

Healthcare Educators NET Conference 2026

Practice ready: Journeys, transitions, and professional growth

2 December 2026
Session abstracts

Parallel Session 1, 10:55 – 12:35

1.1a, 10:55 - 12:35, Zoom link 1

Modernising the Healthcare curriculum in Higher Education in England to enable the NHS long term plan: A mixed methods study

Dr John Downey, University of Plymouth

The NHS 10 Year Health Plan set out government's mission to build a health service fit for the future, with the NHS 'reinvented' through three radical shifts: hospital to community; analogue to digital; and sickness to prevention. The aim of this presentation is to discuss the findings of an NHS England supported mixed-methods research study to investigate what the current levels of commitment and education are within English pre-registration programme, the expectations of graduates, and what is needed to future proof education as per the "three shifts.

Summary:

Background: The NHS 10 Year Plan (2025) made ambitious commitments to ensure the sustainability of healthcare. Pressing issues including an ageing population, overwhelmed health service, and workforce shortages require immediate changes to meet the needs of society (Sumpter et al., 2022). To enable the shift towards a preventive, community first, and digitally enabled system, the pre-registration curricula must reflect these ambitions so that students acquire the skills be 'future ready' (Kavanagh & Sharpnack, 2021). Little is known about what education is offered or the challenges encountered by educators within these areas. The aim of the research is to explore these issues and make recommendations for curriculum modernisation.

Methodology: This was a mixed methods study across pre-registration educators in nursing, midwifery, and allied health professions. Ethical approval was granted by University of Plymouth Faculty of Health Research Ethics committee. A survey was deployed exploring what commitment and educational provisions are being delivered by staff with a responsibility for module and programme leadership. The survey also asked respondents about the challenges in implementing such "future ready" curricula (response n=175). Respondents were able to opt in for follow up semi- structured interviews, targeting module and programme leaders. These interviews were undertaken using Microsoft Teams software including transcription (response n=31). A review of professional competency frameworks/standards to consolidate essential learning domains also took place (n=209).

Preliminary findings:

Survey: The commitment to digital is still emerging with only 3% of programmes saying they have a strong digital component. Prevention (33%) and community (21%) are more mature but still a small portion of education. Very few programmes use a dedicated framework or

national resources to support education. Most of the three shifts content is woven through curricula with limited dedicated modules or placements.

Interviews: Regulatory and professional bodies' play a notable role in driving innovation or stifling advances in pre-reg. Resources are crucial as new technology costs money and needs skilled staff. Commissioning models are still weighted in favour of medical intervention. Various agendas and beliefs' play a key role in what is delivered including staff, university management, practice partners and students. Practice learning process and settings are playing catch up with embedded three shifts style placements.

Frameworks: This analysis is presently least developed, but frameworks appear to prioritise skills and competencies over capabilities, with little focus on essential attributes including compassion and emotional intelligence.

What lessons conference delegates will learn from the session: Delegates will learn about the full findings from this innovative analysis of the impact NHS policy. We will also present recommendations about how to modernise undergraduate curricula across healthcare professions.

Why this topic is relevant to the healthcare sector: The NHS faces unprecedented challenges, which in part may be ameliorated by transformation away from an in-hospital, medical interventionist model and towards analogue to digital delivery, preventive healthcare, and provision closer to home in the community. Pre-registration healthcare curricula and regulatory bodies need to modernise their thinking and reflect these changes in their curricula and regulatory frameworks.

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Keywords: NHS 10 Year Plan, transformation, employability, mixed methods research.

1.1b, 10:55 - 12:35, Zoom link 1

Bookending curriculum: Strategic renaming and sequencing professional aspects courses from foundational knowledge to advocacy and lifelong learning

Molly ORourke, Western University of Health Sciences

Professional formation in Doctor of Physical Therapy education requires intentional curricular design that scaffolds identity development across time. This session presents a curriculum redesign that strategically renames and sequences two bookend courses—Professional Aspects: Foundational Knowledge and Professional Aspects: Advocacy and Lifelong Learning—to clarify developmental progression from early professional socialization to advanced advocacy and lifelong learning. Grounded in constructivist pedagogy and Bloom's taxonomy, the redesign integrates longitudinal reflective practice, ethics, leadership, and systems thinking across eight terms. Participants will explore how intentional sequencing, course naming, and reflective scaffolding enhance transparency, coherence, and learner development within a competency-based DPT curriculum design approach.

Summary:

Professional formation in Doctor of Physical Therapy (DPT) education is a developmental, longitudinal process that must be intentionally designed rather than assumed to emerge through exposure. Guided by principles of curriculum coherence and constructivist pedagogy, two existing "Professional Aspects" courses were strategically redesigned and renamed to function as bookends that explicitly frame this progression across the curriculum. The course formerly known as Professional Aspects 1 was renamed Professional Aspects: Foundational Knowledge to establish early scaffolding of professional identity formation. Positioned at the start of the curriculum, this course introduces core professional behaviors, ethics, scope of practice, regulatory frameworks, healthcare systems, communication skills, and initial goal setting. Instructional design emphasizes foundational cognitive and affective development, using structured reflection, case-based learning, and early professional socialization activities. The course formerly known as Professional Aspects 2 was renamed Professional Aspects: Advocacy and Lifelong Learning and repositioned near program completion. This redesign shifts pedagogical focus toward higher-order integration, requiring learners to synthesize ethical reasoning, engage in systems-level thinking, and apply advocacy skills within diverse sociopolitical and healthcare contexts. Learning activities emphasize analysis of health policy, interprofessional influence, and preparation for sustained professional growth beyond graduation. Across the curriculum, a second professionalism series, Professional Development and Reflective Practice, is intentionally scaffolded through vertically integrated learning outcomes. The Professional Development and Reflective Practice series (Terms 5, 7, and 8) functions as a longitudinal pedagogical thread, reinforcing metacognition, ethical decision-making, and identity formation through structured reflection and guided dialogue. This intentional renaming and sequencing strategy strengthens curriculum transparency and pedagogical alignment by making developmental expectations explicit for both learners and faculty. Grounded in Bloom's taxonomy and constructive alignment, this design ensures progression across cognitive, and affective domains. Ultimately, this approach demonstrates how deliberate curriculum architecture can operationalize professional identity formation as an intentional, assessable, and scaffolded educational outcome in DPT education.

References:

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Hays RB. Purposeful design in health professions' curriculum development. *Med Teach.* 2024;46(12):1532-1538. doi:10.1080/0142159X.2024.2359974

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Keywords: Higher Education, professionalism, course naming, curriculum design.

1.1c, 10:55 - 12:35, Zoom link 1

Developing practice-ready Veterinary graduates through a longitudinal quality improvement curriculum

Samantha Fontaine and Dr Alison Reid, University of Glasgow

Healthcare programmes must equip learners to become active contributors to quality improvement (QI). This short communication reflects on the initial stages and early evaluation of an innovative longitudinal QI curriculum within a UK veterinary degree programme. Beginning in Year 1, students progressively develop QI capabilities building towards clinical and significant event audit and meaningful participation in mortality and morbidity rounds. Early evaluation demonstrates improvements in students' perceived understanding of professional responsibilities, systems-based thinking and situational awareness, and highlights areas for development of this theme for future years. The approach offers a transferable model for embedding QI across healthcare curricula.

Summary:

Background: Healthcare graduates are increasingly expected not only to deliver safe, evidence-based care, but also to contribute to cultures of continuous quality improvement (QI). Despite this expectation, QI is often taught as a standalone topic rather than a developmental professional capability integrated throughout a programme of study, or not explicitly taught at all. The Bachelor of Veterinary Medicine and Surgery (BVMS) programme at the University of Glasgow has historically had no direct QI teaching and relied on exposure to QI practice on clinical rotations. A new longitudinal QI curriculum was designed to support BVMS students' professional development across the five-year programme. The innovation aligns with regulatory expectations for clinical governance and the capabilities required of practice-ready veterinary graduates and embeds quality improvement as a core professional responsibility rather than an additional activity.

Innovation: The curriculum is scaffolded to develop skills through hybrid interactive learning activities, and assessed in small groups using authentic QI practices. Year 1 students analysed a recorded mock significant event discussion modelled on a real case. Students examined communication, human factors, professional and regulatory responsibilities, psychological safety and systems factors before developing QI recommendations. Year 2 students will build on these foundations through clinical audit activities involving analysis of veterinary datasets and the design of a clinical audit. Future planning includes a significant event audit in Year 3 and participation in authentic mortality and morbidity rounds during clinical placements.

Methodology: This initial evaluation used a mixed-method survey to explore perceived learning gains and attitudes towards QI in year 1 students. A response rate of 20 students (14.8% of the cohort) was achieved. Descriptive statistics were reported for all Likert-type questions, and reflexive thematic analysis was undertaken for the free-text data.

Key Findings: Students reported improvements in their understanding of the relationship between QI domains and clinical outcomes and recognised the future relevance of QI concepts, both within their studies and in the workplace. QI was perceived to be professionally relevant, with 80% agreeing or strongly agreeing that QI would be an important part of their future practice. Qualitative responses demonstrated a rich understanding of the nature of QI. Students highlighted the use of authentic scenarios and discussion of human factors as particularly engaging learning experiences. Observations from faculty involved in delivering and assessing this new activity highlighted strong engagement among the year 1 students, and the high quality of the assessment submissions produced.

Lessons for Delegates: Delegates will gain practical insights into and reflections from designing and implementing a longitudinal QI curriculum within a veterinary education setting. The presentation will discuss early evaluation findings, implementation challenges and opportunities for adaptation across healthcare disciplines.

Relevance to Healthcare Education: This innovation demonstrates how QI can be embedded as a developmental thread throughout a professional programme, helping students transition from novice learners to graduates capable of participating in quality improvement activities from the outset of professional practice. The approach is transferable across healthcare professions and offers a practical model for preparing practice-ready graduates equipped for contemporary healthcare environments.

Keywords: Quality improvement, group work, curriculum innovation, clinical governance, veterinary education.

1.1e, 10:55 - 12:35, Zoom link 1

Bringing the Home Visit into the Classroom: Using ThingLink to Teach Frailty, Falls Risk and Holistic Clinical Reasoning

Chanceeth Chandrakanthan, Tripti Chakraborty, Jay Cameron, Alexandra Wolley, Brian Dzikiti, Dr Jacqueline Driscoll, and Rekka Kandasamy, City St George's, University of London

Home visits are central to safe, person-centred healthcare, but they are difficult to teach authentically in classrooms. This session shares a ThingLink immersive home visit pilot using 360-degree scenes, interactive prompts and small-group discussion to support students' clinical reasoning around frailty, falls risk, medicines, nutrition, social support and safeguarding. Delegates will explore how digital simulation can make environmental and holistic assessment more visible, and how student and facilitator feedback informed refinement. The session offers practical design principles for educators seeking inclusive, authentic and reusable learning activities in healthcare education.

Summary:

Home visits are an important but difficult area of healthcare education to teach authentically. Learners must integrate clinical reasoning with environmental observation, respectful communication, risk assessment, medicines review, safeguarding awareness and person-centred planning. This is increasingly relevant internationally as populations age and health systems need practitioners who can support safe care beyond hospital settings (World Health Organization, 2025). Falls education is also a patient safety priority: NICE guidance highlights the need to reduce falls and associated distress, injury, loss of confidence, loss of independence and mortality (NICE, 2025). However, conventional classroom cases may not

fully represent the complexity of entering a person's home, noticing hazards and balancing risk with independence.

This presentation reports an educational innovation using ThingLink to bring a simulated home visit into the classroom. A frailty and falls case, centred on "Betty Cartwright", was redesigned as an immersive 360-degree activity. Students worked in small groups through linked scenes including the front door, hallway, living room, focused patient conversation, kitchen/fridge scene and final handover. Interactive prompts required them to identify environmental hazards, explore the fall history, consider red flags, medicines, chronic obstructive pulmonary disease, nutrition, loneliness, bereavement, safeguarding and self-neglect, and frame support around Betty's independence. The design was informed by evidence that virtual patients and virtual simulations can support health professions learning, clinical reasoning and skills development when used as part of active educational design rather than as a technology-driven add-on (Kononowicz et al., 2019; Sim et al., 2022). The pilot was evaluated using student feedback from 35 respondents and structured facilitator observation. Student feedback was strongly positive. All respondents agreed or strongly agreed that the activity felt relevant to clinical practice, helped them think about falls risk in the home, and supported consideration of medicines, nutrition and social support. All respondents also agreed or strongly agreed that the prompts helped them think through the home visit. Confidence across five home visit skills increased from a mean of 3.36/5 before the activity to 4.06/5 after the activity. Facilitators similarly observed that students engaged with the prompts, identified living room hazards and linked these to falls risk and function. They particularly valued the 360-degree exploration, small-group discussion and prompts around home hazards, history taking, medicines and social/emotional support. Areas for refinement included reducing repetition, improving response boxes and orientation to the 360-degree environment, and adjusting timing for groups working at different speeds. Delegates will learn how an accessible digital tool can be used to create an inclusive, reusable and practice-facing simulation without requiring high-cost virtual reality equipment. The session will share practical design principles, evaluation findings and refinements for future delivery. It will be relevant to healthcare educators seeking to prepare learners for holistic, community-based, digitally enabled and safety-focused practice.

References:

Kononowicz, A.A., Woodham, L.A., Edelbring, S., Stathakarou, N., Davies, D., Saxena, N., Tudor Car, L., Carlstedt-Duke, J., Car, J. and Zary, N. (2019) 'Virtual Patient Simulations in Health Professions Education: Systematic Review and Meta-Analysis by the Digital Health Education Collaboration', *Journal of Medical Internet Research*, 21(7), e14676.
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World Health Organization (2025) Ageing and health. Available at: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.

Keywords: ThingLink, immersive simulation, home visits, frailty, falls risk.

1.2a, 10:55 - 12:35, Zoom link 2

Action plan quality and standardisation: Implementing a digital action plan generator

Ross Brawn and Lisa Seeberger, Royal Papworth Hospital

Practice assessors often face challenges in creating robust action plans for students failing to meet clinical placement standards. Inconsistent quality in these plans risks 'failing to fail', ultimately impacting patient safety. This session introduces a novel, digitised action plan generator developed by Royal Papworth Hospital. By standardising the action planning process and enforcing essential gatekeeping steps, such as mandatory engagement with the clinical education team and practice learning coordinators, this tool ensures high-quality support for struggling learners. Attendees will explore how this innovation enhances educational governance, promotes evidence-based assessment, and safeguards both student progression and the quality of patient care.

Summary:

Background: Effective student support during clinical placements is a cornerstone of patient safety. However, practice assessors (PA) occasionally struggle to formulate high-quality action plans for students who do not meet placement standards. This is often due to the infrequent nature of these interventions per PA, leading to skill erosion and a lack of standardisation of action plan quality across clinical areas. Poor quality action plans inhibit the student's ability to improve and contribute to the phenomenon of 'failing to fail'. To address this, RPH has developed a digital action plan generator to ensure that action plans are robustly aligned with assessment requirements and expectations and that quality is consistent across placement areas.

Innovation Methodology: The innovation utilises Microsoft Forms, integrated with a Power Automate workflow, to create a structured, bespoke action plan. The design incorporates a critical gatekeeping stage; the form includes mandatory blocker questions, such as verification of sufficient written feedback, the student's existing awareness of concerns, and notification of the clinical education team and practice learning coordinators. If any condition is not met, the generator prevents submission, ensuring that action plans are initiated only when the assessor is appropriately supported and prepared. If the criteria are met, the generator prompts the assessor to detail concerns about knowledge, skills, and professional values, providing options for selecting pre-populated answers as well as free text. The tool provides a consistent framework for describing the nature of the concern, required evidence, and available support. Upon submission, the workflow triggers an email containing a professional PDF template formatted to match standard Practice Assessment Documents (PADs), simplifying the transfer of information. Furthermore, the template automatically links concerns to specific marking criteria, ensuring evidence-based alignment with regulatory standards.

Key Findings: The tool was developed through local collaboration with educators, practice learning coordinators, and two Higher Education Institutions (HEIs). Feedback has been overwhelmingly positive, highlighting the tool's ability to reduce assessor anxiety and improve the quality and standardisation of documentation. The project has moved from the development phase to final implementation and evaluation.

Lessons for Delegates:

- Identify gaps in routine action planning processes, leading to poor student support and 'failing to fail'
- Understand how digital systems/processes can bolster identified gaps, in this instance, standardising complex educational documentation

Relevance to Healthcare Sector: This project directly supports the "Quality, safety and evidence-based practice" theme by enhancing the consistency of assessment, which is vital for maintaining the quality of the future healthcare workforce. The transferability of this digital solution to other clinical settings or disciplines offers a scalable approach to professionalising the practice assessment process, ensuring that struggling students receive equitable, high-quality support that prioritises both their professional growth and the safety of the patients they care for.

Keywords: Action planning, practice assessment documentation, practice education, student support, digital innovation.

1.2b, 10:55 - 12:35, Zoom link 2

Raising the bar: Benchmark statements to enhance quality and equity in secondary care placements

Dr Victoria Jones, University of East Anglia and Rebekah Hill, Norwich Medical School

Secondary care placements are a core component of undergraduate medical education, giving students vital exposure to real clinical practise. At Norwich Medical School, we are committed to providing placements that promote both diversity and equity of experience. However, student evaluations have highlighted a perceived disparity in the quality of secondary care placements experiences we offer. This led to a review of placement timetables and the development of evidence-informed benchmark statements designed to guide the creation of high-quality, well-balanced placement timetables. This will foster positive evaluations of secondary care placements by providing well-supported, effective teaching and learning experiences.

Summary:

Secondary care placements are a core component of undergraduate medical education, providing students with essential experience of real clinical practise (General Medical Council, 2022). At Norwich Medical School, we are proud to integrate secondary care placements from the very first semester of study, ensuring students develop confidence and clinical insight early in their training.

We are required by the GMC to provide diversity of placement experience (General Medical Council, 2022), and we are committed to providing placements that promote diversity whilst ensuring consistency and equity of experience. However, feedback from mandatory student evaluations has highlighted a perceived disparity in the quality of secondary care placements experiences across Trust sites, Modules and Specialties. This has culminated in areas of consistently poor evaluations of secondary care placement experiences. Previous studies have identified poor organisation, lack of effective communication and a lack of team integration as key barriers to engagement of medical students with clinical placements (Sadler et al. 2025). A review of placement timetables provided to our students suggested communities of best practise; timetables associated with consistently good evaluations provided students with effective signposting information, named clinicians for teaching sessions, specified locations for placement activity and minimal self-directed learning on placement. We therefore proposed the generation of benchmark statements for the development of high-quality, well-balanced timetables for secondary care placement, which are consistent across Trust sites. These statements have been developed with collaboration and consultation with key members at each Trust site who provide placements for NMS MB BS Students. Placement timetable benchmarks include statements regarding when

information should be disseminated to students and key information to be provided to students at these time points.

This evidence-informed quality assurance and enhancement project will be evaluated for its impacts in the upcoming academic year 2026-7. Our project aims to ensure that students feel safe, supported and part of a learning community notwithstanding the Trust, module or specialty they are undertaking a placement in. We hope that by providing well-supported, effective teaching and learning experiences in secondary care, we will not only foster positive evaluations but also enhance student engagement.

References:

General Medical Council, 2022. Guidance on Undergraduate Clinical Placements [Online]. Available: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/undergraduate-clinical-placements/guidance-on-undergraduate-clinical-placements> [Accessed July 2, 2026].

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Keywords: Quality assurance and enhancement, secondary care placements, student experience, placement equity, medical education.

1.2c, 10:55 - 12:35, Zoom link 2

From student to practitioner: School-based placements as a workforce and professional identity innovation

Dr Aparna Ramachandran, Despina Laparidou, Dr Elizabeth Bailey, Rowena Pyott, Dr Louise Howe, Dr Helen Ribchester and Dr Sophie Willis, University of Lincoln

Can innovative placement models help address workforce pressures while supporting students' development for future practice? This presentation shares findings from a national discovery research study exploring school-based Speech and Language Therapy (SLT) placements. Drawing on evidence from a rapid scoping review and stakeholder focus groups, the session examines the opportunities and challenges associated with school-based placement models, including their potential contribution to placement capacity, service provision and professional development. Attendees will gain insights into supervision, partnership working and implementation considerations, while reflecting on the evolving relationship between workforce development and healthcare education.

Summary:

Background

Healthcare professions face increasing workforce shortages alongside rising service demand and pressure on placement capacity. Within Speech and Language Therapy (SLT), growing referral rates, lengthy waiting lists, and limited traditional placement opportunities have created challenges for both workforce development and student education. Recent evidence indicates that more than 66,000 children and young people in England are awaiting speech and language therapy support (NHS Confederation, 2022; NHS England, 2023), highlighting the need for innovative approaches that address both workforce development and service provision.

Traditional placement models are increasingly challenged in balancing preparation of practice-ready graduates with workforce and placement capacity pressures (Law et al., 2017). As a result, there is growing interest in models that position students as active contributors to service delivery rather than passive observers. Internationally, school-based and service-learning placements have emerged as alternatives, suggesting that students can contribute meaningfully while developing confidence, autonomy, and professional identity (Jones et al., 2011; Bowers et al., 2022). However, questions remain regarding feasibility, supervision, sustainability, and transferability within the UK context.

Methodology

This NHSE funded discovery research combined a rapid scoping review and qualitative stakeholder engagement. The scoping review followed PRISMA-ScR guidance and Arksey and O'Malley's (2005) framework, synthesising evidence from healthcare and education databases alongside grey literature. This was complemented by four stakeholder focus groups involving practice educators, placement leads, SLT students, and representatives from the Royal College of Speech and Language Therapists. Data were analysed using thematic analysis and narrative synthesis, supported by framework analysis.

Key Findings

Fourteen studies were identified exploring school-based SLT placement models across Australia, the United States, and the UK. Findings suggest that these models may offer a "double dividend" for healthcare education. The literature and stakeholders highlighted that school-based placements can support students' transition to autonomous practice through graduated responsibility, peer learning, clinical decision-making, and collaborative working. These experiences were associated with increased confidence, professional identity development, and preparedness for practice.

Findings also suggest potential benefits for workforce development through increased placement capacity and expanded service delivery, including assessment, intervention, and preventative work in schools. Participants noted improved access to support for children alongside meaningful learning opportunities for students. Successful implementation was associated with flexible supervision models, strong cross-sector partnerships, peer learning, clear communication, and effective student preparation. However, workforce pressures, geographical variation, resource constraints, and supervision capacity were consistently identified as challenges.

What Delegates Will Learn

Current evidence and stakeholder perspectives on school-based placement models
Strategies for balancing student autonomy and supervision in practice learning
Approaches to supporting professional identity development and transition to practice
Examples of cross-sector partnership working
Key considerations for addressing workforce and placement capacity challenges.

Relevance to Healthcare Education

School-based placements may offer an alternative approach to addressing placement capacity pressures while supporting student learning. They raise important questions about how students contribute to service delivery while remaining learners. The study highlights potential benefits, implementation challenges, and contextual factors relevant to educators designing future practice-based learning models.

References:

Arksey, H. and O'Malley, L. (2005) Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.

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Keywords: Practice-based learning, workforce development. practice readiness, clinical placements, speech and language therapy.

1.2d, 10:55 - 12:35, Zoom link 2

Grow, stay, thrive: Building the future AHP workforce through care home placements Claire Hedley, NHS Forth Valley

Within NHS Forth Valley, there is a gap in the development of the future Allied Health Professional (AHP) workforce within care home settings, minimal established student placements across most professions. This session highlights the opportunity to transform care homes into valuable learning environments that enhance workforce capacity, capability, and recruitment. Embedding practice-based learning into care home settings, students gain essential insights into person-centred, rehabilitative care and develop skills aligned to the needs of an ageing population. Expanding these placements will strengthen learning experiences, support workforce sustainability, improve service delivery, and encourage graduates to consider careers within the care home sector.

Summary:

This conference session presents findings from a comprehensive review of AHP services

within care homes in NHS Forth Valley and explores the opportunity to strengthen workforce capacity through the development of practice-based learning opportunities for AHP students. The review identified significant gaps in AHP presence, within care homes. These gaps extend to workforce development, where there is currently no structured provision of AHP student placements in care homes, limiting early exposure to this sector and reducing the likelihood of graduates considering careers within it.

The absence of structured learning pathways within care homes represents a critical barrier to workforce sustainability. Evidence from the review highlights that expanding practice-based learning opportunities is essential to developing a future workforce equipped to meet the needs of an ageing population. Care home placements offer a unique environment for students to develop person-centred, holistic and rehabilitative skills while gaining a deeper understanding of integrated health and social care delivery. These experiences also support professional identity formation and enhance awareness of career opportunities within the care home sector. This session will present a proposed model for embedding AHP student placements within care homes, aligned to national policy drivers including the AHP Education and Workforce Policy Review and the Healthcare Framework for Adults Living in Care Homes. It will explore how innovative supervision models, such as long-arm supervision in settings without on-site AHPs, can enable placement expansion while maintaining quality and governance.

Key to this approach is the integration of recruitment, retention and professional development strategies. Early exposure to care home settings through placements can positively influence career decision-making, encouraging graduates to consider roles within this traditionally underrepresented sector. Furthermore, embedding students within care homes contributes to workforce retention by fostering a sense of belonging, improving understanding of multidisciplinary working and strengthening links between education and service delivery. The session will also highlight the wider system benefits of investing in practice-based learning within care homes. These include enhancing staff capability through shared learning, improving resident outcomes through increased access to AHP expertise, and supporting a shift towards proactive, preventative and rehabilitative models of care. By reframing care homes as dynamic learning environments for our future AHPs, this work demonstrates how practice-based learning can be leveraged as a powerful strategy to recruit, retain and nurture the future AHP workforce while improving care for some of the most vulnerable populations.

References:

Allied Health Professions Education and Workforce Policy Allied Health Professions Education and Workforce Policy Review Recommendations

National Workforce Strategy for Health and Social Care in Scotland; National Workforce Strategy for Health and Social Care in Scotland

Healthcare framework for adults living in care homes My Health – My Care – My Home (2022) [healthcare-framework-adults-living-care-homes-health-care-home.pdf](#)

Connecting People, Connecting Support, Alzheimer Scotland. Connecting People Connecting Support in action report.pdf

Keywords: Future workforce, sustainability, student placements.

1.2e, 10:55 - 12:35, Zoom link 2

Enhancing Physiotherapy education through co-production: Reimagining non-patient facing placements

Katarina Trumm, University College Birmingham

This education placement at University College Birmingham involved second year undergraduate physiotherapy students. The project aimed to enhance the Practice-Based Learning module (in-house placement) by integrating student voice into curriculum development. Students gathered peer feedback and co-created a Patient Journey Hub - a knee replacement patient's journey from inpatient care to community discharge. The hub embedded core clinical skills, health inequalities, and NHS priorities to support holistic patient management. Local trust leads provided external feedback to refine authenticity. This placement demonstrated the value of non-clinical learning and co-production, while developing teamwork, leadership, and reflective skills for professional readiness for contemporary practice.

Summary:

Background and Rationale

Practice-based learning (PBL) is a cornerstone of physiotherapy education; however, ongoing pressures on clinical placement capacity and workforce demands have driven the need for innovative, sustainable alternatives. Within healthcare education, there is increasing emphasis on student-centred learning, co-production, and the integration of authentic, practice-relevant experiences. Additionally, contemporary agendas highlight the importance of addressing health inequalities and aligning educational provision with system priorities such as the NHS Long Term Plan. This project responds to these trends by embedding student voice into curriculum design and exploring education-based placements as a meaningful and scalable model. Such approaches reflect wider international developments in simulation, case-based learning, and participatory curriculum design.

Methodology

This educational innovation adopted a co-productive design approach. Three Level 5 physiotherapy students undertook a six-week in-house placement, collecting and synthesising peer feedback on the existing Practice-Based Learning 1 module. Using this insight, the students collaboratively developed a curriculum resource—the Patient Journey Hub—structured around a total knee replacement pathway (inpatient to community) whilst considering health inequalities. Iterative refinement was supported through stakeholder feedback from local NHS trust leads, ensuring alignment with current clinical practice and system challenges.

Key Findings / Innovation Outcomes

The project demonstrated that embedding student voice enhances curriculum relevance, engagement, and inclusivity. The Patient Journey Hub enabled integration of theory and practice across a holistic care pathway - supporting the students preparedness for clinical placements. Engagement with external stakeholders strengthened authenticity and ensured the resource reflected real-world constraints. The innovation also highlighted the value of non-clinical placements in developing transferable skills, including leadership, teamwork, and reflective practice.

Learning for Delegates

The session will present a replicable model for education-based placements (and non-patient facing placements), strategies for embedding student voice, and approaches to

aligning learning with professional standards and healthcare priorities. It will also demonstrate how authentic, case-based resources can support inclusive and holistic student learning while addressing placement capacity challenges.

Relevance to Healthcare

This work addresses a critical sector challenge: sustaining high-quality PBL within constrained clinical and non-patient facing environments. By offering a scalable, education-based placement model, it contributes to workforce preparedness and resilience. The focus on holistic care, health inequalities, and system awareness ensures graduates are better equipped for contemporary practice. Importantly, embedding student voice promotes inclusive, responsive education that reflects the evolving needs of both learners and healthcare systems - both for academic and placement components of the course.

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Keywords: Student co-production, practice-based learning, non-clinical placements, curriculum innovation.

1.3a, 10:55 - 12:35, Zoom link 3

A health-promoting work environment to retain newly qualified Nurses: An innovative Nordic action-research project

Professor Yvonne Hilli, Nord University and Karin Bølenius, Umeå University

The overall aim of this research project was to create a health-promoting work environment that supports newly qualified nurses by implementing an innovative action research project with a "bottom-up" perspective. In close collaboration with stakeholders in clinical practice, an evidence-based mentorship programme was developed and tested. The goal was to

support newly qualified nurses during their transition into working life and to support mentors. The mentorship programme was tested for 8 months across 24 intervention units in hospitals and municipalities in two regions in northern Norway and Sweden. After the intervention, it was evaluated both quantitatively and qualitatively.

Summary:

Background:

A high nursing turnover rate among newly graduated nurses is a serious problem. According to earlier studies, many encounter an 'unexpected reality' when they commence clinical practice, leaving them feeling unprepared and stressed 1,2.

Concerns about whether NQNs receive adequate support during their transition to working life have led to the development of transitional support programmes to promote professional development 3, 4. High burnout symptoms at the start of a career often lead to lower job satisfaction, more frequent thoughts of leaving the profession, and eventual departure from the nursing profession a decade later 5.

Dissatisfaction with work, an unpleasant atmosphere, and poor or absent leadership are common causes of dissatisfaction. Factors such as an appreciative and supportive leader and autonomy at work enhance the work environment, thereby increasing job satisfaction and reducing nurse turnover. Other positive factors include a good, professional introduction, appropriate workloads, and clearly defined roles and opportunities for career development (Fält 6-9). Moreover, it is crucial to address NQNs' specific needs and provide appropriate support for their professional adaptation 4, 6, 7. Mentorship programs have proven to be cost-effective and to increase job satisfaction 8, 9. Successful interventions that improved early retention of NQNs have shown that internship and residency programmes, including formal teaching with mentorship, were the most effective, with interventions spanning 27–52 weeks 8. Specific mentor characteristics can optimise the mentoring relationship. An ideal nurse mentor is an authority, an educator, and an experienced nurse with personal commitment, knowledge, skills, and a positive attitude 10.

Methodology

This study was a collaborative project between two universities, three hospitals, and five municipalities across two regions in northern Norway and northern Sweden (2020-2024). The primary aim was to develop an evidence-based mentorship programme to support NQNs as they transition from student nurses to working life, and to explore experienced nurses' perceptions of their roles as mentors. A mentorship programme was developed in close collaboration with the researchers, leaders, and registered nurses. A 12-hour course for mentors was organised as four digital workshops held from September to December 21. A total of 48 mentees paired with 41 mentors tested the mentorship programme across 24 intervention units in different contexts, in hospitals and municipalities, over eight months, from September 2021 to April 2022. The intervention was evaluated qualitatively and quantitatively between May and June 2022. This study employed an action research (AR) approach, characterised by close, participatory collaboration among researchers, registered nurses, and leaders in clinical practice, all of whom were key stakeholders. This educational partnership promoted knowledge and explored the application of theory through a cyclic process with distinct phases: problem identification, action planning, action to change practice, observation, and evaluation 11. The key findings from this innovation research highlight the importance of a health-promoting culture within the workplace. This includes a well-structured, evidence-based mentorship programme embedded in a learning environment, with clear and explicit roles and expectations for leaders, mentors and mentees.

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Keywords: Newly qualified nurses, health-promoting work environment, intervention, innovative research, action-research.

From dislocation to professional identity: Sociocultural transitions and the journey to practice readiness

Dr Benjamin Ajibade, Northumbria University

Internationally educated nursing students navigating UK higher education face a dual transition: academic and sociocultural, which existing support frameworks rarely address in full. Drawing on an IPA study using LEGO® Serious Play®, this session presents evidence of how cultural dislocation, racialised othering, and institutional invisibility shape the journey to professional identity and practice readiness. Situated within a broader argument for decolonising healthcare education curricula, the session offers practical framework for educators and programme leaders seeking to move beyond additionality toward genuinely transformative support. Findings have direct relevance across nursing, midwifery, medicine and allied health professions in the UK and internationally.

Summary:

Background

The international recruitment of nursing and healthcare students is a well-established feature of UK higher education, yet the sociocultural dimensions of their transition remain inadequately addressed within educational policy and practice. Internationally educated students navigating UK programmes face a dual transition: academic adjustment alongside profound sociocultural dislocation, negotiating new professional norms, institutional cultures, and racialised environments whilst simultaneously reconstructing their professional identity (Higginbottom et al., 2016). For mental health nursing specifically, this problem is compounded by curricula that remain epistemologically narrow, centring Western biomedical frameworks while rendering non-Western knowledge traditions invisible; a structural condition with measurable consequences for both the experience of racially minoritised students and the quality of care they are prepared to deliver (Ajibade, 2026a). Recent evidence confirms that these unresolved transitions persist beyond graduation: internationally educated nurses continue to report significant integration challenges and professional marginalisation in community mental health settings long after qualification (Ajibade et al., 2026b). Supporting internationally transitioning students to become genuinely practice-ready is therefore a workforce sustainability issue of direct relevance across the UK and internationally.

Methodology

This presentation draws on an interpretative phenomenological analysis (IPA) study of Nigerian nursing students transitioning into UK higher education. LEGO® Serious Play® (LSP) was used as a creative, participatory data generation method alongside semi-structured interviews, enabling participants to materialise tacit experiences of dislocation, belonging, and professional identity through physical construction and metaphor. LSP was chosen for its capacity to reduce hierarchical barriers within the research encounter and to create conditions in which marginalised voices can be genuinely heard — an approach now being applied across decolonising agendas in healthcare and higher education more broadly (Ajibade et al., 2026c). Ethical approval was granted by the University of Sunderland Ethics Committee (Reference: 001745).

Key Findings

Participants described professional identity development as a non-linear process shaped by cultural dislocation, racialised othering, and institutional invisibility. Practice readiness was not achieved through curriculum engagement alone but through relational encounters: mentorship, recognition, and affirmation of belonging that made professional identity development possible. Where these were absent, participants described withdrawal, self-silencing, and fractured professional confidence. These findings align with broader evidence

that the racialised awarding gap and differential attrition among internationally educated students are structural outcomes, not individual performance deficits (Ajibade et al., 2026a).

What Delegates Will Learn

Delegates will gain evidence-based insight into why internationally transitioning students remain at disproportionate risk of attrition, and what relational, pedagogical, and curricular conditions make the difference between surviving transition and thriving into professional identity. The session introduces a practical framework for curriculum transformation that moves beyond additionality toward genuinely inclusive healthcare education with direct implications for programme design, mentorship, and institutional support structures across all healthcare professions.

Relevance to the Healthcare Sector

At a time of sustained workforce pressure, retaining internationally educated students and supporting equitable pathways into practice is both a strategic and ethical priority. The session offers transferable implications applicable across nursing, midwifery, medicine and all allied health professions, grounded in evidence from the UK context with clear international resonance.

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Keywords: Professional identity, sociocultural transition, decolonising healthcare education, internationally educated nurses, practice readiness.

1.3c, 10:55 - 12:35, Zoom link 3

Supporting student transitions through alumni mentorship: Enhancing professional growth in Nursing education

Dr Sherly George, Royal College of Surgeons in Ireland

Supporting students through rapid transitions into higher education is a key challenge in nursing education, particularly within intensive, hybrid bridging programmes. This session showcases an innovative Alumni Mentorship Programme designed to enhance student confidence, belonging and professional growth. Drawing on a student-partnered approach, the initiative connects small groups of students with alumni mentors to support academic adjustment, peer learning and professional identity development. Attendees will gain insights into how structured, scalable mentorship can transform early student experiences, promote inclusion and support practice-ready graduates. The session will offer practical strategies for embedding alumni engagement into healthcare education programmes.

Summary:

Transitions into higher education are widely recognised as critical periods influencing student success, retention and professional development, particularly in healthcare education. This is especially evident within intensive, one-year bridging programmes delivered in hybrid formats, where students must rapidly adapt to new academic, digital and professional expectations. Research indicates that non-traditional learners, including mature and international students, are more likely to experience challenges during early transition, including reduced confidence, difficulties with academic adjustment, and limited sense of belonging (Gill, 2022). A strong sense of belonging is closely associated with improved engagement and persistence in higher education (Pedler et al., 2022). Mentorship, particularly peer and near-peer models, has been identified as an effective approach to support transition, learning and professional development and role adaptation in nursing education (Beke et al., 2026). This session presents an innovative Alumni Mentorship Programme developed to support students undertaking a hybrid one-year nursing bridging programme, where rapid transition often leads to initial challenges. The programme was co-designed using a student-staff partnership approach, ensuring relevance, inclusivity and responsiveness to student needs. Alumni mentors were assigned to small groups of students (8–10), providing academic guidance, facilitating peer support and offering insights into professional practice. The initiative was underpinned by concepts of student transition, belonging and social learning (Pg Hj Besar, 2018), emphasising the role of community and shared learning in supporting progression. A mixed-methods evaluation approach was used, incorporating student feedback, reflective accounts and programme surveys. Findings demonstrated that the mentorship model contributed to improved student confidence, engagement and sense of belonging, particularly during the early stages of transition. Students reported that mentorship supported academic adjustment within a fast-paced hybrid environment and facilitated professional role transition and adaptation to new academic and practice expectations. Alumni mentors also reported benefits, including enhanced reflective practice and sustained engagement with the academic community. Conference delegates will gain practical insights into designing and implementing scalable alumni mentorship models, supporting rapid transitions in hybrid and intensive programmes, and embedding student partnership and co-creation in educational innovation. This topic is

highly relevant to the healthcare sector, where there is increasing emphasis on preparing practice-ready graduates capable of adapting to complex and evolving care environments. Supporting effective transition is critical not only for academic success, but also for workforce readiness and retention. The model presented offers a sustainable and transferable approach to enhancing student experience and professional development in healthcare education.

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Keywords: Student transition, alumni mentorship, hybrid learning, belonging and engagement, professional role transition.

1.3d, 10:55 - 12:35, Zoom link 3

Reconceptualising professional, academic and researcher identity in Nursing: Supporting educator transitions and workforce sustainability

Joshua Nwambo, Samuel Badu, Vann Mark, Oladayo Bifarin, Liverpool John Moores University and Katyon Warrick, Buckinghamshire New University

Transitions into academic and research roles remain challenging for many nurses, with identity uncertainty often overlooked as a key factor. This study presents a theory synthesis of professional, academic and researcher identity, introducing the Identity Architecture Framework (IAF) as a new way of understanding how identities form and diverge across career pathways. The session explores how identity instability shapes educator transitions and contributes to workforce challenges. Relevant across healthcare disciplines, it offers practical insights for supporting professional growth, strengthening educator retention, and enhancing engagement with research in contemporary healthcare education systems.

Summary:

Background: Healthcare education is increasingly shaped by workforce challenges, particularly within nursing academia, where difficulties in recruitment, retention, and career progression persist (Tower et al., 2024). While professional identity in nursing is well established (Hoeve et al., 2014; Cornett et al., 2023), academic and researcher identities remain comparatively under-theorised and frequently subsumed within role-based or professional frameworks (Halton et al., 2024; Tinkler et al., 2022). This conceptual gap limits how effectively institutions support nurses transitioning into educator and research roles. Persistent reports of identity uncertainty and role tension suggest current frameworks

inadequately capture identity formation across these domains (Brower et al., 2022; Siddiqui et al., 2024).

Aim: This study examines how professional, academic, and researcher identities are theorised in nursing scholarship and advances the argument that they represent analytically distinct domains. It develops an integrated analytical framework explaining identity formation across career transitions and its implications for educator workforce sustainability.

Methods: A theory synthesis approach (Walker and Avant, 2011), informed by Wenger's (1998) social theory of learning, was applied to 24 sources across three domains: professional identity (n=5), academic identity (n=10), and researcher identity (n=9). Analysis proceeded through within-domain synthesis, then cross-domain comparison using a convergent–divergent procedure to identify higher-order patterns.

Findings: The synthesis demonstrates that professional, academic, and researcher identities are structurally distinct rather than variations of a single construct, with researcher identity rendered largely invisible by absorption into the other two. Three higher-order constructs were derived. Structural Formation Capacity describes how far each domain supports identity development, ranging from relatively stable in professional identity to significantly constrained in researcher identity. Anchor and Divergence explains how all three identities originate from a shared professional nursing self but diverge into distinct formation environments with different legitimacy structures. Identity Coherence Structure captures differences in stability, with professional identity tending towards consolidation, academic identity characterised by ongoing negotiation, and researcher identity marked by internal tension and limited external recognition. Together, these constructs form the Identity Architecture Framework (IAF). This burial of researcher identity within both academic and professional domains is the synthesis's central insight: it limits researcher identity's visibility as a distinct object of study and leaves nurses moving into research roles without a recognised identity to support.

What delegates will learn:

- How identity formation differs structurally across professional, academic, and research roles
- Why conflating these identities limits effective support for educator transitions
- How identity instability contributes to workforce challenges in healthcare education
- How the Identity Architecture Framework can inform targeted support strategies

Relevance to healthcare education: This study positions identity formation as a structural determinant of educator workforce sustainability. By distinguishing identity domains, it offers a framework for supporting educator and research transitions across career stages. It can inform mentoring, academic induction, and research capacity-building programmes. The Identity Architecture Framework is transferable across healthcare professions and offers a conceptual basis for strengthening educator retention, research engagement, and career progression within an international and multidisciplinary context.

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Keywords: Professional identity, academic identity, researcher identity, educator transitions, workforce sustainability.

1.3e, 10:55 - 12:35, Zoom link 3

Building the future workforce: Developing integrated NHS and social care rotational posts for newly qualified nurses

Sarah Kennedy, Wrightington, Wigan & Leigh NHS Trust

Wrightington, Wigan & Leigh (WWL) NHS Trust have worked in partnership with a local private nursing home to develop six innovative band 5 rotational posts, aimed at newly qualified nurses. The Trust will employ successful candidates for 18 months and they will participate in a rotation that includes 6 months each in a trust acute and community setting and within the nursing home, yielding multiple benefits. This presentation will share how WWL NHS Trust and EQ Care Group have worked in partnership to develop these newly

qualified rotational posts including outlining financial, governance and operational considerations.

Summary:

In order to contribute to the national priority of moving from hospital to neighbourhood care that was outlined in the 10 year health plan for England (NHS, 2025), Wrightington, Wigan & Leigh (WWL) NHS Trust have worked in partnership with a local private nursing home to develop six innovative band 5 rotational posts, aimed at newly qualified nurses from the adult, mental health and learning disability fields of practice. The Trust will employ successful candidates for 18 months and they will participate in a rotation that includes 6 months each in an NHS acute and community setting and within the nursing home.

It is hoped that this opportunity will yield multiple benefits. Candidates will gain exposure to social care and this will contribute to their understanding of how the health and care system fits together locally. They will work interprofessionally and gain more insight into the patient journey, including referral and discharge processes. The project will contribute to decreasing hospital admissions, by helping to develop the nurses' knowledge, skills and confidence to help make autonomous clinical judgements when not in an NHS setting. The band 5 nurses will learn that there are roles in nursing that sit outside the NHS so at the end of the 18 months may consider applying for jobs in social care, thus helping the recruitment challenges that are common in the sector.

Successful candidates will be supported to engage in preceptorship via the trust, and will have access to Trust training and development, as well as training opportunities within the nursing home when they are there. This presentation will share how WWL NHS Trust and EQ Care Group have worked in partnership to develop these newly qualified rotational posts including outlining financial, governance and operational considerations.

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Keywords: Collaboration, innovation, social care, newly-qualified.

1.4a, 10:55 - 12:35, Zoom link 4

From user stories to digital readiness: Co-creating assessment support services for Healthcare educators in the age of AI

Dr Arash Hadadgar, Andrew C Maunder and Louise E Bergman, Karolinska Institutet

How can institutions support healthcare educators navigating digital examinations and generative AI without one-size-fits-all solutions? This session shares an innovation project from Karolinska Institutet, where interviews with educators were transformed into user stories, personas, and co-designed prototype support services for assessment in the AI era. Discover why educators need more than technical guidance, how support needs vary across career stages, and how participatory design can build digital confidence and assessment literacy. Leave with practical, transferable strategies for co-creating educator support services that strengthen digital readiness in your own institution.

Summary:

Background

Healthcare education is undergoing rapid transformation driven by digitalization, post-pandemic educational change, and the emergence of generative artificial intelligence (AI). These developments are reshaping assessment practices and creating new challenges for educators who must ensure valid, reliable, ethical, and meaningful assessment while preparing learners for increasingly technology-enabled healthcare environments. Recent literature highlights growing concerns regarding assessment design, academic integrity, digital capability, educator confidence, and the need for professional support systems that help teachers navigate technological change. While substantial attention has been given to technological solutions, less is known about how institutions can design support services that address the lived experiences, needs, and professional development journeys of healthcare educators. This challenge has international relevance as educators across healthcare disciplines face similar pressures to adapt assessment practices while maintaining educational quality and professional standards.

Innovation methodology

This innovation project explores how user-centered design approaches can be used to develop assessment and examination support services that strengthen educators' digital readiness and professional growth. The project is being conducted at Karolinska Institutet (Sweden), where the Unit for Teaching and Learning provides educational development and support for digital examination systems. A design-based approach was adopted, involving iterative cycles of investigation, analysis, co-design, prototyping, and evaluation.

Key findings

Since December 2025, approximately fifteen healthcare educators, program representatives, and assessment stakeholders have participated in semi-structured interviews exploring experiences of assessment, feedback, digital tools, and the impact of generative AI on educational practice. Interview data were analyzed and translated into user stories, personas, and service concepts reflecting the diverse needs of educators across professional programs. These findings informed the development of prototype support services addressing assessment design, digital examinations, feedback practices, AI-related concerns, assessment literacy, and professional development.

Preliminary findings suggest that educators require more than technical guidance. Participants described a need for tailored support that combines pedagogical expertise, digital capability development, practical resources, and opportunities for reflection and peer learning. The analysis also revealed considerable variation in confidence, digital readiness, and support needs across career stages and educational contexts. Educators frequently expressed uncertainty about the responsible use of AI in assessment while recognizing opportunities to enhance learning and feedback. Consequently, the resulting prototypes focus on personalized and developmental support pathways rather than one-size-fits-all solutions.

Implications for delegates and healthcare education

Delegates will learn how user stories, personas, and participatory design methods can be used to identify educator needs, co-create evidence-informed support services, and foster digital confidence. They will gain practical strategies for supporting educators through technological change and for designing support structures that accommodate different professional contexts and career stages.

This work is highly relevant to healthcare education because preparing learners for digitally enabled practice requires educators who are themselves supported in developing digital

capability, professional confidence, and adaptive assessment practices. By linking professional development with digital readiness, the project offers a transferable model for supporting healthcare educators as they navigate technological change and prepare for a future-ready healthcare workforce.

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Keywords: Assessment, faculty development, co-design, digital readiness, generative AI.

From escape room to digital game: Designing the future of clinical leadership education

Sandra Warburton, The University of Sydney

What if we could accelerate the development of exceptional clinical leaders before mistakes reach patients? This session showcases a novel game-based approach to clinical leadership development that challenges participants to lead under pressure, manage competing priorities, and make difficult decisions in a safe environment. Developed in partnership with mental health professionals, the project used an escape room and virtual simulation to identify the key elements of effective leadership learning and inform the design of a future digital game-based intervention. Explore how game-based learning could transform leadership education and prepare the next generation of clinicians for the realities of clinical leadership.

Summary:

Background: Developing clinical leadership capabilities remains challenging due to the context-dependent nature of clinical leadership and limited agreement on optimal approaches to leadership education (Daly et al., 2014; Edmonstone, 2009; Stanley et al., 2023). These challenges have implications for workforce capability, patient safety, and team resilience (Webster et al., 2016; Mianda and Voce, 2017; Mianda and Voce, 2018). Digital game-based interventions (DGBIs) have demonstrated potential for developing non-technical skills in healthcare and may provide an engaging, resource-efficient approach (Cunha et al., 2025). However, our recent scoping review identified a lack of DGBIs designed specifically for clinical leadership development. The review highlighted design principles likely to enhance leadership learning, including sound theoretical underpinning, narrative engagement, realistic scenarios, reflection and debriefing, and adaptation to individual learner characteristics (Haraldseid-Driftland et al., 2023; van Peppen et al., 2022; Jackson et al., 2020; Mohan et al., 2017). Findings suggest DGBIs may enhance leadership confidence and readiness across career stages (Mohan et al., 2023; Zhang et al., 2021). **Aim:** We describe the iterative co-design, development, and preliminary evaluation of an analogue escape room and virtual simulation designed to enhance clinical leadership capabilities among mental health professionals. A secondary aim was to identify design principles for future learner-centred DGBIs for clinical leadership education.

Methods: A mixed-methods participatory co-design study, informed by the Double Diamond framework, was undertaken to develop and evaluate a hybrid escape-room and virtual simulation prototype to inform a future digital serious game for clinical leadership training. Emerging mental health clinical leaders (n=5) participated in semi-structured interviews and a co-design survey exploring leadership experiences, preparedness, educational needs, and desired learning experiences. Thematic analysis identified requirements for the prototype. The missing-patient scenario prototype was refined through two pilot cycles (Pilot 1: n=7 design students; Pilot 2: n=3 comprising one design professional and two clinical experts) and a final clinician evaluation (n=5). Participants self-selected into team member or leadership roles and managed competing priorities within a dynamic clinical scenario. Evaluation included pre- and post-intervention confidence measures, surveys, semi-structured interviews, and facilitator observations.

Results: Interview findings aligned with existing literature, with participants reporting limited preparedness for clinical leadership roles and competing workplace demands restricting access to leadership development. The intervention was perceived as engaging and psychologically safe, promoting non-technical skills and active participation. Participants valued the opportunity to experience decision making and observe the consequences of their actions within a simulated environment. While improvements in perceived

preparedness were modest, qualitative findings generated important insights to inform future leadership-focused DGBIs that better reflect learner needs, clinical complexity, and professional development requirements.

Conclusions: This study contributes to an emerging evidence base for game-based approaches to clinical leadership development. Findings suggest that translating the current hybrid game-based design into a fully digital DGBI may provide an accessible and engaging approach for developing leadership capability, confidence, and readiness through authentic practice in a safe environment. The identified design principles are transferable across healthcare professions, settings, and career stages, providing practical guidance for educators seeking innovative and scalable approaches to leadership development.

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Keywords: Clinical leadership, serious games, gamification, mental health, virtual simulation.

1.4c, 10:55 - 12:35, Zoom link 4

"I thought it looked right": A framework for engineering critical AI awareness in Health Education

Thanaporn Tunprasert, University of Brighton

GenAI produces outputs that are polished, confident and frequently wrong in ways that are not immediately obvious. This presents a risk for pre-registration students who lack the domain expertise to evaluate what they are reading. This session explores a pedagogical challenge: how do we move students beyond face-value acceptance of AI-generated content and towards genuine critical engagement? Drawing on a curriculum innovation which AI output is used as a shared object of critique rather than a product to be submitted, this session offers a transferable framework for designing learning that makes the limitations of AI visible, visceral and educationally productive.

Summary:

Background and context

The rapid integration of generative artificial intelligence (GenAI) into healthcare practice and education has created a distinctive and internationally recognised pedagogical challenge. Unlike more obvious sources of misinformation, AI-generated content is typically well-structured, fluently written and superficially authoritative, qualities that make it particularly difficult for novice learners to evaluate critically. Pre-registration students, who are still developing the domain expertise required to assess clinical and professional content, are especially vulnerable. Research confirms that general practice trainees achieve only 55% accuracy in detecting AI-generated hallucinations overall, with performance declining further in complex clinical scenarios (Zhou et al., 2025). This challenge is not unique to any single profession or country: across nursing, allied health, medicine and pharmacy, educators internationally are grappling with how to ensure students engage with AI tools critically rather than deferentially. Vendrell and Johnston (2026) argue that unstructured GenAI use risks producing metacognitive laziness, a pattern in which students defer judgement about the quality of AI outputs to the tool itself, undermining the development of independent clinical reasoning. Emerging evidence further suggests that AI hallucinations, when encountered within structured educational contexts, can function as catalysts for productive cognitive disruption, prompting learners to monitor their understanding, detect errors and recalibrate their epistemic trust in AI-generated content (Adejumo et al., 2026).

Innovation and key findings

This session presents a curriculum innovation in pre-registration health professional education in which GenAI is repositioned from assessment risk to pedagogical tool. Responding to a recognised vulnerability in an existing assessment task, where AI-generated content could be submitted without meaningful engagement, the module was redesigned so that GenAI use became the learning activity itself. Students use AI in class to generate a structured professional output, then engage collectively in identifying where and why the output falls short, with deliberate focus on errors that are plausible on first reading but detectable with developing domain knowledge. Students subsequently produce individual critiques, evidencing their reasoning and proposing evidence-based alternatives. Preliminary module evaluation data suggest that this approach supported the development of critical appraisal skills and increased student awareness of AI limitations, with students reporting greater confidence in interrogating AI-generated content and stronger engagement with primary literature.

What delegates will learn

Delegates will leave with a transferable pedagogical framework for embedding critical AI engagement across health professional curricula, regardless of discipline or regulatory context. The session will address how to design learning activities that engineer the moment of recognition, in which students discover that they nearly trusted something they should not have, and how to use that experience as a foundation for the development of critical appraisal and evidence-based practice required as a clinician.

Relevance to the healthcare sector

As GenAI becomes embedded in clinical practice, the ability to critically evaluate AI-generated information is becoming a core professional competency. Pre-registration education is the optimal point at which to establish this disposition. Without deliberate pedagogical design, students risk entering practice having normalised uncritical AI use, with direct implications for patient safety, evidence-based practice and professional accountability.

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Keywords: Critical appraisal, generative AI, evidence-based practice, AI literacy, pre-registration education.

1.4d, 10:55 - 12:35, Zoom link 4

Performance and consistency of artificial intelligence in United Kingdom medical licensing assessment style questions: A comparison including multi-modal questions between ChatGPT5, Claude Sonnet 4.5 and Grok

Dr Maaz Malik and Dr Nadia Vryoni-Dickson, Hampshire Hospitals NHS Foundation Trust

This study evaluates the performance of leading large language models, including GPT-5, Claude Sonnet 4.5 and Grok, in answering UK Medical Licensing Assessment-style questions. Using 400 questions, the models were assessed for accuracy, consistency and performance on single best answer and image-based questions. All models achieved high overall scores, exceeding the pass mark, with GPT-5 performing best overall. Performance declined when single best answer options were removed, particularly for Grok. Claude Sonnet 4.5 demonstrated the greatest variability in responses. The findings highlight both the strengths and limitations of current AI models and their potential role as adjuncts in medical education.

Summary:

Background

The potential use of Large Language Models (LLMs) in medical education and clinical medicine is of growing interest [1]. Previous studies have tested the performance of LLMs such as Open AI's GPT in medical exams including the United Kingdom Medical Licensing Assessment (UKMLA) [2][3][4]. There have been limited studies overall and no studies have benchmarked the performance of GPT-5, Claude Sonnet 4.5 and Grok.

Aims

Firstly, this study assessed and compared the accuracy of GPT-5, Claude Sonnet 4.5 and Grok in answering UKMLA style questions with and without single best answer (SBA) options. Secondly the consistency of answers provided by each LLM were evaluated. Finally, the study tested the accuracy of the given LLMs in image based questions.

Methods

We assessed the performance of all three LLMs using 400 curated UKMLA style questions across four mock test papers including 22 image-based questions from two question banks (Pastest and the Medical Schools Council website). Statistical analysis included a Cochran's q test with post-hoc McNemar's pairwise analysis between the three models. McNemar's testing was used for intra-model pairwise testing.

Results

GPT-5 scored 92.25%, Grok 90.75% and Claude Sonnet 4.5 90% across all 400 questions. Without SBA options, GPT-5 scored 85.25%, Claude Sonnet 4.5 83.5% and Grok performed significantly lower with 75.5% ($p < 0.001$). All models performed significantly worse without SBA options. Claude Sonnet 4.5 showed significantly greater inconsistency than GPT-5 and Grok with or without SBA options. With SBA options, Claude Sonnet 4.5 changed its answer 29.75% compared to 2% for GPT-5 and 0.25% for Grok. Without SBA options, this rose to 47.5% responses for Claude Sonnet 4.5, 4% for GPT-5 and 2% for Grok. All models scored very highly on multi-modal questions ($n=22$), scoring 95.45% with SBA options.

Conclusion

All three models tested performed well across the 400 UKMLA style questions and exceeded the passmark. This evidence illustrates the potential for the use of Artificial Intelligence (AI) as an adjunct within medical education

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Keywords: Medical education, artificial intelligence, large language models.

1.4e, 10:55 - 12:35, Zoom link 4

From knowing theory to living theory: The model of human occupation implementation framework and practice readiness

Christopher Edge, University of Liverpool

Preparing healthcare students for practice requires more than teaching theoretical knowledge. Yet educators often struggle to determine whether learners are simply applying theoretical procedures or genuinely thinking and practising through theory. This presentation introduces the Model of Human Occupation Integration Framework, a novel conceptual framework that distinguishes between the operationalisation of theory (its procedural application) and its enactment (its authentic embodiment in clinical reasoning and practice). Using occupational therapy as an exemplar, the session will explore how this distinction may inform curriculum design, assessment, supervision, and practice-based learning, offering a fresh perspective on developing genuinely practice-ready healthcare professionals.

Summary:

Healthcare education places considerable emphasis on ensuring graduates possess the theoretical knowledge required for safe and effective professional practice. Across healthcare professions, students are expected to demonstrate understanding of conceptual models, evidence-based approaches, and professional reasoning. However, less attention has been paid to how educators distinguish between learners who can procedurally apply theory and those who authentically embody theoretical thinking within complex clinical environments. This distinction has important implications for preparing graduates who are genuinely practice ready (Schön, 1983; Mattingly and Fleming, 1994). Within occupational therapy, the Model of Human Occupation (MOHO) represents one of the profession's most widely adopted conceptual models and has informed practice, education and assessment internationally (Kielhofner, 2008; Taylor, Bowyer and Fisher, 2024). Existing literature commonly infers theory implementation through procedural indicators such as assessment selection, documentation, intervention planning, or self-reported theoretical orientation (Lee et al., 2008). However, implementation studies suggest that translating theory into practice is a dynamic and context-dependent process, influenced by organisational culture, professional reasoning and workplace context (Greenhalgh et al., 2004; Wimpenny et al., 2010).

Consequently, procedural indicators alone may only partially reflect how theory becomes integrated within everyday clinical practice. This presentation introduces the Model of Human Occupation Integration Framework, a novel conceptual framework that proposes meaningful implementation occurs through the interaction of two complementary dimensions. Operationalisation describes the translation of theoretical concepts into practical structures, including assessment tools, documentation processes, intervention planning and clinical procedures. Enactment describes the relational, contextual and embodied expression of theory through therapeutic reasoning, collaborative practice, responsiveness to complexity and occupation-focused care. Therapeutic reasoning is proposed as the integrative mechanism through which these dimensions are continually negotiated, enabling clinicians to reconcile procedural structure with authentic person-centred practice (Schön, 1983; Unsworth, 2004). Rather than presenting empirical findings, this session offers a conceptual contribution intended to stimulate discussion about how healthcare educators conceptualise theory implementation and practice readiness. The framework is positioned as a heuristic that may support curriculum design, simulation, practice-based learning, supervision and assessment by encouraging educators to consider not only whether students can apply theory, but whether they have begun to think and practise through it. This distinction has potential implications for developing educational approaches that foster reflective practitioners capable of adapting theory within complex and uncertain healthcare environments (Mattingly, 1991; Boniface, 2012). Although developed using occupational therapy and MOHO as an exemplar, the concepts of operationalisation and enactment have relevance across healthcare professions where theoretical knowledge must be translated into authentic clinical practice. Delegates will leave with a new conceptual lens through which to consider curriculum design, assessment of professional reasoning, and the development of practice-ready graduates capable of integrating evidence, theory and person-centred care within contemporary healthcare settings.

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Keywords: Practice readiness, professional reasoning, theory implementation, healthcare education, occupational therapy.

1.5a, 10:55 - 12:35, Zoom link 5

Enhanced clinical practitioner urgent care in the community

Katie Higgins, Manchester Metropolitan University

Manchester Metropolitan University has developed a pioneering Level 6 Apprenticeship 'Enhanced Clinical Practitioner Urgent Care in the Community' within the School of Nursing and Public Health. It has been designed as a trail-blazing approach to upskill and develop critical roles required to fulfil the NHS 10-year health plan for England (2025) and its ambition of care closer to home. It is at the forefront in equipping health care professionals with advanced skills. This apprenticeship focuses on retention and career progression pathways, building leadership capacity in integrated care systems, and building frailty-attuned services in complex community care.

Summary:

Manchester Metropolitan University has developed a pioneering Level 6 Apprenticeship 'Enhanced Clinical Practitioner Urgent Care in the Community' within the School of Nursing and Public Health. It has been designed as a trail-blazing approach to upskill and develop critical roles required to fulfil the NHS 10-year health plan for England (2025) and its ambition of care closer to home. It is at the forefront in equipping health care professionals with advanced skills who work in services such as hospital at home, virtual wards, specialist community health care services, outreach services, integrated care services, out-of-hours, and primary health care.

Unique in its approach, as it is built especially for multi-professional learners, including nurses and AHPs. With a strong alignment with community-based models due to the rising demand for urgent care in community settings. Feedback from practice stakeholders found there was a shortage of advanced clinical practitioners and a pressing need to support Band 5–7 staff for complex decision-making. Working in partnership has enabled this apprenticeship to focus on retention and career progression pathways, building leadership capacity in integrated care systems, and building frailty-attuned services in complex community care.

This apprenticeship has a unique approach, as it is delivered fully online, enabling national reach to a rich online community of multi-professional practitioners to share experience and network with other areas of best practice. Apprentices engage with an immersive, synchronous, and asynchronous curriculum, which creates a vibrant, digitally connected community of practice. The curriculum is informed by employers, practitioners, and academics and delivered by a proficient, experienced team of health professionals with experience in urgent care within the community.

We took an employer-informed approach to the curriculum in three phases. Phase one included an outline of the framework with foundations of the apprenticeship, balancing employer need with university viability. Phase two included employer scoping and demand analysis, and our final phase was an in-person workshop capturing practice insight and stakeholder issues, and an NHS England three-shift round table to ensure alignment with national priorities. It also encompasses a structured portfolio, which evidences progression and supports apprentices to thrive in practice, supported and quality assured by an employer supervisor, an experienced health professional or an advanced clinical practitioner.

Core elements of the portfolio include developing a neighbourhood profile to recognise and understand the demographic area they work in, supervision of colleagues to mentor and coach others, reviewing critical incidents and risk analysis, and case-based discussions and clinical observations on complex case management. Bridging the gap between theory learned in university and hands-on professional practice.

Our enhanced clinical practitioner apprenticeship is a clear example of how a collaborative approach between education and healthcare stakeholders can develop a programme that is future-focused and ready to meet the needs of an evolving health service to deliver high-quality services and exemplary patient care in the community.

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Keywords: Community, workforce, urgent care, advancing practice.

1.5b, 10:55 - 12:35, Zoom link 5

Images and voices from clinical practice: Student nurses' lived experiences of leadership learning in clinical practice - A descriptive phenomenology study

Emma Collins, Keele University

This session explores student nurses' lived experiences of leadership learning in clinical practice, addressing concerns about readiness to lead in a pressured workforce. Using Moustakas' descriptive phenomenology, twelve final year students from three universities shared insights through photo elicited interviews. Analysis revealed five key essences: perceptions of leadership, leadership learning in practice, placement environments, emotional experiences, and leadership development. Findings emphasise the influence of mentorship, placement culture, and supervision on learning and wellbeing. The study offers implications for nursing education, curriculum design, practice learning, and with multiprofessional, international relevance for preparing leadership ready healthcare workforces.

Summary:

With nursing under increasing pressure, concerns regarding newly qualified nurses' readiness to lead highlight the importance of preparing pre-registration students for leadership roles (Collard, Scammel & Tee, 2020; HEE, 2021). Despite this, there remains limited understanding of student nurses' lived experiences of leadership learning across clinical practice placements. Existing research largely focuses on discrete leadership activities or student evaluations, rather than capturing programme lived experiences. This

study addressed the question: What are student nurses' lived experiences of leadership learning and teaching in clinical practice, and how do these experiences impact their leadership development? A qualitative approach informed by Moustakas' (1994) descriptive phenomenology was adopted to explore these lived experiences. Twelve final year BSc pre-registration nursing students were recruited from three Midlands higher education institutions. Data was collected through online semi-structured interviews incorporating photo elicitation, enabling participants to select images that represented their leadership learning experiences in clinical settings. Interviews were transcribed verbatim and analysed using Moustakas' modified Van Kaam method, supporting the systematic identification of shared meanings and core essences of the phenomenon.

Analysis generated five key essences:

- (1) perceptions of nurse leadership;
- (2) leadership learning in clinical practice, including perceptions of leadership, availability of learning opportunities, the nature and processes of learning, and individual learner needs;
- (3) the placement learning environment, encompassing placement culture, team dynamics, staff relationships, and the influence of practice assessors and supervisors;
- (4) the emotions experienced with leadership learning; and
- (5) leadership development.

Findings revealed marked variation in mentorship and supervisory support across placements, significantly shaping students' access to and engagement with leadership opportunities. The placement environment emerged as a critical resource for leadership learning, with culture and team inclusivity influencing both participation and confidence. Students' emotional experiences were central, reflecting both empowering and challenging encounters that contributed to their evolving leadership identity. Supportive environments fostered confidence, belonging, and skill development, while negative experiences could hinder engagement and self efficacy. These emotional journeys underline the importance of psychological safety and effective mentorship in clinical education. The findings align with conference themes related to nurturing the future workforce, supporting student wellbeing, and strengthening mentorship and supervision within clinical learning environments. This research is highly relevant to conference delegates and the wider healthcare community, with clear international applicability across practice based education contexts. The findings have important implications for the Nursing and Midwifery Council (NMC), particularly in relation to ongoing consultations on practice learning, and contribute to informing nursing education, curriculum design, and placement provision globally. The insights are also transferable to other health professions that incorporate practice learning. Overall, the study highlights significant variation in leadership learning experiences and their emotional impact, offering valuable understanding of how clinical environments shape student nurses' leadership development, capability, and readiness to lead in increasingly complex healthcare systems.

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Keywords: Leadership learning, pre-registration nursing students, clinical practice learning, descriptive phenomenology.

1.5c, 10:55 - 12:35, Zoom link 5

An evaluation of the MHFA initiative at Royal Papworth Hospital

Charlotte Nunes, Royal Papworth Hospital

The Mental Health First Aid (MHF) training initiative aimed to address the gap in staff preparedness in supporting non-medical students experiencing anxiety and distress during placement. Two tailored courses were delivered to 18 Practice Learning Coordinators and Clinical Education staff in Royal Papworth Hospital. Pre- and post-training questionnaires showed significant gains in knowledge and confidence, and feedback highlighted that staff understood their boundaries and an improved ability to signpost appropriately. This early evidence suggests that MHFA training strengthens staff readiness and therefore enhances student wellbeing on placement.

Summary:

The Mental Health First Aid (MHFA) training initiative set out to address an increasing gap in mental health preparedness among staff supporting non-medical students on placement. Under the NHS England Safe Learning Environment Charter (SLEC), placement providers must ensure students' psychological safety, yet feedback from the Clinical Education team and Practice Learning Coordinators (PLCs) at Royal Papworth Hospital (RPH) highlighted rising levels of student anxiety, panic and distress, alongside staff uncertainty about how to respond. This project delivered two tailored MHFA training courses to a total of 18 PLCs and members of the Clinical Education team, evaluating short-term changes in confidence and knowledge using pre- and post-training questionnaires via scale-based questions and open-ended questions.

Quantitative findings show substantial improvements. Total confidence scores increased by 28.6 points on an 80-point scale ($p < 0.001$), with significant gains across all eight confidence domains. Knowledge scores also improved, rising from 4.4 to 6.2 out of 10 correct scores ($p < 0.001$), with the greatest gains in areas relating to anxiety, panic attacks, and trauma-informed responses. Qualitative analysis reinforced these findings: participants reported clearer understanding of their role boundaries, greater confidence initiating supportive conversations, improved awareness of signposting pathways, and the practical value of the MHFA ALGEE framework.

While attendance was lower than planned and long-term outcomes cannot yet be assessed, early evidence indicates that MHFA training meaningfully enhances preparedness of staff to support students experiencing mental health difficulties. Embedding this training more widely may strengthen placement experiences, improve student wellbeing, and therefore contribute to retention in the health professions.

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An initial evaluation of the MHFA initiative at RPH, Peter McDonald (Anglia Ruskin University) & Charlotte Nunes (Royal Papworth Hospital) NHS England (2024) Safe Learning Environment Charter – what good looks like. Available at: <https://www.england.nhs.uk/publication/safe-learning-environment-charter-what-good-looks-like/>

Keywords: Mental health support, staff preparedness, student experience, wellbeing on placement, training evaluation.

1.5d, 10:55 - 12:35, Zoom link 5

Healthcare workforce preparedness to lead successful quality improvement: Being emotionally and cognitively ready

Annette Chowtri-Williams, Maria Cozens, Joicy George, Paulette Ragan and Alyson Price, University of Roehampton

This research study explores the factors that influence successful engagement in Quality Improvement (QI) initiatives within healthcare settings. Using a qualitative design, Phase 1 examined healthcare professionals' emotional and cognitive readiness for change, while Phase 2 evaluated a preparedness programme developed from these findings. The study is particularly relevant given the increasing pressures facing the NHS, including workforce challenges, health inequalities, and rising service demands. Findings highlight the importance of workforce preparedness in supporting effective and sustainable change. The research provides valuable insights for healthcare leaders, educators, and policymakers seeking to enhance organisational improvement, innovation, and long-term quality outcomes

Summary:

This study, conducted by academics within a Higher Education Institution (HEI), explored how emotional and cognitive readiness for change can prepare healthcare professionals to successfully lead, contribute to, and sustain Quality Improvement (QI) initiatives. Underpinned by the AC-W research-based Change Management Model (CMM), the research addressed an important gap in the evidence base concerning workforce preparedness for successful and sustainable healthcare improvement (Chowthi-Williams & Davis, 2021). Ethical approval was granted by the University of Roehampton Research Ethics Committee, and the study was supported by The Health Foundation. A qualitative research design was employed to examine the factors required to prepare healthcare professionals for leading and engaging in QI activity. The study was undertaken in two phases. During Phase 1, emotional and cognitive readiness for change was assessed using a prospective assessment tool developed specifically for the project. Data were collected through questionnaires and semi-structured interviews, enabling participants to explore their experiences and perceptions of organisational change and quality improvement. The findings from this phase informed the development of a structured preparedness programme aimed at enhancing workforce capability, confidence, and readiness for QI initiatives. Phase 2 involved the implementation and evaluation of the preparedness programme. Evaluation data were collected through participant feedback forms, enabling the capture of real-time reflections on programme content, delivery, and perceived impact. This approach provided valuable insight into the effectiveness of the intervention and its applicability within healthcare settings. A total of 111 healthcare professionals participated in the study, including nurses, midwives, physiotherapists, and doctors. Data collection consisted of 49 questionnaires, 27 semi-structured interviews, and 35 programme evaluation feedback forms. Thematic analysis identified six interrelated themes that were considered fundamental to workforce preparedness for effective quality improvement. Leadership emerged as a key theme, with participants identifying the need for leaders to demonstrate emotional intelligence, adaptability, strong interpersonal skills, and the ability to support staff throughout change processes. Team composition was also highlighted as important, with participants emphasising the value of diverse, inclusive, and multidisciplinary working groups in driving successful improvement initiatives. Stakeholder engagement was identified as another critical factor, particularly the early involvement of those affected by change to foster ownership, collaboration, and commitment. Communication was consistently recognised as central to successful implementation, with participants advocating the use of multiple communication methods and placing particular value on face-to-face interactions. Participants also highlighted knowledge gaps in relation to quality improvement methodologies, reinforcing the need for ongoing learning and professional development

opportunities. Finally, emotional turbulence was identified as an inevitable consequence of organisational change, with participants emphasising the importance of support mechanisms that promote resilience, wellbeing, and sustained engagement. These findings informed the development of a two-day preparedness programme designed to equip healthcare professionals with the knowledge, skills, and behaviours necessary to effectively lead and contribute to QI initiatives. Forty healthcare professionals attended the programme, with 35 providing evaluative feedback. Responses were overwhelmingly positive, with participants reporting increased confidence, readiness, and understanding of quality improvement processes. The study provides valuable insights for healthcare leaders, educators, policymakers, and practitioners.

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Keywords: Quality improvement (QI), workforce preparedness, emotional readiness for change, cognitive readiness for change, healthcare transformation.

1.5e, 10:55 - 12:35, Zoom link 5

Reframing leadership through global lenses: Developing cross-cultural leadership capability in an international Healthcare cohort

Diane Reid and Sophie Taylor, Manchester Metropolitan University

Leadership is increasingly recognised as a core capability for healthcare professionals, yet leadership education often reflects dominant cultural assumptions and limited perspectives on how leadership is understood and enacted across contexts. This session explores the design, delivery and evaluation of a leadership module within an internationally diverse Advanced Physiotherapy MSc cohort. Drawing on student evaluation data and learning activities, we examine how engagement with diverse cultural, professional and healthcare system perspectives challenged assumptions, broadened leadership thinking and enhanced critical reflection. Delegates will gain insights into how culture, context and diversity shape leadership development and consider implications for healthcare leadership education.

Summary:

Leadership is increasingly recognised as a core capability for healthcare professionals, supporting service improvement, workforce development and system transformation. Simultaneously, healthcare education is becoming increasingly internationalised, creating a need for leadership curricula that acknowledge how culture, context and lived experience shape leadership beliefs and behaviours. Despite this, leadership education frequently reflects dominant Western perspectives and may insufficiently explore how leadership is

understood and enacted across diverse global healthcare settings. This session responds to growing calls for internationalisation of the curriculum and culturally responsive educational approaches that prepare healthcare professionals to lead within increasingly diverse and interconnected health systems. This presentation explores the development, implementation and evaluation of a newly designed leadership module within an Advanced Physiotherapy MSc programme in a UK higher education setting. The cohort comprised students from Kuwait, Iran, Pakistan, India, Kenya and the United Kingdom, providing a rich context for exploring leadership through multiple cultural and professional perspectives. Drawing on experiential learning theory (Kolb, 1984), culturally responsive pedagogy and contemporary healthcare leadership frameworks, the curriculum was structured around three themes: leading self, leading services and leading within healthcare systems. Students were encouraged to critically examine leadership in relation to identity, culture, power, professional practice and healthcare systems.

The module was evaluated using an anonymous MS Forms questionnaire and interactive Menti activities. All 19 students participated. Evaluation explored students' perceptions of leadership, the influence of cultural context on leadership development and the impact of the module on their professional learning.

Findings demonstrated strong support for the module's relevance and educational value. Students reported a broadened understanding of leadership, increased awareness of cultural influences and greater confidence in critically reflecting on leadership practice. Many described a shift from viewing leadership primarily as a managerial function towards a more relational, collaborative and systems-oriented understanding. These findings align with contemporary healthcare leadership literature that emphasises distributed, transformational and systems-based approaches to leadership. A distinctive strength of the module was the diversity of the cohort itself. Students consistently identified engagement with international peers as a significant contributor to learning. Discussions around communication, hierarchy, gender expectations, authority and speaking-up behaviours challenged assumptions and encouraged deeper reflection on how leadership is shaped by culture and context. Several participants noted that exposure to diverse perspectives enhanced psychological safety and significantly enriched their understanding of leadership, commenting that their learning would have been substantially diminished without the international composition of the cohort.

The session will share evaluation findings alongside examples of interactive pedagogical approaches used within the module. Delegates will be invited to reflect on their own assumptions about leadership and consider how cultural diversity can be leveraged as a powerful educational resource. Although situated within physiotherapy education, the findings have wider relevance for healthcare educators seeking to develop leadership capability across diverse student populations. Participants will leave with a deeper understanding of how culture, context and diversity influence leadership development and will be encouraged to consider how culturally responsive approaches may enhance leadership education within their own settings.

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Keywords: Leadership development, cross-cultural learning, internationalisation of the curriculum, healthcare education, student voice.

Poster Q&A session, 14:20 – 14:50

P1, 14:20 - 14:50, Zoom link 1

There is no right answer in Healthcare: Use of a no-win simulation to enhance Occupational Therapy pre-registration education

Eleanor Champness and Dr Paul K Miller, *University of Cumbria*

Healthcare students seek 'the right answer'; fear of failure can impact clinical practice. Can 'productive failure' (Witt et al, 2022) help contemporary students become comfortable with discomfort? This poster presents an action research study exploring the use of a secretly-no-win simulated clinical scenario devised for students to navigate in class. Pre and post-test surveys were used to gauge students' perceptions of there being a right answer, and their confidence with ethical considerations, professional reasoning and documentation. Survey results corroborated the literature; students were fearful of making mistakes but felt simulation learning supported their learning. Students coped with 'discomfort' when supported.

Summary:

Background: Increasing levels of perfectionism has implications for healthcare students' mental health and clinical performance (McKay et al 2023). Novel thinking, critical for clinical reasoning, can be stifled on placement due to perfectionism (Perry et al 2025) and ethical tensions can lead students to fear speaking out (Kinsella et al 2008) thereby potentially not discharging their duty of care (RCOT 2021).

Self-reflection on the need for control, and an environment where process rather than result is highlighted may counter this (McKay et al 2023). Witt et al (2022) argue students should be comfortable with discomfort as preparation for the realities of clinical work, suggesting use of 'productive failure' to acclimatise students.

Gen Z learners being more cautious and used to instant access to information and feedback are "shifting the educational landscape" (Hrdy et al 2024 p.557). Simulations can offer more engaged learning compared to problem-based learning which more confident students can dominate (Chung 2025). Furthermore, simulations support development of complex skills in low-risk situations (Chernikova et al 2020). More specifically, gamification refers to using

game elements to “enhance academic performance” (van Gaalen et al 2021 p.684) This enhancement project was inspired by “choose your own adventure” game books. Enhancement Project: A simulated case study about a frail man, struggling to live independently was devised and presented to students using a set of JISC surveys with binary choices, no go-back option and space to document their choices. The final outcome was the always same whatever choices they made, as it was (secretly) a no-win situation. The process, the clinical reasoning, was the point of the exercise not the outcome (McKay et al 2023). A debrief was used to promote personal reflection supporting students to navigate future clinical complexities autonomously.

Method: Pre- and post-test surveys with Likert scales and free text to capture students' perceptions of: there being a right answer, their need to 'get it right', confidence with ethical considerations, professional reasoning and documentation, and the use of simulation.

Findings: Quantitative: No statistically significant difference between pre and post perceptions could be confidently demonstrated. Qualitative: Free text corroborated the literature with respondents confirming the need for the 'right answer' (Witt et al, 2022) and stating that simulation would benefit their learning (Chernikova 2020). Although they stated confidence in their professional reasoning, this may not stretch to being challenged by other professionals (Kinsella 2008).

Why the findings are relevant to healthcare education - Practice ready: Healthcare students face ethical tensions regularly in practice while being more fearful of making mistakes and seeking the 'right answer' but 'Productive failure' (Witt et al 2022) can support students to cope with 'discomfort' of uncertainty.

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Keywords: Graduate attributes, reflective practice, resilience, simulation.

P2, 14:20 - 14:50, Zoom link 1

Investigating attitudes towards motivational interviewing amongst diabetes Healthcare professionals

Dr Paras Shrestha, Dartford and Gravesham NHS Trust

Many people with diabetes face challenges adhering to recommended health behaviours. Motivational interviewing is a patient-centred approach to address these barriers. This qualitative study explored attitudes towards motivational interviewing among diabetes healthcare professionals through remote semi-structured interviews with five participants. Four themes were identified: understanding of motivational interviewing, beliefs and attitudes, demographic influences, and recommendations for integration. Participants showed variable understanding, with time constraints and patient engagement affecting feasibility. Despite optimism, implementation remains challenging. Tailoring approaches for specific groups and improving early training may enhance use. Further research should explore professional perspectives and support multidisciplinary collaboration to improve patient outcomes.

Summary:

Motivational interviewing is a patient-centred communication approach widely recognised for supporting behaviour change in chronic conditions such as diabetes. Despite strong evidence within the literature demonstrating its effectiveness in improving adherence and self-management, implementation in routine clinical practice remains inconsistent. With rising global prevalence of diabetes, there is increasing emphasis on personalised care and patient engagement, making MI particularly relevant across international healthcare settings. This study aimed to explore attitudes towards MI among diabetes healthcare professionals (HCPs) and identify factors influencing its integration into practice. A qualitative methodology was employed, using remote semi-structured interviews with five HCPs, including consultants, diabetes specialist nurses and a medical registrar. Interviews were digitally recorded, transcribed verbatim and analysed thematically to identify recurring patterns and insights. Four key themes were identified: (1) understanding and misunderstanding of MI concepts; (2) beliefs and attitudes towards MI; (3) demographic and individual factors influencing engagement with MI; and (4) recommendations for improving integration into clinical practice. Participants demonstrated variable levels of understanding, with some

uncertainty around core principles of MI. While most recognised its value as a tool for facilitating behaviour change, practical barriers—particularly time constraints and challenges with patient engagement—limited its routine use. The findings highlight a clear tension between optimism towards MI and the realities of clinical practice. Participants emphasised the need for greater flexibility in applying MI, including tailoring approaches to specific patient groups such as younger individuals with diabetes and those experiencing bereavement or psychological distress. There was also a strong consensus on the importance of introducing structured MI training earlier in healthcare professionals' careers to build confidence and competence. The aim is for conference attendees to gain insight into the real-world challenges of implementing evidence-based communication strategies in busy clinical environments. The session will highlight practical considerations for integrating MI into diabetes care, as well as strategies to overcome common barriers. Delegates will also learn about the importance of education, training and adaptability in translating theory into practice. This topic is highly relevant to the healthcare sector, as improving patient engagement and self-management is central to addressing the growing burden of chronic disease. Enhancing the use of MI has the potential to improve patient outcomes, support multidisciplinary collaboration and contribute to more effective, patient-centred care both nationally and internationally.

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Keywords: Motivational interviewing, diabetes mellitus, healthcare professionals, attitudes, perceptions.

P3, 14:20 - 14:50, Zoom link 1

Who has time to turn the patient? Using student-led learning to enable Nursing professional voices in shaping future Healthcare

Tajana Olejarova and Hayley Goulbourne, University of Lancashire

This poster highlights student outcomes when empowered to develop their professional voice. We chose an area we were passionate about and delved into the evidence-base needed to create positive change. The presentation showcases the Dean's Award-winning poster alongside insights from student and module leader. The topic explored was hospital-acquired pressure ulcers, which remain a significant patient issue. Staffing pressures can lead to missed care, such as repositioning, increasing avoidable harm. This work explores Dedicated Turning Teams as a workforce innovation in acute NHS settings, examining links between staffing, missed care, and outcomes, with implications for education, practice, and quality improvement.

Summary:

This poster highlights the outcomes achieved when students are empowered to develop and use their voice as healthcare professionals. Within a student-led module, learners independently investigated an evidence-based topic aligned with their interests and career aspirations. The presentation showcases the University of Lancashire Dean's Award for Best Contemporary Nursing Poster alongside reflections from both student and module leader. The pedagogical approach is underpinned by experiential learning and heutagogy (Hase and Kenyon, 2000), supporting the development of self-determined, lifelong learners. This

approach enhances key professional competencies, including self-efficacy, problem-solving, and collaboration (Gillaspy and Vasilica, 2021). By fostering autonomy and critical thinking, students develop skills essential to their future nursing roles. Enabling whole cohorts to think in this way has wider implications for the innovation and transformation required across health and social care. The topic I explored was hospital-acquired pressure ulcers (HAPUs), a significant patient safety concern associated with increased morbidity, mortality, length of stay, and healthcare costs. Despite national guidance recommending routine patient repositioning as a key preventive intervention (NICE, 2018), and strong evidence supporting its effectiveness (Asiri, 2023), workforce pressures, rising acuity, and staffing shortages contribute to missed care. Repositioning remains one of the most frequently omitted elements of fundamental nursing care. As healthcare systems face growing workforce challenges, innovative approaches to protecting essential care activities require critical evaluation. This poster critically examines Dedicated Turning Teams as a workforce redesign strategy to reduce preventable harm in acute settings. Although implemented in some international organisations, their applicability within NHS practice remains largely underexplored. The topic is therefore positioned within wider contemporary debates surrounding patient safety, workforce sustainability, missed care, and service redesign. A structured evidence review was conducted using CINAHL, PubMed, and ScienceDirect. A PICO framework guided the search, focusing on adult acute inpatients, Dedicated Turning Teams as the intervention, standard repositioning practices as the comparator, and outcomes including pressure ulcer incidence and workforce impact. Eight empirical studies and two national guidance documents met inclusion criteria. Findings demonstrate a consistent association between lower staffing levels, increased missed care, and poorer patient outcomes (Griffiths et al., 2018). Repositioning was frequently omitted during periods of workforce pressure. Studies evaluating Dedicated Turning Teams reported reductions in pressure ulcer incidence of 12–20% (Harmon et al., 2016; Still et al., 2013). However, the evidence base is limited by observational and quasi-experimental designs, restricting causal inference. There is also a lack of UK-based economic modelling, implementation research, and workforce acceptability data. This poster demonstrates how student-led inquiry supports critical evaluation of workforce innovation. It encourages discussion on balancing innovation with evidence, highlighting both benefits and limitations of specialist workforce models. The findings support the need for further NHS-based pilot evaluation and demonstrate the importance of equipping healthcare professionals with the skills to critically appraise and lead evidence-informed service innovation. The heutagogical design approach illustrates the potential positive impacts of a workforce of practice-ready nurses who are enabled to use their professional voices to shape the future of healthcare.

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Keywords: Student-led learning, empowerment, patient safety, evidence-based practice, quality improvement.

P4, 14:20 - 14:50, Zoom link 1

What role does psychological safety play in the effectiveness of simulation based learning for undergraduate medical students?

Dr Rasee Lawrence, Queen Mary University London

This session explores the role of psychological safety in enhancing the effectiveness of simulation-based learning for undergraduate medical students. Drawing on contemporary educational theory and simulation literature, the session will examine how psychologically safe learning environments influence learner engagement, teamwork, reflection, feedback uptake, and confidence during simulation activities. It will also explore common barriers to psychological safety, including hierarchy and facilitator variability, alongside practical strategies educators can implement within briefing, debriefing, and facilitation practices. Delegates will gain evidence-informed approaches to creating supportive, reflective, and educationally effective simulation environments that promote learner development and safer future clinical practice.

Summary:

Simulation-based learning (SBL) is increasingly embedded within undergraduate medical education due to the growing emphasis on competency-based training, teamwork, and patient safety (Weller et al., 2012). Alongside its growing use, psychological safety (PS) has become recognised as a key factor influencing learner engagement and educational effectiveness. PS refers to an environment in which learners feel safe to ask questions, make mistakes, admit uncertainty, and participate without fear of embarrassment or judgement (Edmondson, 1999). Despite growing interest in PS within healthcare education, its role in undergraduate simulation remains complex and may be negatively influenced by multiple structural, cultural, and educational factors. This review critically explores the role of PS in the effectiveness of SBL for undergraduate medical students through a literature-informed discussion of contemporary educational theory and simulation practice. Drawing on literature from medical education, organisational psychology, and simulation pedagogy, the review examines how PS influences learner participation, reflective practice, teamwork, feedback uptake, and willingness to engage in interpersonal risk-taking during simulation

activities. The discussion positions PS within key educational frameworks including Kolb's experiential learning theory and Vygotsky's Zone of Proximal Development, highlighting how psychologically safe environments may enhance experimentation, collaborative learning, and reflective debriefing (Kolb, 1984, Fani and Ghaemi, 2011). Previous work has demonstrated that psychologically safe debriefings improve learner engagement and support meaningful reflection during simulation (Kolbe et al., 2020). Similarly, Rudolph et al. (2014) describe the importance of establishing a 'safe container' for learning in simulation environments. The review also explores important challenges associated with PS, including hierarchical barriers, cultural differences in feedback behaviours, facilitator variability, and the risks of excessive comfort reducing accountability or challenge within simulation environments. Recent literature has suggested that structured pre-briefing techniques may help promote PS and reduce learner anxiety before simulation activities (Somerville et al., 2023). In addition to reviewing the current evidence base, the review will present practical recommendations for educators seeking to implement PS effectively within simulation teaching. These include structured pre-briefing approaches, psychologically informed debriefing strategies such as Advocacy–Inquiry, faculty development initiatives, and reflective facilitation practices designed to balance support with educational challenge (Castillo et al., 2023). Conference delegates will gain an understanding of how PS influences learner experience and educational outcomes within undergraduate SBL, alongside practical strategies for fostering psychologically safe learning environments in healthcare education. The topic is highly relevant to the healthcare sector due to the increasing reliance on simulation within professional training and the wider recognition that psychologically safe learning cultures contribute to improved communication, teamwork, learner development, and ultimately safer patient care.

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Keywords: Psychological safety, simulation-based learning, undergraduates.

P5, 14:20 - 14:50, Zoom link 1

Developing compassionate cancer professionals through lived experience

Dr Grazyna Lipowska-Bhalla, University of Manchester

This poster presents an educational initiative embedded within the MSc Molecular Pathology of Cancer and co-developed with cancer survivors from Prevent Breast Cancer. The initiative aimed to complement students' understanding by developing empathy and a more patient-centred approach to cancer diagnosis and care. Students interviewed patient contributors, mapped their pathways to diagnosis, and explored the emotional, social and family impact of cancer alongside its clinical dimensions. Student reflections highlighted insights that lectures and textbooks alone could not provide. The poster shares the design, outcomes and practical considerations of this transferable approach to embedding lived experience meaningfully within cancer education.

Summary:

Patient involvement can enrich health-professions education by connecting disciplinary knowledge with lived experience and supporting the development of empathy, communication skills and patient-centred practice (Gordon et al., 2020; Dijk et al., 2020; Boshra et al., 2022). This poster presents a patient-informed learning initiative embedded within the MSc Molecular Pathology of Cancer programme and developed in partnership with patient contributors from Prevent Breast Cancer. The initiative enabled students to engage directly with people affected by cancer and hear first-hand accounts of diagnosis, treatment, survivorship and the wider impact of cancer on individuals and families. Working in groups, students interviewed patient contributors and applied knowledge from across the programme to map individual pathways to diagnosis. The activity encouraged students to move beyond the molecular and clinical dimensions of cancer and consider issues such as emotional wellbeing, quality of life, communication with healthcare professionals and the effects of cancer on family life. The initiative aimed to deepen students' understanding of the patient journey while supporting the development of empathy, sensitivity and a more patient-centred approach to cancer diagnosis, care and research. Student feedback and reflections indicated that hearing directly from patients offered insights that could not be reproduced through lectures or traditional learning. Students reported that the experience helped them visualise the diagnostic pathway more clearly and consider how scientific and clinical decisions are experienced by patients. The poster will outline the rationale, design and delivery of the initiative and share key themes from student evaluation. It will also consider the practical and ethical principles required to involve patient contributors meaningfully and sensitively in postgraduate education. The initiative offers a transferable approach for integrating lived experience into teaching and helping students connect specialist knowledge with the people whose lives are affected by it.

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Keywords: Patient involvement, lived experience, postgraduate cancer education, patient-centred learning, empathy and compassion.

P6, 14:20 - 14:50, Zoom link 1

An exploration of the motivational factors for CPD in Nursing academics at a UK HEI

Nicole Pollock, Canterbury Christ Church University

CPD is often viewed as an individual responsibility, yet engagement is profoundly influenced by personal histories, professional identities and organisational cultures. Drawing on doctoral research with nursing academics, this session challenges traditional assumptions about academic development and introduces the concept of 'biographical motivation' as a lens for understanding engagement in professional learning. Participants will explore why academics choose to invest in their development, the barriers they encounter, and what higher education leaders can do to create conditions that enable growth, belonging and sustained professional engagement.

Summary:

Higher education institutions are increasingly reliant on continuing professional development (CPD) to support educational quality, student outcomes, workforce sustainability and academic career progression. Within healthcare education, nursing academics occupy a unique position, balancing professional, regulatory and academic responsibilities. Despite the importance of CPD, little is known about the factors that motivate nursing academics to engage in professional learning throughout their careers. Existing literature has largely focused on organisational barriers and facilitators, with limited attention given to how individual life experiences shape engagement in CPD. This poster presents findings from an Educational Doctorate study exploring the motivational factors influencing CPD engagement among nursing academics at a UK higher education institution. The study employed a sequential explanatory mixed-methods design. An online questionnaire was completed by 27 nursing academics, followed by semi-structured interviews with 18 participants. Quantitative data were analysed descriptively, while qualitative data were analysed using Braun and Clarke's reflexive thematic analysis. The findings reveal that CPD engagement is influenced by a complex interaction of personal, professional and organisational factors. While participants reported strong intrinsic motivations linked to professional identity, intellectual curiosity and improving educational practice, significant barriers were also identified. Lack of time emerged as the most frequently reported challenge, affecting 96.3% of participants. Qualitative findings highlighted the influence of educational heritage, experiences of adversity, professional identity development, organisational culture and structural inequalities. The study also introduces the concept of biographical motivation, suggesting that engagement in CPD is shaped not only by current professional demands but also by formative life experiences, values and personal narratives that continue to influence professional learning behaviours throughout academic careers. Delegates will gain insight

into the relationship between professional identity, biography and professional learning and will be encouraged to consider how institutions can better support meaningful engagement with CPD. The poster highlights practical implications for academic leadership, workforce development, staff wellbeing, retention and organisational culture. The topic is highly relevant to the healthcare sector internationally as universities continue to face increasing expectations regarding educational quality, workforce sustainability and student outcomes. Understanding what motivates healthcare academics to engage in professional learning is critical to developing supportive environments that enable educators to thrive and, ultimately, enhance the learning experiences of future healthcare professionals.

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Ryan, R.M. and Deci, E.L. (2000) 'Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being', *American Psychologist*, 55(1), pp. 68–78. Provides the theoretical foundation for understanding intrinsic and extrinsic motivation within

CPD engagement. Evetts, J. (2011) 'A New Professionalism? Challenges and Opportunities', *Current Sociology*, 59(4), pp. 406–422. A key text for discussing professionalism, professional identity, and the changing nature of professional work in higher education.

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Keywords: Continuing professional development, nursing academics, professional identity, biographical motivation, higher education.

P7, 14:20 - 14:50, Zoom link 1

Nursing, Midwifery, and Allied Health Professional graduate induction programme: Fostering learning, support, and belonging in our new workforce

Claire Hedley, NHS Forth Valley

Interprofessional learning communities are increasingly recognised as essential to building a resilient and capable workforce. Within NHS Forth Valley, transitional learning for newly qualified Nursing, Midwifery and Allied Health Professionals (NMAHP) is supported through a structured programme. Integrating Flying Start and the Pillars of Practice, this approach promotes learning in practice, professional development, and early career support. By fostering collaboration, confidence, and capability, the programme aims to sustain and strengthen the workforce, enabling staff to deliver safe, effective, person-centred care while embedding a culture of continuous improvement across services.

Summary:

There is increasing recognition of the value of interprofessional learning communities in supporting workforce development, collaboration and retention across health and social

care. Within NHS Forth Valley, a structured induction programme has been developed to meet the transitional learning needs of newly qualified Nursing, Midwifery and Allied Health Professionals (NMAHP) as they move from student to registered practitioner. This programme integrates the national Flying Start framework and the Pillars of Practice to provide a comprehensive, practice-based approach to professional development in the first year of employment. The purpose of the programme is to facilitate, support and deliver meaningful learning opportunities that enable graduates to develop confidence, competence and professional identity. Central to this model is the creation of a supportive interprofessional learning community, fostering a strong sense of belonging within the wider NMAHP workforce. By bringing together newly qualified staff from across professional groups, the programme promotes collaboration, shared learning and a deeper understanding of each profession's role, enhancing interprofessional working from the outset of careers. This conference session will provide an overview of the design, delivery and underpinning principles of the programme. It will explore how interprofessional learning is embedded into practice, reflective practice and peer engagement, creating opportunities for participants to learn with, from and about each other. The session will also highlight how the programme aligns with strategic priorities around workforce sustainability, staff wellbeing and quality of care. Findings from the programme evaluation will be shared, demonstrating overall positive feedback from participants. Graduates reported feeling supported during their transition into practice, with increased confidence and a strong sense of being part of a community of learners. The interprofessional nature of the programme was consistently highlighted as a key strength, enabling collaboration across disciplines and breaking down traditional professional silos. Participants also described gaining valuable skills to support their ongoing development beyond the first year of practice. Importantly, the evaluation process has informed a number of iterative improvements to the programme. One significant development has been the introduction of second-year practitioners into programme delivery. This innovation supports peer learning while also providing opportunities for more experienced staff to develop leadership, teaching and facilitation skills, in line with the Pillars of Practice. This approach strengthens the culture of continuous learning and creates a sustainable model for ongoing programme delivery. The session will conclude by reflecting on key lessons learned, including the importance of co-design, responsiveness to feedback and maintaining flexibility within programme delivery. Attendees will be invited to consider how similar models could be adapted within their own organisations to support early career professionals and strengthen interprofessional collaboration. This session will be of particular interest to practice educators, workforce leads, and service managers seeking to develop sustainable, practice-based learning initiatives that enhance early career experiences, improve retention and support the delivery of safe, effective, person-centred care.

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Keywords: Interprofessional, transition, collaboration, workforce.

P8, 14:20 - 14:50, Zoom link 1

Shaking up student placements: Piloting a new model of practice placement delivery in MSK Physiotherapy, NHS Forth Valley

Claire Hedley, Fiona Mackie and David Porter, NHS Forth Valley

Recruiting, retaining and nurturing the future Allied Health Professional (AHP) workforce is a growing challenge as increasing student numbers place pressure on practice based learning capacity. In NHS Forth Valley, MSK Physiotherapy has developed an innovative blended placement combining clinical exposure with service improvement work. Students undertake Quality Improvement (QI) projects alongside observational practice within an MSK hub, fostering inclusion and real-world impact. This model expands placement capacity, enhances student experience, and strengthens links to service delivery. By creating meaningful, engaging placements, it supports workforce sustainability, encouraging recruitment into AHP roles and improving early career satisfaction and retention

Summary:

Recruiting, retaining and nurturing a sustainable future workforce is a growing priority across health services, particularly within Allied Health Professions (AHP), where increasing student numbers are placing pressure on practice based learning opportunities. Within NHS Forth Valley, physiotherapy placements have become increasingly difficult to sustain due to rising demand from Higher Education Institutions (HEIs) and limited clinical capacity. In response, MSK Physiotherapy services have developed and tested an innovative blended placement model designed to expand capacity while enhancing student experience and contribution to service delivery. This session will present the design, implementation and early outcomes of a seven-week blended practice-based learning model that integrates clinical exposure with structured service improvement activity. Students are based within an MSK hub environment, promoting a strong sense of inclusion, belonging and team integration. The model combines two days of enhanced clinical observation across core MSK services, orthopaedics and primary care, with two to three dedicated project days aligned to MSK service priorities. A key feature of this approach is the integration of Quality Improvement (QI) into the placement experience. Prior to commencing placement, students complete structured QI training, equipping them with the skills required to contribute to service development. During placement, students are supported by experienced, QI-trained staff to undertake projects addressing real service challenges. These culminate in a final presentation to stakeholders, ensuring that student work directly informs service redesign and improvement. This innovative model supports workforce recruitment by increasing exposure to NHS systems, culture and career pathways. By embedding students within service improvement work and wider team activities, the placement fosters a sense of value, engagement and professional identity. Students gain insight into both clinical and non-clinical aspects of practice, supporting more informed career decision-making and increasing the likelihood of future recruitment into MSK and wider AHP roles. Retention is supported through the creation of positive, meaningful placement experiences that balance learning with contribution. The reduction in travel requirements and improved continuity through a hub-based model enhances accessibility and reduces financial burden for students. The opportunity to engage in impactful work and present to stakeholders builds confidence,

professional skills and ownership, all of which are important to early career satisfaction and retention. From a service perspective, this model has enabled an increase in placement capacity, strengthened partnerships with universities and generated tangible service benefits, including improvement projects and data to inform redesign. The model also enhances organisational reputation as an innovative placement provider, with interest from other health boards seeking to replicate the approach. By reimagining placements as a vehicle for both learning and service development, this work demonstrates how innovative models can expand placement capacity, enrich student experience and support the recruitment, retention and nurturing of the future AHP workforce.

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Keywords: Blended placements, workforce sustainability, quality.

P9, 14:20 - 14:50, Zoom link 1

Preparing students for team-based Healthcare

Bethan Davies-Jones, Bangor University

How can interprofessional education help Biomedical Science and Medicine students understand each other's roles within patient-centred care? This session shares the design and impact of a mock multidisciplinary team meeting at North Wales Medical School, bringing students from Biomedical Science and Medicine together to interpret clinical information, communicate findings, and contribute to shared decision-making. The session explores how authentic simulation supports professional identity, confidence, employability, belonging, and readiness for practice. Delegates will consider how similar approaches can strengthen interdisciplinary collaboration and prepare students for team-based healthcare environments.

Summary:

Preparing healthcare students to be practice-ready requires more than discipline-specific knowledge. Graduates must be able to communicate across professional boundaries, understand the contribution of other healthcare roles, and work collaboratively within patient-centred pathways. This is particularly important for Biomedical Science and Medicine students, whose future professional practice is closely connected but who may have limited

structured opportunities to learn with, from and about each other during their studies. This session presents an interprofessional education activity developed within North Wales Medical School: a mock multidisciplinary team meeting bringing Biomedical Science and Medicine students together in an authentic educational setting. The activity enables students to explore the relationship between laboratory evidence, clinical reasoning and patient management. Biomedical Science students contribute diagnostic and scientific interpretation, while Medical students consider clinical presentation, investigation, diagnosis and management. Through structured preparation, participation and facilitated reflection, students develop a clearer understanding of collaborative healthcare practice and the importance of each profession's contribution to safe, effective patient care.

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Keywords: Interprofessional education, biomedical Science, medicine, MDT, practice readiness.

P10, 14:20 - 14:50, Zoom link 1

Focused on the future: Strengthening orthoptic placements to nurture tomorrow's workforce

Claire Hedley, NHS Forth Valley

Recruiting, retaining and nurturing future Allied Health Professionals requires high-quality practice-based learning experiences. NHS Forth Valley is developing a structured Orthoptic Placement Plan to enhance student learning, support practice educators and strengthen workforce sustainability. Led collaboratively by the Lead Clinical Tutor and AHP Practice Education Lead, the project provides a consistent placement pathway with induction, supported learning, supervision and evaluation aligned to HCPC standards and the Quality Standards for Practice-Based Learning. Through educator development, quality improvement and student-centred approaches, the initiative aims to build professional confidence, inspire future careers in orthoptics and support a sustainable workforce for the future.

Summary:

Recruiting, retaining and nurturing the future Allied Health Professional workforce requires

high-quality, inclusive and sustainable practice-based learning opportunities that enable students to develop professional confidence, capability and belonging. Orthoptics is a small but essential profession, and ensuring students have access to structured, meaningful and supportive placements is vital to strengthening workforce pipelines and showcasing the breadth of career opportunities within NHS services. NHS Forth Valley is developing a structured Orthoptic Placement Plan designed to enhance the student experience, support practice educators and contribute to future workforce sustainability. Led collaboratively by the Lead Clinical Tutor and AHP Practice Education Lead, the project aims to ensure that orthoptic students receive a high-quality placement experience aligned to HCPC standards, the four pillars of practice and the Quality Standards for Practice-Based Learning. The project focuses on creating a comprehensive and consistent placement pathway, beginning with pre-placement preparation and continuing through induction, supported learning, quality checks and post-placement evaluation. Key components include a student induction package, recommended reading, VARK-informed learning resources, a clear placement timetable, defined expectations for students and clinicians, and opportunities to evidence learning across the four pillars of practice. To strengthen the learning environment, staff development is also embedded within the project, with training planned around supervision, feedback skills, peer-assisted learning and practice-based learning approaches. A key ambition is to create placements that not only meet required learning outcomes but actively inspire students to consider NHS Forth Valley and orthoptics as part of their future career journey. By offering clear structure, supportive supervision and exposure to wider multidisciplinary opportunities, the project aims to nurture students' professional identity and confidence while helping them understand the value and impact of orthoptic practice within eye care services and wider health and care pathways. The project also recognises the importance of supporting and retaining the existing workforce. Practice educators play a crucial role in shaping student experiences, and their confidence, capacity and development are central to sustainable placement delivery. By providing training, clear processes and feedback mechanisms, the project seeks to reduce variation, strengthen educator confidence and promote a shared culture of learning, reflection and continuous improvement. Quality improvement is embedded throughout the placement plan. Student and practice educator feedback will be gathered using established feedback systems, including Quality Standards for Practice-Based Learning forms and local NHS Forth Valley feedback. Success will be measured through positive student and educator satisfaction, completion of planned training sessions, evidence of improved placement quality and the development of an improvement plan following review. Potential risks, including limited patient exposure and staff absence, will be mitigated through simulation, multidisciplinary learning opportunities and contingency planning. This work demonstrates how a structured, collaborative and values-based approach to practice education can contribute to recruiting, retaining and nurturing the future workforce. By investing in student experience, educator development and continuous improvement, NHS Forth Valley is creating a placement model that supports learners, strengthens professional identity and contributes to a sustainable orthoptic workforce for the future.

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Keywords: Orthoptics, placements, collaboration.

P11, 14:20 - 14:50, Zoom link 1

Clinical and post-simulation reflection using contemporary art

Claire Louise Swindell, Shrewsbury & Telford NHS Trust

Traditionally, reflection is seen to be a written piece of literature, highlighting what has been learnt by the student, utilising established structured models. There is little room for creativity or alternative approaches, within healthcare related curriculum-based programmes & clinical practices. The objective of this session is to provide an alternative approach to traditional reflection utilising contemporary art, drawing upon their individualised creativity to enhance the learning process in a way that is meaningful for them. It aims to provide a safe space to freely express & share their emotions as they make sense of their learning experience.

Summary:

Providing authentic learning experiences follows a constructivist teaching style as the learning process and journey is the focus instead of fulfilment of assessment criteria as discussed by Pitchford, Owen & Stevens (2021). A desk top research was carried out to explore the potential use of creative contemporary art when reflecting on learning that transpires post-simulation. This meta-analysis searched for secondary data on inclusive reflection using contemporary art. The literature highlighted many positive benefits that can be achieved using contemporary arts as a tool for reflexivity in healthcare. There were several themes including creative expression/enquiry, increased learner engagement, ability to explore emotions and inclusivity. Studies have shown that Narrative blogs, poetry, photography, art, drawing, collage, dramatic performance and craft work have provided learners with alternative opportunities to reflect (Woezik et al, 2023 & Sanders, 2022 & Hahessy, 2016 & Llaw et al, 2022). Interestingly, the literature showed a lack of studies linking simulation and art, to aid reflection. However, given the vast learner benefits when using art for reflection, within healthcare, it would suggest that this could be utilised to aid post-simulation consolidation. Such activities promote unique reflective styles, enabling professional development and aiding transformational learning (MacAskill et al, 2023 & Brand, 2021 & Rutherford et al 2018). Peer-to-peer learning, when sharing reflections, allows learners to learn from each other through exposure of exploring different perspectives. Art as a tool for reflection, fosters learner inclusivity by providing alternative learning approaches and opportunities, which are authentic to the learner. This theory suggests that authentic learning cultivates inclusivity and a constructivism learning/teaching style within curricula (Pitchford, Owen & Stevens, 2021). To achieve maximum benefits, such as peer-to-peer learning, sharing platforms would allow for learners to understand different perspectives and interact with creative pedagogies. As a result of this exploration a recommendation for future practice, would include providing a virtual platform to allow the sharing of creative, reflective art. The platform, titled "Reflection Hub" would be promoted within simulation training for consolidation of learning. To guide implementation a change Model, such as, Kotter (1996) should be utilised. This particular model will be useful to create and communicate the vision of promoting alternative reflective approaches for post-simulation consolidation and therefore further embed inclusivity for both postgraduate & undergraduate healthcare professional curriculums.

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Keywords: Transformational learning, professional development, inclusivity, meaningful reflection, alternative authentic approaches.

P12, 14:20 - 14:50, Zoom link 1

Competencies: From analogue to digital

Tegan Rees, Northampton General Hospital

Background: Traditional competencies are often tedious, worsening heavy workloads and administrative burdens.

Methods: Northampton General Hospital transitioned from analogue, paper-based tracking to digital competency passports using Compassly for nursing, midwifery, and healthcare support worker staff in adult inpatient areas.

Results: This digital shift reduced the time staff spent completing competencies, supported environmental sustainability, and created a robust tracking framework.

Conclusion: Implementing digital passports saved critical clinical time and simplified management oversight. Ultimately, this change streamlined professional development, ensuring compliance is no longer a burden for managers or frontline staff.

Recommendations: Expand Compassly into adult outpatient and all paediatric areas.

Summary:

Project Summary: Digitising Clinical Competencies via Compassly **Introduction & Objectives-** To deliver safe, effective, and compassionate patient care, healthcare staff must maintain verified clinical skills, while managers require robust, accessible audit trails. Traditional analogue, paper-based tracking is often tedious, worsening heavy workloads, contributing to physical storage issues, and increasing administrative burdens. This quality improvement (QI) project at Northampton General Hospital (part of the University Hospitals of Northamptonshire) replaced time-consuming paper workbooks with Compassly, a digital competency passport. This intervention was designed to save critical clinical time, support Trust environmental sustainability goals, and make managing compliance easier and more transparent for frontline staff and managers.

Methodology & Design- The initiative followed a structured, phased rollout over 12 months, launching across all adult inpatient nursing, midwifery, and healthcare support worker (HCSW) staff. Existing paper workbooks were modernised and redesigned into a standardised digital format containing:

- Training attendance declarations
- Knowledge review questions, utilising built-in AI marking assistant technologies
- Live, in-app practical skills sign-offs completed at the bedside
- Mutual supervisee and assessor final declarations for formal competency sign-off

Following training, staff are assigned their relevant competencies via the mobile app. To ensure momentum and verify ongoing compliance, these must be completed within 3 months of allocation and renewed every 3 years.

Evaluation Framework-

- Pre-implementation: Baseline questionnaires were sent to three pilot wards (one medical, one surgical and one oncology). These established time baselines regarding how long frontline staff spent completing written workbooks and how many hours managers dedicated to manually marking and signing off paperwork.
- Post-implementation (In Progress): A mirroring evaluation is currently underway, collating quantitative and qualitative feedback on time-efficiency gains, ease of completion, and overall system benefits.

Early results indicate the digital shift has reduced completion times for frontline staff, cut down marking backlogs for managers, and created a highly robust, searchable tracking framework.

Future Scaling & Next Steps- Future phases will expand Compassly into adult outpatient services, all paediatric areas, and drive the development of further specialist clinical competencies to standardise Trust-wide compliance. Finally, I plan to synthesise this project methodology and my findings into a peer-reviewed journal article to disseminate this digital workforce transformation across the wider healthcare community.

References:

<https://www.compassly.com/features> AI has been used to spell-check and improve sentence structure.

Keywords: Digital, competencies, nursing, competence, compassly.

P13, 14:20 - 14:50, Zoom link 1

Evaluation of the QSL portal as a tool for organisational learning

Dr Evie Dickman and Dr Aklak Choudhury, University Hospitals Derby and Burton NHS Foundation Trust

The Quality and Safety Learning (QSL) Portal was launched at UHDB in 2024 to improve cross-divisional patient safety learning and address gaps highlighted by CQC feedback and staff surveys. The intranet hub hosts over 90 concise, themed articles, co-produced with staff, patients, carers and legal teams, supported by feedback and CPD reflection. Evaluation shows strong engagement, with 64,701 site views, multidisciplinary reach and a 9.24/10 peer recommendation score. Most importantly, 81% of staff reported they were likely to change practice after reading QSL articles, demonstrating its impact on safety culture, learning and improvement across the organisation.

Summary:

The NHS Patient Safety Strategy recognises the importance of fostering a patient safety culture within organisations (NHS England, 2019). The report highlights that continuous learning and improvements can save lives, and are part of best practice when reviewing organisations rated as Outstanding in the CQC 'Safe' domain (NHS England, 2022). CQC feedback and annual staff surveys in 2024 at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) highlighted the need for an improved approach to incident learning. 'Quality and Safety' is a main theme of the Trust strategy, supported by 'continuously learn and grow' as a key value (UHDB, 2024). The Quality and Safety Learning (QSL) Portal was launched in 2024 as a learning and communication platform. As per Johari's Window (Higginson, 2014), there were blind spots due to poor interdepartmental and cross-divisional sharing of learning. A single accessible intranet hub was created to host articles within 14 learning thread themes. Examples include "Learning from medications", "Learning from safeguarding" and "Learning from deaths". QSL articles are authored and read by our staff across UHDB. There is involvement of patients, carers and legal teams in content creation. The stakeholder perspectives make articles highly relevant to our readers. QSL templates helped to guide authors to share their learning messages. Articles were no more than 500 words. Sections included: summary; background; what happened; our learning; key takeaways. Articles often had multimedia elements such as patient story videos. QSL feedback forms and a CPD platform reinforced learning for staff. As of 01.06.2026, over 90 articles are live on the QSL Portal. It is now the Trust's central platform for cross-divisional patient safety learning and associated evidence-based improvement. QSL evaluation methodology includes website analytics and CPD learning feedback. Staff are asked to reflect on two articles before CPD submission. A total of 64,701 QSL site views have been logged. The most viewed article was "Learning from the death of a baby who died on first day of life", with 2,115 site visits. 90 CPD feedback form responses demonstrated the multi-disciplinary reach of learning, with 54% of staff being non-medical. UHDB staff rated QSL 9.24/10 for recommending the platform to their peers. Importantly, 81% of staff who read QSL articles said they were likely to change their work practice. The qualitative feedback demonstrated many examples of behaviour change driven by the QSL articles.

The design of the QSL hub encourages all staff groups to engage with both the creation and engagement of learning resources through the indexed learning themes. The evaluation data provides evidence that the resource is driving quality and safety culture change across the organisation. The QSL Portal is now being positioned for spread beyond UHDB, with plans to share the model through NHS Innovation Network. Other trusts are looking to adopt the model. QSL supports a strong educational foundation for quality and safety culture messaging across the trust and is a lever for quality improvement, helping to achieve the aims of the NHS Patient Safety Strategy.

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Keywords: Patient safety culture, organisational learning, healthcare improvement, practice change, quality and safety.

P15, 14:20 - 14:50, Zoom link 1

The transition to motherhood: A qualitative study of new mothers' experiences of loneliness and associated challenges

Martina Meyer-Österlund, Åbo Akademi University

This study explores how new mothers experience loneliness and the challenges associated with the transition to motherhood. The transition to motherhood is a significant developmental life event involving physical recovery, changes in identity, and adjustment to new caregiving responsibilities. Despite the importance of this transition, loneliness among new mothers remains under-researched

Summary:

Background

The transition to motherhood is a significant developmental life event involving psychological, social, and identity transformation (Mercer, 2004). It requires women to adapt to physical recovery, new caregiving responsibilities, changes in daily life, and the development of a maternal identity (Meleis et al., 2000; Schumacher & Meleis, 1994). Although motherhood can be meaningful and rewarding, it can also involve stress, uncertainty, and emotional challenges as women adjust to new roles and expectations (Hughes et al., 2020; Sanders et al., 2021). During this transition, new mothers may experience loneliness, a subjective feeling arising from perceived inadequacies in meaningful social connections (Perlman & Peplau, 1998; Mansfield et al., 2021). Loneliness

is influenced by the quality of relationships rather than simply the amount of social contact and may occur even when others are present (Mansfield et al., 2021). Among new mothers, loneliness may be associated with identity changes, reduced social interaction, relationship difficulties, and insufficient emotional support (Lee et al., 2019; Nowland et al., 2021). Despite growing attention to experiences of early motherhood, loneliness among new mothers remains under-researched (Dyrda & Lucas, 2013; Nowland et al., 2021). Exploring mothers' experiences of loneliness and associated challenges may provide important insight into supporting maternal wellbeing during this major life transition.

Methodology

This study employed a qualitative design with a hermeneutic approach. Semi-structured interviews were conducted with ten participants who were first-, second-, or third-time mothers living in Finland with at least one child aged 0–3 years. Data were analysed using inductive qualitative content analysis in accordance with Graneheim and Lundman (2004), with participants' experiences guiding the analysis.

Key Findings

Findings showed that loneliness among new mothers was experienced across social, emotional, and existential dimensions. Social loneliness was related to changes in relationships and feelings of exclusion, while emotional loneliness was connected to uncertainty, stress, fatigue, and insufficient support. Existential loneliness involved identity changes, pressure to fulfil expectations, and difficulties maintaining a sense of self during the transition to motherhood.

Lessons for Conference Delegates

Conference delegates will gain insight into how new mothers experience loneliness during the transition to motherhood and how these experiences extend beyond social isolation to include emotional and existential dimensions. The findings highlight the importance of recognising hidden forms of loneliness, understanding mothers' changing identities, and providing responsive social and healthcare support. The session will also demonstrate how early identification of loneliness and accessible support networks may contribute to promoting maternal wellbeing during this vulnerable life transition.

Relevance to the Healthcare Sector

This study highlights the importance of recognizing loneliness as a multidimensional experience among new mothers, including social, emotional, and existential aspects. The findings emphasize the need for healthcare professionals to actively explore experiences of loneliness, particularly forms that may remain hidden, such as existential loneliness. The study supports the development of more responsive postpartum care through early identification, supportive conversations, and accessible services that strengthen social support networks and promote maternal wellbeing.

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Keywords: Transition to motherhood, experiences of loneliness, motherhood, new mothers.

P16, 14:20 - 14:50, Zoom link 1

Professional identity, transition, and recognition: Experiences of internationally educated Nurses in the UK workforce

Dawn Hunter and Evangeline Asidanya, University of Sunderland

Globally, healthcare systems increasingly rely on internationally educated nurses (IENs) to address critical workforce shortages. This study explores the experiences of 20 IENs undertaking a BSc Nursing Top-Up programme while working as Healthcare Assistants in the UK. Reflective accounts revealed a complex transition marked by tensions between established professional identities and support-worker roles, affecting confidence, belonging, and career aspirations. While the HCA pathway provided valuable access to the UK workforce, participants also reported concerns about deskilling and professional recognition. Findings highlight the importance of educational and transitional support in fostering professional identity, retention, career progression, and long-term workforce sustainability.

Summary:

Background: Globally, healthcare systems face significant workforce shortages driven by increased demand for service, demographic change, and the lasting impact of the COVID-19 pandemic. The World Health organization estimates a global healthcare workforce shortfall of 10 million by 2030, with high income countries among the most affected (WHO, 2023). While domestic education, remains essential for long-term workforce sustainability, limitations in training capacity, faculty availability and recruitment mean it cannot meet

immediate healthcare demand. Consequently, international recruitment has become a key workforce strategy. (Pressley, et al. 2023). In the United Kingdom, following Brexit and the COVID-19 pandemic, recruitment of nurses from non-EEA countries increased substantially. In 2023/24, international nurses accounted for approximately half of all new joiners to the Nursing and Midwifery Council (NMC) register (NMC, 2025). Many internationally educated nurses (IENs) arrive with extensive clinical experience and professional nursing qualifications but require additional educational preparation through BSc. Nursing Top Up programmes to support career progression and meet employment requirements. During this period, many work as Healthcare Assistants (HCA's) while completing registration requirements. This transition can create tensions between previous professional status and current role expectations, influencing professional identity, confidence, belonging and future career aspirations.

Evaluation Methodology: Written reflective accounts were collected from IENs during weeks 1 and 2 of a BSc top up programme. Reflections explored experiences of transition, professional identity formation, career aspirations and perceptions of belonging within the UK healthcare workforce. Participants: 20 students from the September 2025 cohort participated.

Key findings: Participants described a complex transition characterised by the co-existence of professional nursing identities and HCA roles. Many reported challenges related to professional recognition, self-efficacy and confidence despite substantial prior clinical experience. Feelings of identity dissonance were common alongside concerns about career progression and professional belonging. The HCA period was perceived as both a valuable route into the UK workforce and as a potential source of deskilling. Some participants described adapting career aspirations downwards, following prolonged periods in support roles, while others identified educational progression as a pathway to renewed confidence and professional growth. Findings suggest that early support during transition may influence retention, wellbeing, career development and long-term engagement within the nursing profession.

Conclusions: The pathway of internationally educated nurses entering the workforce through BSc top-up programmes while working as HCAs is both a workforce necessity and a critical period of professional transition as well as psychologically complex. Dual qualification creates a tension between capability and role, influencing self-efficacy and a sense of belonging during the transition period. Experiences from this stage can influence professional identity, confidence, belonging and career progression. Educational programmes that actively support identity development, transition into professional practice and career advancement may enhance retention and workforce sustainability. When supported effectively, internationally educated nurses contribute not only to workforce capacity but also to cultural diversity, expertise and future leadership within healthcare services. When managed poorly, prolonged deskilling may contribute to attrition and the loss of valuable human capital.

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Keywords: Internationally educated nurses, professional identity, nursing top-up, reflection.

P17, 14:20 - 14:50, Zoom link 1

Exploring how student Nurse characteristics and circumstances shape practice placement experiences

Lydia Hodgkins, Keele University

This poster presents findings from a mixed methods pilot study exploring how student nurses' characteristics and personal circumstances shape their practice placement experiences. As the diversity of the student population increases, understanding how intersecting factors influence placement experiences is essential. Drawing on survey and interview data from final-year students, the study highlights variations in experiences and begins to explore underlying factors. The poster will present key findings and provide insight into final-year student nurses' placement experiences, highlighting considerations for academic and practice partners to better support learners during practice placements.

Summary:

The student nurse population is increasingly diverse as evidenced by applicant data (UCAS, 2020). With clinical placements constituting 50% of pre-registration nursing programmes, successful completion is essential (NMC, 2023). However, research consistently highlights that students can experience challenges within placement settings, with links identified between demographic characteristics and differing placement experiences (Palmer et al., 2024). Building on existing research that often focuses on singular variables, this work highlights the value of examining how overlapping characteristics and circumstances shape learner experiences.

The mixed methods pilot study was undertaken as part of the taught element of a Professional Doctorate programme. It aimed to explore how student nurses' intersecting characteristics and circumstances influenced their placement experiences and access to learning opportunities. A pragmatic approach was adopted to capture both breadth and depth (Cohen, Manion & Morrison, 2018). An online survey was distributed to approximately 280 final year student nurses which generated 18 responses, followed by 2 semi-structured interviews to explore experiences in greater detail. Data was analysed using thematic analysis, informed by Crenshaw's (1989) concept of intersectionality and Bourdieu's (1984) theory of habitus, capital and field. This provided a strong theoretical framework for understanding how individual and structural factors interact.

Findings identified six themes, that were broadly grouped into individual factors and external factors. Individual factors included caring responsibilities, prior care experience and ethnicity. These factors influenced students' confidence, access to opportunities and ability to navigate placement environments. External factors included placement support, recognition of the

student role and placement allocation, highlighting variation in supervision, inclusion and overall experiences. The findings demonstrate that placement experiences are shaped by the complex interactions between students' backgrounds, circumstances and the socio-cultural contexts of placement environments. Of significance is the recognition that these factors can both enable and constrain learning, with some students benefitting from social and cultural capital, while others experience barriers related to competing responsibilities, or variation in recognition of capital and support afforded.

This poster will share key insights into how students experience learning in practice placement environments, and how this is influenced by their intersecting circumstances and characteristics. Delegates will gain an understanding of how Bourdieu's theoretical concepts, applied through an intersectional lens, can be used in a practice setting to better recognise and respond to diverse student needs. This topic is highly relevant to the healthcare sector, particularly in the context of widening participation and ensuring an equitable and inclusive experience for all learners. Enhancing understanding of final year student nurses' placement experiences is essential to improving student experience and reducing student attrition. The findings offer valuable considerations for both academic and practice colleagues seeking to create more equitable and supportive practice learning environments.

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Keywords: Student nurse experience, practice learning, clinical placement experience, intersectionality, placement equity.

P18, 14:20 - 14:50, Zoom link 1

Cultivating early career educators: Insights into challenges faced by junior doctors

Dr Fadhullah Yusof, University of Melbourne

Junior doctors are essential near-peer teachers, yet many teach with limited preparation while balancing heavy clinical demands. This poster explores their experiences through 30-minute semi-structured interviews, examining motivations to teach, barriers to engagement, and how teaching shapes professional and educator identity. Drawing on current literature and participant narratives, it highlights practical strategies including protected teaching time, feedback, mentoring, and early career faculty development. Delegates are invited to consider how healthcare systems can better support junior doctors as emerging clinical educators.

Summary:

Background: Junior doctors play a pivotal role in clinical education globally, acting as near-peer teachers in busy environments where senior clinicians face increasing service demands [1]. As an internationally relevant issue reflecting global health system strains, there is an urgent need to debate how we support these essential educators. Literature suggests learners value junior doctors for their accessibility and ability to create a comfortable learning environment; however, many receive limited formal preparation for teaching [1]. Junior doctors are motivated to teach to consolidate knowledge, fulfil professional duty, and advance career development [2]. Peer teaching also aids professional identity formation, helping junior doctors develop leadership skills and imagine themselves as future educators [3]. Despite this, engagement is hindered by structural barriers including time pressure, ward interruptions, and limited institutional recognition [1,2]. Structured programs suggest that protected time, feedback, and faculty development can support junior doctors in becoming confident early-career educators [4,5].

Research Methodology: Junior medical staff will be recruited through a formal email invitation and invited to participate in a 30-minute semi-structured interview. These interviews will explore participants' experiences of teaching, the challenges they encounter when balancing education with clinical service demands, and the factors that shape their confidence and comfort in taking on near-peer educator roles. An inductive analytical approach will be used, allowing themes to emerge directly from participant narratives so that the findings reflect the genuine experiences of junior doctors.

Key Findings: Expected themes include the perceived value of near-peer teaching, the intrinsic and professional motivations that encourage junior doctors to teach, and the hidden curriculum through which teaching shapes educator identity. Participants are also likely to describe barriers such as workload, ward interruptions, uncertainty about expectations, and limited recognition, alongside practical enablers such as protected teaching time, feedback, mentoring, and access to structured faculty development.

Lessons for Conference Delegates: Delegates will learn that junior doctor engagement in teaching is shaped by motivation, identity development, and the clinical learning environment, rather than personal enthusiasm alone. Drawing on the literature and interview findings, this session will highlight practical strategies to strengthen junior doctors' development as clinical educators, including protected teaching time, accessible educational resources, and early career faculty development opportunities.

Relevance to the Healthcare Sector: This topic is highly relevant to the healthcare sector as it addresses the shared, multidisciplinary challenge of sustaining high-quality clinical education amid rising clinical service demands. Better support for junior doctors as teachers

enhances the learner experience, strengthens the clinical teaching workforce, and provides transformative support for junior doctors as they develop their professional and educator identities.

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Keywords: Near peer teaching, professional identity, clinical education, junior doctors.

P20, 14:20 - 14:50, Zoom link 1

Action plan quality and standardisation: Implementing a digital action plan generator

Ross Brawn and Lisa Seeberger, Royal Papworth Hospital

Practice assessors often face challenges in creating robust action plans for students failing to meet clinical placement standards. Inconsistent quality in these plans risks 'failing to fail', ultimately impacting patient safety. This session introduces a novel, digitised action plan generator developed by Royal Papworth Hospital. By standardising the action planning process and enforcing essential gatekeeping steps, such as mandatory engagement with the clinical education team and practice learning coordinators, this tool ensures high-quality support for struggling learners. Attendees will explore how this innovation enhances educational governance, promotes evidence-based assessment, and safeguards both student progression and the quality of patient care.

Summary:

Background: Effective student support during clinical placements is a cornerstone of patient safety. However, practice assessors (PA) occasionally struggle to formulate high-quality action plans for students who do not meet placement standards. This is often due to the infrequent nature of these interventions per PA, leading to skill erosion and a lack of standardisation of action plan quality across clinical areas. Poor quality action plans inhibit the student's ability to improve and contribute to the phenomenon of 'failing to fail'. To address this, RPH has developed a digital action plan generator to ensure that action plans are robustly aligned with assessment requirements and expectations and that quality is consistent across placement areas.

Innovation Methodology: The innovation utilises Microsoft Forms, integrated with a Power Automate workflow, to create a structured, bespoke action plan. The design incorporates a

critical gatekeeping stage; the form includes mandatory blocker questions, such as verification of sufficient written feedback, the student's existing awareness of concerns, and notification of the clinical education team and practice learning coordinators. If any condition is not met, the generator prevents submission, ensuring that action plans are initiated only when the assessor is appropriately supported and prepared. If the criteria are met, the generator prompts the assessor to detail concerns about knowledge, skills, and professional values, providing options for selecting pre-populated answers as well as free text. The tool provides a consistent framework for describing the nature of the concern, required evidence, and available support. Upon submission, the workflow triggers an email containing a professional PDF template formatted to match standard Practice Assessment Documents (PADs), simplifying the transfer of information. Furthermore, the template automatically links concerns to specific marking criteria, ensuring evidence-based alignment with regulatory standards.

Key Findings: The tool was developed through local collaboration with educators, practice learning coordinators, and two Higher Education Institutions (HEIs). Feedback has been overwhelmingly positive, highlighting the tool's ability to reduce assessor anxiety and improve the quality and standardisation of documentation. The project has moved from the development phase to final implementation and evaluation.

Lessons for Delegates:

- Identify gaps in routine action planning processes, leading to poor student support and 'failing to fail'
- Understand how digital systems/processes can bolster identified gaps, in this instance, standardising complex educational documentation

Relevance to Healthcare Sector: This project directly supports the "Quality, safety and evidence-based practice" theme by enhancing the consistency of assessment, which is vital for maintaining the quality of the future healthcare workforce. The transferability of this digital solution to other clinical settings or disciplines offers a scalable approach to professionalising the practice assessment process, ensuring that struggling students receive equitable, high-quality support that prioritises both their professional growth and the safety of the patients they care for.

Keywords: Action planning, practice assessment documentation, practice education, student support, digital innovation.

P21, 14:20 - 14:50, Zoom link 1

Preparing the future Healthcare workforce: Exploring student transitions, professional growth, and practice readiness

Dr Sheetal Revankar, UK Management College

Preparing healthcare graduates for contemporary practice requires more than academic knowledge; it involves supporting professional identity, confidence, adaptability, and workforce readiness. This session explores the transition from healthcare education to professional practice, highlighting strategies that nurture student development and prepare future practitioners for evolving healthcare environments. Drawing on evidence-informed approaches and educational perspectives, the session considers how educators can bridge the gap between learning and practice through inclusive support, reflective development,

and practice-focused teaching. Delegates will gain insights into enhancing student journeys and promoting meaningful professional growth within healthcare education.

Summary:

The transition from healthcare education into professional practice represents a critical stage in students' professional journeys, involving the development of confidence, professional identity, adaptability, and readiness for complex healthcare environments. Transition theory highlights that individuals experience significant adaptation when moving between educational and professional roles, requiring appropriate support structures (Schlossberg, 1981). Despite increased emphasis on preparing graduates for employment, evidence suggests that newly qualified healthcare professionals may experience challenges related to workplace expectations, confidence, and applying theoretical knowledge to practice (Duchscher, 2009). Professional identity formation is also recognised as an important component of healthcare education, influencing students' sense of belonging and readiness for future roles (Cruess et al., 2015).

This session presents a research-in-progress study exploring Health and Social Care students' perceptions of their preparedness for professional practice and the factors influencing their transition from learner to future healthcare professional. The study aims to identify student experiences, perceived barriers, and educational strategies that may enhance confidence, employability, and professional development.

A qualitative exploratory research design will be adopted. Data will be collected through an online questionnaire containing open-ended questions with Health and Social Care students in higher education. The study will explore students' perceptions of practice readiness, development of professional skills, challenges experienced during their academic journey, and the support they consider valuable in preparing for future healthcare roles. Data will be analysed using reflexive thematic analysis to identify key patterns and emerging themes relating to professional transition and student development (Braun and Clarke, 2006). Although the study is currently in progress, it is anticipated that findings will provide valuable insights into how healthcare educators can strengthen the connection between academic learning and professional expectations. Potential areas of exploration include reflective practice, confidence-building, mentorship, employability-focused education, and inclusive support strategies for diverse student populations.

Conference delegates will gain insight into the development of a student-centred educational research project and consider practical strategies for enhancing practice readiness within healthcare education. The session will encourage discussion around how educators can create learning environments that support professional identity formation, resilience, and successful transitions into healthcare careers.

This topic is highly relevant to the healthcare sector internationally, as workforce sustainability, graduate preparedness, and professional development remain ongoing priorities. Preparing students requires more than achieving academic outcomes; it involves nurturing adaptable, reflective, and confident individuals who are ready to contribute effectively to contemporary healthcare systems. By exploring students' perspectives and experiences, this research aims to contribute to evidence-informed approaches that support transformative educational journeys and the development of future-ready healthcare professionals.

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Keywords: Practice readiness, professional transition, healthcare education, professional identity formation, student experience.

Parallel Session 2, 15:05 - 16:45

2.1a, 15:05 - 16:45, Zoom link 1

Bridging the digital divide: A service evaluation of student digital champions in Healthcare

Dr Claire Stapleton, Keele University

Empower the next generation of healthcare professionals to tackle digital health inequalities. This session showcases a scalable Allied Health Professional placement model where students act as “digital champions,” supporting underserved populations to access healthcare technologies such as the NHS App. Drawing on real-world outcomes, the session demonstrates measurable gains in student confidence, digital capability, and awareness of inclusion. Attendees will gain practical insights into embedding digital inclusion within curricula, enhancing placement capacity, and delivering meaningful community impact—equipping a diverse healthcare workforce to provide equitable, person-centred care in an increasingly digital healthcare environment.

Summary:

Background

Digital exclusion affects 7.9 million adults in the UK (Digital Nation, 2025) and is strongly associated with health inequalities (Honeyman et al., 2020). As healthcare increasingly adopts digital-first approaches, including use of the NHS App, there is a risk of exacerbating inequitable access to care. This study evaluates an innovative Allied Health Professional (AHP) student placement model developed as both an educational intervention and a community-facing service. The placement positions students as “digital champions,” aiming to reduce digital exclusion, improve access to healthcare services, and expand placement capacity while developing digitally person-centred practitioners.

Evaluation Method

A service evaluation was undertaken of a multi-site placement delivered across GP practices, hospitals, and community settings. Physiotherapy and Occupational Therapy students provided one-to-one digital support to service users, focusing on NHS App utilisation, device accessibility, and basic digital skills. Data were collected from September 2025 onwards, including activity metrics (type and volume of support), demographic

characteristics of service users, and pre–post student self-reported measures (knowledge of digital exclusion, confidence in digital skills, and confidence supporting others). Qualitative feedback from stakeholders and service users supplemented quantitative findings.

Key Findings

Sixteen students engaged 252 individuals from diverse and often underserved populations, including older adults (19% aged ≥75 years), individuals from deprived areas (28%), and those with disabilities (23%). Support included NHS App access and functionality e.g. downloads, repeat prescriptions, proxy access, notifications (27%, n=68), personalising smartphones with accessibility settings e.g. enlarged text, assistive access, speech-to-text) (10%, n=24), and basic digital skills such as, password reset, send messages, WiFi access, online shopping (12%, n=31). Service users reported meaningful benefits, describing the intervention as “life changing.” Stakeholders highlighted improved patient access. Students demonstrated substantial improvements in: Knowledge of digital exclusion (mean score increase: 4.6 to 8.1/10) Confidence supporting others (6.4 to 8.2/10) Confidence in own digital skills (6.9 to 8.3/10) Qualitative insights indicated enhanced communication skills, increased awareness of health inequalities, and recognition of how essential digital skills are for living in today's society.

Lessons for delegates

Conference delegates will gain insights into designing and implementing a placement model that embeds digital inclusion within healthcare education, recognising key success factors such as community outreach, cross-sector collaboration, personalised support, and structured student preparation. Attendees will leave with clear, transferable strategies to integrate service delivery with experiential learning, enhance student confidence, expand placement capacity, and embed digital inclusion as a core component of curricula across diverse healthcare disciplines.

Relevance

This topic is highly relevant to the healthcare sector as digital-first service delivery expands, risking further exclusion of underserved populations. AHPs frequently work with groups at higher risk of digital disadvantage, including older adults, people with disabilities, and those living in deprivation. Without digital inclusion skills, the move toward digital healthcare may widen existing health inequalities. By showcasing a scalable model with real-world impact, the session supports workforce development that is adaptable, inclusive, and capable of delivering equitable care in a technology-enabled healthcare system.

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Keywords: Digital inclusion, healthcare education, experiential learning, Allied Health Professionals, health inequalities.

2.1b, 15:05 - 16:45, Zoom link 1

Preparing a digitally ready workforce: Insights from Student Nursing Associates

Daniel Scott-Purdy and Harriet Booth, Nottingham Trent University

Digital capability is central to contemporary healthcare practice, yet variability in confidence and access can hinder meaningful engagement with digital tools. This session presents an evaluation of a digital capability self-assessment tool used with Student Nursing Associates. Findings from iterative implementation and focus groups highlight key barriers including access, navigation, and the need for structured induction. The session shares practical strategies to improve digital readiness, including contextualised onboarding, protected learning time, and targeted support. Delegates will gain insights into embedding digital capability tools within curricula to strengthen workforce preparedness and support sustainable digital transformation in healthcare education.

Summary:

Background and rationale

Digital transformation across the NHS and wider healthcare systems has intensified the need for digitally capable practitioners who can engage confidently with evolving technologies in practice. Therefore, it is increasingly vital for healthcare professionals to maintain their digital practices that are both current and transferable (NHS England 2025a & 2025b, RCN 2025). Policy drivers and digital capability frameworks, emphasise the importance of embedding digital literacy within healthcare education. However, evidence suggests persistent barriers such as digital exclusion, limited technological capability, inconsistent access, and variable prior experience among learners (Christensen & Craft 2021, Gause et al 2022). These challenges are particularly evident within diverse cohorts such as Student Nursing Associates (SNAs), where readiness for digital practice can vary significantly. This project responds to these challenges through the implementation and evaluation of a digital capability self-assessment tool designed to identify skills gaps, guide development, and support progression towards digital readiness.

Methodology

An iterative mixed-methods approach was used with SNAs within a healthcare education programme. Data collection included digital skills self-assessment questionnaires and structured focus groups. A total of three cohorts contributed across implementation cycles, with both quantitative and qualitative data generated. Qualitative data were analysed using thematic analysis (Braun & Clarke, 2006), involving familiarisation, coding, theme development, review, and definition. Member checking was used to enhance trustworthiness and ensure alignment with participant perspectives.

Key findings

Findings indicate that while the digital capability tool has potential value in supporting self-awareness and development, its effectiveness is strongly influenced by implementation conditions. Key barriers included:

- Difficulty accessing and navigating the tool
- Lack of contextualised induction and preparatory guidance
- Variable digital confidence among students
- Absence of structured, protected time to engage meaningfully with the resource

Students highlighted that initial negative experiences were often linked to insufficient onboarding rather than the tool itself. When more structured approaches were introduced, such as pre-created accounts, timed sessions, clearer instructions, and facilitator support, engagement improved. A further emerging theme was student commitment to developing

digital skills when adequate scaffolding was provided. However, limited data on learning gain suggests the need for further cycles of evaluation for in-depth insight and analysis.

Lessons for delegates

Delegates will gain insight into:

- How digital capability tools can be embedded into healthcare curricula
- Practical strategies to improve student engagement with digital resources
- The importance of structured induction, scaffolding, and accessibility in digital learning design
- How iterative evaluation can inform implementation at scale
- The role of academic leadership in driving digital transformation in education

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Keywords: Digital literacy, digital skills, digital capability.

2.1c, 15:05 - 16:45, Zoom link 1

Practice ready in an AI-enabled Healthcare system: Developing artificial intelligence literacy for Health Professional students

Andrew Paul Barker, University of Hull

Artificial intelligence is increasingly shaping healthcare education, clinical decision-making, documentation, communication and patient-facing technologies. This session explores how artificial intelligence literacy can be developed as a core element of practice readiness for health professional students. Rather than treating AI as a specialist technical subject, the session positions AI literacy as part of professional accountability, ethical reasoning, evidence-based practice, digital professionalism and patient safety. Drawing on current policy, professional standards and curriculum development, the presentation offers a transferable framework for embedding AI literacy across healthcare education and supporting students to engage with AI safely, critically and confidently.

Summary:

Artificial intelligence is increasingly shaping healthcare education, clinical decision-making, documentation, communication, service improvement and patient-facing technologies. Health professional students are already engaging with AI through study tools, generative platforms, digital learning environments and emerging clinical systems. However, this engagement is often informal, uneven and unsupported by structured curriculum development. This creates a challenge for healthcare educators: students need to become digitally confident, but also critically aware, ethically informed and professionally accountable. This presentation argues that artificial intelligence literacy should be understood as a core component of practice readiness. For future healthcare professionals, AI literacy is not simply the ability to use a digital tool. It requires students to understand what AI is, where it is already present in health and education, how AI systems may support or distort decision-making, and why human judgement, professional standards and patient safety must remain central. Students also need to recognise risks associated with bias, inaccuracy, hallucination, over-reliance, confidentiality, information governance and unequal access to digital technologies. The session will present a curriculum-facing approach to developing AI literacy in health professional students. The approach frames AI capability as a progressive learning journey, moving from awareness and curiosity through to critical application and professional translation. It is designed to be embedded within existing healthcare curricula rather than delivered as a one-off technical session. In this way, AI literacy can be connected to established educational priorities, including evidence-based practice, critical appraisal, ethical decision-making, communication, inclusive practice, simulation, assessment and preparation for digitally enabled clinical environments. The proposed model supports students to develop five broad areas of capability. First, students recognise where AI is already shaping healthcare, education and everyday decision-making. Second, they are introduced to the basic mechanisms and limitations of AI systems in accessible, non-technical language. Third, they explore ethical, legal and professional issues, including bias, accountability, transparency, confidentiality and the limits of automation. Fourth, students apply AI-related thinking to case-based, simulation-based or practice-related learning activities. Finally, students are supported to translate AI literacy into safe, reflective and professionally defensible practice. This work is relevant to the conference theme of "Practice ready: journeys, transitions, and professional growth" because students are transitioning into a healthcare workforce where digital and AI-enabled systems are becoming increasingly visible. It directly aligns with the theme of digital readiness for contemporary practice, particularly the development of digital confidence, critical awareness, digital professionalism, ethics, safety and curriculum design. It also contributes to quality, safety and evidence-based practice, as AI literacy must include critical appraisal, safe decision-making and awareness of potential risks to patients, learners and professionals. Conference delegates will be offered a practical and transferable way of thinking about AI literacy across healthcare education. The session will be relevant to educators from nursing, allied health, medicine, midwifery, pharmacy, radiography and other professional programmes. Delegates will be invited to consider what minimum AI capability should look like for future healthcare graduates and how curricula can prepare students for technological change while maintaining human-centred, compassionate and professionally accountable care.

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Keywords: Artificial intelligence literacy, digital readiness, healthcare education, professional practice, patient safety.

2.1d, 15:05 - 16:45, Zoom link 1

AI in Healthcare professions education: A rapid evidence and gap map

Annamarie Hanlon, Dr Clara Aranda Jan and Rosemol Johnson Kattithara, University College London

The NHS aims to become the world's most AI-enabled care system yet who is preparing the managers and leaders who will govern that shift? This session asks whether any structured guidance exists for teaching AI within healthcare management education. Drawing on a systematic review of international guidelines, frameworks and policy recommendations, we reveal a striking pattern: abundant calls to embed AI in curricula, but almost no structured frameworks telling educators how. We map this gap against government priorities and propose practical priorities for AI integration. Join us to rethink how we make future healthcare leaders practice ready.

Summary:

Background: Artificial intelligence (AI) continues to transform medical practice and is being deployed within the healthcare sector, as it is seen as solving many healthcare issues (McCoy et al., 2025; Pardo Martin & Lamb, 2025; Rashid et al., 2025). Supported by Government, the NHS 'Fit for the future: 10 Year Health Plan for England' aims to 'make the NHS the most AI-enabled care system in the world' (Department of Health & Social Care, 2025, p. 1). Extant research has examined many guidelines and frameworks for the usage of AI in medicine (Crossnohere et al., 2022; Shiferaw et al., 2025). However, studies examining how AI education for healthcare professionals is incorporated into the curricula of business schools, remain under-explored.

Methodology: We are producing a rapid evidence and gap map of the international literature on AI in healthcare management education (2000–2026, English), reported to PRISMA standards. Searches span PubMed, Web of Science, Scopus, Embase, BSCO Business source Ultimate, CINAHL, ACM Digital Library and IEEE. The corpus is deliberately broad and design-heterogeneous including randomized and observational studies, systematic reviews, and any guidelines, frameworks or policy recommendations reflecting how dispersed this evidence is; technical machine-learning frameworks are excluded. Following published guidance on rapid mapping reviews, screening uses a single reviewer with calibration, second-reviewer checking of exclusions. Because designs vary, each record is critically appraised with a design-appropriate instrument (AGREE II for guidance (Brouwers et al., 2010); RoB 2 for trials (Sterne et al., 2019); ROBINS-I (Sterne et al., 2016), for non-randomized studies; AMSTAR 2 for systematic reviews), each collapsed into a single confidence rating. Findings are charted as a gap-map matrix with educational domain against context and learner group with cell size showing evidence volume and color showing appraised confidence.

Emerging findings: Preliminary screening reveals a consistent pattern across randomized, observational and review evidence, and across multiple specialties, studies recommend embedding AI in curricula yet provide no uniform structured framework for how to do so. On the map this surfaces as a large cluster of generic, variable-quality recommendations beside conspicuously empty cells where appraisable, management-specific guidance should sit.

Lessons for delegates: Delegates will leave with a visual map of where evidence for teaching AI to healthcare managers in educational settings does and does not exist; a transferable method for building a rapid evidence and gap map, including how heterogeneous appraisal can be encoded as a single confidence scale; and a draft set of priorities for AI integration to interrogate their own curricula.

Relevance to the sector: Digital readiness is only as strong as the education that underpins it. If managers and leaders are not equipped to govern AI safely, ethically and effectively, investment in the technology itself will under-deliver. By making the evidence gap literally mappable and proposing actionable priorities, this session speaks directly to preparing

medical students and healthcare management students for technology-enabled practice and to building a digitally capable workforce.

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Keywords: Artificial intelligence, healthcare professions education, digital readiness, clinical practice guidelines, healthcare management.

2.1e, 15:05 - 16:45, Zoom link 1

Care workers' experiences of digital technologies and anticipated AI: Implications for digital readiness in Health and Social Care

Peter Esebame, Elizabeth School Of London

Digital technologies are now central to everyday care, yet many frontline care workers have limited direct experience of artificial intelligence (AI). This session presents findings from an exploratory qualitative study examining how care workers experience established digital systems and how these experiences shape their expectations of AI. The session explores the opportunities and pressures associated with digital technologies, highlighting the importance of learning, organisational support and preserving human-centred care.

Delegates will gain practical insights into how healthcare educators and organisations can better prepare staff for future AI implementation by strengthening digital readiness through employee-centred approaches.

Summary:

Background

Digital technologies have become embedded in everyday health and social care practice through electronic care records, medication systems, incident reporting and digital care planning. At the same time, artificial intelligence (AI) is increasingly promoted as the next stage of digital transformation. However, many frontline care workers have extensive experience with digital technologies while having little direct experience of AI. Understanding how existing digital experiences shape employees' expectations of AI is therefore important for successful implementation and workforce preparation.

Methodology

This exploratory qualitative study adopted an interpretive research design using semi-structured interviews with eight care workers employed in residential care settings. Data were analysed using reflexive thematic analysis to explore participants' experiences of established digital technologies and their sense making of anticipated AI.

Key Findings

Six themes were identified relating to AI understanding, everyday digital practice, technology enablement, digital pressure, learning and support, and the limits of technological substitution. Participants valued digital systems for improving documentation, information access and efficiency, while also describing time pressure, system failures and accountability concerns. Although direct organisational experience of AI was limited, participants interpreted AI through previous digital experiences, media narratives and informal learning. Importantly, they consistently viewed AI as a means of supporting rather than replacing compassionate, person-centred care.

Learning for Delegates

Delegates will gain insight into how frontline employees experience digital transformation before AI is widely implemented. The session highlights practical approaches for supporting digital readiness through staff development, organisational learning and employee engagement. It argues that successful AI implementation should build on employees' existing digital experiences while preserving the relational foundations of high-quality care.

Relevance to Healthcare

As health and social care organisations continue to introduce digital technologies and AI-enabled systems, understanding employees' experiences becomes essential for workforce preparation, digital confidence and sustainable implementation. The findings provide practical implications for healthcare educators, managers and organisations seeking to support digitally enabled, human-centred care.

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Keywords: Digital readiness, artificial intelligence, care workers, sense making, human-centred care.

2.2a, 15:05 - 16:45, Zoom link 2

Traversing transition points: Supporting final-year medical students to navigate ethical and professional dilemmas through simulation

Dr Sherin Zacharia, Dr Georgia Hui, Dr Leah Bolchover, Dr Jasleen Biring and Dr Zara Ahmed, Lewisham and Greenwich NHS Trust

“What is the right thing to do?”. This is a question that newly qualified doctors frequently face when navigating ethical and professional dilemmas for the first time. Reflecting on our experiences, we recognised an opportunity to better prepare final-year medical students for the realities of clinical practice. We will share our insights on developing and delivering an innovative simulation-based educational intervention to help students confidently navigate ethical and professional dilemmas that they may encounter as doctors. Join us to explore how simulation can be utilised as a valuable adjunct to existing medical ethics teaching, improving students’ preparedness for practice.

Summary:

Medical ethics teaching has traditionally been delivered via didactic sessions, however Foundation Year 1 (FY1) doctors have reported that the curriculum could be improved through cases, role plays and creating opportunities to take responsibility to practise for future work scenarios (Vivekananda-Schmidt and Vernon, 2014). The removal of the Situational Judgement Test (SJT) in June 2023 (BMJ, 2023) resulted in students losing an opportunity to revisit key themes surrounding ethical and professional decision-making. We argue that building confidence navigating professional dilemmas is an essential skill that educators should actively support students to develop during the transitional phase of their training before starting as FY1s. Several dilemmas are recognised as commonly encountered by doctors in their first postgraduate year, including making mistakes, maintaining confidentiality, seeking informed consent, and challenging hierarchy (McDougall et al., 2008; Quarini et al., 2010). We sought to develop a simulation-based curriculum innovation reflecting these recurring themes, offering learners the opportunity to engage with the ethical dimensions of the scenarios, experience associated emotional responses, and reflect on these encounters prior to managing similar situations as FY1s.

In collaboration with the undergraduate medical ethics team, we developed a professional dilemmas simulation for final-year medical students, designed to cover ethical and professional issues an FY1 may plausibly encounter. The finalised programme consisted of 5 scenarios, covering a breadth of ethical dilemmas. Students participated in the scenarios within a simulated clinical environment, where faculty were embedded as actors. This was shown via a livestream video to observers in a separate debriefing room. Sessions ran over 5 months across two hospital sites. We collected student feedback, including pre- and post-session surveys, to guide any improvements to the simulation. The feedback received was overwhelmingly positive: 98% of students demonstrated an increase in confidence in dealing with professional dilemmas. Qualitative feedback reflected that we created a safe space for discourse where students were able to cultivate their interest in medical ethics and feel more empowered to transition to clinical practice.

Lessons for Healthcare Educators:

- Simulation empowers medical students to confidently navigate professional dilemmas they may face as future foundation doctors.
- Simulation is a useful tool to complement undergraduate theoretical teaching on ethics and law by applying these principles in practice.
- Near-peer session design helps to construct learning outcomes that are highly relevant and realistic for newly qualified doctors.

The programme of scenarios that we developed can be utilised across different undergraduate institutions and we are currently developing a repertoire of resources that can be shared. This will further:

- Improve preparedness for practice amongst future doctors for the benefit of patient outcomes and safety.

- Reinforce the principles of Good Medical Practice (General Medical Council, 2024).
- Prepare medical students to work effectively within a multidisciplinary team setting.

We suggest that this simulation-based intervention would be a valuable addition to medical undergraduate training, empowering students to confidently navigate the ethical complexities of real clinical practice.

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Keywords: Ethical dilemma, transition to practice, undergraduate, simulation, ethics and law.

2.2b, 15:05 - 16:45, Zoom link 2

What placement cannot teach: Simulation as a liminal space in Healthcare education

Claire Inglis, NHS Borders and Scott Inglis, National Education Union

Placement learning is central to healthcare education, yet its logic is inherently uneven. Students encounter what arises, not always what is needed. Critical experiences are frequently rare, partial, or ethically inaccessible. This paper reframes simulation as a purposeful intervention: a carefully constructed liminal space where learners occupy the uncertain ground between student and practitioner. Within this space, judgement, identity, and professional confidence begin to form. Drawing on examples such as child protection, it argues that simulation enables forms of engagement, emotional, cognitive, and ethical, that placement alone cannot sustain, making possible what would otherwise remain beyond reach.

Summary:

Background and rationale

Healthcare education aims to move the student from novice to expert. Yet how this transformation occurs remains uneven, uncertain, and often incomplete. Practice-based learning, long established as the cornerstone of professional preparation, operates through exposure. Unfortunately, students only encounter what arises, not what must be learned (Herrera-Aliaga & Estrada, 2022). Critical experiences, especially those that are rare, high-risk, or ethically constrained, may never occur. Simulation is a response, offering controlled,

guided encounters with practice (Sivrikaya & Gonenli, 2024). This paper argues that the transition to practice is not linear progression but a state of becoming, defined by instability, ambiguity, and shifting identity (Scaratti et al., 2021; Hong et al., 2024). Within this frame, simulation is not simply a method but a space in which to progress to expert.

Approach

This is a conceptual and practice-informed paper, grounded in literature and informed by applied simulation design and evaluation within health education. A focused case illustration, child protection training, is used to explore how simulation operates differently from placement in high-stakes contexts.

Key insights

Simulation does not simply replicate practice, but expands the range of experiences available to learners. Where placement offers exposure, simulation offers access to moments withheld by probability, by ethics, or by circumstance. Safeguarding provides a clear example, requiring skills of noticing, of acting, and of holding uncertainty under pressure (Woodman et al., 2018). These are precisely the situations in which students rarely have the opportunity to take a lead role. Simulation moves learners from passive observation into active participation, placing them in a responsible role. Evidence suggests that this kind of immersion strengthens clinical judgement, critical thinking, and preparedness for complexity (Aldousari & Aldosari, 2025; Ratish, 2025). Crucially, the impact of simulation lies not only in what learners do, but in what they experience, as it introduces tension, uncertainty, and a sense of consequence within a safe and controlled environment. This unique combination creates a space that is both protective and challenging, enabling learners to engage deeply, test their responses, reflect on their decisions, and begin to develop professional judgement. In this sense, simulation functions as a site of identity work, where learners actively negotiate what it means to practise within complex and uncertain conditions (Moodley & Kern, 2026).

Learning for delegates

Delegates will be invited to rethink simulation, not as replication, but as a distinct pedagogical space. They will:

- Reframe simulation as a site of identity formation and judgement
- Identify where simulation offers learning that placement cannot
- Explore how to design simulation for complexity rather than fidelity
- Consider the role of uncertainty, emotion, and responsibility in learning

Relevance to the healthcare sector

Healthcare systems demand practitioners who can act under pressure, interpret ambiguity, and make decisions in complex conditions. Placement alone cannot guarantee this preparedness. When understood as a liminal space, simulation creates access to otherwise unavailable experiences and supports the development of professional judgement, confidence, and identity, producing more confident, well-rounded practitioners capable of delivering safe, compassionate care.

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Keywords: Simulation-based learning, liminality, professional identity formation, clinical judgement, healthcare education.

2.2c, 15:05 - 16:45, Zoom link 2

"We all try to imagine what it's like for someone to be dependent": Attitudes towards drug users among medical students in the United Kingdom and its impact on their professional identity formation

Dr Holly Melvin, Cheshire and Wirral Partnership NHS Trust

Gain in-depth insight into UK medical students' opinions and attitudes on patients who use illicit drugs and of drug dependence. Gain insight into students' opinions on current teaching on illicit drug use and dependence, with the view of this informing future educational practice in this area, particularly focusing on professional identity formation. Understand how medical students' opinions and experiences affect their professional identity formation (PIF) as future doctors caring for patients who use illicit drugs. Reflect on an over-reliance on hidden curriculum and informal learning experience and how educators can tackle this.

Summary:

Drug use / dependence are an increasing health problem, with 310,863 adult patients in 2023-2024 accessing drug and alcohol treatment services in England (1). Most of these services were sought for drug-related issues (1). Given these high and increasing rates (1), UK medical students will encounter many such patients as future healthcare practitioners. Internationally, literature on drug use reveals that healthcare students hold mixed views (2). Most (63.2%) believe drug users are incapable of looking after themselves (2). A large

majority (91.0%) also believe drug dependence is treatable (3). Amidst limited literature, a 2012 study reported that UK students held stigmatising attitudes towards Intravenous drug users (4). Additionally, evidence suggests doctors hold stigmatising attitudes that worsen with seniority (5). These negative attitudes may impact medical students' attitudes towards drug users and their professional identity formation (PIF) (6). Research in this area remains limited within the UK. Therefore, it is critical that attitudes of medical students and the factors impacting their PIF towards drug users are understood to better prepare them for providing high-quality care to this patient group. A mixed methods research approach was used to integrate both qualitative and quantitative perspectives (7). The quantitative element helped identify areas for deeper exploration during the qualitative interviews. The qualitative aspect of the study was guided by an interpretivist stance, recognising reality as subjective and allowing for diverse interpretations to construct meaning within the researched community (8).

The study sampled medical students at two UK medical schools. The study employed an online questionnaire followed by semi-structured in-depth interviews. The online questionnaire was a validated tool, 'Public attitudes towards people with drug dependence and people in recovery questionnaire', developed by the UK Drug Policy Commission (9). This was followed by individual semi-structured interviews, chosen for their ability to explore opinions in depth (10), while offering greater privacy than focus groups. The interview guide was developed by adopting relevant open-ended questions tailored to the research aim. Data were collected from 62 questionnaires and 12 interviews. Most UK medical students (71.0%, n=44) viewed addiction as a chronic health condition and supported providing optimal care (91.8%, n=56). However, support for funding addiction services declined during training (100% to 60%), reflecting growing stigma. Prolonged heroin (90.2%, n=55) and cocaine use (88.6%, n=54) were widely viewed as unacceptable, while responses regarding party drugs and methadone were mixed. Students' attitudes towards drug users were shaped by media, upbringing, peers, direct interactions with drug users and doctors' role modelling. These influences generally supported professional identity formation, although challenges remained. Related university teaching was widely perceived as insufficient, with reliance on hidden and informal curricula. These findings have direct relevance for all health professionals working within interprofessional teams, including nurses, pharmacists, social workers, physiotherapists and other allied health professionals. There is a clear need to formalise what currently depends on chance and ensure equity of learning experiences that equip all health professionals to provide compassionate, evidence-based care to this vulnerable population.

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Keywords: Professional identity formation, medical students, substance use, methadone.

2.2d, 15:05 - 16:45, Zoom link 2

Beyond placements: A versatile asynchronous AI simulated learning pathway for Healthcare management undergraduates

Kerrie Wynn and Arjun Wara, Arden University

How do you prepare healthcare management undergraduates for practice when their programme lacks clinical placements? Grounded in current immersive learning literature (e.g., Jisc, 2025; Stracke et al., 2025), this session introduces Arden University's "Reflective Simulated Learning Pathway," a versatile, asynchronous framework. Discover how computer-based Artificial Intelligence (AI) powered Bodyswaps simulations organically build public speaking confidence via classroom-to-boardroom pitches in "Digital Health Leadership", and deepen patient rapport by interacting with the same patient in "Meeting the Needs of Service Users". Featuring an on-the-spot AI coach, this pathway delivers flexible, experiential readiness.

Summary:

Background to your research or innovation: Cultivating leadership, empathy, and communication competencies is a critical pedagogical priority within undergraduate healthcare management education. However, in purely theoretical curricula lacking mandatory clinical placements, delivering authentic experiential learning poses an operational challenge in both face-to-face and online deliveries. Immersive learning environments are increasingly recognised as essential frameworks for bridging this gap, accelerating holistic competence development in higher education (Cabrera-Duffault et al., 2024; Motley et al., 2024). Systematic literature reviews demonstrate that integrating

simulated environments significantly optimises learning outcomes and addresses critical instructional pain points (Kumar and Gorai, 2025; Stracke et al., 2025). Furthermore, national data highlights growing student demand for workplace-relevant digital tools that enhance career readiness (Jisc, 2024; Jisc, 2025). To address this specific gap at Arden University, a structured "Reflective Simulated Learning Pathway (RSLP)" was developed. By leveraging Bodyswaps—an AI-powered soft-skills training platform—the framework provides students with a low-stakes environment to safely navigate complex healthcare scenarios on their computers before entering the workforce.

Innovation Overview & Implementation: The RSLP mirrors real-world professional trajectories, escalating complexity as students progress. Crucially, the Bodyswaps modules are delivered asynchronously, enabling independent, self-paced training. The framework has been successfully scaled across multiple core modules to deliver distinct experiential outcomes:

Digital Health Leadership (DHL): Focuses on the organic development of public speaking skills. Students transition naturally from a foundational Week 5 "Classroom Pitch" to establish initial confidence, up to a corporate Week 8 "Boardroom Pitch," culminating in a Week 9 "Public Forum" to defend strategic innovations under pressure.

Meeting the Needs of Service Users (MNSU): Focuses on long-term patient continuity and care familiarisation. The AI avatars explicitly act as the same patient during student interactions. Engaging with this recurring character across multiple simulations replicates ongoing healthcare relationships, deepening patient rapport and familiarisation.

Key findings from your research or innovation: The primary strength of this asynchronous architecture is its capacity to foster immediate, self-regulated learning. Upon completing a simulation, students instantly engage with an interactive Bodyswaps AI coach for objective, automated feedback on their communication style. This aligns with emerging research indicating that combining artificial intelligence with simulated reality transforms passive learning into high-impact student engagement (Hmoud et al., 2025). Student evaluations indicate that while initial interactions induced performance anxiety, the scaffolded transition successfully mitigated apprehension, heightened active-listening awareness, and built authentic professional confidence.

Delegates will acquire from this session: A scalable model for embedding asynchronous AI simulations within placement-free healthcare curricula. Strategies for tailoring a simulation framework to address diverse learning outcomes, from public speaking to patient continuity. Frameworks for utilising automated AI coaching to deliver instant, student-led reflective feedback loops.

Topic Relevance to the healthcare sector: Contemporary healthcare management requires professionals with strong interpersonal skills and the ability to adapt to diverse stakeholder needs. Utilising asynchronous simulation ensures graduates transition into the sector with verified communication readiness.

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Keywords: Arden University, immersive learning, bodyswaps, simulated learning, soft skill development.

2.2e, 15:05 - 16:45, Zoom link 2

Collaborative Online Learning: A Physiotherapy Case Study across the Atlantic

Helena Drummond, University of Portsmouth

How can international learning experiences be delivered inclusively and sustainably within healthcare education? This poster showcases a Collaborative Online International Learning (COIL) initiative that connected physiotherapy students from the UK and Canada to develop intercultural competence, communication skills, and global perspectives on healthcare practice. Participants engaged in structured online collaboration, culminating in an innovative international simulation where Canadian students worked directly with a simulated patient while UK students remotely directed the assessment and treatment. Delegates will gain insights into the design, implementation, outcomes, and lessons learned from this approach to internationalisation at home, and its potential application across healthcare programmes.

Summary:

Healthcare graduates are increasingly required to work effectively in culturally diverse environments and within international healthcare systems. However, traditional international experiences, such as student exchanges, are often inaccessible due to financial, geographical, and personal barriers. Collaborative Online International Learning (COIL) has emerged as an innovative approach to internationalisation at home, enabling students to engage in meaningful intercultural learning without the need for travel. Within healthcare

education, there remains limited evidence describing authentic, practice-based COIL activities that allow students to collaboratively apply clinical knowledge in real-world scenarios. This innovation project brought together physiotherapy and therapy assistant students from the University of Portsmouth (UK) and the Conestoga College (Canada) through a structured COIL programme designed to enhance intercultural competence, communication, teamwork, and professional reasoning. Students participated in a series of facilitated online learning activities exploring healthcare systems, professional roles, and cultural influences on healthcare delivery in their respective countries. The initiative culminated in an innovative international simulation. Working in transnational teams, Canadian students were physically co-located with a simulated patient (actor), while UK students participated remotely and directed the assessment and treatment process. This required students to communicate effectively across geographical boundaries, negotiate clinical reasoning, and collaboratively develop and implement patient-centred management strategies. Evaluation of the project utilised student reflections, feedback, and facilitator observations. Students reported increased confidence communicating with international peers, greater awareness of cultural influences on healthcare practice, and improved understanding of similarities and differences between healthcare systems. The final simulation was identified as a particularly powerful learning experience, providing an authentic opportunity to apply collaborative, communication, and clinical reasoning skills within an international context. Staff also identified the activity as a feasible and sustainable approach to embedding internationalisation within healthcare curricula. Conference delegates will gain practical insights into the design, implementation, and evaluation of a COIL initiative within physiotherapy education. The poster will share lessons learned regarding partnership development, student engagement, technology-enhanced learning, and the creation of authentic clinical learning experiences across institutions. Delegates will also explore how simulation can be integrated with virtual exchange to move beyond discussion-based activities and create richer opportunities for professional learning. This topic is highly relevant to the healthcare sector as healthcare professionals increasingly work within multicultural communities and globalised healthcare environments. Developing intercultural competence, communication, collaboration, and digital capabilities is essential for preparing future healthcare practitioners. COIL offers an inclusive, scalable, and sustainable approach to internationalisation, enabling institutions to provide meaningful global learning experiences that enhance graduate readiness without the financial and environmental costs associated with international travel.

Keywords: International collaboration, physiotherapy, COIL.

2.3a, 15:05 - 16:45, Zoom link 3

Fostering belonging and inclusion in health and social care Higher Education: A practitioner inquiry into inclusive teaching practices

Mmesoma Precious Samuel, Fairfield School of Business

How can healthcare educators create learning environments where all students feel valued, included, and able to succeed? This session shares findings from a practitioner inquiry exploring how inclusive teaching practices can foster belonging, engagement, and confidence among diverse Health and Social Care students. Drawing on reflective practice and student perspectives, the session highlights practical strategies including culturally responsive teaching, constructive feedback, collaborative learning, and relational support. Delegates will gain evidence-informed approaches to promoting inclusion and student

success while reflecting on how authentic inclusive practice can move beyond compliance to create meaningful educational experiences.

Summary:

Health and Social Care Higher Education (HSCHE) is becoming increasingly diverse, with students entering higher education from a wide range of cultural, ethnic, linguistic, socioeconomic, and educational backgrounds. While this diversity enriches learning, evidence continues to demonstrate disparities in student engagement, attainment, retention, and sense of belonging, particularly among students from underrepresented and minority groups. At the same time, healthcare educators are challenged to create inclusive learning environments that not only support academic success but also prepare students to work effectively within diverse healthcare settings. Against a backdrop of widening participation agendas, equality legislation, and increasing emphasis on inclusive practice across higher education, this study explores how inclusive teaching practices can foster belonging, engagement, and positive learning experiences within Health and Social Care education. This session presents findings from a qualitative practitioner inquiry conducted with 12 Level 4 Health and Social Care students studying at a UK higher education institution. The research adopted an interpretivist approach, recognising that students' experiences of inclusion, belonging, and support are shaped by their individual social, cultural, and educational contexts. Data were collected through reflective teaching journals and semi-structured interviews, enabling exploration of both educator reflections and student perspectives. Thematic analysis was used to identify recurring patterns and develop an in-depth understanding of the factors that contribute to inclusive learning environments. Five interconnected themes emerged from the study: motivation and belonging in learning; cultural recognition and inclusion; constructive feedback and encouragement; collaborative learning and group work; and clarity in teaching and structure. Findings revealed that students experienced greater confidence, engagement, and participation when educators demonstrated genuine interest in their learning, recognised and valued diverse cultural experiences, provided timely and personalised feedback, and created opportunities for collaborative learning. The research also highlighted the importance of relational approaches to teaching, where empathy, trust, encouragement, and emotional support contributed significantly to students' sense of belonging and academic development. The study argues that inclusion extends beyond compliance with institutional policies and equality frameworks. Rather, meaningful inclusion is achieved through reflective, responsive, and culturally informed teaching practices that actively recognise diversity as a strength within the classroom. The findings contribute to current discussions on inclusive pedagogy by demonstrating how healthcare educators can create learning environments that support both academic achievement and personal growth. Conference delegates will gain practical, evidence-informed strategies for fostering belonging and inclusion within diverse healthcare education settings. The session will encourage critical reflection on teaching practice and provide examples of approaches that can be adapted across disciplines, including culturally responsive teaching, collaborative learning design, constructive feedback practices, and strategies for promoting student engagement and confidence. This topic is highly relevant to the healthcare sector because inclusive educational experiences help prepare future practitioners to deliver compassionate, person-centred, and culturally competent care. By fostering belonging and inclusion within healthcare education, educators can contribute to the development of a workforce better equipped to meet the needs of increasingly diverse populations and contemporary healthcare environments.

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Keywords: Inclusive pedagogy, student belonging, culturally responsive, teaching, health and social care, higher education, student engagement.

2.3b, 15:05 - 16:45, Zoom link 3

The final placement as a transformative journey: Student perspectives on supervision, confidence, and professional identity

Dr Terri Grant, University of Worcester, Grace Zeng, Jessica Colliver, Lynda Quigley, Rhys Parsons and Merrolee Penman, Curtin University, Jacqueline Raymond, The University of Sydney and Yvonne Thomas, Otago Polytechnic

Final healthcare placements aim to develop and assess professional competency, yet students experience these as far more transformative - shaping professional identity, confidence, and career direction in ways that extend beyond formal learning outcomes. This international, multi-disciplinary study used photo-elicitation interviews with allied health students to explore what students value in final placements. Four themes were: a continuum of professional learning, consolidation within complex real-world contexts, an expanding scope of practice, and the critical role of supervision in shaping confidence. This session will explore what supports - and hinders - students' journeys toward professional readiness.

Summary:

Background

Clinical placements are central in health professional education internationally, yet the mechanisms of learning during final placements remain poorly understood. Research typically focuses on competency attainment, overlooking the broader transformative dimensions of student experience. With growing concern about graduate readiness and student well-being during their transition to practice, it is crucial to understand what students value - and what supports their professional development. While first-year placements have been described as transformative (Grant et al., 2022; Honey and Penman, 2020), the hidden dimensions of final placement learning, including professional identity formation, supervision, and confidence remain underexplored (Brown et al., 2023). This study explored what students actually learn and value in their final placement across two countries, involving multiple allied health disciplines.

Research Methodology

Fourteen students from Occupational Therapy, Physiotherapy, Speech Pathology and Exercise and Sports Science Programmes in Australia and New Zealand participated in two sequential semi-structured interviews. Pre-placement interviews explored anticipated learning, while post-placement interviews captured how students made sense of their learning. Photo-elicitation invited participants to bring images representing their placement, enabling richer engagement with dimensions of learning beyond formal competencies (Orr et al., 2022). Reflexive thematic analysis was applied (Braun and Clarke, 2022), with peer review of the codes and themes.

Key Findings

Four interconnected themes emerged, each relevant to transformative support and professional journeys. First, students experienced their final placement as a continuum of learning - consolidated prior experiences and crystallising career aspirations and professional identity. Second, consolidation within complexity highlighted that authentic clinical contexts - unpredictable and messy - required students adapt to clients and their practice context, going beyond the integration of theory with practice. Supervision relationships provide the scaffolding for this growth. Third, students described an expanding scope of practice, including a broadened appreciation of interprofessional collaboration, holistic client-centred care, and professional advocacy. Fourth, growing confidence was strongly influenced by supervisory relationships and organisational culture. Supportive supervisors created psychologically safe environments - welcoming questions, modelling reflective practice, and offering balanced feedback - enabling students to flourish. Conversely, unsupportive supervisory relationships characterised by relentless assessment and deficit-focused feedback negatively impacted confidence and professional identity, leading some students to question their professional futures.

What Delegates Will Learn

Final placements represent the most critical transition in health professional education. This session will offer delegates evidence-based insights into how supervision quality, placement design, and organisational culture enable or constrain students' transformative professional journeys. Delegates will gain transferable strategies for supervisor development, including the importance of creating psychologically safe learning environments, delivering developmental feedback, and facilitating authentic professional participation.

Relevance to the Healthcare Sector

Across healthcare disciplines and countries, final placements are the last supported step before independent practice. This multi-disciplinary, international study offers insights that are transferable beyond allied health professions that rely on work-integrated learning. In a climate of global pressure on placement capacity and workforce readiness, understanding what students value - and which supervision approaches support this - is essential for educators, placement coordinators, and those responsible for supervisor development.

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Keywords: Work-integrated learning, professional identity, supervision, practice readiness, student experience.

2.3c, 15:05 - 16:45, Zoom link 3

The awarding gap: Experiences of British Pakistani students in Health professions

Dr Ajay Patel, Manchester Metropolitan University

The ethnicity awarding gap remains a persistent issue in UK higher education, particularly within health professions programmes. This study explores the experiences of British Pakistani Muslim women in a Department of Health Professions, where a 41% awarding gap exists compared to White peers. Using a mixed-methods approach, the research will investigate; belonging, family expectations, caring responsibilities and experiences of support and discrimination. It is expected that findings will highlight how institutional structures, clinical placements and everyday practices shape student outcomes.

Summary:

The ethnicity awarding gap—defined as the disparity in the proportion of White students and students from Black, Asian and minority ethnic (BAME) backgrounds achieving a first-class or upper second-class degree—remains a persistent challenge across UK higher education (Office for Students, 2019; Universities UK and NUS, 2019). Within health professions education, the awarding gap is further compounded by the demands of clinical placements, which can account for up to 50% of programme assessment. Evidence indicates that Asian students are less likely to succeed in placement-based assessments, highlighting systemic and relational challenges within practice learning environments (Woolf et al., 2011; Cleland et al., 2012). This study examines the experiences of British Pakistani Muslim women studying Physiotherapy and Speech and Language Therapy within a Department of Health Professions at a UK post-1992 university. Approximately 19% of the student cohort identifies as Asian, with the majority being female, Muslim and of Pakistani heritage. These students are typically commuter students with strong local ties and, in many cases, significant family or caring responsibilities. Departmental data reveal a substantial awarding gap of 41% between these students and their White UK-domiciled peers. A mixed-methods design will be employed to explore experiences of belonging, family expectations, caring responsibilities, support-seeking behaviours and experiences of racism or exclusion. The literature suggests that the awarding gap is shaped by a combination of external (from outside university) and internal factors (from within university). Higher levels of participation in HE from minority students draws a broader spectrum of academic ability (Brophy, 2025). And students from specific minority backgrounds are more likely to come from lower income households with the attendant financial pressures that brings (Sappor and Franks, 2025). Internal facts may include limited sense of belonging, culturally unresponsive curricula, challenges in accessing support, and the impact of clinical placement environments. Belonging emerges as a fragile and dynamic construct, influenced by institutional practices such as timetabling, representation and recognition of religious identity (Hopkins, 2011; Stevenson, O'Mahony and Khan, 2020). Students also described navigating complex intersections of ethnicity, gender, religion and family expectation, echoing wider research on British Pakistani women in higher education (Baguley and Hussain, 2008; Tariq-Modood, 2015). The literature highlights the need for inclusive curriculum design, culturally responsive support systems, and greater attention to equity within placement assessment. The aim of this work is to contribute to ongoing efforts to create more equitable and inclusive learning environments that support student success and workforce diversity.

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Keywords: Awarding gap, belonging, health professions education, pakistani muslim women, inclusive education.

2.3d, 15:05 - 16:45, Zoom link 3

Clearing the pathway: Embedding reasonable adjustment plans into practice learning Heather Guttridge and Jane Killough, Queens University Belfast

How can we make conversations about disability and reasonable adjustments a normal part of clinical placements? This presentation showcases an innovative collaboration between the school of nursing and midwifery and central university to embed a pathway to Reasonable Adjustment Plans (RAPs) for placement practice. Discover practical strategies and develop a pathway that will enable access to disability support, that promote equality, diversity, inclusion, and accessibility while maintaining patient safety and professional standards. This explored all elements to empower educators, supports students, and transforms practice learning for the future nursing and midwifery workforce.

Summary:

Creating equitable and inclusive practice learning environments is fundamental to preparing the future nursing and midwifery workforce. Increasing numbers of students disclose disabilities, long-term health conditions, neurodiversity, mental health conditions, and specific learning differences, requiring reasonable adjustments to enable them to meet programme learning outcomes and professional standards. Whilst Reasonable Adjustment Plans (RAPs) are well established within higher education, variability exists in how these plans are communicated, understood, and implemented within clinical practice settings. This inconsistency can create uncertainty for students and practice educators, potentially affecting placement experiences, student wellbeing, and opportunities for learning. Queen's University Belfast (QUB) central disability assessors and school of nursing and midwifery

disability officers undertook a quality improvement initiative aimed at embedding inclusive practices and normalising conversations using a pathway approach.

Background and significance of your research or innovation

Rather than positioning reasonable adjustments as exceptional arrangements, this initiative seeks to normalise inclusive conversations within everyday placement practice. Embedding RAP discussions into standard pathway reflects a proactive, person-centred approach that supports students while equipping academic staff with accessible guidance. The use of a pathway offers an innovative and sustainable mechanism for providing immediate access to specialist expertise, promoting consistency across diverse clinical settings and strengthening partnerships between higher education institutions and healthcare providers.

Research methodology (for research-based presentations)

A collaborative working group comprising disability officers, disability Services and deputy lead for nursing reviewed existing processes and identified opportunities for improvement. The initiative focuses on integrating discussions regarding RAPs into routine placement induction by encouraging placement teams to ask all students whether they have a RAP, thereby reducing stigma and ensuring equitable opportunities for disclosure. The initiative aligns with equality legislation, professional regulatory requirements, Equality act and Disability act.

Key findings or insights

Equality Ensuring all students have fair access to learning opportunities. Diversity Recognising and valuing individual differences and experiences. Inclusion Creating environments where every student feels respected, supported, and able to contribute. Accessibility Removing barriers that may impact participation and success in practice learning.

Lessons for healthcare educators

Normalising discussions about Reasonable Adjustment Plans (RAPs) during placement induction helps reduce stigma and embeds inclusion into routine practice. Successful implementation relies on collaboration between universities, disability services, practice educators, and students, supported by clear communication and accessible resources. Providing practical guidance and direct access to Disability Advisors increases educator confidence in implementing reasonable adjustments. Importantly, adjustments must balance inclusion with patient safety and professional standards. Creating psychologically safe learning environments encourages early disclosure, improves student wellbeing and belonging, and supports successful placement experiences. Embedding these inclusive practices promotes equity while preparing a diverse, resilient, and competent nursing and midwifery workforce.

Relevance to healthcare education

Embedding Reasonable Adjustment Plans into routine practice learning creates sustainable, inclusive educational environments by equipping healthcare educators with consistent processes and accessible resources. This collaborative approach enhances student retention, supports workforce diversity, promotes equitable learning opportunities, and strengthens partnerships between universities and practice settings while maintaining patient safety and professional standards.

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Keywords: Inclusion, diversity, reasonable, collaboration, pathway.

2.3e, 15:05 - 16:45, Zoom link 3

Self-compassion in the undergraduate medical curriculum.... Ten years in the making

Dr Beth Langton, Dr Marti Balaam, Dr Kitty Wheeler and Mona Eskandaripour, University of Edinburgh Medical School

Despite a wealth of evidence for the benefits of compassion and self-compassion within healthcare and healthcare education, it can be met with resistance from staff and students alike. Over the last ten years, Edinburgh Medical School has been delivering self-compassion teaching as part of its professionalism curriculum to medical students. This workshop will discuss what self-compassion and compassion are, detail the barriers to incorporating these into teaching (and ways to overcome this), provide student and staff reflections on this teaching and allow delegates to experience some of the teaching techniques for themselves.

Summary:

There is increasing awareness within medical schools of the need for wellbeing in our own lives and in our curricula, with staff and students reporting higher levels of burnout and mental health difficulties (Balaam and Harris 2021). Burnout, seen in both our staff and students, presents as: emotional exhaustion, reduced capacity and de-personalisation (Balaam and Harris, 2021). With reference to the students we teach, data collated from universities shows increasing levels of distress, anxiety, depression and loneliness among students, and decreasing levels of trust, sense of belonging, and connection (Balaam and Harris, 2021). When addressing stress and burnout among its medical students and future doctors, Edinburgh Medical School for the last ten years has worked with the science and practice of compassion when delivering professionalism education. Medical students are charged with practicing compassionate self-care by the GMC (GMC, 2018), and compassion remains one of the core values of the NHS, which is deemed central to high quality healthcare (West and Coia 2019). Despite this, compassion and self-compassion can be met with resistance in healthcare communities and among medical students.

There is a wealth of research provides evidence of the strong benefits of compassionate practice in these educational environments (Balaam and Harris, 2021). Compassion can calm our stress responses; make positive changes within the brain; improve our physical health and as a consequence less health-care uptake; improve patient outcomes; affect how we relate to ourselves and others; improve our work environments and productivity at work (Balaam and Harris, 2021).

This workshop will include:

- What are compassion and self-compassion, and the science behind them
- Barriers to incorporating self-compassion into teaching, and how we navigated these
- Current compassion teaching provision at Edinburgh Medical school, and reflections on this from both students and staff
- Short interactive self-compassion activity, as used with our students, to familiarise the audience with self-compassion and empathy teaching techniques

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Keywords: Compassion, medical students, burnout, self-compassion.

2.4a, 15:05 - 16:45, Zoom link 4

From support worker to registered professional: What supports practice-ready transitions in Allied Health Professional apprenticeships?

Professor Ruth Strudwick, University of Suffolk, Dr Sophie Willis, Dr Gupteswar Patel, University of Lincoln, Dr Tim Hayes, Anglia Ruskin University, Dr Ruth Parker, Dr Tanja Kleinhappel and Professor Kate Grafton, University of Lincoln

The aim of this project was to establish how Level 6 Allied Health Professional (AHP) degree apprentices navigate the transition from healthcare support worker to registered professional and what supports successful progression into practice. Understanding these transitions is increasingly important for healthcare educators, employers and workforce leaders seeking to develop sustainable and inclusive professional pathways. Delegates will gain practical insights into supporting apprentices through complex professional transitions. The findings suggest that practice readiness should be viewed as a shared educational and organisational responsibility, co-produced through collaboration.

Summary:

Background

Healthcare systems internationally are seeking sustainable routes into professional practice in response to workforce shortages, increasing service demand and persistent recruitment and retention challenges. In England, Level 6 Allied Health Professional (AHP) degree apprenticeships have emerged as an important route into professional registration, with the potential to support workforce growth, widening participation and service sustainability. Whilst existing literature has explored learner experiences and implementation challenges,

less attention has been paid to how apprentices navigate the transition from healthcare support worker to registered professional and what supports successful progression into practice. Understanding these transitions is increasingly important for stakeholders seeking to develop sustainable and inclusive professional pathways.

Methodology

This presentation draws on findings from a national convergent mixed-methods study of Level 6 AHP apprenticeships in England. Quantitative analysis examined apprenticeship and workforce data between 2019/20 and 2024/25. Qualitative data comprised interviews with various stakeholders. Findings were integrated through mixed-methods synthesis.

Key Findings

The findings suggest that AHP apprenticeships represent a distinctive professional journey. Nationally, 78.8% of apprentices had been employed by their organisation for more than 12 months before commencing their apprenticeship, indicating that apprenticeships function primarily as progression pathways for existing support. Apprentices were predominantly mature learners, with 83.6% aged 25 years or older. Participants described the challenges of balancing employment, academic study, caring responsibilities and personal commitments. Across professions, academic pass rates were consistently between 99% and 100%, with variation in achievement largely explained by retention rather than academic performance. These findings suggest that barriers to successful progression are less likely to arise from academic capability. Successful transitions were strongly associated with supportive employers, effective supervision, protected learning opportunities and strong partnerships between employers and higher education institutions. The findings highlight the importance of educational and organisational infrastructure in supporting learners through the transition from support worker to registered professional.

Implications for Healthcare Education

The findings suggest that apprentices should be understood as a distinct learner group whose educational journeys differ from those of traditional undergraduate students. Many apprentices are experienced members of the workforce balancing study alongside employment, caring responsibilities and established professional roles. Supporting successful transitions therefore requires educational approaches that recognise the realities of work-based learning and professional progression. The study also challenges assumptions about the factors that influence learner success. With academic pass rates consistently high, the findings suggest that educational outcomes are shaped less by academic capability and more by the availability of supervision, organisational support, protected learning opportunities and effective employer–university partnerships. Delegates will gain practical insights into supporting apprentices and other work-based learners through complex professional transitions. More broadly, the findings suggest that practice readiness should be viewed as a shared educational and organisational responsibility, co-produced through collaboration between learners, educators, supervisors and employers. For apprenticeship learners, success appears to depend less on academic attainment than on the systems of support.

Keywords: AHP apprenticeships, transitions, workforce, widening participation.

2.4c, 15:05 - 16:45, Zoom link 4

Supporting professional growth: Using graduate focus groups to evaluate mission-driven education

Molly ORourke, Western University of Health Sciences

How can Doctor of Physical Therapy programs determine whether their mission and vision are truly experienced by students? This curriculum evaluation project used graduate focus groups to explore how alumni perceived alignment between program values and their educational experiences. Graduates described strong connections to professional identity formation, patient-centered care, collaboration, and evidence-informed practice, while also identifying opportunities to strengthen leadership, advocacy, and innovation. Findings suggest that graduate focus groups provide a valuable mechanism for incorporating learner voice into mission-driven curriculum evaluation, supporting continuous quality improvement and helping programs assess whether institutional priorities are authentically reflected in practice.

Summary:

Background/Purpose/Hypothesis

Mission and vision statements are intended to guide curriculum design, shape program identity, and communicate the values and outcomes a Doctor of Physical Therapy (DPT) program seeks to cultivate. In DPT education, these statements often inform strategic planning, accreditation processes, and curricular decision-making; however, programs may have limited mechanisms for understanding whether learners meaningfully experience those priorities throughout the curriculum. Graduate focus groups offer a practical approach for examining how former students perceive alignment between stated program priorities and their educational experiences. The purpose of this project was to use graduate focus groups to explore how DPT graduates experienced and interpreted alignment between the curriculum and the program's mission and vision. This work aimed to identify themes that could inform ongoing curriculum review and continuous quality improvement.

Methods/Description

This curriculum evaluation project used semi-structured focus groups with graduates of a DPT program. Graduates were invited to reflect on how the program's mission and vision were experienced across didactic coursework, clinical education, and co-curricular opportunities. Discussion prompts explored perceptions of professional identity formation, patient-centered care, collaboration, evidence-informed practice, leadership, and other mission- and vision-related priorities. Focus groups were conducted in a structured yet conversational format to encourage reflection on both explicit and implicit ways program values were communicated. Sessions were audio-recorded, transcribed, and reviewed to identify common themes, recurring observations, and areas where graduates perceived strong alignment or opportunities for stronger intentionality.

Results/Outcomes

Graduate focus groups yielded rich descriptive insights into how mission and vision were experienced in practice. Participants consistently identified themes related to professional identity development, patient-centeredness, collaboration, and evidence-informed decision-making as clearly reflected across the curriculum. Graduates described these priorities as most visible when they were reinforced across classroom, laboratory, and clinical experiences and modeled by faculty and clinical instructors. Focus groups also highlighted areas where alignment could be strengthened, including more explicit connections to leadership, advocacy, innovation, and clearer communication of how mission and vision influenced curricular design decisions. The focus group format itself provided contextual detail that may not have emerged through surveys or other structured assessment tools.

Conclusions

Graduate focus groups served as a valuable method for exploring how learners experienced the relationship between program mission, vision, and curriculum. This approach provided meaningful insight into where alignment was most visible and where greater intentionality may enhance curricular coherence.

Impact and Significance

Using graduate focus groups as part of curriculum evaluation offers DPT programs a practical strategy for incorporating learner voice into mission- and vision-driven program review. This approach may strengthen continuous quality improvement, support accreditation self-study, and help programs better understand whether stated priorities are authentically experienced by graduates.

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Keywords: Constructive alignment, higher education, mission driven curriculum, professional journey, curriculum alignment.

2.4d, 15:05 - 16:45, Zoom link 4

Navigating multiple transitions: Understanding student and staff perspectives on international Healthcare master's education

Diane Reid, Narayan Prabhu and Dr Linda Bush, Manchester Metropolitan University

International healthcare Master's students undergo multiple transitions when studying in the UK, including adapting to a new country, culture, educational system and expectations. Understanding how these transitions are experienced by students and understood by academic staff is important as universities seek to support student success and develop the future healthcare workforce. This interactive session shares findings from a mixed-methods study exploring student and staff perspectives on transition within healthcare Master's education. Delegates will examine areas of alignment and divergence between student experiences and staff perceptions and consider practical strategies to enhance belonging, engagement, retention and achievement among international healthcare students.

Summary:

International healthcare Master's students undergo multiple transitions when studying in the UK, including adapting to a new country, culture, educational system and academic expectations. Understanding how these transitions are experienced by students and understood by academic staff is increasingly important as universities seek to support student success and develop the future healthcare workforce. This interactive session shares findings from a mixed-methods study exploring student and staff perspectives on transition within healthcare Master's education. Delegates will examine areas of alignment and divergence between student experiences and staff perceptions and consider practical strategies to enhance belonging, engagement, retention and achievement among international healthcare students. International healthcare Master's students represent an increasingly important component of the future healthcare workforce within the UK and globally. Research suggests that international students often navigate multiple and interconnected transitions when entering UK higher education, including adapting to a new country, culture, healthcare context, social environment and educational system. These transitions can influence wellbeing, belonging, engagement and academic success (Smith, 2020; Scott et al., 2024). While previous studies have explored international student experiences, less attention has been paid to how these transitions are understood by academic staff and how differences between student experiences and staff perceptions may influence educational practice. This project, undertaken within the Faculty of Health and Education at Manchester Metropolitan University, explores the multiple transitions experienced by international healthcare Master's students and how these transitions are perceived by academic staff. The study aims to identify areas of alignment and divergence between students' lived experiences and staff perceptions to better understand factors influencing student engagement, belonging, progression and success. A mixed-methods approach was adopted. Two parallel questionnaires were co-designed with international students and distributed to both international healthcare Master's students and academic staff. Student involvement in questionnaire development ensured that the study reflected authentic student experiences and priorities. Quantitative survey findings were complemented by analysis of institutional engagement and performance data. Findings indicate that transition is experienced as a complex process extending beyond academic adaptation. Alongside challenges associated with assessment literacy, critical thinking and independent learning, students describe navigating cultural adjustment, communication differences, confidence, belonging and unfamiliar educational norms. Preliminary findings suggest that while staff recognise many academic challenges, there may be differences in how wider social, cultural and personal transitions are understood and prioritised. Through interactive polling and facilitated discussion, delegates will be invited to reflect on assumptions surrounding student preparedness and transition and consider how these influence educational practice. Participants will gain practical insights into culturally responsive teaching, inclusive assessment practices and strategies that support belonging, engagement and student success. This topic is highly relevant to the healthcare sector because international students form an important pipeline into the future healthcare

workforce. Supporting students through multiple transitions has implications not only for retention, attainment and equity of outcomes within higher education, but also for the development, sustainability and inclusivity of the future health and care workforce.

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Keywords: International students, student transition, healthcare education, inclusive pedagogy, workforce development.

2.4e, 15:05 - 16:45, Zoom link 4

Surfacing skills at induction: A structured approach to encourage reflection, set expectations and promote student success

Suzanne Monks, Rhian Ogden and Nancy Davies, University of Leeds

Students already possess strong academic and digital skills but are often unsure how to apply them effectively in higher education. Embedding a “Surfacing Skills” approach within induction enables reflection on these capabilities, supports understanding of the hidden curriculum and clarifies expectations. Timetabled sessions promote engagement, peer support and self-awareness. Academic Personal Tutors play a central role, using coaching and guidance to build confidence, belonging and targeted support. Evaluation shows improved engagement, self-awareness and personalised development, offering practical strategies to support transition, wellbeing, retention and professional identity formation

Summary:

Transition into higher education and professional healthcare programmes is a critical period, strongly influencing student engagement, confidence, identity formation, wellbeing and retention (Gale and Parker 2014). Positive early experiences of belonging and engagement are strongly linked to persistence and success, particularly for diverse and non-traditional learners, highlighting the importance of supportive and inclusive induction design (Thomas, 2012).

Increasingly complex clinical environments and rapid digital transformation in healthcare require learners to develop not only technical competence but also adaptability, reflective capacity and digital confidence from the outset of their programmes (NHS England, 2025; Jisc, 2019). Traditional induction models often prioritise information transmission rather than supporting learners to actively assess and develop their capabilities, therefore limiting opportunities for early self-assessment and personalised support and preventing students gaining the most from placement and academic experiences (Hamlin et al 2024).

Pedagogy evidences effective learning as being socially situated and developing through participation, reflection and progression within groups (Guanlao et al 2025). The surfacing skills project enables students to identify existing skills, set developmental goals and engage in ongoing feedback allowing them to foster long-term professional learning and identity formation (Gilder 2025). This project commences with a facilitated self-assessment and exploration session in induction week, followed by ongoing personalised support and signposting to meet identified areas of development and need, with annual reviews at transition to measure progress. The format creates a sense of belonging and normalisation of diverse starting points from a staff and student perspective.

The surfacing skills project utilises Academic Personal Tutors to facilitate this journey, embedding a supportive, coaching approach to personal growth and development using self-assessment, guided reflection, personalised follow up and longitudinal re-assessment. Calcagno et al (2017) states the value of early group sessions with their personal tutor to enable the support of peer learning communities, self –efficacy and motivation with an increased likelihood of later accessing their APT for support due to this early experience. Early mixed methods evaluative data suggests the project increased student's awareness of their academic and digital strengths and development needs while enhancing confidence and engagement. The project has been embedded across the School of Healthcare into induction, module content and APT group and individual support; integrating academic and digital skills development with support to enhance resilience and confidence (Jisc, 2019; NHS England, 2025).

Delegates will gain insight into a proactive approach to embedding surfacing skills into induction and beyond, utilising academic personal tutors to facilitate a personalised approach to assessing and supporting the development of academic, digital and personal skills required to thrive on healthcare programmes. This approach supports institutional policy on student success and experience as well as inclusive learning methods to support the diverse needs of our student bodies and to develop resilient students and future healthcare practitioners who are reflective, academically and digitally capable.

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Keywords: Induction and transition support, surfacing skills, personalised academic, personal tutoring support, sense of belonging, student experience and success.

2.5a, 15:05 - 16:45, Zoom link 5

Building sustainable blood transfusion education through global partnerships

Dr Emma Hadley, David Chama and Dr Joseph Mulenga, Zambia National Blood Transfusion Services and Diana De, British Society of Haematology

Implementing Safe Blood Transfusion Practice through Global Partnerships Discover how a collaborative partnership between Zambia and the UK transformed blood transfusion education to improve maternal health outcomes and patient safety. This session showcases a sustainable, low-cost train-the-trainer model that improved transfusion safety knowledge among clinicians, healthcare students, and educators, while supporting Zambia's first national e-learning platform in transfusion practice. Delegates will gain practical insights into co-produced curriculum development, cross-cultural learning, quality assurance, and capacity building. Learn how global partnerships can drive healthcare innovation, strengthen workforce development, and create lasting benefits for both local and international healthcare systems.

Summary:

Maternal haemorrhage is a major cause of maternal deaths globally, especially in low-resource areas where access to safe blood transfusion and strong haemovigilance systems may be limited. Blood transfusion safety is viewed as an important intervention in Zambia

with the aim of improving maternal outcome and contributing to Sustainable Development Goal 3. Globally, it is becoming accepted that sustainable healthcare education collaborations need to shift away from knowledge transfer to co-production, cultural exchange and capacity building. This is a joint presentation by representatives from the Zambia National Blood Transfusion Service (ZN BTS) and the British Society for Haematology (BSH), in partnership with NHS England, the Scottish National Blood Transfusion Service and health service partners in Wales and Zambia. It sought to enhance blood transfusion safety by providing context-specific training to healthcare personnel and build institutional capacity for training within the local context. A training-of-trainers programme for senior clinicians was successfully carried out in the Women and Newborn Hospital, University Teaching Hospitals, Lusaka, involving a low-cost, theory- and simulation-based training programme of trainers. Training emphasised identification, management and reporting adverse transfusion reactions, including international best practices and local reality. A significant improvement in group classification exercises and individual post training test scores of 83% and 30% respectively was found through knowledge assessment. The programme was then rolled out to a further 359 staff by new local trainers, with 78% of staff covered, resulting in an additional 35% increase in assessment scores. In support of this, a multi-disciplinary education team provided transfusion safety training for 250 students enrolled as nurse, registered nurses and nurse educators in Zambia. It was co-developed with local stakeholders to ensure cultural relevance and sustainability, based on adapted All Wales transfusion training resources. Quality assurance of Zambia's national blood transfusion training optimised bi-directional pedagogical gains for health educators, and fostered service improvement benefits for those patients receiving blood products. Similarly, cross cultural case studies gathered from Zambia have been incorporated into Welsh curriculum to aid understanding of complex red cell disorder management, equitable access and stigma related to blood donation and transfusion.

The project has also contributed to the roll out of Zambia's first national e-learning platform for blood transfusion safety, and educational materials endorsed for continuing professional development by local professional bodies. Expansion of the use of these is planned at the national level to help improve national haemovigilance systems and patient outcomes. Delegates will explore opportunities for creating sustainable educational interventions through international partnerships, that will result in enhanced clinical practice and also in mutual learning opportunities for all partners. Practical strategies for cross-cultural adaptation of education, train-the-trainer, embedding quality assurance, and the translation of global health experiences to local healthcare education curricula will be illustrated. The work underscores the importance of education in patient safety and demonstrates the value of collaborative global partnerships in supporting the cluster education of the individual and health equity.

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Keywords: Blood transfusion safety, global health partnerships, cluster education, capacity building, patient safety, maternal health.

2.5b, 15:05 - 16:45, Zoom link 5

Drug box case study

Linda-Marie Strachan, Middlesex University

Pharmacology can be challenging, and I questioned whether our students felt confident and competent in applying pharmacological knowledge within clinical practice. I therefore explored how to better bridge the gap between theory and practice in medication management. I introduced the use of real drug packaging in the classroom and developed patient case studies based on the selected medications. The focus is on engaging with guidelines and policies, effectively using available resources, promoting safe practice, and enhancing understanding of the patient's journey as a whole.

Summary:

Developing safe and effective medication knowledge remains a persistent challenge in healthcare education. Students across disciplines often report difficulty applying pharmacological theory to real-world clinical situations, which can impact confidence and contribute to anxiety in practice settings. This issue is widely recognised within the literature, with increasing emphasis on active, experiential learning approaches to bridge the theory–practice gap and enhance clinical reasoning. Ensuring graduates are prepared to make safe, evidence-based decisions is a key priority internationally, particularly in the context of patient safety and workforce readiness. This educational innovation introduces a “drug box” as a hands-on teaching strategy designed to promote active engagement with pharmacology. The drug box contains a range of medication-related prompts and resources, enabling students to explore drug classifications, indications, side effects and practical considerations through structured, scenario-based activities. The approach encourages discussion, teamwork and application to realistic patient cases, supporting deeper learning and integration of knowledge. Implementation within undergraduate teaching demonstrated positive outcomes in terms of student engagement and perceived confidence. Students reported that the activity made pharmacology more accessible and clinically relevant, helping them to connect theoretical content with practice. The interactive format also supported the development of wider skills, including communication, problem-solving and collaborative learning. Importantly, the activity created a safe space for learners to explore medication-related decision-making without fear of error, which is often a barrier in traditional teaching approaches. Conference delegates will gain insight into a practical, adaptable teaching strategy that can be implemented across healthcare programmes. The session will outline how the drug box can be aligned with learning outcomes, used to support clinical reasoning, and adapted for different levels of learners or interprofessional groups. Attendees will also explore how the approach contributes to building confidence and reducing anxiety around medication use. This topic is highly relevant to the healthcare sector, particularly in relation to quality, safety and evidence-based practice. Medication errors remain a significant concern, and improving learners' ability to apply pharmacological knowledge is essential for patient safety. By supporting students to become more confident and competent in medication-related decision-making, the drug box approach contributes to the development of a safer, more prepared healthcare workforce. The innovation also reflects current educational priorities, including active learning, student engagement, and the integration of theory into practice.

Keywords: Pharmacology, safe-practice, students.

2.5c, 15:05 - 16:45, Zoom link 5

Rethinking research ethics committee approval for Healthcare students: Embedding student-centred principles into research governance

Dr Ben Parkinson, Glasgow Caledonian University

Dr Ben Parkinson (Senior Lecturer of Nursing and Research Ethics Chair) invites delegates to rethink how we view ethical approval in healthcare education. This presentation draws on firsthand experiences and academic literature to provide a novel student-centred perspective on ethical approval within the context of healthcare education.

The presentation will provide an overview of this new student-centred perspective on ethical approval and discuss implications for practice for healthcare students, academic supervisors, and education providers. This presentation will be beneficial for anyone with an interest in research integrity, research supervision, and student-centred approaches in healthcare education.

Summary:

Background

International research ethics guidelines mandate prospective ethical approval for clinical research involving human participants, human data, and human tissues (World Medical Association, 2024). The regulatory requirements applicable to clinical research also apply to research conducted by healthcare students during educational programmes (Yıldız et al., 2025). Healthcare students often undertake research projects, dissertations, and theses that require ethical review. Conducting research as a healthcare student is an important learning opportunity that supports the development of research competence, researcher integrity, and evidence-informed practice (Balon et al., 2019). Ethical approval for clinical research is usually provided by Research Ethics Committees (RECs) or Institutional Review Boards (IRBs) and can prove to be a lengthy and frustrating process for healthcare students (Yıldız et al., 2025).

Understanding the ethical and governance requirements of research is an essential competency for future healthcare professionals (Kolstoe et al., 2025). However, ethical review processes are commonly framed through administrative, regulatory, and risk-management perspectives (Yıldız et al., 2025). While these perspectives help protect participants and ensure research integrity, they often overlook the experiences and learning needs of student researchers. This paper argues that ethical approval should also be understood as a student-centred educational process.

Aim

To propose a novel student-centred conceptualisation of ethical approval in healthcare education and explore its implications for healthcare students, academic supervisors, and educational institutions.

Methods

Drawing on firsthand experience as a healthcare professional and Research Ethics Committee member, this presentation provides a conceptual analysis of ethical approval within healthcare education. Academic perspectives from research ethics literature, student-centred learning, and healthcare education are synthesised to critically examine dominant governance-focused approaches and develop a complementary student-centred framework.

Findings

Ethical approval is more than an administrative gateway for healthcare students involved in research. Ethical review in healthcare education influences student learning, researcher

integrity, academic progression, and professional identity. A student-centred perspective reframes ethical approval as a developmental learning experience through which students engage with ethical reasoning, professional responsibility, reflexive practice, and research integrity.

This perspective positions ethics committees, supervisors, and educators as contributors to student learning as well as research governance. Failure to recognise the student within ethical review processes may increase anxiety, create barriers to progression, and reduce opportunities for meaningful learning. Conversely, student-centred approaches can support educational engagement while keeping rigorous ethical standards and participant protection.

Implications for Practice

Healthcare educators, academic supervisors, and research ethics committees should recognise ethical approval as both a governance and educational process. Embedding student-centred principles within research ethics systems may enhance ethical literacy, research confidence, student wellbeing, and educational progression while preserving research integrity. Designing ethical review processes that intentionally support student development has the potential to strengthen both educational outcomes and professional preparedness.

Conclusion

Reframing ethical approval through a student-centred lens promotes learning, researcher integrity, professional development, and successful programme completion. This perspective offers a new way of understanding the relationship between research governance and healthcare education and may support improved outcomes for healthcare students undertaking research.

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Keywords: Healthcare education, student research, research integrity, research ethics, student-centred.

2.5d, 15:05 - 16:45, Zoom link 5

Quality care through ethical competence: Healthcare Professionals' views in Student Healthcare

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This study explores how healthcare professionals understand ethical competence in student healthcare and its role in delivering quality care. Grounded in hermeneutical interpretation, it draws on interviews with healthcare professionals to examine everyday ethical challenges and decision-making in practice. Findings highlight ethical competence as safeguarding the vulnerability of others through sensitivity, reflection, trust-building, and professional integrity. The session will showcase how ethics education and reflective practice can strengthen ethical awareness and support high-quality care in complex healthcare environments. Delegates will gain practical insights into fostering ethical competence in professional education and healthcare settings to enhance quality and patient-centred care.

Summary:

Background

Ethical competence is a fundamental component of healthcare practice and has been described as a core professional competence that supports ethical decision-making in clinical practice (Kulju et al., 2016). Healthcare professionals regularly encounter ethically demanding situations in clinical practice, making ethical competence an important capability in everyday healthcare work (Koskenvuori et al., 2019). Ethical demands in healthcare arise from complex decision-making situations and competing priorities in practice (Koskenvuori et al., 2019). Ethics education has been shown to support the development of ethical competence, particularly in relation to recognising ethical issues, reflecting on ethically challenging situations, and making well-considered professional decisions (Andersson et al., 2022). Despite growing interest in ethical competence, less is known about how healthcare professionals understand and describe ethical competence in specific practice contexts such as student healthcare. Given the international focus on healthcare quality and patient safety, strengthening understanding of ethical competence remains relevant for contemporary healthcare systems (World Health Organization, 2021).

Methodology

This study employed a qualitative design with a hermeneutical approach inspired by Gadamer's philosophical hermeneutics, focusing on interpretation and understanding of lived experiences through reflection and dialogue (Gadamer, 2004). Data were collected in 2019 through interviews with ten healthcare professionals working in student healthcare. The material was analysed using qualitative content analysis (Graneheim & Lundman, 2004), allowing interpretation of participants' understandings of ethical competence in practice.

Key Findings

The findings revealed one overarching theme: Safeguarding the Vulnerability of the Other. This theme reflects healthcare professionals' understanding of ethical competence as a commitment to recognising and responding to patient vulnerability in professional practice. Four subthemes described ethical competence: Using Sensitivity to Establish a Trustful Relationship, Acting in an Objective and Flexible Manner, Using a Reflective Process in Decision-Making, and Maintaining Confidentiality and Honesty. Together, these findings present ethical competence as a relational and reflective professional practice that guides ethical behaviour and decision-making in healthcare encounters.

Lessons for Conference Delegates

Conference delegates will gain insight into how healthcare professionals understand ethical competence in everyday practice. The findings highlight the importance of sensitivity,

reflection, trust-building, and professional integrity in ethical healthcare delivery. The session will also demonstrate how ethical competence can be supported through ethics education and reflective learning in healthcare professional development (cf. Andersson et al., 2022).

Relevance to the Healthcare Sector

Ethical competence supports ethically sound decision-making and supports the delivery of high-quality healthcare in practice (Koskenvuori et al., 2019). In healthcare systems where quality and patient safety are key international priorities, understanding how ethical competence is perceived and enacted in practice is important for education and professional development (World Health Organization, 2021). The findings may inform strategies aimed at strengthening ethical awareness and reflective practice in healthcare organisations.

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Keywords: Ethical competence, healthcare professionals, student healthcare, quality of care, patient safety.

2.5e, 15:05 - 16:45, Zoom link 5

Write here, write now: Embedding structured writing retreats to support undergraduate researchers in Health professions education

Christopher Edge, University of Liverpool

Extended academic writing can be a significant source of procrastination, anxiety and reduced confidence for health professions students. This presentation explores the implementation and evaluation of structured writing retreats embedded within an undergraduate occupational therapy programme over four academic years. Using qualitative evaluation data from four student cohorts, the session will demonstrate how protected writing time, peer accountability and low-pressure writing activities supported productivity, confidence and earlier engagement with assessment. Delegates will leave with practical

strategies for embedding writing retreats within healthcare curricula to enhance student wellbeing, academic engagement and readiness for independent research.

Summary:

Undergraduate healthcare students frequently report difficulties initiating extended academic writing, maintaining sustained concentration, and managing academic procrastination (Hurd, 2006). These challenges are increasingly recognised across higher education and may be exacerbated by maladaptive perfectionism, whereby concerns about producing high-quality work delay writing and increase anxiety (Ashraf et al., 2023; Huang et al., 2023). Such barriers are particularly important within health professions education, where independent research and evidence-based practice form core graduate attributes. Despite growing evidence that structured writing retreats enhance productivity, wellbeing and the development of supportive writing communities among academic staff and postgraduate researchers (Stanley et al., 2017; Vincent, Tremblay-Wragg and Plante, 2023; Wiebe, Pratt and Noel, 2023), there remains relatively little evidence regarding their use within undergraduate healthcare programmes. This presentation describes the implementation and evaluation of structured writing retreats embedded within a final-year undergraduate occupational therapy evidence-based practice module between 2022 and 2026. Each cohort participated in two or three facilitated sessions that provided protected writing time within a quiet, supportive environment. Sessions incorporated brief writing warm-up activities, individual writing blocks, structured goal setting and opportunities for reflection, encouraging students to focus on writing rather than striving for perfection. Evaluation drew on anonymous post-session reflections collected across four cohorts, generating 215 qualitative comments. Rapid thematic analysis identified four dominant themes: improved focus and productivity; earlier engagement with assignments and reduced procrastination; the value of a supportive peer writing environment; and reduced stress alongside increased confidence. Students consistently described the protected writing environment as enabling them to begin assignments they had previously avoided, maintain concentration, and feel reassured by writing alongside peers facing similar challenges. The session will demonstrate how writing retreats represent a simple, scalable and low-resource educational intervention that can be embedded within undergraduate curricula. Delegates will explore practical considerations for implementation, including session structure, facilitation strategies and integration with wider assessment support. The presentation will argue that creating protected opportunities for writing not only enhances productivity but also promotes student wellbeing, confidence and engagement with independent research, thereby supporting practice readiness within healthcare education. Delegates will leave with an evidence-informed model that can be readily adapted across healthcare programmes to strengthen assessment support, reduce writing-related anxiety and foster a sustainable culture of academic writing.

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Keywords: Health professions, education, academic writing, writing retreats, student wellbeing, practice readiness.