- In addition to these face-to-face meetings, we are using project collaboration software – *Sharepoint* – across the two institutions. This allows us to access and store reports, share literature and data, keep the project diary, etc. So far this is working well. We communicate via email, telephone and skype also.

Building the team will be an on-going process – we already know that there will be further changes:

The Southampton research fellow will be leaving the project at the end of July, i.e. after nine months in the job. At the time of reporting, we have already set in motion the recruitment and hope to have a new research fellow in place as soon as possible.
At the end of June, we lost the dedicated administrative support for the project. Again, we are in the process of identifying a suitable replacement.

The following activities and outputs took place as originally scheduled:
- The first externally-facing project meeting brought together the advisory group and key contacts. It took place in London in December 2010. This event was supported by the Health Sciences Subject Centre, which provided a meeting room free of charge.
- The project team delivered a presentation at the Annual Conference of the Higher Education Academy in Nottingham in July 2011. It was entitled: "Participants, collaborators, partners - engaging with students to develop practices of student

engagement" (**output 4**)

- We are on schedule to deliver the interim report to the HEA in early July (**output 5**).

Alternative / additional benefits:

- Dissemination of the project's existence and future plans is already underway. We have published small items in the Southampton Medical Education newsletter, *The Facilitator*, Issue 35, dated Winter 2010, p.2 (available here: http://www.som.soton.ac.uk/research/medicaleducation/facilities/medu/newsletters/ as well as in the Health Sciences and Practice Subject Centre newsletter, Issue 32, dated January 2011, p.9 (available here: http://www.health.heacademy.ac.uk/rp/publications/newsletter). Both items have generated external enquiries about the project and we have either written or called them back in response. We will make sure to alert them about project progress.
- The project has forged closer relationships with colleagues in the other professions, for example, Stuart Ekberg was asked to contribute to an information and development day for audiology placement leads at Southampton (June 2011).
- To date there have been several opportunities for student involvement with the project. Anja Timm supervised a fourth year medical student, Chidi Onyeforo on a 20 week medical education research project. Chidi also contributed to project dissemination at the HEA's annual conference (July 2011).
- At Southampton, the project currently employs a second year IT student on a summer internship (12 weeks), Mark Chadwick. During his placement, Mark will help us to develop the project's web-presence. This is especially important in terms of the student-facing website that we have set up to enable education resource production and ultimately dissemination.
- Collaboration with key contacts in both institutions works well. For example, Anja Timm was invited to support colleagues in audiology at Southampton during a recent accreditation meeting with the Department of Health.

---

4. Critical reflection

- What is the rationale or pedagogic thinking that informs your activities and outputs?
- Are you making any assumptions that may hinder the scope of the activities/projects?
- Looking at the project as it is at this point in time, are you experiencing any problems which are impeding progress? This could include the intellectual aspect of the project as well as any project management issues.

The original proposal for the project was grounded in the literature on the student experience of clinical placements. Moreover, the project builds on an existing programme of work in medical education research at both Leeds (on transitions as critically intensive learning periods) and at Southampton (on the demise of 'the firm' and the impacts on apprenticeship style learning). Theoretically, our work is informed by the social construction of learning and debates on situated learning, apprenticeship and communities of practice.

This project originated in two units where education research is a core activity. Hence, we see this project as an opportunity to further both our theoretically driven engagement as well as a chance to inform and improve the student experience of workplace-based learning.

So far engaging our university colleagues (in medicine and other healthcare professions) has been quite straightforward - they too are interested in the topic, as well as in the comparisons within and across disciplines that we seek to enable, Most likely, it will be harder to engage with colleagues who are based primarily in healthcare settings. Within the climate of cuts and re-

organisations, the NHS environment is particularly pressured. Also, within clinical settings undergraduate education is rarely a top priority.

5. Thinking ahead
• What new activities or outputs you expect to achieve in the coming year? • How do they link with your existing activities to create a consistent picture? • What are the outputs and how will these be disseminated?

New activities to come:
- The project team will deliver a presentation at the Annual Conference of the Association for the Study of Medical Education (ASME) in a parallel session of work in progress on 14 July 2011. It is entitled: "Transitioning into workplace learning across healthcare disciplines: early findings from a comparative study of medicine, nursing and audiology at two UK universities"
- Alison Ledger is currently co-writing an abstract for a poster for the British Audiology Association Annual Conference with our key contact in Leeds, Paul White.
- Following on from our presentation at the HEA Annual Conference, we were invited by Professor Maxine Lintern of Birmingham City University to contribute to their seminar series at the Centre for Health and Social Care Research.

Key outputs already scheduled:
- The second externally facing project meeting is scheduled to take place on 14 October 2011. This will take place on the same day as the Consultation meeting with professional groups (**activity / output 6**). We are aiming to send out invitations in July.
- The production of education resources (**output 7**) is already being facilitated through our summer intern, who works for us during the summer 2011; the actual delivery is only due in August 2012.

Dissemination:
The original bid outlined a detailed dissemination strategy and to date we have had no cause to revise this substantially. It should be noted that since producing the original bid, we have recruited Steve Outram, Senior Advisor at the Academy onto our Advisory Group.

Our project plan envisaged close collaboration with the two relevant HEA Subject Centres. The cuts to the Academy's budget and the re-organisation of subject-specific support means that we will have to re-think **activity / output 8**, i.e. the joint subject-centre workshop involving HSP and MEDEV. We will discuss our options with the Advisory Group during the meeting in October and will contact the Academy with an alternative suggestion.

I understand that the information provided may be made publicly available on the Academy's website and other publications.

Name	Anja Timm
Date	18 July 2011

Beyond Competence Project Expenditure in the first year (1 July 2010 to 30 June 2011)

	Expenditure over reporting period	Institution contribution over reporting period	Total
Staff			
PI (S) Dr F Hill	0.00	10,758.00	10,758.00
PI (L) Prof T Roberts	0.00	2,217.60	2,217.60
PM (S) Dr A Timm	0.00	15,877.58	15,877.58
CI (L) Sue Kilminster	0.00	8,870.40	8,870.40
Post-Doc RF (L) Dr A Ledger	21,379.56	0.00	21,379.56
Post-Doc RF (S) Dr S Ekberg	17,904.62	0.00	17,904.62
Clerical Support (S) Ms F Alexander	922.01	0.00	922.01
Travel & Subsistence	2,526.49	0.00	2,526.49
Equipment	0.00	0.00	0.00
Dissemination activities	280.00	0.00	280.00
Evaluation	393.14	0.00	393.14
Office running costs & overheads, (FEC)	0.00	119,815.37	119,815.37
Other	0.00	0.00	0.00
Consumables	1,167.89	0.00	1,167.89
Small equipment	516.75	0.00	516.75
Laptop (L)	482.00	0.00	482.00
Transcription of focus groups and interviews	1,732.50	0.00	1,732.50
Staff Charge (L)	3,228.00	0.00	3,228.00
Total	50,532.96	157,538.95	208,071.91

(All costs stated should include VAT where applicable)