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Evaluation of 'Supporting Professional Education in the Field' (Project Mercury)

Final report

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Centre for Research in Nursing and Midwifery Education

European Institute of Health and Medical Sciences

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Acknowledgements

Contents

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Executive Summary

The Centre for Research in Nursing and Midwifery Education (CRNME) was commissioned to evaluate Supporting Professional Education in the Field (also known as 'Project Mercury'; referred to in this report as 'SPEF') by the Head of Practice Learning and Education at the European Institute of Health and Medical Sciences (EIHMS) and the Project Manager for SPEF.

SPEF consisted of interventions in three modules in the first year of a Diploma Adult Nursing programme for a single cohort. The main objectives of SPEF were to implement, support and disseminate the electronic mediation of tutor supported learning in practice settings; integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory) and to establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects.

Key learning points from the evaluation are:

- Preparing and informing all stakeholders is essential to the success of e-learning interventions

- Setting up e-learning interventions, in the absence of dedicated school support, may significantly increase tutors' workloads. Tutors may require support to balance their existing workload with that resulting from e-learning interventions

- Clarity is needed regarding the different types of support which tutors or students may be entitled to expect from different sources

- Clinical staff may not be supportive of e-learning in clinical settings unless such support has been previously negotiated; lack of such support, particularly from mentors, may constitute a serous barrier to student engagement with e-learning in practice

- First practice placement may not be an appropriate point at which to introduce students to e-learning

- Student engagement appears to be partly determined by the extent to which e-learning interventions are related to assessment

E-learning in HEIs is a rapidly expanding and changing field. Nursing, and other health professional preparation programmes, have particular challenges to overcome in order to deliver successful e-learning, particularly where such learning is delivered in clinical settings. It is important that e-learning interventions are pedagogically driven rather than technologically driven and that such interventions continue to be systematically evaluated to ensure that the voices of all stakeholders are heard and to contribute to an evidence base for best practice in this area.

1.   Background

Adult Diploma Nursing students learn together in the classroom but then separate into different locations for practice placements. SPEF offered students in certain localities opportunities to participate in blended e-learning. The interventions aimed to support professional education in the field, strengthen the links between what preparatory students learn in the classroom and what they learn through practice in professional learning environments with partner NHS Trusts and to develop the pedagogic culture within EIHMS.

SPEF consisted of interventions in three modules in the first year of a Diploma Adult Nursing programme (Fundamental and Professional Skills, Care Delivery and Health and Social Care). These interventions focused on two areas of learning: ethics (confidentiality and consent) in the first module; bioscience in the second module and ethics (valuing diversity) in the third module.

2.   Project and Evaluation objectives

The main objectives of SPEF were to:

- implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings;

- integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory);

- establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects.

The evaluation of SPEF aimed to assess the extent to which the project objectives were realised. Specifically the evaluation aimed to:

- evaluate the student experience;

- evaluate the tutor experience;

- evaluate the possible effects of SPEF on students' learning outcomes (as measured through formative assessment where available) in the Diploma programme;

- evaluate the cost-effectiveness of SPEF;

- evaluate the extent to which SPEF has influenced the pedagogic culture of EIHMS in terms of awareness of, and commitment to, e-learning and also in terms of an increased understanding of student-centred and enquiry-based learning;

- provide recommendations for the School's e-learning strategy including (in outline) a sustainable methodology for evaluating the student experience in the future.

3. Methodology and Data Collection

A multi-method approach was used within a model of 'illuminative evaluation'. The following methods were used:

- Documentary analysis of curriculum and module handbooks
- Informal semi-structured interviews with key stakeholders (n=18)
- Secondary analysis of student demographic data from the University database
- Semi-structured questionnaires to capture the student experience of e-learning components of their modules (n=106; two waves of data collection)
- Focus groups with students (two groups with a total of eight participants)
- Focus groups with tutors who were closely involved with ULearn activities and with a sample of those who were not so closely involved or not at all involved (four groups with a total of nine participants)
- Secondary analysis of data from student module evaluation forms (practice)
- Analysis of electronic data which indicated tutors' and students' activity on the U-Learn site (e.g. number of log-ons)
- Formal interviews with key stakeholders (n=5)

4. Data Analysis

The quantitative data from student module evaluation forms, semi-structured self-completion questionnaires, student assessment data, student demographic data and U-Learn usage data were analysed using SPSS to produce descriptive and inferential statistics. Qualitative data derived from interviews, focus groups and documentary analysis were analysed using established content analysis procedures to develop analytic categories from the data in relation to the evaluation aims.

5. Findings

Analysis across all data sources produced the following major themes:

5.1 Information and preparation for SPEF - students and staff

Although project leads made considerable efforts to increase awareness regarding SPEF amongst stakeholders it is clear that many stakeholders did not feel adequately informed about the project.

5.2 Tutors' workload and Technical Support for using ULearn

Setting up e-learning interventions, such as those in SPEF, created significant extra work for tutors, at least in the initial stages. The commitment to the project by a small number of tutors ensured that the activities were produced but the workload created for this small group would probably not be sustainable in the medium or long term.

Institutional support for the tutors, particularly in terms of the necessary work to create ULearn materials and post them to the ULearn site, was identified as a key issue by tutors and some key stakeholders.

Some tutors and key stakeholders considered that the School should make explicit its expectations of tutors regarding the development of e-learning design and management skills and that clear information about accessing training and development in this area should be made available.

5.3   Access to ULearn

Analysis of the data produced a number of sub themes falling within the overall category of 'access to ULearn'.

5.3.1   Student access to PCs / internet / ULearn

Just 5% of students in SPEF localities (two and three) said that they had accessed ULearn materials from practice areas during Care Delivery (rising to 18% during Health and Social Care).

Students reported that they were not always able to access PCs in placement settings because such equipment was not present or because there was competition for use of PCs with other clinical staff. A further barrier to accessing PCs in placement locations was the lack of support for engaging in e-learning from mentors or other clinical staff.

5.3.2   The perceived role of mentors in e-learning

The SPEF project leads reported that they had attempted to raise awareness amongst mentors prior to the project. However, this attempt appeared to have been ineffective as students and tutors felt that awareness of SPEF amongst mentors was low and that students often did not have the support of mentors to use ULearn during practice placements.

5.3.3   Content of ULearn

The activities that can be introduced are partly determined by the subject matter. It may be that some 'factually-based' topics such as bioscience lend themselves more easily to e-learning than do more 'philosophical' topics such as ethics.

5.3.4   Optimal timing for introducing ULearn into the Diploma programme

SPEF introduced elements of e-learning during the practice period of the first module (Fundamental and Professional Skills) of the first year which, from some students' accounts, appeared to be a very stressful and difficult time. The intention was that through facilitating communication and support between tutors and peers, ULearn could help to alleviate the potential stress of first placement (as well as helping students to make practice / theory links). However, many tutors and students felt that introducing e-learning into the programme at such an early juncture was not optimal.

5.3.5   Integration of ULearn into the Diploma programme

The data suggest that many students in the SPEF localities experienced ULearn as something rather peripheral to the programme; an 'optional extra'. Clearly if ULearn activities are mandatory (i.e. they are closely related to assessment or form part of assessment) then this gives students a strong incentive to engage.

5.4 Student engagement

Student engagement with SPEF, in those localities where ULearn activities were available, was less than hoped for by the project team. Both tutors and students were aware of this and explained it in terms of inadequate preparation / information, technical difficulties in logging on or lack of time.

Tutors were aware of the challenge of engaging students, and lessons learnt during the Fundamental and Professional Skills module were applied during Care Delivery, leading to an improved level of student engagement. However, even during Care Delivery, a significant minority of students in the SPEF localities did not engage with ULearn.

6. Discussion

Literature shows that there are a considerable number of competing definitions of e-learning and a variety of models for delivering e-learning which are underpinned by different pedagogical models. The Department for Education and Skills, the Higher Education Funding Council for England, Department of Health / NHS policy and the Joint Information Systems Committee profess strong support for e-learning and, to some extent, articulate strategies for e-learning. However, in practice, it would appear that there is, as yet, little co-ordination of e-learning across HEIs, or across programmes, and little agreement about how this should be done.

Some HEI tutors may need to develop their information technology skills in order to participate in designing or managing e-learning. There may be resistance to e-learning amongst some tutors but there are also institutional barriers such as lack of management awareness or support in relation to setting up e-learning interventions.

The literature reveals that there are advantages and disadvantages to e-learning from students' perspectives. Advantages of convenience, flexibility and gaining control over their own study were often offset by difficulties in using or accessing technology, accessing support or feeling that they have inadequate face to face contact with peers or tutors.

7. Conclusion

An assessment of the extent to which the aims of SPEF have been met is given below.

7.1 Aim 1: implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings

Electronically mediated tutor supported learning has been made available and supported in certain practice settings by SPEF. In the course of SPEF, and this evaluation, a number of challenges and barriers to e-learning in practice settings have been identified.

7.2 Aim 2: integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory)

Students, tutors and key stakeholders felt that SPEF had had little impact on integrating theory and practice. This was commonly explained in terms of the relatively low level of student engagement and the fact that the ULearn activities did not form a large part of the programme and therefore the scope for a 'SPEF effect' was limited.

SPEF has stimulated debate around how students learn in practice and has demonstrated that, under the right conditions, (i.e. appropriate topics, materials and technology are present) e-learning may help students to integrate practice and classroom (theory) learning.

7.3   Aim 3: establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects.

Findings indicate that SPEF has not significantly effected the pedagogic culture of EIHMS. The aim to do so was an ambitious one as SPEF consisted of e-learning interventions which were restricted to one part of one cohort on one programme and the project had relatively limited resources available. Despite these limitations SPEF has clearly raised awareness amongst many tutors, and other staff, about the possibilities that e-learning offers to students (particularly in practice) and the potential that ULearn offers for developing pedagogy. SPEF has created a focus for discussion and an 'expert group' for e-learning within EIHMS. The aim may not yet have been achieved but certainly significant progress has been made.

8.   Recommendations

8.1   Dissemination / Communications strategy for SPEF (and future e-learning initiatives) – students and staff

More comprehensive and systematic communications are needed for future development of e-learning components of programmes. A communications plan, detailing target audiences and intended method of communication, should be drafted and consultation regarding this plan should be widespread within the School to ensure that it has the best possible chance of being effective.

8.2   Tutors' workload and Technical support for using ULearn

A fairly modest level of e-learning in three modules of one programme created significant amounts of work for tutors (according to tutors' accounts). This work consisted of moderating discussions, designing materials for ULearn, publishing the materials and checking that they functioned correctly. Tutors felt that the support from the University's e-learning Unit (formerly known as the Centre for Learning Development) in providing them with the skills to design and publish learning materials and activities to ULearn was excellent but tutors expressed a need for support in executing this work which exceeded the remit of the e-learning Unit.

The School may wish to consider whether the level of support provided to tutors who are involved in supporting professional education in the field via e-learning is adequate. One option would be to create a more balanced workload for tutors, allowing them to spend time in designing, publishing and managing e-learning materials and developing their skills in these areas. Another option would be for the School to recruit a dedicated e-learning web developer with a combination of pedagogic and technical skills. This person could work closely with tutors to support the process of designing and managing e-learning materials and activities.

In the first instance the School may wish to accurately assess the work involved in designing, publishing and managing material for ULearn (or other VLEs) by enlisting the co-operation of tutorial staff in creating audit trails for this work.

8.4   Access to ULearn

The following recommendations fall under the overall theme of 'access'.

8.4.1   Student access to PCs/ internet/ ULearn

Findings from key stakeholders, tutors and students suggest that there is a need to further explore PC access in all placement locations and for the School to develop a policy on PC access with placement providers. Clearly mentors will be a key partner in making such a policy a reality.

It is particularly important that if e-learning activities become linked to, or become part of, assessment, careful consideration be given to those students who may not have internet access at home or access which is otherwise limited, so that they are not placed at a disadvantage to other students.

8.4.2   The perceived role of mentors in e-learning

There is a need for much greater liaison between the University and placement providers to ensure that, where applicable, mentors and other staff are aware that the programme provides the student with the opportunity (or possibly the requirement) to participate in certain e-learning activities.

8.4.3   Content of ULearn

It may be useful to conduct 'action research' with students, using diaries, observations or workshops, to investigate how students actually use the materials when they are online.

8.4.4   Optimal timing for introducing ULearn into the Adult Diploma programme

The School may wish to consider whether first practice placement is an appropriate time to introduce e-learning activities or whether this should occur at a later point in the programme. Clearly this relates partly to the extent to which students may be able to see e-learning as an advantage rather than a burden.

8.4.5   Integration of ULearn into the Adult Diploma programme

The data suggest than many students in the SPEF localities experienced ULearn as something rather peripheral to the programme; an 'optional extra'. It is likely that where e-learning activities are closely related to assessment or form part of assessment there will be a strong incentive to engage.

The School may wish to clarify, with the NMC or other statutory bodies, whether time spent on e-learning activities in practice settings counts towards the statutory requirements (i.e. 2,300 hours in practice) or whether it must be seen as part of students' theory hours (also 2,300).

8.5 Student engagement

Student engagement with ULearn (or other e-learning made available) cannot be taken for granted. To maximise student engagement, e-learning interventions must be attractive, relevant and offer a clear and salient benefit to students.

8.6 E-learning in nurse education – the wider picture

A review of e-learning in nurse preparation programmes, and other undergraduate programmes, in the UK (and perhaps internationally) and of the considerable evidence base emerging from various e-learning initiatives across the University, would be useful in informing the future development of the School's e-learning strategy.

8.7 Sustainable strategy for student module (and programme) evaluation

The current student module evaluation form (practice) has some technical deficiencies and does not capture the student experience of e-learning. It should therefore be modified using items from the SPEF evaluation data collection instruments and the Course Experience Questionnaire. However, such an instrument alone is inadequate for capturing the complexity of the student experience.

Evaluating each module separately may mean that students do not have a regular opportunity to feedback to the School regarding their feelings about the programme taken as a whole. A mixed method strategy for capturing student evaluation of the programme is likely to be the most valid and effective.

Evaluation of Supporting Professional Education in the Field (SPEF)

1. Background

The Centre for Research in Nursing and Midwifery Education (CRNME) was commissioned to evaluate Supporting Professional Education in the Field (also known as Project Mercury and hereafter abbreviated as SPEF) by the Head of Practice Learning and Education at the European Institute of Health and Medical Sciences (EIHMS) and the Project Manager for SPEF.

Adult Diploma students separate into different practice locations at the time when they first experience professional practice. SPEF offered students in certain localities (two and three) opportunities to participate in blended learning. The interventions aimed to support professional education in the field, strengthen the links between what preparatory students learn in the classroom and what they learn through practice in professional learning environments with partner NHS Trusts and to develop the pedagogic culture within EIHMS.

SPEF commenced in May 2005 when the February 2005 Adult Diploma students began practice experience after completing the classroom component of the Fundamental and Professional Skills module.

The project provided learning activities within a Virtual Learning Environment (VLE), accessible via the University's website. The VLE (called ULearn) allowed students to articulate, and share with others, how their learning was 'made real' through practice. The project consisted of interventions in three modules (see section 1.1.1) in the first year of the Diploma Adult Nursing programme (Fundamental and Professional Skills, Care Delivery and Health and Social Care). These interventions focused on two areas of learning: ethics (confidentiality and consent) in the first module; bioscience in the second module and ethics (valuing diversity) in the third module.

SPEF did not seek to remove the important face to face contact between tutors and students; the SPEF leads' view was that learning can only succeed in the context of learning groups which have developed sufficient understanding of each other through face to face contact. The project leads' view was that with such understanding established, electronically mediated communications can be efficient and effective (the objectives of SPEF are discussed in more detail below and in the proposal which the project leads submitted to the University's Fund For The Strategic Development Of Learning And Teaching, see Appendix 3).

To realise the benefits of ULearn, it was considered important that the students have access to PCs in locations convenient to practice environments in NHS Trusts, places of residence and/or at the University. It is part of the NHS plan that internet access will become increasingly available to all staff.

1.1 Objectives of SPEF

The project was independently evaluated in order to assess whether the project objectives have been met. These objectives were to:

- implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings;

- integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory;

- establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects.

1.1.1 SPEF interventions

The e-learning interventions made available as part of SPEF were provided through the University of Surrey's Virtual Learning Environment (VLE) called ULearn. ULearn is accessed via the web and provides a 'one stop shop' for a variety of online activities and resources that support learning. ULearn is an electronic framework that can be used to support a range of learning contexts such as module content distribution (creation, upload and controlled release of learning objects and materials); group communication and collaboration (discussion boards, chat rooms, whiteboard, calendar); assessment (multiple choice questions, online submission of work) and student management (grading and student tracking).

Table 1:   Summary of e-learning interventions available via ULearn as part of SPEF

Module	Fundamental and Professional Skills	Care Delivery	Health and Social Care
Interventions available	asynchronous discussion board (moderated by tutor)	access to module handbook, lectures in PowerPoint; practice questions for the exam; a collection of questions to be investigated connected with the topic of infection control	students could use discussion board to collaborate on group assignment; alternatively they could choose to meet face to face and not use the discussion board
Strand of programme which intervention/s relate to	ethics (confidentiality and consent)	bioscience	ethics (valuing diversity)
Anticipated learning outcomes or other benefits	students receive support from tutor and peers while in practice; can exchange practice experiences with peers; relate theory and practice in relation to ethics while in practice, learn and improve basic care skills	relating theory and practice in relation to bioscience; improved summative assessment results due to students having taken formative assessment (practice questions) widening access to learning materials previously only available to students who had purchased specific text books.	students could demonstrate research, communication, information and team-working skills through collaborating on a project relating to ethical aspects of components of the health and social care module

The nature of the e-learning interventions which were available was different in each of the three modules during which SPEF was active (Fundamental and Professional Skills,

Care Delivery and Health and Social Care). These three modules comprise the Common Foundation programme.

Senior tutors and the SPEF project leads identified ethics and bioscience strands as being appropriate for e-learning as they are strands which are found throughout the Common Foundation Programme. Senior tutors and the SPEF project leads considered that an on-line discussion format (asynchronous discussion board) could be usefully applied to ethics and that online resources and multiple choice questionnaires would be particularly appropriate for learning in biosciences.

1.2 Evaluation objectives

The evaluation sought to assess the extent to which the project objectives had been realised through obtaining valid representations of stakeholder perspectives and through secondary analysis of data such as student module evaluation forms and analysis of curriculum documents.

Specifically the evaluation aimed to:

i.   evaluate the student experience

ii.   evaluate the tutor experience

iii.   evaluate the possible effects of SPEF on students achieving learning outcomes (as measured through formative assessment where available) in the Diploma programme

iv.   evaluate the cost-effectiveness of SPEF

v.   evaluate whether SPEF had achieved its stated objectives (see section 1.1)

vi.   provide recommendations to inform the School's e-learning strategy (including an outline sustainable methodology for evaluating the student experience in the future)

vii.   provide recommendations regarding protocols for obtaining and using mentor feedback

1.3 Ethics

Ethical clearance for the original evaluation proposal and subsequent modification to the design (i.e. holding focus groups with students and administering a single version of the questionnaire for students rather than 'SPEF' and 'non-SPEF' versions) was granted by the University of Surrey's Ethics Committee.

2. Methodology and Data Collection

The model of evaluation used was 'illuminative evaluation' (Parlett & Hamilton 1977). This model includes the analytically powerful distinction between 'the instructional system' (e.g. curriculum documentation) and the Learning Milieu (the curriculum as experienced 'in action'). Illuminative evaluation aims to be problem-focussed (i.e. the focus of the evaluation can change as new understandings are formed) and practitioner-oriented (i.e. it provides information for educators). Illuminative evaluation recognises that reality is negotiated between the evaluator and stakeholders (including those who develop and deliver the curriculum and the students on the programme).

Within this model a multi-method approach was used to address research questions which comprise both qualitative and quantitative elements. Kevern and Webb (2001:324) point out that, given the complexity of nurse education and the diverse backgrounds of the students which nursing tends to attract, quantitative methods alone may be inappropriate or inadequate for capturing student nurses' experiences;

'The nature of the student body and the complexity of their course experience indicate that reliance on quantitative methods and structured questionnaires to access students' views and opinions will not capture the diversity and quality of the student experience, nor do they allow an exploration of group norms and behaviour'

The student experience was captured through semi-structured questionnaires supplemented by focus groups, at the end of Care Delivery and Health and Social Care modules, to capture the student experience of the learning milieu. Student module evaluation forms were also analysed and quantitative data relating to the demographic profile of students also provided useful contextual data. Specifically the evaluation comprised:

i. Documentary analysis of curriculum and module handbooks for the Fundamental and Professional Skills, Care Delivery and Health and Social Care modules to establish the nature of the instructional system

ii. Secondary analysis of student demographic data from the University database to provide baseline demographic information; to 'profile' the student body and to assess the degree of demographic homogeneity between the two localities where blended learning was available and the remaining three localities

iii. Secondary analysis of data from student module evaluation forms (practice) which are completed at the end of each module by locality (to compare SPEF and non-SPEF localities)

iv. Semi-structured questionnaires capturing the student experience of modules, and particularly focussing on attitudes towards e-learning components of modules. These questionnaires were administered to students following the completion of Care Delivery (n=55) and Health and Social Care (n=51) modules giving a total of 106 completed student questionnaires.

Difficulties in identifying a suitable slot for administering the planned semi-structured questionnaire to students at the end of the Fundamental and Professional Skills module necessitated a minor modification of the evaluation methodology. Topics which would have been addressed in this questionnaire were instead dealt with in focus groups with students held at the end of the Care

Delivery module. The focus group looked at students' experiences in both Fundamental and Professional Skills and in Care Delivery (see v. below).

v.   Focus groups with students. It was considered that module evaluation forms, semi-structured and self-completion questionnaires would not provide adequate or holistic insight into the student experience of the 'leaning milieu'. Focus groups allowed a range of experiences to be explored and expressed from students' perspectives. This in turn allowed the learning milieu (as constructed by students) to be compared with the instructional system (as constructed in module handbooks and other documentation). A particular area of interest for the focus groups was whether blended learning facilitated or hindered students to bridge the gap between theory and practice learning. Although it had been intended to carry out separate focus groups for students in SPEF and non-SPEF localities, low attendance resulted in a single focus group for students at the end of Care Delivery (five participants) and at the end of Health and Social Care (three participants).

vi.   Analysis of electronic data which captured tutors' and students' activity on the U-Learn site (e.g. number of log-ons and log-on durations). These data had the potential to give an indication of students' time in engaging with the learning materials and tutors' time in supporting students' e-learning or posting or managing materials on the U-Learn site. After data collection it was found that these data were of limited validity as indicators of activity on ULearn and they were not used in the evaluation

vii.   Focus groups with tutors who were closely involved with ULearn activities and with a sample of those who were not so closely involved or not at all involved. Data from these groups allowed comparison between those localities where blended learning was available with the remaining localities to highlight whether challenges faced by tutors in supporting blended learning were comparable to those encountered by tutors providing teaching and support through 'traditional' means. Two tutor focus groups were carried out at the end of Fundamental and Professional Skills (with a total of six participants) and a further two groups were carried out at the end of Care Delivery with a total of three participants.

viii.   Semi-structured interviews with key stakeholders were carried out in early 2005 (n=18) to inform the evaluation strategy and again in early 2006 (n=5) to allow this group a chance to reflect on SPEF and the evaluation prior to the evaluation report being drafted

3.   Timescale and Analysis

3.1   Timescale

The evaluation was divided into phases determined by the timing of modules and the points at which students went into practice.

The timescale and scope of the evaluation is summarised in Table 2 (overleaf).

Table 2:   Timescale and scope of the evaluation

Project Mercury Evaluation - Activity Map	Phase 1			Phase 2			Phase 3			Phase 4				Post evaluation			
Activity	Feb-05	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	March	April	May	June
Documentary analysis (including module handbooks)			X														
Development and submission of evaluation proposal	X	X	X														
Informal interviews with stakeholders	X	X	X	X	X												
Application for ethical clearance to UNIS ethics committee				X	X			X									
Collection and analysis of student demographic data			X														
Analysis of student module evaluation data					X				X				X				
Student survey - experience of SPEF/views on e-learning					X				X				X				
Analysis of student progression data (infection control workbook test)										X							
Collection of U-Learn web site usage data					X				X				X				
Focus groups with tutors					X				X								
Interim Report							X	X									
Review of evaluation strategy								X									
Assess existing student module evaluation forms											X	X					
Focus groups with students									X				X				
Formal semi-structured interviews with key stakeholders											X	X	X				
Drafting final report										X	X	X					
Final Report - drafting and submission													X	X	X	X	
Dissemination														X	X	X	X

3.2   Analysis

The quantitative data from student module evaluation forms, semi-structured self-completion questionnaires, student assessment data, student demographic data and U-Learn usage data were analysed using SPSS to produce descriptive and inferential statistics. Qualitative data derived from interviews, focus groups and documentary analysis were analysed using established content analysis procedures (e.g. Morse & Field 1996; Patton 1990) to develop analytic categories from the data in relation to the evaluation aims.

4. Findings

4.1 Informal stakeholder interviews

4.1.1 Stakeholders

The stakeholders consulted through informal stakeholder interviews (n=18) included the SPEF project leads, module organisers, tutors, staff from the e-learning Unit and EIHMS' Deputy Head of Programmes.

This consultation was carried out in order to gain baseline data regarding attitudes of EIHMS staff to SPEF and to allow stakeholders to make suggestions to the evaluators regarding the evaluation design and the data sources included in the evaluation. Stakeholders were also asked to identify whom they considered to be stakeholders in the evaluation. Those who were identified as stakeholders by those interviewed included module organisers, locality leads, tutors, students, Head of Programmes at EIHMS, EIHMS as a whole and the University as a whole. Two respondents felt that the Trusts should be considered stakeholders and one of these two was aware of the fact that treating Trusts as stakeholders might constitute a threat to the evaluation of SPEF (because this would create a need for multiple site ethical clearance).

4.1.2 Existing evaluation of the Diploma Programme

Student module evaluation forms (standardised across EIHMS) were felt to be the main channel of feedback from students about their programme. Module organisers received a summary of the findings for their own module but were not necessarily aware of detailed results of evaluation from other modules. One module organiser also used nominal group technique (a qualitative method) to obtain further insight into students' perceptions of their module.

There was mixed feeling regarding the existing student module evaluation forms. While some said that these were useful and that they constituted a valid representation of students' feeling about their modules, many felt that they did not capture essential information (e.g. regarding e-learning) and should be modified. Many respondents were aware of problems with the student module evaluation form in terms of getting a high response rate from students, getting tutors to return them in a timely fashion, disseminating findings to all relevant stakeholders and using the results to feed into programme management and design.

A majority of respondents felt that the student module evaluation form would not adequately capture students' experience of e-learning in SPEF and suggested that a separate data collection instrument would be necessary and appropriate.

4.1.3 Student preparation for ULearn

Whilst there was some awareness amongst stakeholders that sessions had been planned or provided to prepare students for blended learning, and to introduce them to the ULearn VLE, many respondents did not have a clear idea of what preparation students had received or would receive. Several respondents were aware of variability amongst students in terms of their information technology skills. Two respondents felt very strongly that basic information technology training for students in a computer lab would be essential to ensure that students could use ULearn effectively. There were

mixed feelings regarding how adequate the planned preparation would be for the blended learning activities made available as part of SPEF.

4.1.4   Tutor preparation for ULearn

There was a range of views regarding the adequacy of preparation for ULearn. Some tutors attended ULearn moderator training provided by the e-learning Unit and some had been on training in e-moderation provided externally (e.g. by Oxford Brookes University). Most felt positive about ULearn although some cited difficulties in logging onto the system or finding their way around it.

Some respondents were aware that plans were being made to clarify preparation and training for tutors' role in SPEF.

4.1.5   Perceived risks / barriers to the success of SPEF

Informal interviews with key stakeholders (n=18) were carried out in the early stages of the project in order to make an initial assessment of attitudes to blended learning within EIHMS and to identify perceived risks and opportunities in relation to SPEF. Another aim of these interviews was to allow stakeholders an opportunity to identify stakeholders or particular sources of data which they considered should be included in the evaluation.

Risks or barriers to the success of SPEF which were identified in informal key stakeholder interviews included:

- students not using the ULearn resources because they do not form part of their assessment (i.e. they may have low motivation to use ULearn)
- students not being able to get PC access in trusts
- students not being able to get access to fast reliable PCs (either at home or in trusts)
- students not being able to change PC settings as necessary in clinical settings (e.g. enabling Java in Microsoft internet explorer which is necessary to access some ULearn materials)
- students not having adequate information technology skills to use ULearn
- students not using ULearn because the materials are not of suitable quality or are not perceived as being relevant
- companies such as Pearsons (a publishing house providing text books and interactive learning resources) might want to provide e-learning or blended learning programmes independently of the University and might therefore be seen as a future competitor
- high workload of mentors inhibiting the adoption of ULearn skills
- difficulties in accessing/arranging ULearn training with e-learning Unit
- increased workload for tutors, especially at the start of the project (duplication of learning materials for traditional and e-modes)
- tutors' line managers might fail to recognise or support additional work required from tutors as part of SPEF
- programmes delivered through blended learning may fail to produce better outcomes than programmes delivered solely by 'traditional' means (in terms of progression, the student experience or the cost of the programme)
- a culture of resisting change amongst both staff and students

- inadequate levels of information to staff and students might cause apathy and disengagement from SPEF

4.1.6   Perceived Benefits from SPEF

Potential benefits from SPEF which stakeholders identified included:

- students being able to study at their own pace
- students being able to access learning materials from home
- students being able to stay in touch with friends that they have made in the theory part of the programme
- students being better able to integrate theory and practice elements of the programme
- improved learning in relation to ethics (students having 'time to ruminate' on ethical issues)
- students taking responsibility for their own learning
- pedagogic culture changing away from 'didactic' methods of teaching and learning towards an appreciation of enquiry-based learning
- easing of tutors' workloads as there might be less face to face teaching required

4.2   Curriculum and documentary analysis

This report relates to the evaluation of a particular set of interventions (SPEF) rather than of the Adult Diploma Programme as a whole. Whereas illuminative evaluation has traditionally been used to contrast curriculum documents (the instructional system) with the lived experience of students on that programme (the learning milieu) the evaluation of SPEF compares the stated aims of SPEF with the reported experience of the students and other stakeholders (such as tutors). In the report's conclusion the stated aims of SPEF are contrasted with the reported experience of stakeholders.

The major source of evidence regarding the instructional system is the February 2005 Full Time Diploma Nursing handbook (University of Surrey, 2005, Appendix 2) which was issued to all students as part of the induction process. This comprehensive document outlines the aims of the programme, the learning philosophy which underpins it, assessment and examination information and resources and support available to students. The document also explains the current policy context shaping nurse education.

The documentary analysis also included the SPEF project leads' proposal to the Fund for Strategic Development of Teaching and Learning (Appendix 3) which outlines the aims and scope of SPEF and how these relate to the aims of the Adult Diploma programme and the University's teaching and learning strategy.

4.2.1   The policy context of the Adult Diploma programme

The Diploma Adult Nursing (2005) handbook identifies key documents shaping the programme, including; *Difference (DH 1999a),The NHS Plan (DH 2000b), Saving Lives: Our Healthier Nation (DH 1999b)*, *The National Service Frameworks for Coronary Heart Disease (DH 2000c), Diabetes (DH2001d), Child part 1(2004a), Older people (2001b), Renal Part 1 (2004b), Mental health (DH 1999c) and the NHS Cancer Plan (2000a)*.

The School considered that these documents illustrate guiding principles in Adult nursing such as a commitment to maximise the quality of individuals' lives, recognising the

autonomy of Adults; moving beyond a disease orientated approach to care and refocusing on health promotion and education; reducing inequalities in health; protecting human rights and developing anti-discriminatory practice; interagency and inter-professional collaboration; working in partnership with clients and their significant others and a greater user and carer involvement in the development of services.

4.2.2 Aims of the Adult Diploma programme

The stated aims of the programme are to :

- engender in the student the values and attitudes in keeping with anti-discriminatory practice and an orientation towards holistic care

- develop the capacity to contribute to the wider healthcare agenda of clinical effectiveness and clinical governance

- enable students to achieve the competencies as laid down by the NMC for Nursing, Midwifery and Health Visiting (NMC 2002), EU Directives (UKCC 2000), Midwives Rules and Code of Professional Conduct (NMC 2002) as appropriate

- ensure that students are prepared to practice safely and effectively, to such an extent that the protection of the public is assured

- develop in the student a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice

- develop the capacity to adapt to change and to identify the need for change and initiate change

- facilitate the achievements of knowledge, understanding and skill acquisition as well as the development of critical thinking, problem solving and reflective capacities essential to complex professional practice

- develop in the student a responsive attitude to the needs of various client groups across different care settings, reflected in the capacity to assess needs, make judgements and plan, implement and evaluate care, to empower the patient/client and their carers and to reflect collaborative working with other members of the care team.

4.2.3 Teaching and Learning philosophy of the Adult Diploma programme

The stated philosophy of the teaching and learning approach is to facilitate student learning.

'For learning to succeed (students) must be able to relate knowledge to experience, relate theory to practice and use feedback to reflect on their own experience. Fundamental to this approach is the emphasis on developing reflective skills'. (University of Surrey 2005:11).

The programme handbook stresses that for a programme of teaching and learning to be effective, students' individual contributions from past experiences need to be valued and built upon. The integration of theory and practice is described as being particularly

important. Through reflection, students are expected to become skilled in linking learning which has taken place in the University to that which has occurred in the practice setting.

The programme handbook recognises that not everyone learns in the same way and that therefore a variety of approaches to learning and teaching are used in the programme.

These include enquiry-based learning (Grandis & Long, 2003) which is described as:

'a student-centred approach to learning aimed at fuelling students' imaginations and providing students with real life situations, which they can relate to and utilise to gain information and answers'. (University of Surrey 2005:11)

The programme handbook states that this method of teaching will encourage students to become active creators of knowledge, rather than passive receptors. It also states that:

'Students will become skilled at asking the right questions, identifying useful sources of information, appraising their evidence and finally making judgements. As students become more experienced in the practice setting and using enquiry-based learning, students will be helped to think about practice and through reflection develop answers and eventually develop their own well-defined questions' (University of Surrey 2005:12).

4.2.4   How SPEF relates to the programme

The stated aims of SPEF are to:

- implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings

- integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments; help link practice with theory

- establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects

These aims clearly relate to the instructional system (as described in the programme handbook) in terms of facilitating enquiry-based learning, supporting students to link theory and practice learning, and facilitating peer and tutor support in practice settings.

4.3   Tutor perspectives

A small number of tutors who had a particular interest in blended learning volunteered to take an active part in SPEF (for example by moderating a discussion board or designing and publishing learning materials on ULearn). One tutor had developed an interest in blended learning while assessing bioscience textbooks for the Diploma programme and finding that one textbook included e-learning resources of very high quality. This tutor had explored the possibility of making some of these resources available within ULearn.

Focus groups with tutors who had been closely involved with SPEF (e.g. through designing materials for ULearn or moderating a discussion board or otherwise directly participating in the project) were held at the end of the Fundamental and Professional

Skills module, at the end of the Care Delivery module and were attempted at the end of the Health and Social Care module. As there was only one participant for the Health and Social Care module tutor focus groups these were cancelled.

4.3.1   Focus groups with tutors – 'SPEF' group

A full description of e-learning interventions on each module is given in section 1.1.1

On the Fundamental and Professional Skills module (the first module for the February 2005 cohort who were the subject of SPEF and their first experience of practice placements) the ULearn materials related to the ethics thread of the module. Specifically, students were invited to share experiences and to seek and give advice on a discussion board around issues of patient confidentiality and consent. The discussion board was 'asynchronous' i.e. not in 'real-time' as with a 'chat room'. These exchanges were intended to be both peer to peer (so that relationships established in the theory part of the programme could be maintained in the practice period) and student to tutor so that advice could be sought and given when needed.

Tutors in the SPEF group had received considerable preparation for SPEF, particularly in respect of e-moderation (all had attended dedicated or generic e-moderator training). Most felt confident about their information technology skills in general and in respect of ULearn.

At the time of the first tutor focus group (at the end of the Fundamental and Professional Skills module) tutors in the SPEF group felt that there were a large number of potential benefits to using ULearn, including students being able to access information in new ways and thus being more stimulated to learn and improve basic care skills. Looking forward to the next module (Care Delivery) tutors anticipated further benefits to students such as widening access to some learning materials which had previously only been available to those who purchased certain text books.

Participants seemed to share a consensus that, for a variety of reasons, there had been limited student engagement with ULearn during the Fundamental and Professional Skills module. Tutors perceived that the low student take up was due to the other demands on the students at the time of their first practice placement, that the ULearn activities were not linked in any direct way to assessment (and could therefore be treated as optional by the students) and the somewhat theoretical nature of the subject matter (i.e. ethics).

Tutors considered that the considerable technical problems with logging on to ULearn (particularly at the beginning of the Fundamental and Professional Skills module) had also been a major barrier to student engagement. Tutors felt that in some cases they required technical support (from the University's staff support service) to resolve logging-on problems but that this had not always been readily available.

A clear distinction can be made between three types of support which are needed by tutors in conceptualising, creating and managing materials for ULearn. The first of these (which is referred to here as 'type A') is support, guidance and staff development for the design of ULearn courses and online activities. This support is provided across the University by the e-learning Unit. The second type (referred to here as 'type B') is the actual design and execution of the ULearn activities. Support for this activity is not provided centrally and must be resourced by each School either by developing existing staff or by hiring dedicated staff who already have the necessary skills.

The third type of support (referred to here as 'type C') is to do with computer-related technical issues such as browser or log-in problems. This support should come from the University's staff support service.

At the beginning of SPEF, technical support (type B) had been provided by a dedicated project worker based at the University of Roehampton. This worker left and the post remained vacant for the duration of SPEF. Support (type A) for developing and publishing ULearn materials was being provided by staff from the e-learning Unit. One respondent reported that there was some ambiguity regarding the type and level of service that the e-learning Unit can provide. In the absence of dedicated support within the School, EIHMS tutors may have developed unrealistic expectations that the e-learning Unit could provide type B or even type C support.

One tutor indicated that it had been difficult to find the necessary time to moderate the discussion board activity in relation to ethics, due to an extremely heavy workload. Some tutors felt that students' development, in terms of relating theory and practice in relation to ethical issues, was difficult to quantify and were also aware that some students might not be able to access ULearn from practice environments and that some students did not have PC and internet access at home.

The first tutor focus group (at the end of Fundamental and Professional Skills module) showed clearly that the tutors' strategy for developing and managing ULearn activities in the next module (Care Delivery) was informed by the experience of blended learning on Fundamental and Professional Skills module. It appeared that there had been very careful advance planning and much preparation of online materials for the Care Delivery module. Tutors felt that technical problems encountered during the Fundamental and Professional Skills module had been largely resolved and they had also identified strategies for increasing student engagement. The ULearn activities in the Care Delivery module were linked to assessment, giving students a very clear incentive to engage. Tutors were also aware of 'module surgeries' where, if take up was perceived as being low, students were invited to a meeting with tutors to discuss what the barriers to the use of ULearn might be.

The second tutor focus group at the end of the Care Delivery module showed that tutors perceived that there had been much more success regarding SPEF objectives in this module than in Fundamental and Professional Skills. When asked to summarise her experience of the Care Delivery module one tutor replied:

'There's a lot of work but we got there in the end, so I feel satisfied. Yes, I think what we've produced is OK'.

Tutors in this focus group were aware that the materials they had produced for ULearn were still evolving and that this would likely be a perpetual process:

'they (the learning materials) need to evolve every time we run it. They will be tweaked. Yes, we need to review what we've got out there and how students have utilised and not utilised and whether or not it makes any difference'

Despite the perceived improvement in student engagement during the Care Delivery module, tutors still felt that there was much to be done to integrate the ULearn activities into the programme so that they could form a much more significant part of the student experience. Tutors felt somewhat hampered by the continued absence of adequate support (type B) and compensated for this by learning a range of technical skills so that they could create, publish and manage the materials which they wanted to form the basis of ULearn interventions for the Care Delivery module. E-learning Unit staff recognised

that developing blended learning modules can be labour-intensive and time-consuming but felt that this was largely a matter for the School and that it was unrealistic for tutors to expect type B or type C support from the e-learning Unit as these are in fact outside the Unit's remit.

Tutors seemed to enjoy acquiring these skills but felt that it was significantly increasing their workload and that it was not an effective or appropriate use of their time:

'we try to do things ourselves and it takes twice as long and if we could say to somebody, right 'I want to post up multiple choice question test' and you need to say to somebody 'here are the questions, do it', because for me to cut and paste questions into ULearn took me six hours on Friday…somebody who is a computer expert whose job it is to do that, could probably do the same thing much quicker…that's our main gripe really, is the technical, we could learn how to do it but it takes up so long to do it, we make so many mistakes along the way, it's a nightmare. We eventually get there but we're spending a load of time we could be much better doing actually producing materials'.

Although tutors felt that progress had definitely been made between the Fundamental and Professional Skills module and the Care Delivery module they thought that as many as half of the students had still not logged onto ULearn and that therefore much work remained to increase the level of student engagement.

4.3.2   Focus groups with tutors – 'non-SPEF group'

Tutors in the non-SPEF group appeared to have a fairly low level of awareness regarding SPEF. This could be expected to some extent as this group, by definition, had had little involvement with SPEF. However there was a feeling amongst some tutors that they would have liked to have been better informed about the project. Some tutors in this group felt that those involved in SPEF were clustered in a particular part of the Duke of Kent building and that other members of staff were not being adequately informed about the project. One tutor commented that:

'it is not clear who is pushing it'

and another added that:

'it's a very tight group...they all sit in (a named area of the Duke of Kent building) ..if you went to (another named area of the Duke of Kent building)..they know little about it'

However there was some evidence that awareness of SPEF (amongst the non-SPEF group) had increased between the Fundamental and Professional Skills module and the Care Delivery module.

The tutors in the non-SPEF group appeared to be less confident about their information technology skills than those in the SPEF group and perceived that these skills might not be adequate for using ULearn. One tutor in the non-SPEF group had had a limited amount of training in e-moderating on a VLE other than ULearn. Tutors anticipated that they would be more involved in blended learning (particularly using ULearn) in the future and they were aware that they would need training to function effectively in this area. However, there was a feeling in the non-SPEF group that tutors were sometimes unable to take advantage of opportunities for staff development, including those relating to ULearn and information technology more generally, because of their workload.

Tutors in the non-SPEF group felt that a potential barrier to the success of SPEF might be a lack of student engagement with ULearn. In particular, mature female students were identified as the group least likely to engage with ULearn because of the many demands on their time (such as family and paid employment). One tutor described this group as viewing the programme in very pragmatic terms;

'they've always got their minds on the goalpost'

Another added (in relation to mature students)

'if it's optional, they'll leave it out'

Tutors indicated a need for greatly increased communications with students regarding SPEF so that it could be 'sold' to them as a 'time-saver' rather than an 'extra'.

Other potential barriers to the success of SPEF which tutors identified included possible problems with accessing ULearn in practice placements both because of limited PC access in some placement locations and the expectations of mentors and other clinical staff that the student should be engaged solely in learning practical skills while on placement. Tutors in the non-SPEF group were also concerned that the first module (i.e. Fundamental and Professional Skills) might not be the appropriate point at which to introduce blended learning since this is a period in which the students are adjusting to the University environment and also includes their first practice placement. Several tutors felt that a later point in the programme would be a more appropriate time to introduce ULearn activities.

Potential benefits from SPEF which were identified included improving students' information technology skills, providing more support to students while they are in practice and helping students to stay in touch with their peers. However one tutor felt that students did in any case keep in touch with tutors and peers while in practice, via email or phone, and that link tutors do visit students in their placement locations, particularly if they become aware that the student is experiencing difficulties such as not being able to establish a good working relationships with their mentor. Tutors were also aware that the experience of being on placement varied by locality to some extent; students in localities nearer the Stag Hill Campus were thought less likely to feel isolated than those based in localities more distant from the campus. The implication of this is that the utility of particular ULearn facilities (such as retaining contact with peers when in practice) might vary by locality.

Some tutors in the non-SPEF group thought that SPEF might have facilitated students in linking theory and practice but were also aware that this is a complex process and that for many students linking theory and practice is something that happens relatively late in the programme rather than during the Common Foundation Programme (i.e. the first year of the programme during which SPEF was active).

4.4 Student characteristics and perspectives

4.4.1 Demographic profile

The February 2005 student intake appeared to be diverse, particularly in terms of age and ethnicity. The average age of students at enrolment in February 2005 was just under 30 years. There was a large age range amongst the cohort (42 years) with the youngest students being 17 and the oldest 59.

Approximately 10% of students reported some kind of disability at enrolment (including seen and unseen disabilties e.g. hearing difficulties, physical disability and dyslexia).

Approximately 11% of students are male.

A significant minority (29%) are from an ethnic background other than White British. 18% of students are from a Black/Black British/other Black ethnic background and 5% of students are from an Asian British/ Asian /other Asian ethnic background.

Analysis of the demographic data indicated that the February 2005 cohort contained a high proportion of non-traditional students (e.g. in terms of age and ethnicity). There is some literature (e.g. Washer 2002) to indicate that a considerable range of information technology skills could be expected within a cohort of non-traditional students.

Chart 1: Ethnicity of students enrolling on Adult Diploma Nursing Programme, University of Surrey registry data (February 2005 cohort) n=131
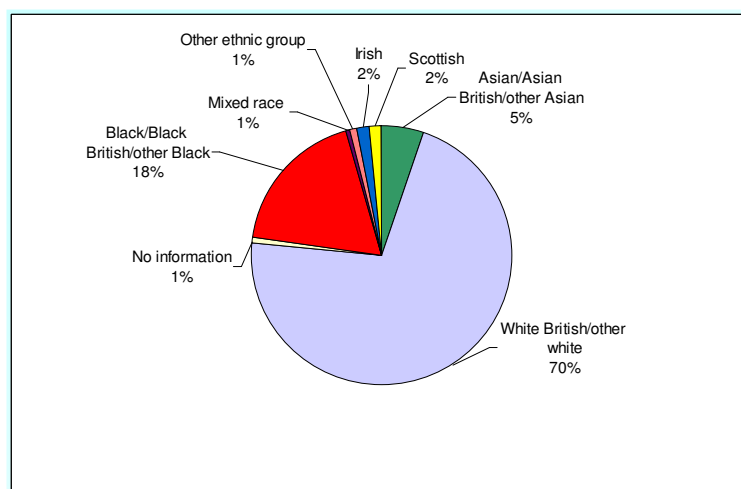
- Survey data (see Chart 2, p.29) show that, in general terms, SPEF and non-SPEF groups were demographically homogenous. However, students in the SPEF group (localities two and three) were slightly more likely to be of White British ethnicity and a greater proportion were under 34 years old compared to the non-SPEF group.

- Survey data confirm registry data in respect of the male proportion of the cohort (approximately 11%). 16% of the non-SPEF group were male compared to 9% in the SPEF group.

- Survey data also confirm registry data regarding the White British proportion of the cohort (approximately 70%).

Chart 2:   Student Survey Data (wave 1 - end of Care Delivery module): Percentage
            SPEF and non-SPEF status by selected demographic categories. n=55
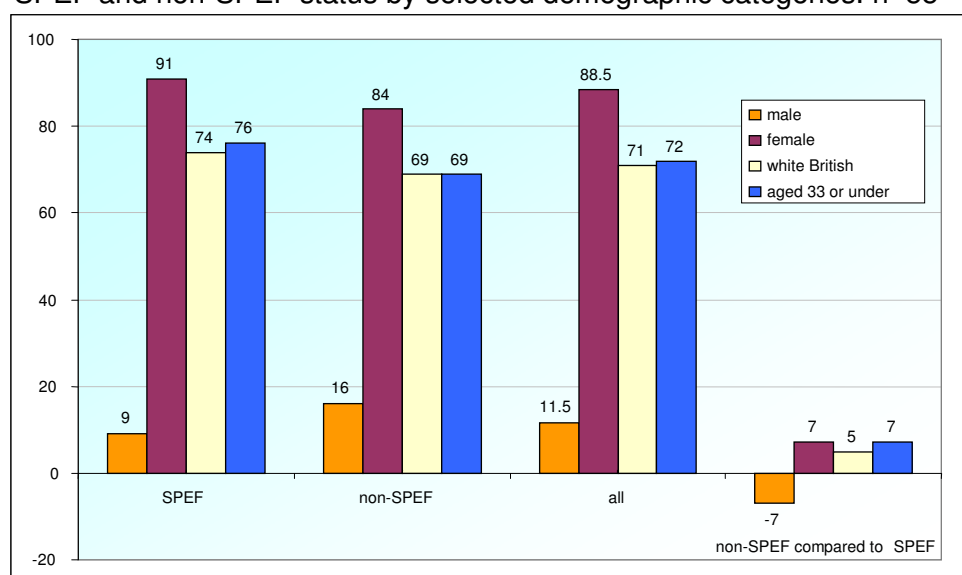
4.4.2   Attrition from the programme

Data received from the University of Surrey registry showed that 131 students enrolled on the February 2005 Adult Diploma programme. Data supplied by the EIHMS placements team on 23rd September 2005 show that approximately 109 students remained on the programme at that time. Accepting these data at face value, 22 students (17%) had left the programme between February 2005 and September 2005.

4.4.3   Student focus group data

Students from SPEF localities (two and three) and non-SPEF localities (one, four and five) were invited to separate focus groups following the end of the Care Delivery module (October 2005) to discuss their experiences during the Fundamental and Professional Skills module and the Care Delivery modules, particularly regarding how this experience related to SPEF. A personalised letter, information sheet and consent form were sent to all students. A total of five students attended (four from SPEF localities and one from a non-SPEF locality). Due to the low attendance of the non-SPEF group, all five students were invited to take part in a single focus group.

Students were invited to a second focus group at the end of the Health and Social Care module (February 2006). In view of the poor attendance at the previous focus group a personalised letter, information sheet and consent form were sent to each student's term time home address and also emailed to them. However, attendance was again disappointing. A total of three students attended (all in non-SPEF localities although one had previously been in a SPEF locality and had therefore some limited experience of ULearn). As on the previous occasion, the low attendance meant that having SPEF and non-SPEF groups (as had been intended) was not viable and the students were combined into a single group.

Students in the first focus group (following the end of Care Delivery) indicated that they had found the programme (in general) challenging but rewarding. There was some feeling that the content of the first two modules had been more academic than the

students expected (in terms of the amount of theory in the teaching, having to read academic journals and employing academic referencing in some coursework).

There were mixed levels of confidence and self-rated ability with regard to information technology, perhaps partly reflecting the fact that the cohort (February 2005 Adult Nursing Diploma) are 'non-traditional' in terms of age and ethnicity.

Students reported that they had not used ULearn very much during the first module (Fundamental and Professional Skills) as the period when ULearn was available coincided with their first practice placement. Students felt that this was a particularly stressful and demanding time for them and although the activities available on ULearn (such as an asynchronous electronic discussion board to facilitate student to tutor and student to peer support for practice learning) might have been helpful to the students it was clear that many had not perceived ULearn as either a priority or a useful resource at that time. One student commented:

'..so much that we had to know…you just thought, that didn't feel like a priority, let me just get to grips with what I'm supposed to be doing, not a priority at the time…'

This feeling was perhaps exacerbated by initial technical difficulties which meant that students in SPEF localities (who had been issued with log-on details to access ULearn) were not always able to log-on successfully. Some students may have acquired a negative perception of ULearn and / or 'Project Mercury'.

It appeared that students still thought of ULearn as extra work or an extra demand on their time rather than as a part of the programme *per se*. As one student put it:

'I'd actually like to be using (ULearn) more than I am but we have got quite a bit to do on this module (Health and Social Care) haven't we? And we're on placement. That altogether is pushing it time wise'.

Access to ULearn while on practice placement appears to have been extremely problematic for students. It was reported that some smaller community-based placement providers do not have PCs with an internet connection available for students. While most major placement sites (such as hospitals) have at least one PC per ward students reported that there was frequently competition for these. One student explained:

'I'd be logging onto the computer to find out information about conditions, and they're more than happy to let you do that, but they say 'I've got to do some blood tests in a minute''

Even where PC access was available, the general feeling amongst students was that they would not feel comfortable 'leaving' the placement to use the PC for any significant length of time. Students also highlighted that the practice environment can be stressful and therefore is not always an appropriate setting in which to take part in blended learning.

Students reported that, on the whole, mentors were not aware of SPEF and they did not feel confident enough to explain about the project and why they needed time on the PC. Despite their supernumerary status students clearly felt pressure to be visibly assisting with the work on the ward (or other placement location) at all times. As one student expressed it:

'You can't just disappear for an hour, you have to be there the whole time'

However, one student explained that it was possible for her to access ULearn during placement on a night shift in a hospital. The hospital had a library area with PC access and provided 'things were quiet' on the ward she felt that she could ask to be released to use these facilities to access ULearn. However this student also highlighted another potential barrier to using ULearn from practice placement locations – the PCs in the hospital library had been configured to prevent the downloading of images (or so it appeared to her). PC configuration may effect the way in which ULearn appears or behaves on the local PC; clearly students will not always have the information technology skills to correctly set up hardware or software to the optimal configuration for ULearn.

It was clear that some students wished to access PCs while on placement for purposes unrelated to ULearn. For example, several students mentioned that they might wish to email their tutor with a query or search for reference materials in relation to issues which had arisen on their placement. Students reported mixed experiences in the amount of support they received from mentors in placements and the nature of this relationship seemed to have a strong determining effect on the students' experience of the placement, including whether they felt free to use PCs (for participation in ULearn or otherwise) or whether they felt that they had to be seen to participate in the work of the placement area at all times).

Amongst those students who had used ULearn during Fundamental and Professional Skills or Care Delivery there were mixed feelings regarding the extent to which this had facilitated learning outcomes such as improved integration of theory and practice learning. While no students who attended the focus groups considered that the discussion board (related to the ethics strand in Fundamental and Professional Skills module) had helped them to link theory and practice, one student did feel that the materials and activities offered as part of Care Delivery had been useful in this respect.

Although there was a perception amongst tutors that student engagement with ULearn had increased significantly between the Fundamental and Professional Skills and Care Delivery modules, focus groups with students indicated that ULearn remained something rather peripheral to their learning and many still perceived it as an extra demand on their time (although one student explicitly stated that ULearn could be a useful tool for revision). This underlined a feeling amongst some students that ULearn was not part of the 'ordinary' learning process but something that might be useful in terms of helping performance in areas which might be assessed.

The second student focus group (following completion of the Health and Social Care module) consisted of three students who were all based in non-SPEF localities (one student had previously been based in a SPEF locality). No students from SPEF localities wished to participate.

Two of these students had almost no knowledge of SPEF and the third (who had been based in a SPEF locality) knew a little. They felt that they were very confident in relation to information technology and one had completed a Higher National Diploma in information technology. They regularly used electronic information resources such as online journals and search engines. These students felt that they were able to link theory and practice learning effectively but considered that it was easier to make such links while on placement in a hospital rather than in a setting such as a pre-school nursery or a nursing home due to the generally higher quality of mentoring available in hospitals or similar clinical settings. Although they had not had ULearn activities available in their localities, these students thought that activities offered as part of SPEF such as receiving online tutor support (which were explained by the moderators) were potentially very useful but they pointed out that they can contact their tutor in any case, by phone or

email, and they may occasionally see the link tutor in person in the practice setting. This indicates some demand for support for learning in practice (such as that trialled by SPEF) in the non-SPEF localities but also raises questions about some aims of SPEF (e.g. students appeared to feel that they were able to link theory and practice effectively without any additional support or resources). However, it must also be recognised that students' perceptions that they are able to link theory and practice effectively without additional support may not be shared by tutors.

These students also confirmed findings of the previous focus group regarding possible difficulties of accessing blended learning in practice settings. They were aware that many placement providers (particularly smaller community-based providers) many not have PC access at all and that even where PCs are available, mentors or other clinical staff may not be positive about the student engaging in blended learning. One student identified a particular environment where she considered that PC and internet access might be particularly problematic:

'In a nursery placement, in a school nursery, again for various child protection policies and so on they're very, very protective of their internet connections and so on, so they just wouldn't let anybody get hold of their internet connection and so on, just in case the wrong sites were accessed…so would they necessarily allow students to access, even those students who technically have had CRB (Criminal Records Bureau) checks?'

Students clearly recognised that the extent to which mentors or other clinical staff are supportive of blended learning in practice settings depends to a large extent on effective communication between the University and the placement provider regarding the rationale for such activity.

Students suggested that an electronic discussion board, with a wider scope than that introduced as part of SPEF, might be useful. The suggested format was that a student could circulate a query which they might have regarding their experience on the programme and could then choose whether the message was circulated to their tutor, to their cohort peers, to other cohorts or to any permutation of these recipient groups. Students were also very interested in the possibility of making key programme documentation (such as programme and module handbooks) available on-line along with lecture notes.

One of the group moderators asked students' views on the possibility of using an blended learning interface for capturing mentor feedback and there was some support for this idea although it was felt that this might be less effective in smaller placement settings where it was perceived that the standard of mentoring was less consistent than that in hospital settings. There was also support for making portfolios available within the VLE (these are already available online but are not integrated into ULearn).

Students also suggested that links could be created within ULearn to placement providers' websites (where these exist). For smaller placement providers, who may not have a website, the University could simply make some basic information (such as location and contact details) available within ULearn.

4.4.4. Student survey data

A questionnaire was administered to students in October 2005 at the end of the Care Delivery module and again following the Health and Social Care module (21st February 2006). These surveys are referred to as Wave 1 and Wave 2 respectively.

Wave 1 focused on students' experiences on the Care Delivery module and contained questions (for those students in SPEF localities) regarding experiences of, and attitudes towards, blended learning. Wave 1 produced 55 completed questionnaires (24 from SPEF localities and 31 from non-SPEF localities) from a total of 102 students on the programme at that time (54% response rate).

Wave 2 of the survey focused on the Health and Social Care module (with two additional questions relating to internet access) and produced 51 completed questionnaires (24 from SPEF localities and 27 from non-SPEF localities) from a total of 105 students registered on the programme at that time (49% response rate).

No survey data were collected in relation to the Fundamental and Professional Skills module as finding a suitable window (when students were on campus) proved impossible. However focus group data from tutors and students suggest that student engagement with ULearn was very low during Fundamental and Professional Skills.

Charts 3a and 3b, and Table 3 (below), show that survey respondents were fairly evenly spread across SPEF and non-SPEF localities in both waves of the survey. Responses from the SPEF localities (two and three) comprised 44% (n=24) of responses in the first wave of survey data and 47% (n=24) in the second wave of data collection at the end of the Health and Social Care module.

Charts 3a and 3b: Student survey responses by locality (waves 1 and 2)
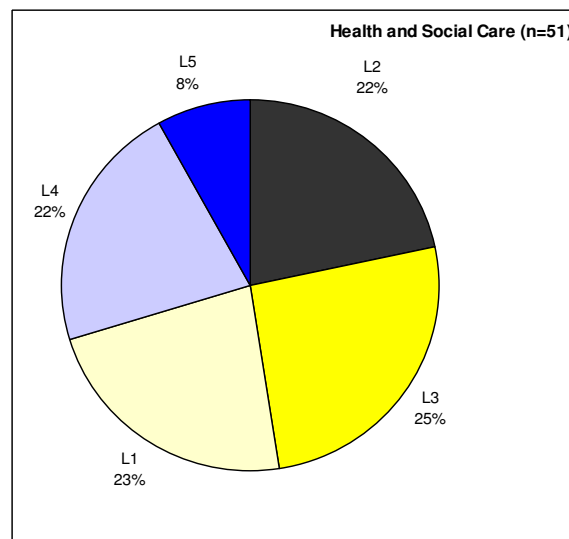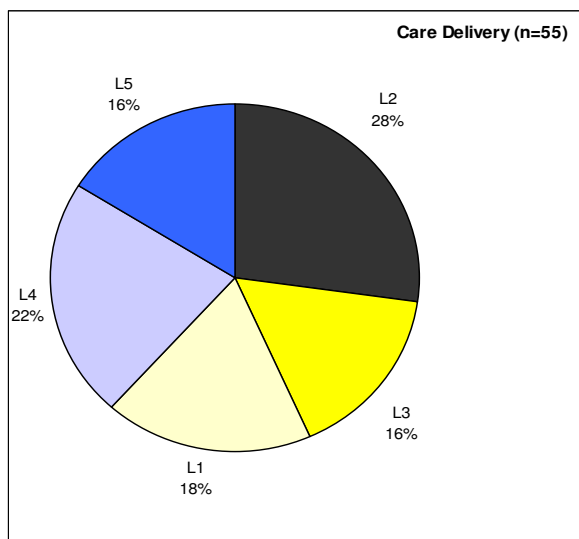
Table 3: Student Survey Waves 1 and 2 – response by locality

	1.First wave (Care Delivery module) n students completing survey	2. Total number of students on programme at time of first wave data collection	3.First wave (Care Delivery module) % of students enrolled on programme who completed survey	4.Second wave (Health and Social Care module) n students completing the survey	5. Total number of students on programme at time of second wave data collection	6. Second wave (Health and Social Care module) % of students enrolled on programme who completed survey	7.Total number of completed questionnaires (both waves of survey)
SPEF localities (two and three)	24	40	60	24	42	57	48
Non-SPEF localities (one, four and five)	31	62	50	27	63	43	58
Totals (all localities)	**55**	**102**	**54**	**51**	**105**	**49**	**106**

Chart 4 (below) summarises survey responses on selected items by SPEF and non-SPEF localities.

Chart 4: Student Survey Data, Attitudes to programme (Care Delivery – October 2005 and Health & Social Care – February 2006):– SPEF and non-SPEF groups
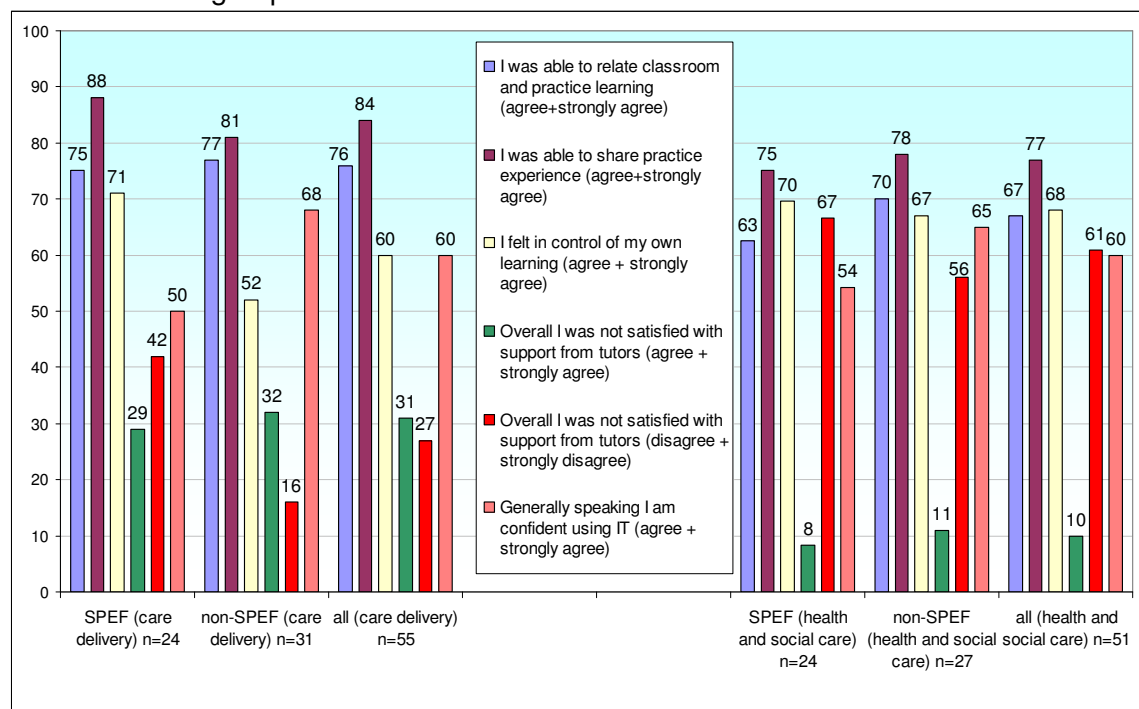
- Around three-quarters of respondents in SPEF localities (two and three) and non-SPEF groups (localities one, four and five) felt that they were able to relate theory and practice components of the programme during the Care Delivery module. The proportion who considered that they could relate theory and practice was somewhat lower during the Health and Social Care module for both groups, but lowest in the SPEF group.

- A large majority of students in both Care Delivery and Health and Social Care modules felt that they had been able to share their practice experience. Students in the SPEF group were more likely (88%) than those in the non SPEF group (81%) to say that they had been able to share their practice experience during Care Delivery but this pattern was reversed in the Health and Social Care module.

- A particularly large gap between the SPEF and non-SPEF groups was evident in respect of the students' perceived control over their learning during Care Delivery (71% of the SPEF group agreed that they felt in control of their learning compared to just 52% in the non-SPEF group). During the Health and Social Care module there was increased convergence on this item (70% in the SPEF group and 67% in the non-SPEF group agreeing that they felt in control of their own learning).

- A large divergence between SPEF and non-SPEF groups in attitudes to tutors can be seen during both Care Delivery and Health and Social Care modules. During Care Delivery 42% of those in the SPEF group disagreed or disagreed strongly with the statement 'overall I was not satisfied with support from tutors' compared to 16% in the non-SPEF group. At the end of the Health and Social Care module the proportion disagreeing with the statement rose in both SPEF and non-SPEF groups (67% and 56% respectively).This indicates much higher satisfaction with tutor support amongst the SPEF group than in the non-SPEF group across both modules though the gap narrowed considerably during the Health and Social Care module.

- During Care Delivery, 68% of those in the non-SPEF group said that they were confident about using information technology compared to 50% in the SPEF group. This difference is probably accounted for by the fact that 100% of male respondents described themselves as confident in using information technology compared to just 54% of female respondents. Male respondents (n=6) were more likely to be in the non-SPEF group (16%) than in the SPEF group (9%). The SPEF group still felt less confident about using information technology than the non-SPEF group at the end of the Health and Social Care module but the gap had narrowed.

- Differences between the SPEF and non-SPEF groups were tested for statistical significance on the following items (student questionnaire SECTION D, questions 1-6, Appendix 5a):

  I was able to relate classroom and practice teaching

  I was able to share practice experience with other students

  I felt that I was in control of my own learning

  I did not find it useful to share my practice learning experiences with others

Overall I was not satisfied with support from tutors

Generally speaking I am confident about using information technology

Differences between SPEF and non-SPEF groups on these items were found not to be statistically significant at the commonly accepted 0.05 level (two tailed hypotheses; Fisher exact test).

Details of statistical testing can be found in Appendix 6.

One possible explanation for the lack of statistically significant differences between SPEF and non-SPEF groups may be that, as data from students and tutors have indicated, student engagement was relatively low in all modules and the scope for a SPEF 'effect' emerging was therefore limited.

4.4.4.1 Use of ULearn and Attitudes towards ULearn (SPEF Group only)

Students in the SPEF group (localities two and three) were asked a range of questions relating to use and satisfaction with ULearn. These questions were asked in the survey carried out in wave 1 (Care Delivery) and wave 2 (Health and Social Care module).

During the Care Delivery module, nearly three-quarters (74%) of students in the SPEF group said that they had used ULearn rarely (26%), occasionally (44%) or frequently (4%). Just over one quarter (26%) said they had never used ULearn. Although this is a fairly low level of engagement it was clear from interviews with key stakeholders that this was perceived as a significant improvement in student engagement compared with the Fundamental and Professional Skills module.

Use of ULearn during the final module with which SPEF was concerned (Health and Social Care) appears to have declined in comparison to Care Delivery with 41% saying that they used ULearn rarely and nearly half (46%) saying that they did not use it at all.

Chart 5: Percentage of students using ULearn (SPEF group only)
Student Survey Data (Care Delivery and Health and Social Care modules)
(a total of 45 responses were made to this question from a total of 48 respondents in the SPEF group).
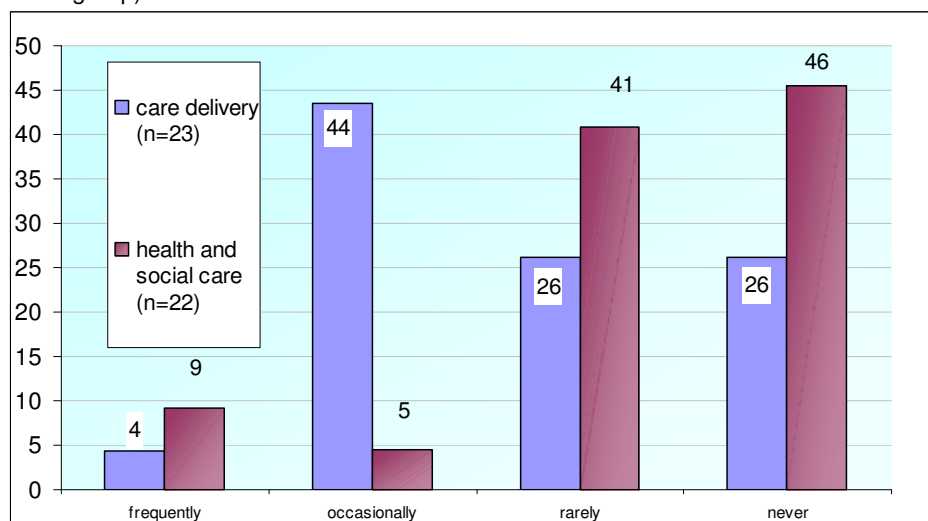
Open-ended student survey responses suggest that reasons for low use or no use of ULearn amongst students in SPEF localities, during Care Delivery, were to do with lack of time, lack of confidence with information technology or problems with the ULearn technology.

'…there was too much work in the Care Delivery (module)'

'I could not really get the hang of it. I felt I did not have enough time. I only had enough time to complete tasks that really need to be done'

'..didn't find the time'

'I do not have internet service at home at present. Also I have not had time to use (the) computer at the hospital site to access the ULearning during Care Delivery'

'I had only found it useful for exam questions and portfolio details. I'm not confident on the computer'

These quotes illustrate that many students, even at the end of the Care Delivery module (approximately 5 months after students' first access to SPEF) still perceived ULearn as an extra demand on their time. Despite more aggressive promotion of ULearn and materials and activities which most students considered an improvement on those available in the Fundamental and Professional Skills module, a feeling persisted that ULearn was something that students felt that they should do, that they were being encouraged by staff to do, but which they did not necessarily want to do for its own sake or for their own benefit.

Reasons for the decline in use between Care Delivery and Health and Social Care modules may be explained by the fact that the ULearn interventions during the latter module were much less closely related to assessment and therefore the apparent gain to the student from using ULearn during Health and Social Care may have been less clear than during Care Delivery. This is illustrated in a selection of open-ended comments from the student survey carried out at the end of Health and Social Care module (wave 2).

'Didn't use ULearn for Health And Social Care as there were nothing on the website other than the EBL(enquiry-based learning) trigger, to communicate with group'

'Didn't use ULearn very much in this module (Health and Social Care) only to communicate during EBL. I found (that in the) previous module (Care Delivery) I used ULearn much more'.

'I do think ULearn is a very good idea, found it very useful for revision for my exams for Care Delivery but did not access it very much for this module (Health and Social Care). Also when I logged on to discuss matters then rarely was anybody else logged on so couldn't have any discussion'.

'I have not used ULearn for the Health And Social Care Module apart from for an EBL trigger communication with our tutor. However I have found it very useful in the Care Delivery module and would use it again'.

Chart 6 illustrates that for all items shown, in both Care Delivery and Health and Social Care modules, a significant minority of respondents are 'neutral' (this rises to 50% for 'ease of use' during Health and Social Care). For all items the 'neutral' proportion of responses is higher in relation to the Health and Social Care module than in the Care Delivery module. This is consistent with the reported low usage in both modules and with

usage being lower in Health and Social Care than in Care Delivery. Low usage would appear to explain the high proportion of neutral responses.

Chart 6:   Student Survey Data - Attitudes to ULearn (SPEF group only) Care Delivery (October 2005) and Health and Social Care (February 2006)
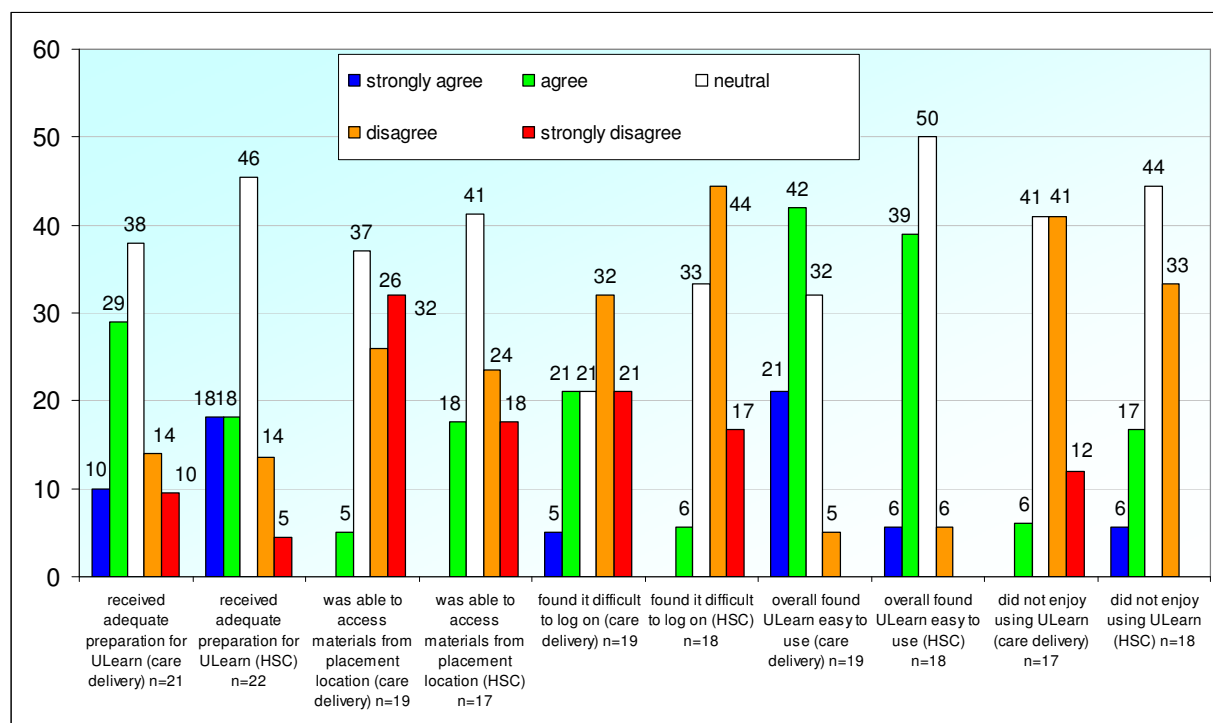
- Chart 6 also shows that 39% of respondents felt that they had been adequately prepared for ULearn during Care Delivery and 36% during Health and Social Care.

- Just 5% said that they had been able to access ULearn materials from their placement location during Care Delivery rising to 18% during Health and Social Care. This increase needs to be interpreted in the context of the small numbers who answered this question (n=19 for Care Delivery and n=17 for Health and Social Care).

- During Care Delivery over a quarter (26%) said that they had found it difficult to log-on to ULearn while a majority (53%) did not find it difficult to log-on. Logging on appeared to have become less of a problem during Health and Social Care (just 6% saying that they had found it difficult to log-on) than it had been during Care Delivery (26%) but this figure may also reflect the lower level of usage during Health and Social Care.

- During Care Delivery nearly two-thirds of respondents (63%) found ULearn easy to use overall and just 6% said that overall they did not enjoy using ULearn.

- 45% said that they found ULearn easy to use during Health and Social Care and 23% said that they did not enjoy using ULearn. This is most likely to be explained by the lower rate of usage during Health and Social Care and therefore the higher proportion in the 'neutral' category, but may also reflect a lower level of satisfaction with the activities available in Health and Social Care compared to Care Delivery.

Chart 7: Student Survey Data - Attitudes to ULearn (SPEF group only) Care Delivery (October 2005) and Health and Social Care (February 2006)
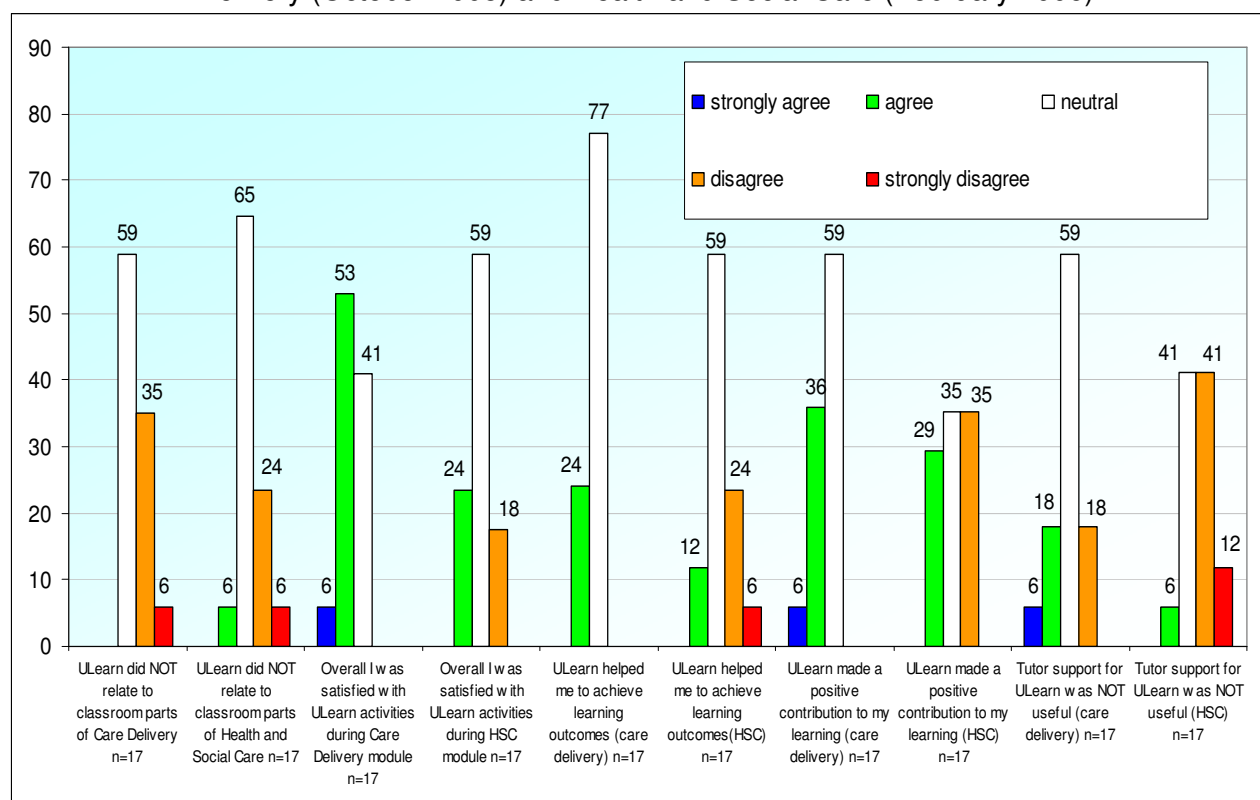
- Chart 7 (above), as with the Chart 6, shows a high proportion of neutral responses probably resulting from insufficient knowledge on the respondents' part regarding the issues raised by the question (i.e. they had not used ULearn or had only done so infrequently).

- Despite the large proportion of neutral responses there were some positive attitudes towards ULearn. 41% of respondents (Care Delivery) and 30% of respondents (Health and Social Care) disagreed that the ULearn activities did not relate to the classroom teaching on those modules (i.e. they felt that ULearn activities did relate to classroom teaching). No respondents on Care Delivery, and just 6% of respondents on Health and Social Care, agreed that ULearn did not relate to classroom teaching.

- 59% of respondents (Care Delivery) agreed or strongly agreed with the statement that 'overall, I was satisfied with ULearn activities during the module'. The equivalent figure for Health and Social Care was 24%. This might indicate less satisfaction with the activities available during Health and Social Care and/or lower usage of ULearn during Health and Social Care.

- Twice as many respondents in Care Delivery felt that the ULearn activities helped them to achieve learning outcomes compared to Health and Social Care but the proportion is low in both cases (24% and 12% respectively).

- Over three-quarters (77%) of respondents during Care Delivery were neutral regarding whether ULearn had helped them to achieve learning outcomes – the equivalent figure for Health and Social Care was 59%. This may be explained by

limited usage of ULearn and / or a lack of clarity on the part of students regarding how ULearn activities related to learning outcomes.

Chart 8:   Student internet access in various locations
            Student Survey Data n=19 (multiple choice – figures do not total 100. (N.B. two students reported having broadband and dialup internet access at home)
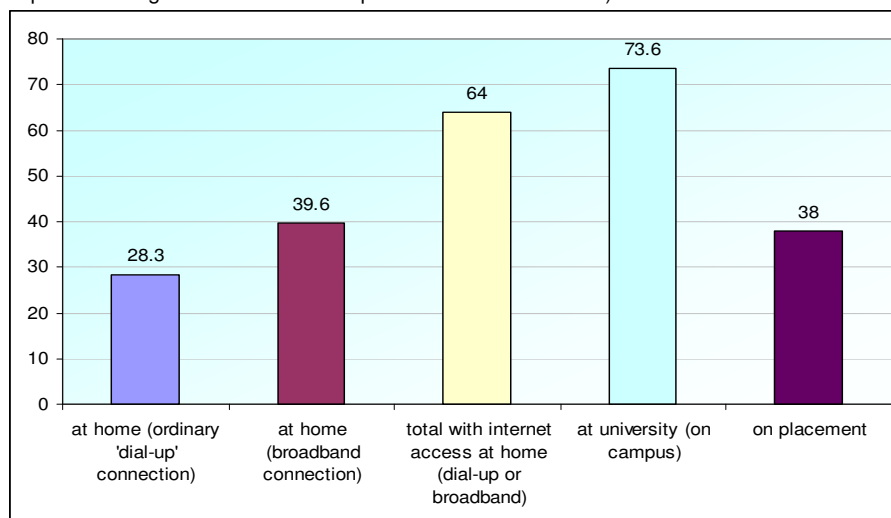
The wave 2 survey (at the end of Health and Social Care module) contained an additional question regarding students' internet access in various locations as this had emerged in student focus groups as a factor which might influence use of ULearn.

Chart 8 (above) shows that just under two-thirds of students (64%) had either an ordinary or broadband connection at home (two respondents said that they had both types). This is broadly in line with the national average of around 60% (survey by Populus, February 2006). A significant minority of students considered that they did not have internet access on campus (perhaps because they could not always get use of a PC when they wished or did not find it convenient to visit the campus other than for mandatory activities such as lectures) and just 38% considered that they had internet access in their last placement location.

Respondents were asked which locations they considered to be suitable for using ULearn. Response on this question was low and it is unclear whether this was because all locations were considered unsuitable or because many respondents may have thought that they did not have enough information to make a judgement.

In relative terms, 'home' was considered the most suitable location for using ULearn (28%), followed by University campus (19%). Just 7% thought that placement locations were suitable for using ULearn.

Table 4:   Students' perceptions of locations suitable for using ULearn

Locations considered suitable for using ULearn	at home	at University (on campus)	on placement	Other
SPEF group (n)	19	10	4	5
Non-SPEF group (n)	11	10	3	2
All respondents (n)	30	20	7	7
As a percentage of all respondents to the survey (n=106)	**28**	**19**	**7**	**7**

Taking the findings about internet access and opinions about suitable locations together it would seem that using ULearn at home would be most popular with students and that there was little support for using ULearn in placement settings. However this perception is based on very limited experience of blended learning in practice settings and if placements were to provide a learning environment more conducive to the use of ULearn (or blended learning in general) in the future then perceptions about using ULearn in practice could well change.

4.4.5 Student module evaluation form data

The School requests students to complete a module evaluation form (Appendix 4) after the end of each theory and practice component of each module. This form (or self-completion questionnaire) asks students to say how satisfied or dissatisfied they are with various aspects of the module using a fixed choice scale. A small number of items are open-ended questions. Since SPEF was largely focused on supporting student learning in practice the evaluation has focused on the student module evaluation forms which relate to the practice periods of Fundamental and Professional Skills, Care Delivery and Health and Social Care modules. These data have been analysed on the basis of locality to compare the student experience in 'SPEF' localities (two and three) and 'non-SPEF' localities (one, four and five). A summary of this analysis is presented in Tables 5a-5c. Differences between SPEF and non-SPEF localities have not been tested for statistical significance and should therefore be interpreted with caution.

4.4.5.1 Fundamental and Professional Skills

Table 5a: Student satisfaction with Fundamental and Professional Skills module

Source – February 2005 intake – Adult Diploma nursing programme student module evaluation forms (practice). Satisfaction with selected items ranked by SPEF and non-SPEF difference

question number	4	1	20	19	7	12	3	13	17	16	8	10	5	18	2	9	6	11	15	14	
locality (SMEF codes 1+2: % satisfied)	placement profile easily accessible	placement welcome	learning environment was satisfactory	able to achieve all learning outcomes	discussion of learning outcomes	theory to practice	orientation to placement form completion	assessment completed on time	progress docs feedback	supervised and supported	opportunities to observe/assist	encouragement of holistic care	link tutors readily available	final interview with mentor	orientation on first day	participation in clinical care	EIHMS support	encouragement to work in team	access to mentor	encouraged to use research lit.	average - all items
1	80	80	80	88	68	92	68	64	76	72	88	84	72	64	76	76	76	80	68	72	76.20
2	76.02	70.59	82.35	94.12	70.59	94.12	70.59	70.59	82.36	88.24	94.12	94.11	70.59	82.35	76.47	70.58	88.23	94.12	82.36	94.11	82.33
3	61.54	61.54	69.23	84.62	46.15	92.3	69.23	76.92	84.62	69.23	84.62	84.61	92.31	92.3	76.92	84.61	84.62	84.61	76.92	76.92	77.69
4	90	75	85	100	75	95	80	75	90	65	85	95	95	95	75	80	80	90	75	65	84.25
5	81.25	81.25	93.75	100	50	100	68.75	87.5	87.5	81.25	93.75	87.5	75	93.75	68.75	62.5	87.5	81.25	75	87.5	82.19
all localities (1 to 5)	77.76	73.68	82.07	93.35	61.95	94.68	71.31	74.80	84.10	79.14	89.10	89.04	80.98	85.48	74.63	74.74	83.27	86.00	75.46	79.11	80.53
SPEF (2+3)	68.78	66.07	75.79	89.37	58.37	93.21	69.91	73.76	83.49	78.74	89.37	89.36	81.45	87.33	76.70	77.60	86.43	89.37	79.64	85.52	80.01
non-SPEF (1+4+5)	83.75	78.75	86.25	96.00	64.33	95.67	72.25	75.50	84.50	79.42	88.92	88.83	80.67	84.25	73.25	72.83	81.17	83.75	72.67	74.83	80.88
SPEF/ non SPEF difference	-14.97	-12.69	-10.46	-6.63	-5.96	-2.46	-2.34	-1.75	-1.01	-0.68	0.45	0.53	0.78	3.07	3.44	4.76	5.26	5.62	6.97	10.68	-0.87

NON SPEF localities achieve higher satisfaction on these items — SPEF localities achieve higher satisfaction on these items

Table 5a (above) shows that average satisfaction across all items is high – the average for all localities on all items is 80%.

- The only item where satisfaction fell under two-thirds was 'discussion of learning outcomes'.

- 94% of students in all localities were satisfied that they had been able to relate theoretical and classroom teaching during their placement in Fundamental and Professional Skills.

- 93% of students in all localities said that they were satisfied that they had been able to achieve all learning outcomes.

- Satisfaction was higher amongst students in non-SPEF localities in relation to access to placement profiles; how welcoming the placement was perceived to be; overall satisfaction with the learning environment; being able to achieve all learning outcomes and relating theory to practice.

- Satisfaction was higher amongst students in SPEF localities in relation to being encouraged to use research literature; access to mentors; encouragement to work in teams and support from EIHMS.

- Given the relatively low level of student engagement with SPEF during Fundamental and Professional Skills it is unlikely that any differences can be attributed to SPEF.

4.4.5.2 Care Delivery

Table 5b: Student satisfaction with Care Delivery module

Source – February 2005 intake – Adult Diploma nursing programme student module evaluation forms (practice) Satisfaction with selected items ranked by SPEF and non-SPEF difference

Care Delivery - FEB 05 cohort SMEF (practice data) - ranked by SPEF and non-SPEF difference																					
	17	5	8	1	14	13	19	2	15	9	6	10	16	11	12	4	3	7	20	18	
locality (SMEF codes 1+2: % satisfied)	progress docs feedback	link tutors readily available	opportunities to observe/assist	placement welcome	encouraged to use research lit.	assessment completed on time	able to achieve all learning outcomes	orientation on first day	access to mentor	participation in clinical care	EIHMS support	encouragement of holistic care	supervised and supported	encouragement to work in team	theory to practice	placement profile easily accessible	orientation to placement form completion	discussion of learning outcomes	learning environment was satisfactory	final interview with mentor	average - all items
Loc 1	70.57%	60.71%	70.57%	64.29%	67.06%	57.14%	09.29%	70.57%	70.57%	64.29%	60.71%	05.71%	70.57%	75.00%	05.71%	67.06%	60.71%	53.57%	71.40%	70.57%	71.79%
Loc 2	90.00%	80.00%	80.00%	85.00%	85.00%	80.00%	90.00%	95.00%	95.00%	85.00%	85.00%	95.00%	90.00%	90.00%	95.00%	90.00%	95.00%	85.00%	80.00%	100.00%	88.42%
Loc 3	59.09%	40.91%	77.27%	68.18%	68.18%	63.64%	90.91%	86.36%	63.64%	72.73%	63.64%	86.36%	77.27%	86.36%	81.82%	90.91%	81.82%	68.18%	86.36%	81.82%	75.60%
Loc 4	70.59%	70.59%	82.35%	76.47%	76.47%	64.71%	82.35%	94.12%	64.71%	76.47%	70.59%	76.47%	76.47%	76.47%	70.59%	94.12%	88.24%	58.82%	70.59%	64.71%	75.54%
Loc 5	88.89%	61.11%	83.33%	94.44%	83.33%	88.89%	94.44%	88.89%	83.33%	83.33%	77.78%	88.89%	72.22%	88.89%	83.33%	83.33%	88.89%	88.89%	72.22%	88.89%	83.92%
all localities (1 to 5)	77.43%	62.66%	80.31%	77.68%	76.17%	70.87%	89.40%	88.59%	77.05%	76.36%	71.54%	86.49%	78.91%	83.34%	83.29%	85.24%	82.93%	70.89%	76.12%	82.80%	78.98%
SPEF (2+3)	74.55%	60.45%	78.64%	76.59%	76.59%	71.82%	90.45%	90.68%	79.32%	78.86%	74.32%	90.68%	83.64%	88.18%	88.41%	90.45%	88.41%	76.59%	83.18%	90.91%	82.01%
non-SPEF (1+4+5)	79.35%	64.14%	81.42%	78.40%	75.89%	70.25%	88.69%	87.19%	75.54%	74.70%	69.69%	83.69%	75.75%	80.12%	79.88%	81.77%	79.28%	67.09%	71.41%	77.39%	77.08%
SPEF/ non SPEF difference	-4.80%	-3.68%	-2.78%	-1.81%	0.70%	1.57%	1.76%	3.49%	3.78%	4.17%	4.62%	6.99%	7.88%	8.06%	8.53%	8.69%	9.13%	9.50%	11.77%	13.52%	4.93%
	NON SPEF localities achieve higher satisfaction on these items				SPEF LOCALITIES achieve higher satisfaction on these items																

- During Care Delivery, satisfaction was higher in SPEF localities on a greater number of items compared to Fundamental and Professional Skills.

- 83% of students were satisfied that they were able to relate theory and practice learning during Care Delivery. This confirms the perception of students in this respect shown in the survey data (84% satisfied that they could relate classroom and practice learning during Care Delivery).

- There was higher satisfaction regarding linking theory and practice and on feeling supported in SPEF localities than in non-SPEF localities.

- Satisfaction was considerably higher in SPEF localities in relation to the learning environment and final interview with mentor.

4.4.5.3 Health and Social Care

Table 5c: Health and Social Care module

Source – February 2005 intake – Adult Diploma nursing programme student module evaluation forms (practice) Satisfaction with selected items ranked by SPEF and non-SPEF difference

Health and Social Care - FEB 05 cohort SMEF (practice data) - ranked by SPEF and non-SPEF difference

question number	12	7	19	20	14	4	3	17	6	9	16	11	5	18	1	2	8	10	15	13	
locality (SMEF codes 1+2: % satisfied)	theory to practice	discussion of learning outcomes	able to achieve all learning outcomes	learning environment was satisfactory	encouraged to use research lit.	placement profile easily accessible	orientation to placement form completion	progress docs feedback	EIHMS support	participation in clinical care	supervised and supported	encouragement to work in team	link tutors readily available	final interview with mentor	placement welcome	orientation on first day	opportunities to observe/assist	encouragement of holistic care	access to mentor	assessment completed on time	average – all items
Loc 1	100.00%	85.71%	100.00%	100.00%	85.71%	100.00%	85.71%	100.00%	100.00%	85.71%	100.00%	85.71%	71.43%	100.00%	85.71%	85.71%	85.71%	100.00%	85.71%	42.86%	88.72%
Loc 2	66.67%	66.67%	83.33%	66.67%	66.67%	83.33%	83.33%	83.33%	66.67%	100.00%	83.33%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.04%
Loc 3	88.24%	76.47%	88.24%	88.24%	82.35%	88.24%	76.47%	76.47%	82.35%	88.24%	82.35%	82.35%	94.12%	88.24%	76.47%	88.24%	82.35%	88.24%	88.24%	76.47%	84.31%
Loc 4	87.50%	87.50%	87.50%	81.25%	87.50%	87.50%	81.25%	81.25%	68.75%	75.00%	87.50%	81.25%	81.25%	87.50%	81.25%	87.50%	87.50%	81.25%	87.50%	81.25%	82.99%
Loc 5	93.75%	68.75%	93.75%	75.00%	68.75%	87.50%	87.50%	68.75%	81.25%	62.50%	75.00%	68.75%	75.00%	81.25%	81.25%	87.50%	68.75%	68.75%	62.50%	87.50%	76.74%
all localities (1 to 5)	87.23%	77.02%	90.56%	82.23%	78.20%	89.31%	82.85%	81.96%	83.14%	75.62%	88.97%	80.28%	77.69%	91.40%	84.94%	89.79%	84.86%	87.65%	84.79%	77.62%	83.99%
SPEF (2+3)	77.45%	71.57%	85.78%	77.45%	74.51%	85.78%	79.90%	79.90%	82.84%	77.45%	91.18%	82.84%	80.39%	94.12%	88.24%	94.12%	91.18%	94.12%	94.12%	88.24%	85.68%
non-SPEF (1+4+5)	93.75%	80.65%	93.75%	85.42%	80.65%	91.67%	84.82%	83.33%	83.33%	74.40%	87.50%	78.57%	75.89%	89.58%	82.74%	86.90%	80.65%	83.33%	78.57%	70.54%	82.81%
SPEF/non SPEF difference	-16.30%	-9.09%	-7.97%	-7.97%	-6.14%	-5.88%	-4.92%	-3.43%	-0.49%	3.05%	3.68%	4.27%	4.50%	4.53%	5.50%	7.21%	10.52%	10.78%	15.55%	17.70%	2.86%
	NON-SPEF localities show higher satisfaction on these items									SPEF LOCALITIES show higher satisfaction on these items										

- During Health and Social Care satisfaction is higher in non-SPEF localities in relation to 9 items and higher for SPEF localities on 11 items.

- Satisfaction with being able to link theory and practice and discussion of learning outcomes was considerably higher in non-SPEF localities (94%) than in SPEF localities (77%).

- Satisfaction with assessment being completed on time and access to mentors was considerably higher in SPEF localities than in non-SPEF localities

4.4.6   Design of School student module evaluation form

Although the School student module evaluation form is a reasonably well-designed data collection instrument, some aspects may need to be reconsidered (a copy of the form can be found in Appendix 4).

- A five point scale would provide more balance and would also allow a neutral category to be included.

- Asking about 'satisfaction' does not entirely make sense in relation to some of the questions (e.g. question two). This question (and several others) would be more effective as statements which the student can then agree or disagree with on a Likert scale.

- All of the statements in the student module evaluation form are posed in a positive way (e.g. q5 'the learning helped you to develop your analytical and problem solving skills') which may create bias. Statements should be alternated between positive and negative phrasing.

- The existing questions do not adequately capture students' experience of blended learning. It may be appropriate to incorporate standardised questions from the Student Course Experience Questionnaire and/or the SPEF evaluation data collection instruments.

- Changes to the student module evaluation form should form part of a sustainable strategy for student module evaluation (see recommendations, section 7.6).

4.4.7   Student assessment data

The evaluation included one aspect of student assessment data. Students were given a multiple choice test towards the end of the Care Delivery module and the scores (by SPEF and non-SPEF groups) are shown below. Students in SPEF localities had access to certain e-learning resources (see section 1.1.1). These resources included practice questions for a test in infection control and tutors thought that these might have had a beneficial impact on the actual tests results of those in SPEF localities. Table 6 (below) shows that this was not the case and that students in non-SPEF localities had a slightly higher mean score on the infection control test.

Table 6:   Student assessment data – scores on infection control test by SPEF/non-SPEF status

Localities	score	n
SPEF localities (two and three)	62.81	26
non-SPEF localities (one, four and five)	66.65	49
all localities	64.73	75

Survey data (4.4.4.1) suggest that although nearly three-quarters of respondents (74%) had used ULearn during Care Delivery (in those localities where it was available) the vast majority said that they had only done so 'occasionally' or 'rarely'. Although focus group and survey data suggest that engagement with ULearn was higher in Care Delivery than in either the previous (Fundamental and Professional Skills) or subsequent (Health and Social Care) modules it was still low in absolute terms and therefore a 'SPEF effect' on the students' test scores would not necessarily be expected.

4.5   **Key stakeholder perspectives**

A 'final round' of interviews with key stakeholders (n=5) was carried out in January and February 2006. Key stakeholders interviewed included the SPEF Manager, SPEF grant holder (and head of practice learning at EIHMS), Head of Programmes at EIHMS, a senior tutor who heads the biosciences teaching team at EIHMS and who played a key

role in creating and managing the e-learning interventions during the Care Delivery module and a senior member of the e-learning Unit.

All interviewees were members of the evaluation advisory group and, as such, had received preliminary findings from the evaluation prior to interview. Interviews were semi-structured and the interview schedule was broadly focused on the aims of SPEF. Respondents were invited to say whether or not they considered that the aims of SPEF had been realised (they were prompted with show cards describing the aims of the project as laid out in the proposal to FSDLT) – see appendix 3.

4.5.1 Aim 1: implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings

Several stakeholders recognised that some implementation of electronically mediated tutor supported learning in practice settings had occurred but that this had not always been effectively supported and had not yet been fully disseminated (although it was felt that this would take place in the near future and that the evaluation would have a role to play in this process). One respondent stated that:

'tutor supported learning in the practice setting, we've certainly tried to implement it, we've tried to support it, I don't think we're quite yet at the dissemination part in the project - that will come later.'

Several key stakeholders felt that information, preparation and consultation with tutors, staff and mentors could have been much more effective. One respondent felt that considerable efforts had been made to engage staff with the project (such as a presentation during Academic and Practice Development week; distribution of an information sheet and personal updates to key members of staff by the Project Manager). However it seemed that most key stakeholders felt that information about the project had not been adequate, particularly prior to the project and during its early stages. As one respondent expressed it:

'Initially not much publicity was given to it (SPEF). That was unfortunate. What should have happened was that before it started, people should have been informed that it was going to happen. This is how we are going to do it and we ask you to support it. But it just happened with a handful of people knowing, and that is bad. People then start thinking much later, so I think initially all staff should have been told it was going to happen and how it was going to happen'.

Another respondent stated that:

'One of things that we have very much learned from this project and we've carried through into the other funded projects is that the teaching staff must be involved from the very beginning.'

A variety of reasons was given as to why preparation and information regarding the project had not been better. With regard to information to staff about the project one respondent observed that:

'I think it's just the way we went about it. A bit of an assumption, I think, on our part that staff would be excited by it as much as we were and that isn't the case. Staff have got other agendas they're there to deliver, they do the marking, personal tutorials'.

Two respondents felt that the programme management team should have been consulted regarding the nature of the activities which were introduced as part of SPEF. One respondent had concerns that the activities, particularly in Fundamental and Professional Skills module, might in fact have constituted additional work for the students and also questioned the suitability of the materials used in this module for pre-registration students, feeling that these were more suited to post-registration students.

Several respondents felt that communications with students, regarding SPEF had been hampered by the fact that there was a 'SPEF' and 'non-SPEF' group and that conspicuous promotion of SPEF might have led to students who were not in the SPEF group feeling somehow deprived or excluded. One key stakeholder asked a rhetorical question:

'how did we sell it to the students? We used a design where it was two localities (where SPEF was active), it seemed right at the time, trying to support a small group of people, keep it locality-based while they're out in practice, but how do you sell it to them but not to others and why would students engage with e-learning or ULearn if they didn't think it was meaningful to them?'

Project leads considered that mentors were difficult to access and so communications regarding SPEF had been channelled through Clinical Placement Facilitators (CPFs) but two CPFs in key trusts had gone on maternity leave around this time. Tutors were perceived as being extremely busy and focussed on their core work.

There seemed to be some consensus therefore that communications regarding SPEF, prior to the start of the project, had not been effective and the work involved in promotion of the project had been ineffective.

The technical problems that hampered the implementation of ULearn activities during Fundamental and Professional Skills (such as students not always being able to log-on) were acknowledged by key stakeholders but it was felt that these had been resolved to some extent. One respondent felt that some problems remained even in February 2006 at the end of SPEF (such as slow servers, occasional log-on problems and the lack of round the clock maintenance for the ULearn site). This respondent had already moved certain e-learning activities to an alternative VLE owned by an international publishing firm because she considered that this VLE offered superior functionality.

One respondent recognised that a great deal had been learnt during SPEF, particularly by a small group of tutors and other staff, but that it was essential that this knowledge be disseminated and embedded across the School and the University.

One key stakeholder expressed satisfaction with the quality of the e-learning material introduced during the Care Delivery module:

'… basically the resources were there so it was invaluable in terms of applying tutor time to develop the resources, that was amazing. The stuff that we've put out on that site was remarkable and very innovative so we are very pleased with that'.

It appeared that several key stakeholders had learnt from experiences during SPEF and already taken steps to address some of the problems encountered (e.g. new cohorts of students to the Diploma programme will receive induction regarding ULearn at the start of their programme). The need to involve all stakeholders at the early stages of any future e-learning interventions was recognised by all stakeholders.

In summary it would appear that most key stakeholders felt that there had been important progress towards Aim 1 but that it had not yet been achieved.

4.5.2 Aim 2: integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory)

There was a consensus amongst key stakeholders that any possible impact of SPEF on the integration of students' theory and practice learning had been severely restricted by factors such as low student take-up of the online resources.

One tutor explained that:

'We were always aware that SPEF was to do with linking theory and practice and that was what we were trying to do but obviously getting them (the students) online in practice was an issue...'

Key stakeholders attributed limited student engagement with the project to necessarily low-key communications regarding SPEF, technical problems (particularly during Fundamental and Professional Skills, although these appeared to persist in a lesser form throughout SPEF), students' perceptions that the activities associated with SPEF were optional extras and the fact that the activities were not always clearly linked to assessment. Diploma students were seen as being 'non-traditional' students who, in the view of some key stakeholders, were particularly likely to focus on assessment and not participate in any activities which were perceived as optional. It was thought that many needed support in respect of information technology skills. Some key stakeholders were aware that student engagement had been limited by the fact that first practice placement is a difficult and stressful time for many students and therefore not optimal for taking on additional activities such as e-learning.

Some key stakeholders were also aware that the students might not have access to PCs in clinical settings and that mentors might not be supportive of students engaging in e-learning in clinical settings.

One respondent thought that students being able to keep in touch with each other, and with tutors while in practice settings might constitute valuable support and a means of helping to link theory and practice learning. Another respondent was aware that some students might not have established peer networks early in the programme and therefore there was no network to maintain when going into practice. This respondent also pointed out that in any case students may maintain networks with peers through email or text messaging and may phone or email tutors (and in the case of link tutors may see them occasionally on visits to the practice area).

There seemed to be some consensus amongst respondents that the biosciences interventions during the Care Delivery module were more effective than the ethics components in Fundamental and Professional Skills and Health and Social Care. One respondent said:

'So that was a really good thing to do. (SPEF) also allowed us to do some work on getting the site set up such that there were mid module, formative multiple choice tests online which could be accessed through ULearn and the results which were formative results accessed by the students and by the tutors. So there was substantial progress in this idea that the tutor supported learning in the practice setting'.

There was also recognition from one respondent that, even on the Care Delivery module, levels of engagement were quite low. One respondent stated that:

'…they (the students) didn't engage with the resources in Care Delivery out in practice sufficiently to link with theory'

Two respondents felt that the e-learning interventions had not been adequately linked to the learning outcomes of the programme and that this had contributed to a lack of engagement from the students.

Most respondents were not clear about the interventions that had occurred during the Health and Social Care module (this had only recently been completed at the time of the interviews with key stakeholders). There was a suggestion from one respondent that any student could opt to participate in the interventions in the Health and Social Care module (rather than being ascribed to the 'SPEF' group on a locality basis as with the previous two modules).

In summary, most key stakeholders felt that Aim 2 had not been achieved due to low levels of student engagement and e-learning interventions which were insufficiently linked to the programme outcomes. However, much learning regarding the delivery of e-learning interventions in practice settings had clearly taken place as a result of SPEF and it was therefore considered to be a useful and positive experience by all key stakeholders.

4.5.3 Aim 3: establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects

Most key stakeholders felt that EIHMS staff were generally very interested in, and positive towards, e-learning at a general level. It was thought that although awareness of SPEF had been low at the start of the project it had steadily increased and staff were excited by the possibilities but needed much more information about the project. One respondent said:

'I think the staff, or most of the staff, are quite positive and would quite like to see it more established, they would like to do things with it, and that's very good'.

Another respondent described the potential to change pedagogic culture through e-learning in these terms:

'before you even get the materials onto the platform (the VLE) you have to have designed the student experience. This is not like going into a classroom and thinking 'oh well I've done this 20 times before, I can talk off the top of my head, I can engage the students and they'll go away with something', you have to actually think very clearly about what is the student doing at this stage, what is the activity I want them to do and why am I wanting them to do it and what outcome does it relate to and how does that then, the work that they produce, how does that help them with their assessments, that's how the student thinks'.

Many respondents recognised the need for staff development in order to help effect a change in pedagogic culture in EIHMS. As one respondent put it:

'I think you have to learn it (ULearn), it's not inbred in you, you don't just wake up one morning and start putting stuff onto ULearn … it takes time'.

Another respondent said:

'There are a large number of staff who are very excited about e-learning and I think that we need to cash in on this, because it needs to be developed, and we can slowly change it. It's not going to be easy'

Another respondent commented:

'Yes, staff development. You know, people must go on something to learn how to do this. We can't expect them to just learn how to do it. That is most important. If we can set that up, that people will systematically go through that process of development'.

One respondent pointed out that a School strategy or policy was needed regarding staff gaining ULearn skills. One possibility is that all tutors be expected to become proficient in designing and publishing materials to ULearn; another would be to create an in-house source of support (i.e. a post dedicated to supporting tutors to design and publish material to ULearn). Having such a strategy would help to diminish the ambiguity which seemed apparent amongst some key stakeholders regarding the type and amount of support that EIHMS could expect from the e-learning Unit. One respondent explained that:

'Yeah, I think we could support them more to buy into it and then once you've got them bought into it the other thing is about the staff development. At the time we did this project CLD[1] was just starting out on the ULearn support in terms of and it was really difficult to understand how you got on these courses…So eventually I organised a session I think for 20 members of staff do this course because I couldn't see any other way we were ever going to get through this. And although there is a now a system in place and it's much better, and as much as CLD never got all their material around how to support e-learning on one web page, while we were doing this project it's quite difficult how to track how you got what, how did you get somebody to support the project and particularly because the School hasn't put in a resource, to find a resource to support e-learning within the School'.

In summary, respondents felt that Aim 3 had not been achieved but that SPEF had been an extremely valuable learning experience, especially for tutors. Many important issues had been identified and it was felt that these would be important in informing future progress towards changing the pedagogic culture within EIHMS. Key stakeholders' learning from the project (as identified in interviews) is summarised below.

4.5.4   Key stakeholders – learning from SPEF

Interviews with key stakeholders showed that much learning had taken place as a result of SPEF and this learning had also been informed by the interim evaluation report and discussions between the evaluation team and the evaluation advisory group at the regular meetings which had been held through the evaluation.

The main points which key stakeholders seemed to have learnt from the project were that:

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[1]   Following re-organisation in summer 2006 The Centre for Learning Development (CLD) was renamed as the 'e-learning Unit'.

i)   stakeholders must be involved at an early stage

For example, with regard to students, one respondent stated that:

'Well, if your aim was to link theory with practice yes, but we now stimulate the use of electronic resources from the moment they enter the course and as you know, we've changed the initial textbook so that they link electronic resources immediately and for example, with February '06 (the February 2006 Adult Diploma intake) I'm meeting with them, it's their induction week this week and I meet with them on Thursday to introduce them to the electronic resources. So I mean it (SPEF) has had substantial impact in that respect'.

One respondent illustrated learning from SPEF, regarding early involvement of stakeholders, which they had applied to another project with an e-learning components:

'Well, we've got another initiative haven't we – we've got the (names a project), so what we did we went about it, it was created again by people outside of the programme, however we went to the framework co-ordinators and we went to the module teams and we said we would like to do this, they were all up for it and they've got, in the module team they've got the framework co-ordinator and one person from the module team who is taking the lead in the development side of things. They have also got on board three other teachers related to the module – mentor prep, and they are working with CLD very closely ...I suppose if I was to contrast the approach that I've taken (in SPEF) with this, the (names new project)... is much more managed and much more hands on in managing it'.

ii)   Communications with all stakeholders (students, mentors, programme management team, tutors) should be improved

iii)   Clear links should be made between e-learning interventions, learning outcomes and assessment

With regard to SPEF one respondent stated that:

'If we'd specifically said that there were questions in the Care Delivery exam on infection control they would have gone there a lot more often. It's just that we didn't have the opportunity to meet with them to tell them that'.

iv)   students must be helped to understand what the gains are for them from engaging with the project

v)   training and preparation, for staff and students, should be more readily available and expectations about what training staff should have should be made explicit

4.6 Findings (Key Themes overall)

Analysis across all data sources produced the following major themes:

4.6.1 Information and preparation for SPEF - students and staff

Initial stakeholder interviews revealed some reservations about the adequacy of preparation for SPEF. Focus groups with tutors showed that some were still dissatisfied with the level of preparation and information in relation to the project at the end of the Fundamental and Professional Skills module.

Although considerable efforts were made to increase awareness regarding SPEF it is clear that many tutors did not feel adequately informed about the project. One key stakeholder felt that tutors had not made sufficient effort to avail themselves of opportunities to become informed about the project (such as a presentation at Academic and Practice Development week). However, many tutors felt that they would have liked more information about the project and what their role in it would be. Knowledge about the aims of the project and the particular interventions involved in each module did not appear to be widespread amongst tutors.

Preparation of staff directly involved in the project appeared to have been good – several had attended external dedicated training programmes for moderating e-learning programmes and others attended internal training programmes provided by the e-learning Unit.

Communications with students about the project were complicated by the fact that the ULearn interventions were only available to students in two of the five localities. The SPEF project managers were careful to avoid giving students in the non-SPEF localities the impression that they were 'missing out' and therefore promotion of SPEF may have been inhibited.

Sessions ('module workshops') were held with students during Care Delivery to demonstrate the potential benefits of ULearn and this may have helped to reverse the negative image of SPEF which some students had acquired as a result of technical difficulties during the Fundamental and Professional Skills module. However, overall, preparation of students appears to have been quite brief and consisted of one or two hour-long sessions.

4.6.2 Tutors' workload

Initial stakeholder interviews identified a risk that tutors would be overloaded by the demands of SPEF in the absence of adequate institutional support. Focus groups showed that some tutors were surprised at the amount of work that SPEF was creating for them both in terms of creating and publishing ULearn activities and in managing student response. There was little evidence (only one example was reported) that the institution had made allowance for the extra work accrued by those tutors directly involved in SPEF (for example by reducing their workload). It was clear that setting up a programme of blended learning, such as SPEF, creates significant extra work for tutors, at least in the initial stages. The commitment to the project by a small number of tutors ensured that the activities did get published but the workload created for this small group would probably not be sustainable in the medium or long term.

One key stakeholder pointed out that tutors should be more proactive in monitoring time spent on ULearn activities and discussing it with their line managers.

4.6.3   Technical Support for using ULearn

A clear distinction can be made between three types of support which are needed by tutors in conceptualising, creating and managing materials for ULearn. The first of these (type A) is support, guidance and staff development for the design of ULearn courses and online activities which is provided across the University by the e-learning Unit. The second type (type B) is the actual design and execution of the ULearn activities. Support for this activity is not provided centrally and must be resourced by each School either by developing existing staff or by hiring dedicated staff who already have the necessary skills. The third type of support (type C) is to do with computer-related technical issues such as browser problems or log-in problems which should come from the University's staff support service.

Lack of type B support for tutors, particularly in terms of moderating discussions, creating materials and posting them to the ULearn site, was identified as a key issue in the initial stakeholder interviews. Focus groups with tutors confirmed that a lack of type B support was perceived as a major barrier to realising the objectives of SPEF. As a result some tutors had to spend considerable amounts of their own time in trying to learn the necessary technical skills so that they could create learning materials and publish them to the web themselves.

Tutors reported that the problems encountered by students in logging on during the Fundamental and Professional Skills module could not be rapidly addressed as type C support was not always readily available. As referred to previously, tutors felt that this may have created a negative attitude to SPEF amongst some students which potentially inhibited engagement with SPEF in later modules.

4.6.4   Access to ULearn

Analysis of the data produced a number of sub themes falling within the overall category of 'access to ULearn'.

4.6.4.1 Student access to PCs / internet / ULearn

Focus groups, with both tutors and students, and the student survey data from indicate that access to PCs with internet access while on placement was problematic. Informal interviews with key stakeholders at the outset of SPEF indicated awareness that this was a potential threat to the success of the project. The SPEF project leads had made an initial assessment of the PC facilities available in placement areas and believed provision to be adequate.

However, just 5% of students in SPEF localities (two and three) said that they had logged on to ULearn from practice areas during Care Delivery (rising to 18% during Health and Social Care). One tutor (in the 'non-SPEF' group) believed that there were several wards where students were 'not allowed' to use computers.

Student data (from focus groups and surveys) suggest that students were not always able to access PCs in placement settings because such equipment was not present or because there was competition for the use of PCs with other clinical staff for use of PCs.

A further barrier to accessing PCs in placement locations identified by students, and possibly the most important, was the lack of support for engaging in e-learning from mentors or other clinical staff. Students commonly expressed a feeling that mentors were not aware of SPEF and students therefore felt that using PCs while on placement would not be understood or viewed in a positive light. Students generally felt that they had to be seen to be contributing to the clinical work and engaging in practice learning.

4.6.4.2 The perceived role of mentors in e-learning

Tutors' and students' accounts suggested that awareness of SPEF amongst mentors was felt to be low. The SPEF grant holder and project manager reported that they had sought to raise awareness amongst mentors prior to the project, particularly through the distribution of printed materials (leaflets) and liaising with CPFs. Unfortunately these efforts appeared to have been unsuccessful in raising mentor awareness about SPEF. The lack of awareness amongst mentors may have inhibited student engagement with SPEF as students did not feel that they had the support of mentors to use ULearn during practice placements.

4.6.4.3 Content of ULearn (Adult Diploma Programme)

There was some evidence that certain ULearn interventions were more popular than others. For instance the discussion board during Fundamental and Professional Skills appeared to be considerably less attractive to students than activities such as multiple-choice tests that were introduced during Care Delivery. Clearly the activities that can be introduced are partly determined by the subject matter. It may be that some 'factually-based' topics such as bioscience lend themselves more readily to e-learning than do more philosophical topics such as ethics.

4.6.4.4 Optimal timing for introducing ULearn into the Diploma programme

SPEF introduced elements of e-learning during the practice period of the first module of the first year which, from students' accounts, appeared to be a very stressful and difficult time. The intention was that, through facilitating communication and support between tutors and peers, ULearn could actually help to alleviate that stress (as well as helping students to make practice / theory links). However many tutors and many students felt that introducing e-learning into the programme so early on was not optimal.

4.6.4.5 Integration of ULearn into the Diploma programme

The data suggest than many students in the SPEF localities experienced ULearn as something rather peripheral to the programme; an 'optional extra'. Clearly, if ULearn activities are mandatory (i.e. they are closely related to assessment or form part of assessment), then this gives students a strong incentive to engage. However, it would have been unwise to make the ULearn activities compulsory during SPEF since this was in a sense a 'pilot'.

Curriculum documents did not refer to ULearn but again this would have been difficult as SPEF consisted of interventions in just two of five localities.

4.6.5   Student engagement

Student engagement with SPEF, in those localities where ULearn interventions were available, was less than hoped for by the SPEF leads. Both tutors and students were aware of this and explained it in terms of inadequate preparation/information, technical

difficulties in logging on (particularly during the Fundamental and Professional Skills module), the fact that the ULearn activities were not directly linked to assessment (again this particularly applies to the Fundamental and Professional Skills module) and the 'pragmatic' approach to the programme which many students apparently have whereby they focus on mandatory activities and assessment. Tutors perceived that the 'non-traditional' characteristics of many Diploma students, and the many conflicting pressures that these students have to manage (e.g. family, paid employment) contributed to a lack of engagement.

Tutors were aware of the challenge of engaging students and lessons learnt during the Fundamental and Professional Skills module were applied during Care Delivery leading to an improved level of student engagement. However even during Care Delivery a significant minority of students in the SPEF localities did not engage with SPEF. Students themselves explained this in terms of a lack of time, pressure to complete other work and technical difficulties in logging on.

4.7 Discussion

This section discusses the relevant literature. Some links between the literature and the evaluation findings are suggested.

4.7.1   E-learning and Education and Health Policy

HEFCE (2005:5) appears to endorse a definition of e-learning as 'any learning that uses information and communications technology (ICT)'. This would seem to be too broad a definition as it could, if interpreted literally, include much 'traditional' learning (e.g. a lecture delivered face to face with the aid of a slide presentation). Perhaps a more useful definition would be 'any learning, training or education program or component thereof delivered *primarily* by electronic means'. Since many terms such as computer-based learning, online learning and web-based learning are currently in use it is important to make a further distinction between simply delivering content electronically (e.g. through a DVD played on a computer) and learning materials which are part of an interactive structure involving teaching staff (usually web-based). The latter is the sense in which e-learning is used here.

The Dearing Report (1997) pointed out that continuing expansion of higher education in the face of financial constraints necessitated reconsidering how education is delivered. E-learning has been seen as one way forward in improving efficiency but also in transforming the teaching and learning experience; Mason (2001:31) states that:

'..it is evident that e-learning has upset the apple-cart and increasingly demands a rethink of what is taught, by whom, and with what aims'.

E-learning has the potential to overcome some of the time and space limitations of traditional (i.e. classroom or face to face) learning such as the number of students who may be in a lecture hall at any given time, the need for students and teachers to travel to meet the students and teachers only being able to interact at set times.

HEFCE (2005:4) identifies the use of ICT (including e-learning) as facilitating HEIs

'..*to meet greater diversity of student needs; increase flexibility of provision; enhance the capacity for integrating study with work and leisure through work-based and home-based learning; develop approaches to individualised support for planning and recording achievements*'.

As Blair (2002) and Haigh (2004) point out, lifelong learning is central to the government's education policy and the DfES (2003) strategy for e-learning states that the DfES will help education leaders to:

'*tackle the funding models that restrict innovation; support people who want to be innovative in the way they teach; give teachers and lecturers career incentives and training for e-learning; give learners better e-learning support for meeting their personal learning goals; make assessment a driver of innovation, not a barrier; build a better market for quality assured e-learning resources; work out the technical standards we should all adopt for e-learning'.*

E-learning is also particularly relevant in the constantly changing environment of the health service. The Department of Health state that:

'*The national vision for e-learning in the NHS is to enable staff to access learning opportunities at times and places that best fit in with their lifestyle. This means 24-hour access to knowledge and learning resources, 365 days per year, from places that are most convenient for individuals and groups, with the technical support structures to ensure this happens'. (DH, 2001)*

The NHS University (NHSU) developed an e-learning strategy with partners. Their website stated that '*NHSU is working with the SHAs to develop a shared strategy for e-learning across the whole of the NHS. The strategy will embrace e-learning, knowledge management and network technology, and provide local guidance to help bring coherence to the many initiatives already underway across the NHS'.(NHSU 2005-website no longer available).*

NHSU, the Modernisation Agency and the NHS Leadership Centre were amalgamated into a new organisation, called the NHS Institute of Learning, Skills and Innovation (NILSI) in July 2005. NILSI does not appear to have released any policy statements regarding its strategy for e-learning in the NHS.

Haigh (2004:549) points out that e-learning may seem to dovetail with the widening of participation, and the increasing proportion of non-traditional students which has resulted. E-learning would seem to offer a mode of learning which is convenient to (for example) older students who may have family and employment commitments and who may be more likely to live off-campus. The SPEF evaluation data (particularly from student and tutor focus groups) suggest that the 'attraction' of e-learning for such non-traditional students may apply only under certain circumstances (e.g. when the e-learning activities are perceived to offer an immediate benefit in terms of assessment). Data from tutor focus groups suggested a perception amongst tutors that mature students with children (and in some cases paid employment commitments) were least likely to participate in e-learning where the activities were perceived as being 'optional'.

While e-learning may be seen as partly driven by policy imperatives of widening participation, lifelong learning, the skills escalator and flexible leaning, it also resonates with the modern working environment in the NHS and the e-health agenda where health professionals, including nurses, are expected to be familiar with an ever-increasing range of technologies from databases for dealing with patient records to sophisticated electronic systems for monitoring patients' vital signs.

There are many examples of e-learning as part of health professional education. The University of Wales (2003) set up a multimedia project termed the 'electronic ward' which allows students to manage the care of virtual patients in terms of assessing their needs

and planning, implementing and evaluating their care. Blair (2002) reports on a module of a pre-registration learning disability nursing programme which is delivered through e-learning. Some post-registration programmes are delivered almost entirely through e-learning (e.g. D. Clin.Psy at the University of Surrey). The possibilities for development of e-learning in health professional preparation appear to be myriad and e-learning may also feature in the actual care of patients; Blair (2002:3) gives a hypothetical example of how nurses might assist clients to access e-learning resources in their home to improve the patients' ability to make choices about their care. Electronic portfolios (e-portfolios) and on-line assessment (e.g. through multiple-choice questionnaires) are also increasingly used to assess students in higher education and in health professional preparation (Association for Learning Technology and collaborative organisation for information technology innovation in Dutch Higher Education 2004).

Clearly, in both higher education and health policy, e-learning is considered to be an important part of future development. However it is unclear to what extent the espoused policies have been understood, or 'rolled out' and supported on the ground.

4.7.2 Pedagogical models in e-learning

Seale and Rius-Riu (2001:23) advise those developing e-learning activities that: *'it is important that you identify the pedagogical underpinning of your project from the start and that it is this that drives your project and the use of technology and not the other way round'*.

Adams (2004:5) argues that the most important part of computer-based learning (of which e-learning is one form) is not the software or the hardware but the 'underware' which she defines as the pedagogy that underpins the development of the hardware and software.

JISC (2004b) has established a pedagogical strand within its e-learning programme which JISC considers is necessary as pedagogical issues have not always been seen as a priority during the rapid expansion in the use of VLEs in UK HEI and FE institutions. JISC feels that there is a need for practitioner guidance on effective use of e-learning tools that focuses on learning activities rather than simple content delivery or learner management. JISC (2004a) has also drawn together e-learning 'case studies' from diverse sources including further and higher education settings.

Clearly the pedagogical grounding of the University of Surrey's Adult Diploma programme (University of Surrey, 2005) is constructivist in nature with a social focus. It emphasises enquiry-based learning, independent learning, reflective practice and the use of portfolios. The pedagogical assumptions of SPEF seemed to be largely in line with those of the Diploma programme – for example in the Fundamental and Professional Skills module (practice) students were, through ULearn, able to share, with peers and tutors, their reflections on their practice (particularly in relation to certain ethical issues) and how this related to what they were taught in the theory part of the module.

Adams (2004) appears to equate the use of particular e-learning technologies with particular pedagogical assumptions. For example to use a multiple choice test might be seen as adopting behaviourist assumptions. However this argument would seem to ignore the fact that technologies are ultimately defined by their social use so that a multiple choice test delivered through a VLE as formative assessment may indicate

different assumptions than using the same test as a 'warm up' exercise; in each case the same technology is used but the social and pedagogical meaning is different. However Adams' point that the structure and content of e-learning materials and the way in which they are used should be driven by a pedagogical model rather than by the availability of particular technologies is an important one.

Another key pedagogical consideration is how e-learning is integrated into existing courses. For example, e-learning can be used to support a course, offering optional extras for students - or e-learning can be used to actually replace face to face elements of a course, so that e-learning is an essential and integrated part of the student experience and provides a 'blended learning approach'. There is considerable literature advocating a blended model; Mason (2001) suggests that the blended model of e-learning has become the established norm in Higher Education.

The introduction of SPEF was intended to create a blended model of e-learning for the Diploma Adult Nursing students (February 2005 intake). However, as most of the teaching and tutorial support was delivered through traditional means with specified optional e-learning activities, it might be argued that SPEF constituted 'support' rather than 'blended learning'.

4.7.3   Students' and tutors' experiences of e-learning

4.7.3.1   Students' experiences of e-learning

Sharpe and Benfield (2005) find that research into e-learning initiatives has tended to overlook the student perspective, particularly because e-learning interventions tend to be designed and carried out with tutors' concerns (particularly regarding the pedagogic value of different models of e-learning) at the foremost.

As Washer (2002) points out, the potential benefits of e-learning to students (such as widening participation, flexibility of learning and control over learning) are frequently mentioned but the disadvantages of e-learning are less often examined. Washer gives an interesting analysis of how e-learning might, under circumstances, reinforce social inequality rather than widen participation:

'*if the ability to access web-based learning materials gives students educational advantages (and it would not be worth providing if it did not), then given the scarcity of machines on campus, those students unable to afford their own computers are at a clear disadvantages in comparison with those who can. If the use of web-based learning resources becomes an integral part of the courses we offer (rather than an added resource to what is already provided) then far from being 'democratic' and widening access, we might be actually disadvantaging the already most disadvantaged students'.* (Washer 2002:457).

Evaluation survey data suggest that just under two-thirds of students (64%) have access to a computer with an internet connection at home and that many are able to access computers on campus. However only a minority of students said that they were able to access ULearn while on placement. Clearly consideration needs to be given to the locations in which students wish to access e-learning (student preferences are described in section 4.4.4.1. of this report).

Washer also points out that, as a high proportion of nursing students tend to be 'non-traditional', and would therefore tend to have variable levels of information technology skills, it may require more resources in terms of support, training and hardware to deliver

e-learning to nursing students than to offer learning through conventional means (Washer 2002:458). Atack and Rankin (2002) found that those who are unfamiliar with information technology may need to spend more time acquiring basic information technology skills than in completing learning activities and that such barriers contribute to withdrawal from e-learning programmes. Evaluation (student survey) data suggest that lack of basic information technology skills may have been a barrier to student engagement with SPEF. 60% of students (in both waves of the survey) said that they agreed or strongly agreed with the statement that 'generally speaking I am confident using information technology'. The proportion who agreed with this statement was somewhat lower in the SPEF group than in the non-SPEF group (see Chart 4).

There is also considerable literature regarding gender differences in terms of attitudes to, and take-up of, e-learning. McMahon and Gardner (1995) found that female students were considerably less likely to use computers than their male counterparts and were more likely to make their use of computers conditional on support being available. Gunn et al (2002) found differences between male and female use of e-learning to be insignificant once both groups had received basic preparation and familiarisation. McSporran and Young (2001) found that female students could in fact achieve better outcomes than male students in relation to e-learning. It would seem that while there is no conclusive evidence of gender based differences in relation to e-learning it is important to be sensitive to the possibility that gender may structure attitudes to, and experiences of, computers or information technology in general and that this may extend to e-learning.

Evaluation data confirmed that female students considered themselves to be less confident when dealing with information technology (in general). Although this perception is not necessarily an accurate reflection of actual competence it may indicate that female students need more support, or a different type of support, than male students when being prepared for ULearn or other e-learning interventions.

Atack (2003) used focus groups to explore Canadian nurses' experiences when taking an e-learning post-registration course from either the workplace or home, and the impact of their learning on clinical practice. As Atack (2003:89) observes:

'little is known about the web-based learners' experience, particularly when courses are accessed from the nursing practice setting. Even less is known about whether nurses transfer their web-based learning to clinical practice'.

Atack's focus group interviews described the 'hurdles' nurses faced during the first weeks when they struggled with technology, re-framed their pedagogical assumptions and adjusted to e-learning from home and work. Nurses initially found the web-based course very challenging but after a short period they developed relationships with the tutor and peers that enabled them to focus on learning and cope with the technology. Most nurses reported the course was a positive experience overall, that it was convenient and that they would be comfortable using technology for learning and work purposes in the future. However, problems of access to PCs in clinical areas, time constraints and a lack of recognition of the course amongst clinical staff reported in Atack's study resonate very strongly with the SPEF evaluation findings. Atack (2003: 293) reports that these problems caused:

'several (students) to migrate from using computers at work to home computers as the term progressed'

Atack (2003:89) suggests that:

'Nurses, employers and educators should evaluate computer skills, computer access and the learning environment when preparing for web-based learning'.

Sit et al. (2005) found that students on post-registration nursing programme felt that e-learning was convenient, allowing students to study at their own pace and time. Students reported that e-learning enabled them to hold a higher level of accountability for their own learning and to learn independently. There was some evidence from the SPEF evaluation to support these findings; (71% of the SPEF group agreed that they felt in control of their learning compared to just 52% in the non-SPEF group with regard to the Care Delivery module) but this difference was not statistically significant.

SPEF evaluation survey and focus group data from students (supported by data from tutor focus groups) suggest that the learning environment (in practice) was found to be unsupportive of e-learning by many students. This was both in terms of physical access to computers and a lack of support to engage in e-learning in clinical settings from mentors or other clinical staff. It is perhaps understandable that novice undergraduate student nurses (such as the cohort who were involved with SPEF) would tend to find e-learning in practice more challenging than the post-registration nurses described in the studies by Atack and Sit referred to above and might be less appreciative of benefits (such as innovative pedagogical relationships) that blended learning might offer.

Sharpe and Benfield's (2005) literature review regarding student experiences of e-learning was not focused on health professional preparation programmes but their findings concur with those from the SPEF evaluation in many respects. For example Sharpe and Benfield (2005:6) find that:

'students commonly positively evaluate having access to course materials and key contacts online although there is still more to do to provide induction into the use of such environments..'

Sharpe and Benfield identify that e-learning interventions which involve significant pedagogical change are most likely to evoke strong reactions from students, which may be either positive or negative. Some students may be happy to engage (for example) with a discussion board activity – others may be reluctant or unable to articulate their views on such a technology or at least may require support both to use the technology and in understanding the meaning and importance of the particular e-learning intervention. Sharpe and Benfield also find that the timing of e-learning interventions (i.e. when they are introduced in the programme) is an important factor in student engagement.

4.7.3.2   Tutors' experiences of e-learning

Salmon and Jones (2004), reviewing literature on tutors' experiences of e-learning, found themes of 'technological illiteracy' and 'technophobia'; HEI tutors were often reported as lacking the information technology skills to design or manage learning involving information technology. Vermeer (2000:329) argues that such commentary may be over-influenced by anecdotal evidence and the 'enthusiasm of the recently converted'. Clearly tutors' attitudes to, and involvement in, e-learning are partly explained by the social and institutional contexts in which they work. Where institutional rewards are not accommodating of 'alternative' forms of programme delivery, setting up e-learning projects may be seen as a 'career risk' (Wolcott 1997:17). Without a clear organisational commitment to e-learning, such initiatives may create increased workload for tutors and

other staff (in developing content and establishing partnerships with those who have technical skills to put the content online) without any benefit in terms of status or career.

SPEF evaluation data suggest that the level of information technology skills amongst tutors was variable. A small group had acquired an advanced level of skills to enable them to design and publish activities to the VLE (ULearn). The experience of this group would certainly seem consistent with Wolcott's observation that e-learning initiatives may increase the workload for tutors.

While it may be the case that some tutors have limited information technology skills there are clearly many other constraints on tutors' take-up of e-learning and some of these may be to do with workloads and inadequate support from HEIs for development. There does not appear to be any evidence of a lack of interest or commitment from tutors to e-learning.

4.7.4   Best practice

Mason (2001:33), from a meta-review of papers looking at factors which help e-learning programmes to succeed, found that there were four key features of best practice.

- 'dialogue' (i.e. the use of e-email, bulletin boards, chat rooms, asynchronous chat)

- 'involvement' (structured tasks, collaboration and small group activities)

- 'support' (periodic face to face contact, online tutorial supervision, peer support, feedback on performance, provision of support channels)

- 'control' (learners have control over key learning activities, such as choice of content and navigation through content, and are encouraged to use that control)

Mason found that there is a lack of evidence in relation to how to engage students effectively; how to design relevant appropriate assessment; how to create exciting, relevant online activities; longitudinal studies into the effects of e-learning and how to teach more students to a higher standard with fewer resources.

SPEF would seem consistent with all of the above features of best practice (with the possible exception of 'control') but not all of these features were present in each intervention. For example 'dialogue' would seem more consistent with the interventions in Fundamental and Professional Skills and 'support' would seem consistent with the interventions of Health and Social Care.

4.7.5   Evaluating e-learning initiatives

There is a limited amount of literature regarding the evaluation of e-learning programmes or initiatives per se. Many of the studies referred to in this literature review have carried out research with students or tutors but there are few examples of systematic evaluation of e-learning amongst all stakeholders groups.

Lockee et al. (2002) give detailed guidance for evaluation of e-learning although this seems to be largely in the context of fully online programmes and does not deal with the particular context of the education of health professionals. The main 'categories of evaluation concern' mentioned by Lockee et al. (2002:23) are 'programme inputs'

(budget and personnel information); performance outputs (whether students meet expected learning outcomes); attitude outcomes (e.g. student satisfaction with the e-learning components); programmatic outcome (e.g. role changes or promotion of staff during the course of evaluation) and implementation concerns. Garrett (2003) stresses the need for evaluations of e-learning interventions to be methodologically robust and to examine pedagogical as well as technological aspects of e-learning interventions. The design for the evaluation of SPEF could be seen as congruous with the concerns of Lockee et al (2002) and of Garrett (2003).

4.7.6   Summary

In summary the literature shows that there are a number of competing definitions of e-learning and a variety of models for delivering e-learning which are underpinned by different pedagogical models. DfES, HEFCE and the Department of Health/NHS policy profess strong support for e-learning, and to some extent articulate strategies for e-learning. However, in practice, it would appear that there is little co-ordination of e-learning across HEIs and little agreement about how this should be done.

Some HEI tutors may need to develop their information technology skills in order to participate in designing or managing e-learning. There may be some resistance to e-learning amongst tutors but there are also institutional barriers such as lack of management awareness or support in relation to setting up e-learning initiatives.

There are many studies where students appear to have benefited from e-learning and have favourable attitudes towards it but the most common finding is that there are advantages and disadvantages to e-learning from students' perspectives. Advantages of convenience, flexibility and gaining control over their own study were often offset by difficulties in using or accessing technology, accessing support or feeling that they have inadequate face to face contact with peers or tutors. Research findings in relation to e-learning are likely to differ greatly according to the type of e-learning model being used and the programme and context in which the e-learning intervention occurs. Further research is needed to review e-learning initiatives in specific categories (i.e. to specifically examine the use of blended models of e-learning in pre-registration health professional preparation programmes).

Table 7 (below) compares the key findings from the literature with the findings from the SPEF evaluation.

Table 7: Key findings from the literature and from the SPEF evaluation

Key findings from Literature	Key findings from SPEF evaluation
• importance of practical and technical support for tutors and others involved in setting up e-learning initiatives (Wolcott 1997)	• tutors perceived that lack of support was a major challenge to the success of SPEF
• importance of institutional (management) support for tutors and others involved in setting up e-learning initiatives (e.g. Vermeer 2000)	• key stakeholders felt that the School had been supportive of tutors in setting up and managing e-learning interventions resulting from SPEF • tutors identified a need for greater support than that provided by the School, particularly in relation to publishing and managing learning objects on ULearn
• importance of preparation of students and tutors for e-learning and continuing support once started	• many students felt that they had not received adequate preparation or information for SPEF as did a considerable proportion of tutors
• access to computers and support for e-learning in clinical settings is problematic; assessing PC access and supportive learning environment before commencing e-learning interventions for practice settings is essential (Atack 2003)	• while PCs were available in most practice locations there was some competition for access to these with clinical staff. Students also expressed a preference for engaging in e-learning in non-practice settings (e.g. home, campus) • to facilitate student engagement, physical access to a PC needs to be accompanied by positive support from mentors or other clinical staff for e-learning. This support must be developed and negotiated by HEI staff in partnership with clinical staff
• importance of e-learning initiatives being driven by a clearly defined pedagogical model rather than by a particular technology; e-learning and traditional components of a single programme should be congruous with each other and driven by the same pedagogical assumptions (e.g. Adams 2004)	• the SPEF e-learning interventions were consistent with the pedagogical approach to the programme as described in the programme handbook
• importance of understanding the student experience of e-learning (Sharpe and Benfield 2005)	• the multi-method approach of the SPEF evaluation to capturing the student experience has produced many important insights about the student perspective with which to inform future programme development. These include student perspectives on preparation and information prior to e-learning interventions, timing of e-learning interventions, relationship of e-learning interventions to assessment and the importance of creating a supportive environment for e-learning in practice

5.   Outcomes and benefits of the evaluation

The main outcomes and benefits of the evaluation are listed below.

Table 8:   Outcomes and benefits of the evaluation of SPEF

	Intended outcome/benefit of the evaluation	Method	Outcome
i.	an increased understanding of the student experience of blended e-learning provided by SPEF in practice settings	a combination of focus groups, survey and secondary analysis of module evaluation and demographic data	a rich picture of the student experience of SPEF in practice settings has been developed from a variety of qualitative and quantitative data sources and is presented in the report
ii.	an increased understanding of the tutor experience of providing teaching, in a blended learning approach, in practice settings	focus groups with tutors	a rich picture of the tutor experience of SPEF in practice settings has been developed and presented in the report
iii.	an increased understanding of the effect of blended learning provided by SPEF on learning outcomes	a comparison of learning outcome data from 'SPEF' and 'non-SPEF' localities	one relevant data source was identified (infection control workbook for Care Delivery model) . No significant differences between SPEF and non-SPEF groups were found.
iv.	an increased understanding of the cost-effectiveness of SPEF	focus groups with tutors; analysis of ULearn website usage	focus groups with tutors have indicated that developing and publishing materials for students learning in practice is time-consuming for staff, at least in the short and medium term web-site usage data appeared to have limited validity as an index of tutor time spent in constructing materials for ULearn, posting materials, supporting students via ULearn and are therefore not presented in the report
v.	analysis of success in achieving SPEF objectives	analysis of all data sources	an assessment of whether the objectives of SPEF have been achieved is given in the report's conclusion
vi.	recommendations to inform the School's e-learning strategy (including an outline sustainable methodology for evaluating the student experience in the future)	analysis of all data sources	included in the report's recommendations
vii.	recommendations regarding protocols for obtaining and using mentor feedback	analysis of all data sources	there is little evidence on this question from the evaluation – no recommendations are made

6. Conclusion

An assessment of the extent to which the aims of SPEF have been met is given below.

6.1 Aim 1: implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings

Electronically mediated tutor supported learning was made available and supported in certain practice settings by SPEF. Although student engagement was relatively low a number of important issues around e-learning, particularly relating to practice settings, have been raised. These include the availability of PC access in practice settings and, equally important, the availability (or absence) of a supportive learning environment, provided by mentors and other clinical staff, in which blended learning might take place. SPEF has raised related issues such as students' wishes regarding where they would like to participate in e-learning (e.g. in practice placement locations, at the University, at home). It is likely that learning from SPEF will play a major role in informing the future development of e-learning in EIHMS.

6.2 Aim 2: integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments (help link practice with theory)

Overall, students, tutors and key stakeholders felt that SPEF had had little impact on integrating theory and practice. Around three-quarters of students in both SPEF and non-SPEF groups agreed that they had been able to relate classroom teaching to practice during the Care Delivery module and around two-thirds felt that this was the case in relation to the Health and Social Care module. This is partly related to the relatively low level of student engagement and partly to the fact that the ULearn activities did not form a large part of the programme and therefore the scope for a 'SPEF effect' was limited. These data also suggest that, with or without SPEF, most students felt that they experienced theory and practice as related. However this is a complex issue and can certainly not be judged solely on a single survey item nor just on the perceptions of students.

SPEF has stimulated debate around how students learn in practice and some important issues have been raised. For instance, it would seem that some topic areas are more easily presented within a VLE than others. Some tutors felt that it had been relatively difficult to present learning activities to do with ethics in an e-learning environment whereas the more 'factual' nature of learning around biosciences means that the topic could be more readily made available as ULearn activities.

SPEF has highlighted that potentially (where appropriate topics, materials, PC access and support are present), e-learning may help students to integrate practice and classroom (theory) learning.

6.3 Aim 3: establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student-centred learning, and enquiry-based learning, wherever it is cost effective and appropriate using practitioner-based projects

Findings indicate that SPEF did not significantly affect the pedagogic culture of EIHMS. The aims of the project were not understood by all tutors and many felt that they did not know enough about SPEF. This aim was an ambitious one, as SPEF consisted of e-learning interventions which were restricted to one part of one cohort on one programme,

and the project had relatively limited resources available. A minority of tutors were directly involved in creating, publishing and managing ULearn materials as part of SPEF. However, SPEF has clearly raised awareness amongst many tutors, and other staff, about the possibilities that e-learning offers to tutors for innovative pedagogy (particularly regarding education in practice) and it has created a focus for discussion and an 'expert group' for e-learning within EIHMS. Tutors and key stakeholders have identified a need for a School strategy or policy regarding expectations of staff in obtaining e-learning skills and clear information to tutors about how they may obtain appropriate training. These positive developments, and the interest that SPEF has created, is being used as a platform for the expansion of blended learning by key members of staff. The aim may not yet have been achieved but certainly significant progress has been made.

7. Recommendations

7.1 Dissemination / Communications strategy for SPEF (and future e-learning initiatives) – students and staff

More comprehensive and systematic communications are needed for future development of e-learning components of programmes. Those developing future e-learning interventions need to involve all stakeholder groups at the earliest opportunity. A communications plan, detailing target audiences and intended method of communication might be drafted and consultation regarding this plan should be widespread within the School to ensure that it has the best possible chance of being effective. The consultation should include determining which communications channels, or modes of delivery, are preferred by each stakeholder group.

7.2 Tutors' workload and technical support for using ULearn

The School may wish to consider whether the level of support provided to tutors who are involved in supporting professional education in the field via e-learning is adequate.

A fairly modest level of e-learning in three modules of one programme created significant amounts of work for tutors (according to tutors' accounts). This work consisted of designing materials for ULearn, publishing the materials and checking that they functioned correctly. Tutors felt that the support from the e-learning Unit in providing them with the skills to design and publish learning materials / activities to ULearn was excellent but tutors expressed a need for support (particularly in relation to the execution of this work) which exceeded the remit of the e-learning Unit.

One option for the School would be to balance the workload of tutors to take account of new approaches to teaching and learning. This would allow tutors, where appropriate, to spend time designing, publishing and managing e-learning materials and developing their skills in this area. In the medium and long-term, as time-saving effects may arise, the proportion of time spent on developing and managing e-learning materials could be reviewed.

It is unlikely that tutors can find time to reflect on their teaching and develop new pedagogical approaches if they are continually struggling to complete their core work. One key stakeholder emphasised that staff were invited to track the time spent on SPEF activity, to establish an evidence base for a review of workload with their line managers. However, few tutors seemed to have taken this opportunity. Consultation with tutors may be necessary to establish why they did not make use of this means of having their workload reviewed and how this might be rectified in the future. Equally, managers need to be well-informed about the responsibilities which their staff have and be proactive in helping them to successfully discharge those responsibilities.

If expansion of e-learning is envisaged the School may wish to consider whether a dedicated e-learning web developer post should be created, combining pedagogical and technical skills. The developer could work closely with tutors so that the latter could reduce the amount of time they spend publishing and managing course content.

In the first instance, the School may wish to accurately assess the work involved in designing, publishing and managing material for ULearn (or other VLEs) by enlisting the co-operation of tutorial staff in creating audit trails for this work.

The School may wish to develop a policy or strategy making explicit what the School expects from tutors in terms of acquiring competence in e-learning design and management. Clear information should be provided to tutors regarding how they can access appropriate training and development to achieve these competencies.

7.3 Access to ULearn

The following recommendations fall under the overall theme of 'access'.

7.3.1 Student access to PCs / internet / ULearn

Findings from key stakeholders, tutors and students suggest that there is a need to further explore PC access in all placement locations and for the School to develop a policy on PC access (particularly but not only in relation to e-learning) with placement providers.

It is particularly important that if e-learning activities become linked to assessment that careful consideration be given to those students who may not have internet access at home or access which is otherwise limited, so that they are not placed at a disadvantage to other students.

7.3.2 The perceived role of mentors in e-learning

There is a need for much greater liaison between the School and placement providers to ensure that, where applicable, mentors and other staff are aware that the programme provides the student with the opportunity (or possibly the requirement) to participate in certain e-learning activities and that the School expects the placement provider to facilitate this process by providing PC access and creating a supportive learning environment in which the student feels comfortable to engage in e-learning as a standard part of the placement experience.

7.3.3 Content of ULearn

It may be useful to conduct 'action research' with students, using diaries, observations or workshops, to investigate how students actually use the materials on ULearn.

7.3.4 Optimal timing for introducing ULearn into the Adult Diploma programme

The order of modules has already been changed for the February 2006 intake (and subsequent intakes) so that there will not in future be a practice period until the end of the theory component of the second module. This may be a more appropriate point at which to introduce e-learning in practice settings for future cohorts provided that adequate familiarisation and preparation has taken place during the first module. Notwithstanding this change, the School may wish to consider whether first practice placement (on the Adult Diploma programme or on other programmes) is an appropriate time to introduce e-learning activities or whether this should occur at a later point. Clearly this relates partly to the extent to which students see e-learning as an advantage rather than a burden. Consideration needs to be given to how students' perceptions, and use of, e-learning resources may change over the duration of the programme. As students become more confident and effective learners they may have quite different requirements from e-learning resources than do those who are 'novice' students.

7.3.5   Integration of ULearn into the Adult Diploma programme

The data suggest than many students in the SPEF localities experienced ULearn as something rather peripheral to the programme; an 'optional extra'. It is likely that where e-learning activities are closely related to assessment or form part of assessment there will be a strong incentive to engage.

Curriculum documents should describe the e-learning components of programmes (where applicable) and clearly explain how these relate to the learning outcome of the particular module. A briefing for students on e-learning components of programmes should also form part of standard induction procedures.

If student nurses are to engage in e-learning in practice as a mandatory part of the programme the School may wish to clarify, with the NMC or other statutory bodies, whether time spent on e-learning activities in practice counts towards the statutory requirements (i.e. 2,300 hours in practice) or whether it must be seen as part of students' theory hours (also 2,300).

7.4   Student engagement

Student engagement with ULearn (or other e-learning made available) cannot be taken for granted. E-learning interventions which are not attractive, relevant or which do not offer a clear and salient benefit to students may be ignored. It is important therefore that all of these criteria are taken into account when designing e-learning interventions. Access to, and communications about, e-learning interventions (as referred to above) must also be carefully planned.

7.5   E-learning in nurse education – the wider picture

A review of e-learning in nurse preparation programmes, and other undergraduate programmes, in the UK (and perhaps internationally) would be useful in informing the future development of the School's e-learning strategy. There is also a considerable evidence base emerging from various e-learning interventions across the University which could be systematically analysed, possibly in co-operation with the e-learning Unit, to inform future development of e-learning within EIHMS.

7.6   Sustainable strategy for student module evaluation

The current student module evaluation form (practice) has some technical deficiencies (outlined in section 4.4.6) and is not suitable for capturing the student experience of e-learning. It should therefore be modified, possibly using items from the SPEF evaluation data collection instruments and / or the Student Course Experience Questionnaire.

While it is useful to have a semi-structured quantitative data collection instrument as part of the School's strategy for student module evaluation, so that comparisons on standardised questions can be made between modules and over time, such an instrument alone is inadequate for capturing the complexity of the student experience.

Although some use of nominal group technique by some tutors was reported to the evaluation it is not clear if this is being carried out systematically across all modules. Evaluating each module separately may mean that students do not have a regular opportunity to feedback to the School regarding their feelings about the programme considered as a whole.

The School may find it useful to reconsider what it wishes to capture in student evaluation. This report suggests that key areas should include student satisfaction with learning materials, satisfaction with support from tutors and mentors, perceptions of the extent to which students are able to meet the learning outcomes of the programme, experience of e-learning and students' views on how any of these aspects might be improved. Some of these areas are already present but a review of the purpose of the student module evaluation form is likely to be helpful

A mixed method strategy for capturing student evaluation of the programme is likely to be the most valid and effective. This should consist of an improved and updated student module evaluation form (practice and theory) and focus groups at the end of each year, recognising that not all dimensions of students' views can be anticipated (an assumption of structured questionnaire items) and that students experience the programme in a holistic way, not simply as a series of different modules. It may be appropriate to have such focus groups independently moderated to protect students' anonymity. The School may also wish to consider making available a 'suggestions' box (this might be made available 'virtually' i.e. online).

7.7 Blended learning in nurse preparation programmes

E-learning in UK HEIs is a rapidly expanding and changing field. Browne and Jenkins (2005) report that 95% of UK HEIs were using some form of VLE and that most of these were being used to help deliver blended learning. Nursing, and other health professional preparation programmes, have particular challenges to overcome in order to deliver successful e-learning, particularly where such learning is delivered in clinical settings. It is important that e-learning interventions are pedagogically rather than technologically driven and that interventions continue to be systematically evaluated to ensure that the voices of all stakeholders are heard and to help build an evidence base for best practice in this field.

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Appendix 1:   Costings for the evaluation of SPEF

University of Surrey
Project: Evaluation of SPEF

Assumptions

August increments

							Estimated Costing inclusive of Overheads			
Time spent	**No of days (pre-August)**	**Daily rate (pre-August)**	**No of days (post-August)**	**Daily rate (post August)**	**Total days**	**Total**	**Year 1**	**Year 2**	**Year 3**	**Total**
Research Fellow	33	173.11	21	186.67	54	9,632.70	9,632.70			9,632.70
Admin	7	108.50	5	112.38	12	1,321.40	1,321.40			1,321.40
							10,954.10			10,954.10

Expenditure

Postages, Telephones & Copying		300		300
Consumables		200		200
Equipment		-		-
Travel Exps		200		200
Library		-		-
Licences		-		-

Overheads

No overheads are applicable

	Year 1	Total
GRAND TOTAL	£11,654.10	£11,654.10

Appendix 2:   February 2005 Diploma Adult Nursing handbook

Welcome Letter from the Head of School

I am delighted you have decided to join a course at the European Institute of Health and Medical Sciences (EIHMS) at the University of Surrey, and I would like to welcome you most warmly to our School.

During your time with us we will be working together with you and our NHS partners to help you develop the kind of career that you aspire to, and which will provide you with many exciting opportunities for the future in line with the very important work you will be doing in healthcare.

Finally, I would like to send you my very best wishes for your future.

Professor Rosemary Pope
Head of School

PART ONE : INTRODUCTION AND GENERAL INFORMATION:

THE HANDBOOK

This edition of the student handbook is, as far as possible, accurate and up to date when published. However the matters it covers are subject to periodic change and such changes will be made without notice by the University.

As a student you are required to have a copy of the handbook and familiarise yourself with its contents. You should have received this handbook at the beginning of the programme and should use it for reference throughout.

It is intended to be used in conjunction with the University of Surrey's Student Handbook 2004 / 2005 Entry.

The regulations referred to, in this handbook, are printed in full in the University of Surrey Calendar. Reference copies can be found in:
University Library
University web site
The European Institute of Health and Medical Sciences offices
Additional information and documentation will be provided with each module identifying the specific learning outcomes, module content, assessment processes and dates for submission / completion.

EIHMS USEFUL INFORMATION

School Details

Head of School	Professor Rosemary Pope
Head of Professional Preparation	Lynette Snowden
Associate Head of Programmes Student Support	Bridget Nicholson 01483 682973 b.nicholson@surrey.ac.uk
Special needs co-ordinator	Jane Leng 01483 684646 E. Leng@surrey.ac.uk
Study skills co-ordinator	Colin Lynn 01483 684645 C.Lynn@surrey.ac.uk

Programme staff details

The Director of Studies' role is to lead, review and develop the programme. Your Director of Studies is Nuri Pansari. She is available to meet with you to discuss relevant issues, however it is preferable that you make an appointment to see her. You can do this by contacting her as detailed below.

Director of Studies   Nuri Pansari
01483 682949

                                                            n.pansari@surrey.ac.uk

The Pathway leader acts as your main link with the Diploma in Higher Education Nursing Studies team throughout your programme.

Adult Pathway Leader   Bridget Nicholson
                                                            01483 682973
                                                            b.nicholson@surrey.ac.uk

Support staff

Administration Officer   Natasha Allen
01483 682920
n.allen@surrey.ac.uk

Examinations officer   Louise Duncton
                                                            01483 689777
                                                            l.duncton@surrey.ac.uk

Clinical placements team

Localities 1,3 & 4   Louise Dams
                                                            01483 689747
                                                            l.dams@surrey.ac.uk

Localities 1,2,& 5   Margaret Rossiter
                                                            01483 686766
                                                            m.rossiter@surrey.ac.uk

STUDENT SUPPORT:

Student Support is situated at reception on Level 0 and is open Monday to Friday 08:00 to 18:00. Students should complete an enquiry form where necessary and post it in the Pre-Registration post box provided.

Students may telephone Ext. 4520 at any time and leave a message, which will be picked up several times during the day.

Students may not access staff on levels 4 or 5 without telephoning or emailing beforehand to make an appointment.

USEFUL WEBSITES:

The following websites may be useful when seeking directions to a placement:

www.streetmap.co.uk

www.rac.co.uk

www.arriva.co.uk

www.swtrains.co.uk

www.multimap.co.uk

www.mapquest.co.uk

www.railtrack.com

GENERAL ENQUIRIES

Reception in the Duke of Kent Building 01483 686700

LEARNING RESOURCES

Library facilities

The University Library at the University of Surrey provides access to nursing information at one academic library and seven clinical libraries. Students are also able to access the libraries of other Universities and also the Public Libraries.

All students will be provided with an orientation to the Main site library. For additional information please contact the EIHMS Librarian Gill Downham
Email g.downham@surrey.ac.uk

Details of services are available on the world wide web
http://portal.surrey.ac.uk/library

For regulations and further information regarding Library services please refer to "Student handbook 2004/2005 Entry"

Health Sciences Library Education Centre St Peter's Hospital Guildford Road Chertsey Surrey KT16 0PZ 01932 723213	Library and Information Service Postgraduate Education Centre Crawley Hospital West Green Drive Crawley West Sussex RH11 7DH 01293 600368
Health Sciences Library Education Centre Ashford Hospital London Road Ashford Middlesex TW15 3AA 01784 884314	Library and Information Service Maple House East Surrey Hospital Canada Avenue Redhill Surry RH1 5RH 01737 768511 ext 6056
The Library Education Centre Royal Surrey County Hospital Egerton Road Guildford Surrey GU2 7XX 01483 464137	Dunhill Library St Richard's Hospital Spitalfield Lane Chichester West Sussex PO19 6SE 01243 831506
Health Sciences Library Frimley Park Hospital Portsmouth Road Frimley Camberley Surrey GU16 7UJ 01276 604168	Graylingwell Library Dr Peter Sainsbury Education Centre 9 College Lane Chichester West Sussex PO19 6FX 01242 815338

Computing services

The main computing services are provided in the Austin Pearce Building. A range of computing services are available here such as:
training courses
print facilities

Open access computing suites are available within the Duke of Kent Building. This area is available Monday to Friday 08.00-18.00 hours apart from Bank Holidays and University Holidays.

For further details please refer to the UniS "Student Handbook 2004/ 2005 Entry"

Audio Visual services

For further details please refer to "Student Handbook 2004/ 2005 Entry"

PART TWO: THE PROGRAMME

The programme will enable you to achieve the following qualification:

Diploma in Higher Education Nursing Studies: Registered Nurse Adult Nursing

PHILOSOPHY OF THE PROGRAMME:

The Common Foundation Programme

The Common Foundation Programme provides the basis for the professional preparation of all branches. It will enable you to experience aspects of other branches and develop a set of nursing skills, knowledge and attitudes that are central to healthcare practice. You will also be introduced to key transferable skills. Entry to the branches will be through the achievement of relevant learning outcomes during your 'insight experiences'

There will be a focus on the development of learning skills to help you become an active participant in the learning process. To assist this a variety of methods will be used; including Enquiry Based Learning (EBL), group discussion, experiential exercises.

Insight to other branches and client/patient groups

The programme enables you to learn about meeting the needs of clients other than those in your chosen branch and as such you will be given the opportunities to experience 'insights' into these areas. European Directives (UKCC 2000) require all students on the Adult Branch to have experience of the following areas of practice, in order register.

General and specialist medicine
General and specialist surgery
Child care and paediatrics
Maternity care
Mental health and psychiatry
Care of the older person
Home nursing

Opportunities to experience Child care, Mental health and Psychiatry and Home nursing will normally occur during the Common Foundation Programme whilst the other areas of learning will occur during the branch programme. Student numbers are commissioned on a branch specific basis which determines recruitment and selection to the programme. Where students, after undertaking the CFP reconsider their choice of branch, every effort will be made to accommodate requests for transfer within the constraints of the commissioned numbers.

Adult Nursing

Adult nursing is being shaped by key policy initiatives informing contemporary practice such as *Making a Difference (Department of Health 1999)*,*The NHS Plan (Department of Health 2000), Saving Lives: Our Healthier Nation (Department of Health 1999)*, *The National Service Frameworks for Coronary Heart Disease, Diabetes, Child part 1, Older person, Renal Part 1, Mental health and the NHS Cancer Plan*. Guiding principles in adult nursing are considered to be: a commitment to maximise the quality of individuals' lives and recognise the autonomy of adults; a move beyond a disease orientated approach to care and a refocus on health promotion / education; reducing inequalities in

health; the protection of human rights and development of anti-discriminatory practice; interagency and inter-professional collaboration; working in partnership with clients and their significant others; greater user and carer involvement in the development of services.

Adult nurses operate in diverse and dynamic environments. With an increasingly ageing population the concepts of intermediate care and rehabilitation are centrally important dimensions of adult health care delivery. Continuing medical and technological advances necessitate development in high dependency nursing. The re-organisation of acute and community care services and the drive for earlier and quicker discharge from secondary to primary care have called for new ways of working including the development of intermediate care.

You will develop the professional maturity to prioritise potentially conflicting values. Examples include the promotion of independence and minimisation of risk. An integral part of the contemporary adult nurse is to be responsive to change, promote best practice, through the application of a sound evidence base.

You will need to be committed to practice development and independent life long learning. This philosophy of adult nursing informs the programme in order to produce practitioners fit for practice and purpose, in a dynamic and changing service environment.

AIMS OF THE PROGRAMME:

The programme aims to:

engender in the student the values and attitudes in keeping with antidiscriminatory practice and an orientation towards holistic care

develop the capacity to contribute to the wider healthcare agenda of clinical effectiveness and clinical governance

enable students to achieve the competencies as laid down by the NMC for Nursing, Midwifery and Health Visiting (NMC 2002), EU Directives (UKCC 2000), Midwives Rules and Code of Professional Conduct (NMC 2002) as appropriate

ensure that students are prepared to practice safely and effectively, to such an extent that the protection of the public is assured

develop in the student a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice

develop the capacity to adapt to change and to identify the need for change and initiate change

facilitate the achievements of knowledge, understanding and skill acquisition as well as the development of critical thinking, problem solving and reflective capacities essential to complex professional practice

develop in the student a responsive attitude to the needs of various client groups across different care settings, reflected in the capacity to assess needs, make judgements and plan, implement and evaluate care, to empower the patient/client and their carers and to reflect collaborative working with other members of the care team.

STRUCTURE OF THE PROGRAMME

The programme is for three calendar years (156 weeks inclusive of 21 weeks of annual leave) of full time study which is divided equally in theory and practice.   The Common Foundation Programme will be taken over a one year period and the Branch Programme comprises of the final two years. Within each calendar year there are 45 weeks of planned theory and practice.

Seven weeks (inclusive of Bank Holidays) per year are allocated for annual leave., There will be two weeks of leave at both Easter and Christmas and the remaining three weeks during the summer break.

There is a limit to the number of students any one practice placement can support and due regard has been given in the planning for the timing of student placements throughout all programmes.

INDUCTION

The programme starts with a one week induction to the university setting, allowing you to get to know the campus and in particular the Library, computing access and the Duke of Kent Building. University fresher' week will give you the opportunity to begin to be integrated into university life both academically and socially. You will also be introduced to key members of academic and support staff. As part of the induction programme you will have a formal introduction to the CFP. This is to enable you to understand the philosophy of exposing all students to patients/clients relating to the four branches.

The importance of building study skills will be introduced to all students. You will also meet as a group with the University Counselling service and various professional representatives. You are required to attend Occupational Health for a health assessment and receive required immunisations.

YEAR ONE – COMMON FOUNDATION

The first module of the programme, Fundamental and Professional Skills, will introduce you to elements of nursing skills and knowledge. The subsequent two modules, Care Delivery and Health and Social Care, will further enable your development of such skills and knowledge.
Each module ranges between 12 and 15 weeks' duration equally split between theory and practice.
Assessments will be as detailed on the Summary of Assessment. Practice placements will be in blocks, where you will have the opportunity to link theory to practice.

YEARS TWO AND THREE - BRANCH

The Branch programme begins with the start of the second year. There are six modules in the Branch programme. The programme finishes with a period of supervised practice which you will all undertake.

You must successfully complete all Branch modules in year 2 to progress to year 3. You must successfully complete all modules in year 3 to qualify for the academic award, and demonstrate the Nursing and Midwifery Council competencies for entry to the Register.

TEACHING AND LEARNING PHILOSOPHY

The philosophy of the teaching and learning approach is to facilitate your learning. For learning to succeed, you must be able to relate knowledge to experience, relate theory to practice and use feedback to reflect on your own experience. Fundamental to this approach is the emphasis on developing reflective skills.

We also believe that for a programme of teaching and learning to be effective, your individual contributions from past experiences need to be valued and built upon. The integration of theory and practice is particularly important and through reflection you will become skilled in linking learning which has taken place in the university to that which has occurred in the practice setting.

In order to help you make these links and to integrate your learning, we are using a variety of approaches to learning and teaching. By doing this, we recognise that students are different from each other, since not everyone learns in the same way. In taking a variety of approaches, we hope to provide a learning environment in which you can use learning techniques already familiar to you, as well as develop new ones.

Personal and Professional Plans
Personal and professional development plans are part of the programme. They use self assessment to identify your strengths and weaknesses as a learner and to identify strategies to develop these to enable your to be an effective learner. Review dates will be identified throughout the programme for you to reflect on your abilities, as an adult learner, identify strategies to address any weaknesses and discuss these with your personal tutor.

Enquiry based learning

Enquiry based learning (Grandis & Long, 2002) is a student centred approach to learning aimed at fuelling your imagination and providing you with real life situations, which you can relate to and utilise to gain information and answers. This method of teaching will encourage you to become active creators of knowledge, rather than passive receptors.

This learning strategy will help you make links between theory and practice. From an early stage in the programme you will be introduced to various triggers, situations and scenarios. These will facilitate your learning by making you want to ask questions, seek answers and to engage in the learning process.

You will become skilled at asking the right questions, identifying useful sources of information, appraising your evidence and finally making judgements. As you become more experienced in the practice setting and using enquiry based learning, you will be helped to think about practice and through reflection develop answers and eventually develop your own well-defined questions.

The enquiry based learning activity is to facilitate integration between modules, to ensure that you are able to link theory and practice and to facilitate the development of a holistic practitioner able to consider the social and psychological context of the client. Enquiry based learning also offers an optimal method of developing your communication, clinical decision making and problem solving skills together with other practical skills in a safe, supervised and structured environment.

Developing independent learning

It is important for you to develop as a confident and flexible adult learner, capable of independent study with a commitment to life-long learning and continued professional development post qualification. To this end, the programme will encourage you to take responsibility for your own learning by developing critical and reflective learning skills.

You will record your learning experiences in a portfolio using a structured approach. This is based on a 5-step process starting with undertaking the action (experience), thinking about the action while doing it, reviewing (or describing) the experience, reflecting on the description and recording and evaluating feelings and outcomes and reflecting on the overall process as a learning process (Brockbank and McGill 1998). Undertaking the activities associated with these dimensions of reflection will enable you to become an independent learner with the development of an integrated and elaborated knowledge base from which to practise.
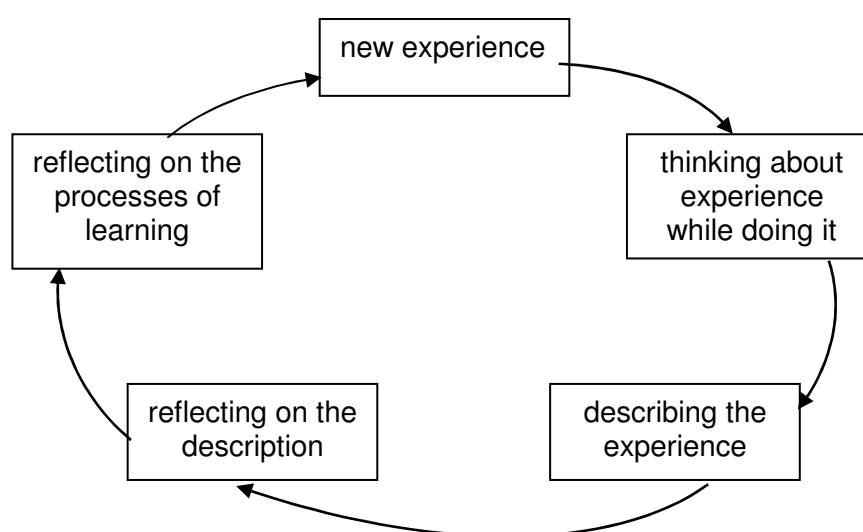
Reflective learning for the independent learner (after Brockbank and McGill 1998)

Developing the ability to reflect on experience is important in the development of a professional practitioner able to reflect, interpret and assimilate practical experience (Schon, 1983). Educationally, valuing personal experience and self-discovery are important in effective adult learning (Boud et al, 1985).

Portfolios of practice

Portfolios are designed to enable you to :
demonstrate your achievements during the module
record your development through the programme
have a tool to develop the skills of critical awareness, reflective practice, rational decision making and clinical judgement
prepare you for your future employment

In addition, you will be expected to complete a Skills Acquisition Record (one for each year of practice), in which you and your mentor record your achievements.

When you have completed the programme and are registered with the Nursing and Midwifery Council you will need to maintain evidence of your continuing professional development through a portfolio.

Clinical skills sessions and placements

You will be prepared for practice during your first module and throughout the programme to apply concepts, principles and skills to clinical practice situations. This will be achieved through clinical skills sessions and the exploration of clinical case scenarios. You will then consolidate, develop and apply this learning during your practice placements.

Clinical placements are integral to the practice- based curriculum that underpins this programme's structure. Throughout the programme you will have opportunity to work within a number of community and acute care health Trusts as well as a variety of other health related organisations. As far as possible placements will be within your locality, but alternative placements may sometimes be used.

Evaluation of practice and theory

In order to constantly improve on the student experience, it is extremely important that you provide feedback on your clinical placements and the theoretical content of your programme. You will be requested to complete evaluations forms for both the theory and practice components of each module you study. Your comments will be fed back to practice areas and will be discussed at the Programme Management Team where appropriate. Action taken on issues raised in evaluations will be shared with the Staff Student Liaison Committee for wider dissemination by the relevant student representative. Further details of the evaluation process can be found at Annex 1.

ASSESSMENT OF THEORY AND PRACTICE

Introduction

Due to the dynamic nature of nurse education, the variety of assessment strategies and the changes to University regulations, this handbook is periodically reviewed. You will be informed of any changes. Updated copies are held in the Communications Room. Please note the most recent copy should be used, all previous editions should be destroyed. It is essential that you familiarise yourself with these regulations.

Aims of assessment

The aims of assessment within this programme are

to facilitate your development of knowledge, understanding and skills conducive to meeting the required Proficiencies for Professional Practice
to meet the academic requirements of the University of Surrey for the academic award.

Assessment strategies

A range of strategies is used to assess your knowledge, understanding and developing intellectual, practical and key transferable skills. It includes examinations both seen and unseen that require you to demonstrate your knowledge of the underpinning subjects and its application in controlled conditions. Enquiry based learning presentations will enable you to demonstrate your knowledge, understanding and skills to the academic and clinical staff and fellow students. Group seminars also allow assessment of your abilities to work together as a team. Care studies, essays and literature reviews assess your ability to apply knowledge to specific aspects of clinical practice.

There is also a significant amount of practice assessment through achievement of practice based outcomes and competencies within the portfolio of practice and the Skills Acquisition Record. This is essential to assess your abilities to demonstrate the achievement of the knowledge and skills necessary to meet the Proficiencies as required by the NMC (2004) for entry to the Professional Register. For each assignment / examination you will be provided with written guidelines to help you formulate your work.

For those elements requiring assessment of theory and practice both elements should be passed in order for credits to be awarded for the module**.**

Confidentiality

The term confidentiality includes issues of privacy and anonymity and is based upon trust. You have a legal, ethical and professional duty to maintain confidentiality and as such, must ensure that all places and persons remain anonymous by removing all identifying details from your work. Examples of such details are
headed documentation detailing logos or copies of policies from Trusts or Departments
names of individuals, places and organisations (obviously your mentor and co-mentors' names will be in the portfolio as it is they who verify your practice)
Clinical details which may result in the client being identified- if such details need to be included to retain the essence of the reflection then consent must be obtained from the individual concerned. You must then pass this evidence of consent to the module organisers.
Photographs which may identify a person or a place.

Failure to adhere to the above guidance will result in your work receiving a zero mark and being regarded as a fail.

PORTFOLIOS

The portfolio is a place to collect evidence that you have achieved the learning outcomes for the module they are studying. Modern health care practice is increasingly complex, so that assessing professional competence solely through the use of checklists is inappropriate. Portfolios are becoming accepted as the standard tool for professional development in nursing and midwifery.

The principles behind using portfolios to assess practice in this programme are to capture the richness and sophistication of skilled healthcare practice, and to give you a head start as a lifelong learner once qualified. The portfolio structure reflects these principles, and is designed to enable you to achieve the competencies required by the programme. The different sections within the portfolio each have a purpose to guide you and your mentor's thinking in the practice experience.

Each module contains a set of learning outcomes under the headings of *Professional Practice Skills* and *Values and Attitudes*. These are the focus for the evidence of practice in the portfolio, though the other learning outcomes may inform the learning experience. The practice oriented learning outcomes must be achieved by the end of the module. Every module is self contained with a set of learning outcomes. These outcomes have been mapped against the NMC requirements, so that as you progress through the programme you are building upon and further developing the competencies needed for registration as a nurse.

GUIDE TO THE DIFFERENT COMPONENTS OF THE PORTFOLIO

Each module will start with a new set of documentation containing the following sections: Part A contains all documentation that your mentor/ associate mentor **must** sign. Part B contains your reflections which the mentor/assessor **may** sign. Following submission, both parts A and B will be assessed by the module tutor. Part A contains the practice outcomes to be achieved by the end of that module, followed by:

Student-led learning agreement

At the beginning of the practice period, the student is responsible for drawing up a learning agreement with the mentor. This agreement should take account of the student's learning needs in relation to the module outcomes, and any additional learning needs that may be considered necessary to meet for the student's development.

While the learning agreement should be planned and negotiated, it should not be seen as something that remains fixed over time. Rather, it should be seen as an outline of an intended development route and as a dynamic tool to help in planning the learning activities of the student and measuring their achievements.

Evidence of Practice

Evidence can be collected in a variety of forms. The particular varieties of evidence in this portfolio have been chosen to provide a broad and rigorous range of information.

The type, range and complexity of the evidence provided is expected to change as you progress through the programme. Initially, evidence will be mainly in the form of certificated competence in psychomotor skills gained in a skills lab, for example, moving and handling. As you progress, evidence presented in the portfolio will increase in depth and complexity.

Record of Direct Observations

A direct observation consists of the mentor observing while you carry out a specific aspect of practice. The practice will have been chosen to meet one or more of the module learning outcomes. You will be required to write an account of the observation as well as the mentor feedback that followed the observation. This record must be verified by the mentor.

Evidence sheets

Part of the learning agreement and ongoing negotiation between you and your mentor will be the number and focus of evidence sheets. These are accounts of naturally occurring practice, which demonstrate evidence of achieving module learning outcomes. Evidence sheets may be accounts of planned practice, or chosen retrospectively as good evidence of achieving learning outcomes.

Feedback from service users and carers

Evidence from service users and carers forms an important aspect of the assessment of a your competence. This is in accordance with the NHS Plan (Department of Health, 2000), which places users of health services in a primary position to evaluate effectiveness. The intention is not to make service users into unofficial assessors, but to encourage you to utilise existing systems of service user feedback.

Professional behaviour assessment

This section includes certification that you have behaved in a professional manner. It will also include evidence of hours worked (including night duty, sickness and absence) and other administrative information. It should be noted that this is part of the summative assessment of the module (except for the first module of first year). In the event of non-achievement of a summative assessment, your programme may be terminated.

Reflections on practice

You are expected to produce written reflective accounts of aspects of practice in order to meet certain learning outcomes. You will be taught various methods of reflection, for example Brockbank and McGill 1998. Throughout your programme you will be supported with this process by your mentor, personal tutor and module leader.

Completion of the portfolio

Once the mentor is satisfied that you have achieved the practice learning outcomes at the summative point, they will sign off the portfolio.

SUMMARY OF ASSESSMENT:

Common Foundation Programme Year 1

Module title	Assessment
Fundamental and professional skills	Portfolio of Practice Evidence - 25% Reflective account of practice scenario (1,500 words) – 50% 1 hr MCQ exam – anatomy & physiology – 25%
Care delivery	Portfolio of Practice Evidence – 60% 1.5 hr MCQ exam – bio-science – 40%
Health and social care	Portfolio of Practice Evidence – 50% Observational report (2, 000 words) – 50%

Year 2

Module title	Assessment
Community and public health	Portfolio of Practice Evidence – 50% Essay (2,500 words) – 50%
Healthcare interventions	Portfolio of Practice Evidence – 70% Unseen 1.5 hr exam - 30%
Acute care	Portfolio of Practice Evidence including analysis of care – 85% Unseen 1.5 hours exam – pharmacology – 15%

Year 3

Module title	Assessment
Rehabilitation and continuing care	Portfolio of Practice Evidence – 60% Case study (2,500 words) – 40%
Leadership and practice development	Portfolio of Practice Evidence – 60% Critical incident analysis report (2,500 words) – 40%
Supervised practice	Portfolio of Practice Evidence Personal development plan

REQUIRED COMPONENTS FOR ASSESSMENT

You are required to undertake and pass all summative assessments and successfully complete the supervised practice module.

Award	Year 1 credit volume		Year 2 credit volume		Year 3 credit volume		TOTAL
	Level 0	Level 1	Level 1	Level 2	Level 2	Level 3	
Dip HE	50	100	60	90	120		420

Marking criteria

Your work will be assessed using the marking criteria found overleaf. Please note that the marking criteria for The Practice Portfolios is a pilot and may therefore be subject to change. The most current marking criteria will be available from the examinations office and can be found on the reverse side of the assessment feedback sheet, which you are required to submit with each assignment.

PART THREE: PROGRAMME REGULATIONS FOR THE 156 WEEK
DIPLOMA IN NURSING STUDIES

GENERAL REGULATIONS GOVERNING FITNESS TO PRACTICE

All students undertaking professional programmes of education within the EIHMS at University of Surrey are required to observe the standards of professional conduct which are in keeping with the guidance of relevant professional and statutory bodies.

If behaviour should occur that gives potential cause for concern, the matter will be subject to investigation. This will include behaviour which occurs off the university premises if necessary. Any student undertaking a professional preparatory programme who is found to be involved in such activity will be subject to investigation from a professional misconduct perspective as detailed in the UniS "Student Handbook 2004/2005 Entry"

The University reserves unconditionally the right to exclude or withdraw a student from a clinical or professional placement without notice on grounds of unprofessional behaviour, professional misconduct, and/or if it believes that the student's behaviour has the potential to cause harm to others and/or him/herself.

Introduction

These Programme Regulations should be read in conjunction with the General Regulations for First Degrees. Diplomas and Certificates for students pursuing modular programmes of study based at the University. Taken together, they essentially form a learning agreement between student and the University.

Awards

A **Diploma of Higher Education (Nursing Studies)** will normally be awarded on the attainment of:

420 credits accrued from modular assessments
50 credits at level 0
160 credits at level 1
210 credits at level 2

and satisfactory completion of supervised practice.

In the case of a student who successfully completes the theoretical and practice components of the programme but for whom the NMC "Declaration of Good Health and Good Character" is unable to be signed, permitting entry onto relevant Part of the Register, then the award of Diploma of Higher Education in Health Care Studies may be granted at the discretion of the Board of Examiners and with the approval of SPAB(T).

Credit level of modules

Module title	Level	Credits
Fundamental and professional skills (Diploma)	0	50
Care delivery	1	50
Health and social care	1	50
Community and public health (Diploma)	1	60
Healthcare interventions	2	50
Acute care	2	40
Rehabilitation and continuing care	2	60
Leadership and practice development	2	60
Supervised practice	N/A	

Attendance

In order to comply with NMC requirements, attendance whilst undertaking theory and practice is **compulsory** and must be completed in full. Registers for theory sessions will be available for you to sign.

In order to achieve learning outcomes in practice areas, you will be required to undertake a 37.5 hour week. Within these 37.5 hours and for the first year, you will be working the equivalent of 4 days in practice. Day 5 will alternate between a study day within the Institute or a day for private reflective / locality activity. You are supernumerary for all of your programme and will be working with a named practitioner. It is necessary to have experience of 24 hour delivery of care and this means you will need to work evenings and weekends and evidence verified by a practitioner is required. Absence from practice placements must be made up.   During the Common Foundation Programme no more than 1 in 4 weekends and during branch no more than alternate weekends should be worked. During Branch you are expected to work night duty. This will be clarified by the relevant Branch pathway leader.

Non-attendance at University, without due cause and notification, to your personal tutor and/or the teacher conducting the session, will result in the first instance being asked to meet with your personal tutor.

On the first occasion the tutor will set up a learning contract of attendance and ask you to provide evidence of achieving the learning outcomes for the session(s) missed.

On a subsequent occasion, you will be interviewed by the Director of Studies together with your personal tutor, and given a warning in writing, that you are putting your programme at risk through persistent non-attendance.

Persistent non-attendance could lead to a recommendation to the Programme Board of Examiners for termination of your programme on grounds of unsatisfactory academic progress.

You are required, by the Nursing and Midwifery Council, to complete a total of 4600 hours over three years. You will be required to make up any shortfall of theory or practice, before your name can be submitted for entry on to the professional register.
You may temporarily withdraw from the programme for up to one year and return to complete the outstanding period on the recommendation of the Director of Studies or designated deputy. The maximum period of registration for a Diploma of Higher Education is five years. NMC regulations stipulate that you will normally complete the programme within four years.

On permanently withdrawing from the programme you are required to give written notice of your intention to the Head of School or designated deputy. For day to day management of these issues see relevant section in handbook.

Pass Mark and Assessment

The pass mark for all modules is 40%. There can be several components to the assessment of some modules, all of which must be passed. All assessments will consist of one final percentage mark. Weightings of module components may vary.

Progression and Compensation

To be eligible for the Diploma Award and professional registration, you must achieve a minimum of 50 credits at Level 0, 160 credits at Level 1 and 210 credits at level 2.

A minimum of 50 credits at Level 0 permits progression from Level 0 to 1.
A minimum of 90 credits at Level 1 permits progression from Level 1 to 2.

Given the nature of the assessment strategy and the requirements of the NMC, compensation credits are not available within the programme and associated awards.

Your conduct is at all times subject to professional scrutiny as laid down in the NMC's "Code of Conduct". The University of Surrey may terminate a student's programme for unsuitable conduct in accordance with Statute 5(5)(B) and 26 of the University of Surrey following an internal investigation and subsequent recommendation from the Head of School to the University's Disciplinary Panel. The University reserves the right to modify the procedure for programme termination on grounds of unsuitable conduct or unfitness for practice.

Fitness to Practice

The University of Surrey's general regulations governing fitness to practice, are the starting point for the EIHMS programme regulations for students undertaking programmes leading to professional registration.

The regulations should be read in conjunction with the General Regulations of the University for award-bearing programmes as well as the specific programme regulations.

The relevant section of the regulations is set out in the University of Surrey's Student handbook and is reproduced below for convenience.

A student registered for a programme of study and/or research, which includes one or more periods(s) of clinical and/or professional experience, is required, at all times and as condition of continued registration for that programme, to act or behave in a manner which:

conforms to the relevant the professional code of practice, if any;

and/or

is consistent with behaviour required by the profession or employer;

and/or

does not jeopardise or put at risk the welfare or wellbeing of others (eg, patient pupil, client, members of the public fellow student, fellow employee, member of academic or professional/clinical staff) or him/herself.

The University reserves the right to exclude or withdraw a student from clinical or professional practice without notice on the grounds of unprofessional behaviour, professional misconduct, and/or if it believes that the student's behaviour has the potential to cause harm to others and/or him/herself

In the event that an allegation is made, by whomsoever against a student that he or she has behaved in a manner contrary to that outlined ((a) to (c)), above, the matter shall be reported to the Head of School.

The Head of School shall be empowered, after consultation with the Registrar, to withdraw and/or exclude a student from a clinical placement without notice, where there is a justifiable risk.

The student shall be advised of the allegations in writing and afforded a full opportunity to respond to them.

If the practitioners are aware that your professional behaviour is such that you are putting yourself or others at risk, you will be temporarily sent off duty. The Head of Professional Preparation must be notified immediately so that a decision can be made by the Head of School, regarding your suspension.

Any such event must be followed up by a written report and should be sent to the Head of School.

The clinical area will be notified of the outcome of the initial investigation and whether or not you have been suspended from practice.

The University may suspend or terminate your registration in accordance with the General Regulations Governing Fitness to Practice.

In the event of you being an employee of a Trust, the employer may, under their employment regulations, withdraw you from clinical practice, without notice, on grounds of unprofessional behaviour, or professional misconduct, if they believe that the your behaviour has the potential to cause harm to others and/or him/herself.

The Head of School will be notified immediately by the employer and a written report sent as soon as possible.

The employer will investigate the allegations in consultation with the Head of School. The Trust will notify the Head of school of the outcome of the investigations.

During the period of investigation you may be permitted by the University to attend the theoretical components of the programme.

The Head of School will be responsible for informing the Registrar of your removal from practice, by the employer.

If you wishes to appeal against the employer's decision, you will then need to pursue the matter through the employer's usual mechanisms. If an employer permanently removes

you from practice, then you will be ineligible to continue on the programme and your registration will be cancelled.

Transfer of students into the programme

You may apply to transfer from one branch of nursing to another. This is subject to availability of places. Advice can be sought from your Director of Studies.
Nursing students may not transfer into Midwifery programmes.

Reassessment

If you fail a module or a component of a module you have the right to repeat the assessment on one subsequent occasion. Failure to achieve a pass at the second attempt indicates that you are unable to meet the programme requirements and shall be programme terminated by the Student Progress and Assessment Board (Taught). On the recommendation of the Board of Examiners, the Student Progress and Assessment Board may exceptionally permit a student who has failed to be awarded credit for a module at the second attempt to repeat the assessment on one further occasion by a specified date.

When you complete a reassessment, the mark awarded shall be the actual mark or the arithmetic mean of the actual mark attained and the pass mark, whichever is the lower.

At its discretion, the Board of Examiners may require you to undertake alternative methods of re-assessment.

Late and non-submission of assignments

You will be given a date for submission of assignments or examinations at the commencement of the module. Failure to submit/attend on the given date by the ascribed time will be regarded as a non-submission. In the absence of extenuating circumstances or ill health a mark of zero will be awarded.

Late submission of assignments is not permitted.

An extension of the submission date may be granted for a student experiencing difficulties. Notification, prior to the day of submission, of the circumstances surrounding a request for extension is required and these must be supported by relevant documentary evidence of the extenuating circumstances or ill health. This must be negotiated and agreed in writing with the Director of Studies or their nominated deputies.

Mitigating Circumstances in Examinations and Coursework

The University Regulations allow Boards of Examiners to consider genuine and verifiable extenuating or mitigating circumstances, which may have prevented you from attending an examination, submitting a piece of coursework or assignment by the due deadline or which may have affected their performance in that assessment.

In the interests of common understanding, the University has drawn up notes of guidance for you on the principles which underpin its consideration of mitigating circumstances, what it regards as acceptable mitigating circumstances and the sort of supporting evidence that Boards of Examiners will consider acceptable. These notes of guidance are available on the University's web pages at:
http://portal.surrey.ac.uk/registry/exams.

You should also refer to the guidance provided by the University's Health Centre on what it will and will not provide in the way of medical certification, at: http://www.unishealth.nhs.uk/SHCMedcerts.htm.

Appeals

A student who believes he or she has grounds for appeal against a decision by the University to terminate the student's programme or against the class of degree or that they have been incorrectly failed will be advised on the procedure as cited in the General Regulations (University of Surrey Calendar Part 2).

A student who believes he or she has grounds for appeal against a decision by the University not to sign the NMC's Good Conduct document will be advised on the procedure as cited in Ordinance 32 (University of Surrey Calendar Part 1).

Disclaimer

"Every effort has been made to ensure that the information concerning the programme(s) of study and contained in these Programme Regulations is accurate. The University reserves the right to introduce changes to the information given, including the addition, withdrawal or restructuring of programmes of study"

PART FOUR : GENERAL INFORMATION RELATING TO THE PROGRAMME:

Ill Health and Absence

All ill health and absence must be reported to the Student Support on extn: 4520.

Periods of sickness from 4 days and up to 7 consecutive days, require that you **must** submit a Self-Certificate by the last day of sickness. Periods of longer than 7 days require a Medical Certificate which **must** be submitted **promptly**. Retrospective certificates are not acceptable. All certificates must be forwarded to the Programme Administrator. A central record is maintained and will be included in references.

In addition when in practice, you must also inform your placement area of non-attendance and, if possible, intended return date.

Appropriate advice and help will be offered to students who experience periods of illness during their programme. However, if it becomes clear that illness is preventing you from making satisfactory progress, or if medical examination indicates that you are unfit to pursue the programme, your course of study may be suspended or terminated.

If your performance in an assessment has been or is likely to be impaired because of ill health or other circumstances, you must inform that Director of Studies or designated deputy in writing at the earliest opportunity and provide a medical certificate or other supporting evidence. The Board of Examiners shall consider the information provided by the student and may take it into account in making the recommendation to the Student Progress and Assessment Board in respect of your claim.

If you are unable to undertake one or more assessments because of ill health or other circumstances, you must inform the Director of Studies or designated deputy as soon as possible, and where appropriate, submit a medical certificate or other supporting evidence * within seven days. The Director of Studies shall forward copies of any documents received from you to the Chair of the Board of Examiners.

* Guidance for students on mitigating circumstances can be found under "Services for current students"@:http://portal.surrey.ac.uk/registry/exams

The Director of Studies may agree compassionate leave in certain circumstances. If you require compassionate leave you should discuss this with your personal tutor/module organiser in order to be granted authorised absence.

Unauthorised absences from the programme must be discussed with personal tutor/module organisers as this knowledge may provide extenuating circumstances that can be put forward when results are discussed at Board of Examiners.

In the case of extended unauthorised absence you will receive a letter informing you that your bursary will be stopped.

Uniform Policy

Correct uniform must be worn for practice placements when appropriate and is as follows

       Tunics and trousers are supplied by Academic Administration.

       Black laced shoes (not trainers) are purchased by the students.

Students are required to wash their own uniforms.

Uniform should not be worn outside the practice areas unless it is connection with community placements.

If replacement uniforms are required during the course you may be asked to pay for these.

In all cases, the specific uniform policy of the Trust will be adhered to with regard to the following:

The only jewellery items are wedding rings and one pair of small sleeper studs **for the ear lobes**. No other rings, bracelets, necklaces or visible body piercing is permitted. Fob watches must be worn instead of wristwatches.

Hair should not be worn below collar level and should either be cut short or neatly pinned up/tied back. When choosing hairstyle and make-up, you should bear in mind the overall appearance that is expected of a health care professional and the impression that it my give to patients/clients and their relatives.

Male students should ensure that they are clean shaven or that beards and moustaches are neatly trimmed

You should wear name badges and Campus Cards at all times whilst on placement. Name badges are supplied by Student Support, University Campus Cards are supplied by the University Library. These are to be worn in a holder on the uniform. Holders can be obtained from Student Support. If either is lost a charge will be made for its replacement.

The following guidelines should be followed by you when working or studying in areas which do not require uniforms to be worn:

You should familiarise yourself with any local policy regarding dress code and ensure that it is adhered to.

Excess of fashion, whilst proclaiming individuality tends to distance us from clients and should be avoided.

Shorts, jeans, low necklines and very short skirts are not acceptable.

Jewellery should not produce any hazard to clients, staff or self.

Shoes should be fairly flat, so as not to impede movement in an emergency.

Whilst retaining their own cultural identity, students should take care to ensure that dress does not cause offence to any religious or cultural group with whom they are working.

If you have difficulty in adhering to the above guidelines, you should discuss this with your personal tutor.

Behaviour whilst at the University

A code of behaviour during lectures has been introduced and has been developed in conjunction with previous students.

CODE OF BEHAVIOUR DURING LECTURES.

Every person has the right to minimal disruption during lectures.

Mobile phones, pagers and personal stereos (anything that makes a noise) should be turned off and put away.

Every person has the right to confidentiality during lectures.

Personal or clinical disclosure in the course of a lecture should remain within the session, *and not* be discussed by the third person.

Every person has the right to be able to hear the content of the lecture.

-        No irrelevant disruptive chatter that prevents other people from learning is permissible.

Every person has the right not to be disturbed during the lecture.

-        Late attendees must enter through the rear door and find the closest place to sit, causing the least disruption to others.

Every person has the right to ask relevant questions at appropriate points throughout the lecture and to have them answered at appropriate times.

-            When appropriate questions are being asked, other people should remain quiet to allow the lecturer to clarify the information.

Every person has the right to be taught in a satisfactory presentable environment.

-        Individuals should remove all rubbish from the classroom/ and leave them in a way in which they expect to find them.

AGREED BY STUDENT/STAFF BODY.
Date July 2002

STUDENT SUPPORT

Student support is achieved through a variety of channels in the university and practice settings.

Personal Tutor Groups

All students will be allocated a Personal Tutor with whom, as far as possible, they will remain for the duration of the programme. A Personal Tutor is a member of the academic staff who takes on the role of advisor and supporter to identified students; they play a crucial role in ensuring that students receive appropriate and timely help in

relation to personal as well as programme related difficulties. Arrangements will be made for a tutorial group meeting and individual tutorials within each module.

Responsibilities of the Personal Tutor

To be reasonable, courteous and honest in dealings with tutees

To provide accurate information for tutees on their availability and alternative arrangements which may be used for urgent problems when they are unavailable

To inform students via UniS e-mail and notice boards of programmed meetings/tutorials

To support the personal and academic development of tutees

To monitor the progress of tutees, ensuring that they receive appropriate help in relation to personal and work related difficulties

To communicate with students on matters of discipline

To refer students to appropriate student services (e.g. counselling, welfare and health) as required

To respond to students in a timely fashion

To be an advocate for the student with the School (e.g. at the Board of Examiners)

To keep records of meetings with students and summaries of progress

What are not the responsibility of the Personal Tutor

To provide information/guidance in relation to specific modules. This support will be offered within each module by that module's team

To be available, without appointment, all the time

To work alongside tutees in practice

Responsibilities of the Tutee

To be reasonable, courteous and honest in dealings with the tutor

To keep the tutor informed of any issues, which the tutee believes may affect their progress at an early age

To keep appointments assiduously

Not to expect miracles from the relationship

Changing Personal Tutor

See Grievance Procedure.

Locality teams and tutors

The team will comprise of academic staff who have the professional background of that provided by the placement areas. The teachers will ensure the placement is a suitable learning environment and that mentors within the area are prepared and updated. Teachers will provide sessions in practice, which also forms part of the teaching and learning strategy. Trust mentors will be invited to participate. These are planned sessions to which you are required to attend. They will comprise of students who are in placement at that time and could be a mix from cohorts at different stages of the programme. The focus will be on using practice as the vehicle for integrating theory and practice e.g. the use of case notes, presenting case studies.

Student administration

At the main campus, programme administration assistants will be available at set times of the day for students to obtain advice and information regarding transport, bursary queries, accommodation etc. At satellite sites, a similar arrangement will be available.

If you require information regarding accommodation, transport or placements, you should in the first instance, contact the Student Support at Reception on Level 0 of the Duke of Kent building during the published opening hours or by leaving a written or voicemail message outside these times (01483 684520) with a return contact telephone number. Queries will be dealt with on the same day but you must appreciate that an immediate answer may not be possible.

If you have academic or personal problems, you should contact your Personal Tutor by e-mail or a voicemail message, clearly giving a return contact number. Alternatively, students may complete an enquiry form which are located at the Reception Desk on Level 0 DOK. You must understand that staff are not at their desks all the time, but should expect to receive a reply within three working days. If a reply has not been received within this time scale, the Programmes Administration Officer, Natasha Allen, should be contacted on 01483 682920.

You will also be expected to respond in a similar time scale when a teacher leaves a message for them. **You must inform student support immediately when you change address and/or telephone number.**

In the case of emergency such as an accident or sudden illness, the Programmes Administration officer may be contacted directly.

Counselling services

Services are available to you on both the university campus and the satellite sites at Crawley and Chichester. They are able to access them independently or can be referred by their personal tutor.

Information for Students with Disability or Dyslexia

The University has adopted a philosophy of self-definition of the disabilities and special needs of its students.

Additional Learning Support

The Additional Learning Support (ALS) team is situated on the Fourth Floor of the University Library, George Edwards Building. You may wish to check their entry on the library web pages http://lib1web.lib.surrey.ac.uk/ALS/ Students with disabilities or dyslexia, and those who suspect that they may be dyslexic should make an appointment

to see Jan Britton (Disability Advisor) (janet.britton@surrey.ac.uk or ext 3785). She will be able to arrange for you to have an assessment of your needs and help organise appropriate support as indicated, such as application for the Disabled Student's Allowance, one-to-one tutorials and Special Examination Arrangements.

The ALS team is very experienced and kind; please do not hesitate to ask for help

Fitness for Practice

Programmes leading to a professional registration require students to be fit to practise as well as to undertake a programme of study. In very rare circumstances, a disability may be so severe that a student may not be able to meet the practice requirements of the programme. All students are required to be assessed by the Occupational Health Department to confirm Fitness for Practice at the beginning of the programme. If, at any time during the programme, concerns are raised about a student's fitness to practice then further assessments may be made during the programme. Should a student be identified as unfit to practice then a decision will be made either to interrupt the programme until fit or to terminate the programme on the basis that the student is not able to meet the practice requirements of the programme.

School Special Needs Representative

Each School has a Special Needs Representative who sits on the University's Special Needs Group and whose remit is to promote best practice in relation to the provision of services with disabilities and dyslexia within that School. The current Special Needs Representative is Jane Leng (e.leng@surrey.ac.uk or ext 4646) She should be contacted should you have any queries in relation to support for students with disabilities and dyslexia at EIHMS.

Mentors

Within practice settings you will be allocated to a mentor.

The role of the mentors will involve:

Facilitating student learning
Supervise, support and guide students in practice in care settings
Implement approved assessment procedures

Mentors take account of the experiences available within their area, the students stage of progress in the programme and your previous learning and assessment outcomes. They work in partnership with colleagues within multi-professional services to enable you to achieve identified learning outcomes.

The mentor will also be responsible for verifying that the evidence produced for the portfolio is relevant and sufficient to meet the module outcomes as stated.

Associate mentors

Associate mentors are qualified healthcare professionals who will

Facilitating your learning
Supervise, support and guide you in practice in care settings

They are able to assess you at the formative stage

Clinical Placement Facilitators

Within each Locality there is a designated individual who has a responsibility for ensuring that placements and learning opportunities are available for all students.

Other Student Support

A network of University support services, including the Pro-Vice-Chancellor (Teaching and Learning), Dean of Students, Chaplains, Court Wardens, and a Student Welfare Officer is available to all students. In addition;
The Student Health Service provides general medical and 24 hour nursing care;
The Careers service is available to all students;
The Students' Union Student Affairs Officer assists in education and welfare matters;
"Nightline", a student run telephone help line and befriending service, is available to all students;
The International Office, British Council representative and Dean of International Students provide support and guidance for overseas students;
The Student Advice and Information Service provides advice and guidance on finance and budgeting;
The Language Centre provides support to those in need of help with essay writing;
Additional IT support can be accessed at www.surrey.ac.uk/computing services/as/cbt;
The University of Surrey has an active Students' Union.

Please refer to the University Student handbook for relevant numbers.

Student Representation

Student representation provides an opportunity to voice your concerns. Representation is expected at Programme Board of Studies meetings and other appropriate meetings according to individual programme requirements. Each cohort and pathway will have a nominated student representative who attends meetings as identified by the School and University. Elections for student representatives take place at the beginning of each academic year.

Students Undertaking Employment During Programmes

Due to the level of reading required to support the modular programme and the consequent application in placement, you should not undertake employment which impinges on your achievement of requirements for both theory and practice, i.e. which prevents you from attending theoretical sessions, completing assignments on time or undertaking practice placements. If you encounter difficulties resultant from undertaking employment, they will not be deemed to have extenuating circumstances.

Should you choose to undertake employment you *must* ensure that the Institute is not represented either by uniform or name badge. References will not be supplied by the School for such employment.

Clinical Placement Expenses

Only students who have been awarded a **full** NHS bursary may claim for travel expenses to and from Clinical Placements.

Students in receipt of a European Fees only Award, an Assessed Fees only Award or who are sponsored by an NHS Trust may **not** claim any cost associated with a clinical placement.

If you are eligible to claim the full cost of travel expenses genuinely incurred on clinical placements or attending workshops away from the University sites, this will only be in instances where they exceed the normal costs of travelling to the University. You are obliged to use the most economical means of travel and whilst you may have access to a private vehicle and prefer to use it, the lower of the most economical public transport and mileage will be paid. If you use the University free coach, car share or get a lift, you must show the mileage or cost of public transport that you would otherwise have to pay in getting from your term address to the University campus as if it had been incurred

Completed NHS Student Grants Unit (SGU) claim forms (available from the Student Support desk at Reception), which must be accompanied by valid receipts in the case of public transport costs, should be forwarded on a monthly basis to your personal tutor for signature and they will then arrange for the claim to be forwarded to the Institute's Finance Department for forwarding to the SGU. Claims will not be processed unless they are accompanied by the signed Clinical Placement Attendance Record.

Further information on making claims is included in the "Guidance Notes for Students" supplied by the SGU and the EIHMS "Procedures for Claiming Clinical Placement Costs".

The SGU operate a help-line for you to use for guidance if the Institute is unable to resolve any questions you may have. The number is 01253 391407, Fax 01253 655660, E-mail: nhs-sgu@ukonline.co.uk.

ACCOMMODATION & TRANSPORT

Accommodation

If you wish to be resident, you will be allocated accommodation for the first few months of your programme, at the University Campus. Prior to the first practice placement you may be offered accommodation in your commissioning Trust where you will remain for the rest of your programme. You must confirm with Student Support within one month of the start of the programme whether you need accommodation. You are responsible for ensuring that your rent is paid at the appropriate time, and this will generally be by means of a standing order.

Travel

Free transport goes from the sites listed below:

Chichester; Redhill; Frimley; St. Peter's, Ashford and Crawley

Free transport is available for students for travel to and from the University from the Trust sites. The transport is scheduled to bring students to the University for 9.00 am and leaves the University at 5.00 pm. The coach times are fixed and can only be changed on the instruction of the Head of Programmes.

You must register for each day they require transport. This can be done by signing the coach list at Reception, prior to the 23rd day of the previous month transport is required

or by ringing Student Support. If you book transport after this date cannot be guaranteed a place on the transport.

Students resident in any University accommodation are not eligible to buy a monthly or annual parking permit. If you need to have a car for your programme and wish to live in University accommodation, then it will be recommended that you apply for a move to Hazel Farm, where you may keep cars and catch the University Transport to Stag Hill.

You may book places on the Institute transport if you live off site, although you will have to arrange for their own parking at whatever venue you leave your car if you are not resident in Trust accommodation.

It is therefore not seen within the University that students who are following professional preparatory programmes have exceptional circumstances which would make them eligible for a parking permit.

Parking is extremely limited on site and you are advised to use the free bus services or public transport.

EXAMINATION AND ASSESSMENT INFORMATION

Examination and Assessment Schedules

There are designated examination assistants for each programme, names can be found on examination notice boards.

All examination and assessment schedules will be displayed on the designated *examination* notice boards and/or details will be given at the commencement of a module.

Information given includes the date, time and venue of examinations or assessment submission. Dates for publication of results and reassessment will be made available.

Submission of Assignments and Portfolios

All Assignments and Portfolios, including retrievals, must be submitted by 4.00 pm unless otherwise directed, on the stated date to the designated venue (Communications Room, Level 2) in the Duke of Kent Building. No exceptions can be made to the deadline, unless you have been granted an extension.

You must sign the receipt of assignment/portfolio list to record submission. If you are unable to bring the assignment personally, another student may bring it on their behalf but they must sign their own name alongside the name of the student they are delivering it for.

You are advised to note that all assignments/portfolios are individually checked when removed from the submission boxes and a signature on the receipt of assignment/portfolio list will not be accepted as proof of essay submission.

Should you opt to post their assignment/portfolio you must obtain a certificate of posting from the Post Office. Address the envelope to the Exams Office at the Duke of Kent building and submit it by the set date.

Assignments are to be submitted in a clear fronted plastic folder with a completed and signed "assessment of Theory Feedback Sheet" attached to the front. Blank feedback sheets for each level can be located in the Communications Room (10 DK 02) on level 2 of the Duke of Kent Building and must be fully completed and the declaration of own work signed otherwise the assignment will *not* be accepted. A4 files and heavy folders with individual plastic sleeves for each page will *not* be accepted. Students must keep a copy of the submitted work and an additional copy must be available should the Examinations Office require it. A word allowance is given to each assessment and a 10% leeway of the word count is permitted. Wordage in excess of this amount will not be marked. Students are required to state the exact wordage for their work.

If required to re-submit, a copy of your first attempt and feedback form MUST be included at the back of your folder and retrieved work must be clearly identified and placed at the front of the folder.

Portfolios will be larger and students should follow the guidelines below;

Use one navy blue or black A4 (non-lever arch) ringbinder

Individual plastic sleeves must not be used

All pages must be page numbered and your name added as a header to each page

Large, brightly coloured lever arch files should <u>not</u> be used

You should ensure that their name is clearly written on the front and spine of their ring binder.

You will be penalised if these guidelines are not followed.

You should refer to the marking criteria provided for Levels 1, 2 and 3 when preparing their assignments.

The relevant Practice Portfolio Feedback sheet for the level must be completed, with the declaration of your own work signed and placed at the front of your folder. Work submitted without the signed declaration will NOT be accepted.

Attendance at Examinations

You must observe the instructions covering examination which follow in this section. It is the responsibility of the student to ensure he/she attends for examination at the stated venue on the correct date at the correct time. If you are unable to attend due to sickness, a medical certificate must be submitted within seven days.

You are requested to be available for the first attempt and the reassessment of examinations. These reassessments may occur at any time during or outside stated semester dates, practice placements or annual leave. Due notification will be given.

The Instructions Covering Examinations:

Please refer to UniS "Student Handbook 2004 / 2005 Entry"

Where the use of calculators is permitted in examinations, students may only use a Casio FX115M or a Casio FX83WA.

Special Exam Arrangements

Students with disabilities may qualify for Special Exam arrangements. Students must apply for consideration by the end of September 2004 to Additional Learning Support which is part of the Centre for Learning Developments.

Extensions

Requests for submission date extensions may be made to the Director of Studies or designated deputy **at least one week prior to hand in**. Extensions are not automatic and will only be granted when the Director of Studies (or designated deputy) determines sufficient grounds. You are advised that you should be prepared to provide evidence to support their request.

The following people may authorise extensions; Nuri Pansari; Jenny Partridge; Jackie England; Rita Debnath; Jane Leng; Bridget Nicholson;

Work submitted late or non-attendance at an examination will be awarded a "0" mark and will therefore be counted a refer at the first attempt or a fail as a reassessment.

If a submission is referred, you must also submit a copy of the first submission, securely attached to the back of the re-submission.

You have the right to repeat a referred assessment on one further occasion. In addition the University's regulations allow a further attempt at one component of an Assessment at each level, at the discretion of the Board of Examiners and subject to certain criteria being met (University of Surrey Calendar).

Process for Marking Assignments/Practice Portfolios

To ensure equity and parity, a process of moderation is undertaken for every module. This involves both internal and external scrutiny.

Results are published at 12.30 on the designated day at the campus sites in EIHMS, Chichester, Crawley, and also at East Surrey Hospital library, outside the office of the secretary of the Director of Nursing at Frimley Park Hospital and at North West Surrey Mental Health Partnership NHS Trust.

Students are advised to ensure they check their own results as misinformation from others will not guarantee a further attempt. Following publication of results, the assignments are available for personal collection on Monday to Friday at specified times (details of which are on the Examinations Notice Board) from the Examinations Office on level 2.

Students can only collect their own work and will be required to sign for it. No results will be given by telephone.

European Institute of Health & Medical Sciences

Marking & Moderation Process Flow Diagram

```
┌─────────────────────────────────────────────────┐
│ Module organiser ensures                         │
│   • module team are aware of submission date &   │
│     moderation meeting                           │
│   • liases with exams office over marking        │
│     allocation                                   │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ Module team members                              │
│   • allocate sufficient diary time for marking   │
│     load                                         │
│   • Diary time for moderating meeting            │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ Scripts submitted to exams office                │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ **Exams office allocate marking (according to    │
│ WTE of tutor for pre-reg, according to           │
│ speciality for**                                 │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ 1st Marking all scripts                          │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ All marked scripts to module organiser           │
│ with completed mark sheets                        │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────────┐
│ Module organiser identifies a sample of scripts  │
│ for 2nd marking                                  │
│ The sample to include:                           │
│   • all fails or borderlines                     │
│   • 3 scripts from each range of marks with      │
│     cross marker comparison (or 10%)             │
│   • all scripts marked by unqualified /          │
│     probationary tutors                          │
│ Marking allocated to designated team members     │
│ pro rata                                         │
└─────────────────────────────────────────────────┘
                      │
                      ▼
┌──────────────────────┐      ┌────────────────────────┐
│ Exams office identify │◄─────│ Moderation meeting      │
│ scripts for peer      │      │   • discuss anomalies   │
│ review of marking &   │      │   • enable peer feedback│
│ circulate             │      └────────────────────────┘
└──────────────────────┘                 │
          │                              ▼
          │      ┌───────────────────────────────────────┐
          └─────►│ **All scripts to exams office with      │
                 │ completed mark sheets cross checked     │
                 │ with marks on feedback sheet and        │
                 │ completed moderation form**             │
                 └───────────────────────────────────────┘
                              │
                              ▼
                 ┌───────────────────────────────────────┐
                 │ **Exams office to send sample scripts   │
                 │ to external examiner**                  │
                 └───────────────────────────────────────┘
```

Extenuating Circumstances

Extenuating circumstances are normally defined as circumstances which are unexpected, significantly disruptive and beyond a student's control, and which may have affected her/his academic performance.

You should make the information available *as soon as they realise their assessment may be affected*. Prior consultation with the module organiser is advised. It is expected that evidence supporting the student's claims is submitted, with an accompanying letter, to the Chair of the Board of Examiners at Duke of Kent Building. A copy should also be submitted to the Director of Studies.

IT IS THE RESPONSIBILITY OF THE STUDENT TO SUBMIT THE CLAIM AT LEAST TWO WEEKS BEFORE PUBLICATION OF RESULTS

If you cannot submit claims by that date, their circumstances could not be considered unless, exceptionally, there is a reason why they could not disclose these to the Board. In this case, you should consult the University's Academic Appeals Regulations (Calendar F23).

You should be assured that there is no stigma attached to having problems; it makes no sense to keep serious problems to oneself when help could be available. Details regarding a student's personal circumstances remain confidential.
Guidance on extenuating circumstances can be found at
http://portal.surrey.ac.uk/registry/exams

Retrievals

You are responsible for ensuring that they know when and where a second attempt of an assessment following retrieval is to take place. You are also responsible for submitting their retrieval assignments and portfolios, with the accompanying first attempts, at the stipulated hand in dates.

A student who believes he or she has have grounds for appeal against a decision by the University to terminate the student's programme or against the class of degree or that they have been incorrectly failed will be advised on the procedure as cited in the General Regulations (University of Surrey Calendar Part 2).

A student who believes he or she has have grounds for appeal against a decision by the University not to sign the NMC's Good Health and Good Character document will be advised on the procedure as cited in Ordinance 32 (University of Surrey Calendar Part 1).

Plagiarism

Plagiarism is the theft or use of someone else's work without proper acknowledgement, presenting the material as if it were your own.

Plagiarism is a serious academic offence and is regarded for the purpose of the University Calendar as academic misconduct.

Coursework, dissertations and essays submitted for assessment must be your own work, unless it is a group project when all group members will have participated and this will be acknowledged., as such

Unacknowledged direct copying from the work of another person, or the close paraphrasing of someone else's work, is called plagiarism and is a serious offence equating with cheating in exams. This applies to copying another students work, published sources, such as books reports and journal articles. Plagiarised material may originate from any source. It is as serious to use material from the world wide web or from computer based encyclopaedias or literature archive, as it is to use material from a printed source if it is not properly acknowledged

The use of quotations or data from the work of others is acceptable, and is very valuable providing that the source of the quotation or data is given. Failure to provide the source or use quotation marks around material taken from elsewhere gives the appearance that the comments are ostensibly your own. When quoting word for word from the work of another person the referencing guidelines should be followed (see section … on referencing)

Paraphrasing when the original statement is still identifiable and has no acknowledgement is still plagiarism. Taking a piece of text , from another source, and substituting words or phrases with other words or phrases is plagiarism. Any paraphrase of another person's work must acknowledge the source. It is unacceptable to unacknowledged passages from the same or different sources linking them together with a few original words or sentences and changing a few words of the original text: this is regarded as over dependence on other sources- another form of plagiarism.

Direct quotations from an earlier piece of your work, if unattributed, suggests the work is original when it is not. The direct copying of your own writing also is plagiarism if you have not acknowledge this work has been presented elsewhere

Sources of quotations and references used should be fully listed at the end of the piece of work as per the referencing guidelines.

Plagiarism is a serious offence which will always result in the imposition of a penalty. The penalty will be imposed according to the findings of the board and will be in accordance with the University Calendar.

PART FIVE : ASSIGNMENT AND REFERENCING GUIDELINES:

WRITING ACADEMIC ESSAYS

Before you start

Make sure that you understand the question. It helps to underline key words. Identify the crucial word (e.g. describe, discuss etc.) which will indicate to you the manner in which the examiner expects you to answer the question.

Identifying key words will help you with the next step, which is your literature search. You should use both a selection of texts and journals. These should be reasonably up-to-date, however you may use some older work that is considered to be a classic. If you do this be prepared to justify it! There is no specific number of references which you are expected to cite. However, four is not enough. You need to become familiar with the computer searching facilities in the library. Beware of trying to cite too many secondary references from one text. Teachers usually have their own copies of standard texts and are very familiar with the content.

Once you have obtained the articles you need to write out the full reference on a card. Then highlight the relevant points and jot them down a summary on the card.

Sort out the main points you wish to make into an order of priority. If you follow these steps, the essay should almost write itself.

WRITING THE ESSAY

Structure:

Essays should have an introduction, a main body and a conclusion.

The introduction

This is where you introduce the essay. The examiner should be quite clear what you are going to expand upon later. If you feel that the topic area is huge you may wish in this section to state parameters. It would be advisable to talk to your personal tutor or module teacher about this first. Some meanings and language may be interpreted in different ways so it may be appropriate to include definitions.

The main part of the essay

This is where your plan should be invaluable. Organise your points so that there is a logical flow from one to the next. Signposting sentences is useful to ensure continuity. If you want to change tack then phrases such as 'on the other hand' are useful.

You should remember that if the title asks for a discussion, more than a description is required. You are being asked to look at something from several angles, to weigh possibilities, to consider factors for and against. More marks will be allocated for this style of writing.

Some students have experienced problems with the change from writing in the first person to writing in the third person. Whist the former format is becoming more fashionable, it is still not totally accepted in some circles. However if you are asked for a

piece of reflective writing then it is almost impossible to do this without using the first person singular. For other writing you need to change from using active verbs to passive ones. Using the previous sentence as an example, this would become "there is a need to change from active to passive verbs". Remember active verbs are 'doing' words and passive verbs are 'being' words. Please do not use the "writer" or "one" as these are both variations of the first person singular. "I found that" becomes "it was found that".

When referencing it is better to avoid the use of too many direct quotes. The examiners take the view that if you use half the word limit with quotes only half of the essay is your own work. Demonstrate understanding by summarising and paraphrasing what you have read. All sources of material must be acknowledged and reference according to the policy agreed by the Board of Studies. It is essential that you refer to this every time you write an essay to avoid misrepresentation or plagiarism. Most accusations of plagiarism arise from poor referencing techniques.

The conclusion

This should not contain any new material or ideas. It is the paragraph where you bring everything together and reach a conclusion.

This guide is meant to enhance rather than be a substitute to attendance at the Information Retrieval and Study Skills module.

Presentation:

The quality of the presentation is important.   The essay should be produced using the "students guide to word processing essays and assignments in Word 97".   These guidelines can be found on EIHMS's home page.

be on one side of A4
be double spaced
Have 4 cm margin on the left of the page
be page numbered
be within the word allowance including the 10% leeway
be in a font size Ariel size 11 point.

Work where the handwriting is illegible will be failed.

The order of your work is important. You should include, in the following order:

a title page,
index (where appropriate),
essay,
full reference list,
bibliography – if appropriate,
appendices – if appropriate

REFERENCING: A GUIDE FOR STUDENTS

1   INTRODUCTION

Academic work demands that you read widely and consider the work of other writers and researchers when you are preparing your essays and other assignments. To use this work without acknowledgement is to steal the ideas of other people and is called **plagiarism.** Someone else reading your work may well ask, "Is there any evidence to support that statement?" or "Where did that information come from?", or even, if it is one of your teachers, "I know where that comes from - why is it not acknowledged?"!

To answer these questions you must put into your text the origin of the ideas that you cite or quote. This is the art of **referencing**. What you must be sure to do as well is to include your own ideas, giving reasons for your views.

There are many styles of referencing. In the EIHMS we ask you to use the **Harvard** system which gives the name of the author(s) and the year of publication in the text and the full details of where to find the reference in a list at the end. The system varies slightly for books and for journal articles and there are one or two tricky instances such as government reports. This guide tries to explain what to do.

2   WHAT IS A REFERENCE?

A reference is a recognised shorthand means of describing a document, or part of a document, with enough details such as authors and title to enable others to identify and locate it.

References may be categorised as coming from **primary** or **secondary** sources. A primary reference indicates that you have accessed and used the original material, whereas a secondary reference is one that you read in the work of another author.

It is desirable that students always use primary sources.   Do not rely on the interpretation of the person through whose writing you discovered it. If you cannot find the primary source, then you may use **secondary referencing**, but make it clear that you are doing so.

3   WHAT IS REFERENCING?

Referencing is when links are made between the text of the essay and the list of references at the end.   All borrowed statements, opinions and conclusions should be acknowledged whether the work is directly quoted, paraphrased or summarised.

4   WHAT IS THE PURPOSE OF REFERENCING?

To acknowledge the books, articles and reports you have read.
To show the evidence for and substantiate your conclusions.
To enable someone else to locate the publications used in your work.
To avoid accusations of plagiarism. (See *Plagiarism* and also the University's *Calendar* for regulations concerning academic misconduct.)

5 CITATION IN THE TEXT

All statements, opinions, conclusions and so on taken from another writer's work should be acknowledged, whether the work is directly quoted, paraphrased or summarised. In the Harvard System cited publications are referred to in the text by giving author's surname and the year of publication in one of the forms shown below:

5.1   If the author's name occurs naturally in the sentence the year is given in parentheses e.g.,

In a recent study Harvey (1993) argued that.....

5.2   If, however, the name does not occur naturally in the sentence, both name and year
        are given in parentheses e.g.,

A recent study (Harvey 1993) shows that...

5.3   When an author has published more than one cited document in the same year, these are distinguished by adding lower case letters (a,b,c etc) after the year and within the parentheses e.g.,

Johnson (1989a) discussed the subject...

5.4   If there are two authors, the surnames of both should be given e.g.,

Matthews and Jones (1992) have proposed that...

5.5   If there are more than two authors the surname of the first author only should be given, followed by *et al* in italics or underlined, e.g.

Wilson *et al* (1993) conclude that...

It is also acceptable to use an English equivalent

6 REFERENCE TO A BOOK

Elements to cite:

Author's surname and initials (for each author contributing)
Year of publication (ignore any reprints)
Title in italics (or underlined if you are writing by hand)
Edition (if not the first)
Publisher
Place of publication: if several are given, use the first only.

EXAMPLE

Sharp J A, Howard K 1996 *The management of a student research project* 2nd
edn. Gower, Aldershot

7 REFERENCE TO A CONTRIBUTOR IN A BOOK

Elements to cite:

Surname of contributing author (usually a chapter author), initials,
Year of publication
Title of contribution
'In:' which should be underlined
Editor(s) of publication, surname, initials, followed by **'(ed.)' or '(eds.)'**
Title of book in italics (or underlined if you are writing by hand)
Edition (if not the first) or volume number if part of a series
Publisher
Place of publication
Page number(s) of contribution.

EXAMPLE

Forster D 1995 Setting for health promotion   In: Pike S, Forster D (eds.) *Health promotion for all* Churchill Livingstone, Edinburgh pp 143-155

8 REFERENCE TO AN ARTICLE IN A JOURNAL

Elements to cite:

Author's surname, initials
Year of publication
Title of article
Title of journal in italics (or underlined)
Volume number in bold or underlined
Part or issue number (in parentheses) followed by a colon
Page numbers of contribution.

EXAMPLE

Smith D K, Marteau T M 1995 Detecting fetal abnormality: serum screening and fetal anomaly scans *British Journal of Midwifery* **3**(3):133-136

9 REFERENCE TO A CONFERENCE PAPER

Elements to cite:

Surname of author and initials.
Year of publication.
Title of contribution followed by the word **In:** which should be underlined.
Editor of conference proceedings* (surname, initials) (if applicable) followed by **'(ed.)' or '(eds.)'** or organisation which presented the conference
Title of conference proceedings (in italics or underlined)
Date and place* of conference
Publisher*
Place of publication*
Page numbers of contribution.
* if given

EXAMPLE (Conference Paper)

Oakley A, Rajan L 1989 The social support and pregnancy outcome study <u>In</u>: Robinson S, Thomson A, Tickner V (eds) *Research and the midwife conference: proceedings 1988*. Privately published.

> See also *Conferences*

10   REFERENCE TO A PUBLICATION FROM A CORPORATE BODY

(e.g. a government department or other organisation)

Elements to cite:

Name of issuing body
Year of publication
Title of publication (in italics or underlined).
Publisher
Place of publication:
Report Number (where relevant).

EXAMPLE

Independent Television Commission (ITC) 1991

> *The ITC code of advertising standards and practice* ITC, London.

11   LISTING THE REFERENCES

Every single reference that has been referred to in the text must be listed at the end of your work.

In the Harvard System, the references are listed in **alphabetical order of authors' names**. If you have cited more than one item by a specific author they should be listed chronologically (earliest first), and by letter (1993a 1993b) if more than one item has been published during a specific year.

Whenever possible, elements of a bibliographical reference should be taken from the *title page* of the publication rather than from the front cover. The year will usually be on the reverse of the title page.

Each reference should use the elements and punctuation given in the examples in sections 6 to 10 and shown in the list at the end of the Guide.

Your list should normally begin at the top of a page. Position them in such a way so that the information continues along the line and the author's name stands out on the left hand side (hanging indent).
Turn to the end of this Guide to see the way a list of References is set out.

If you have consulted **additional works** to which you have not directly made reference, but which have helped you to construct your essay, these may be listed in
a separate list which is called a **bibliography.** The list is made in exactly the same format.

12 QUOTATIONS FROM PUBLISHED WORK

Quotations from a published work should be used sparingly, but can be useful to:

- illustrate a point in an essay;
- analyse the quotation in depth;
- support arguments;
- give authority to assertions or "facts".

12.1 If you are using a long quotation

A quotation is generally regarded as long if it is more than 20-25 words. It is important that you quote accurately and present the quote clearly in the text. This can be done by leaving a line's space above and below the quote, indenting it from the left, and enclosing it all in quotation marks (inverted commas).

The author's surname, the date, and the number of the page from which the quotation was taken must be included in brackets at the end of the quotation. For example:

It is important to recognise the key role of the family in caring for the dying.

'*Most people would prefer to die in their own home and even when people die in a hospital or hospice most of their care will take place in their own homes with the help and unpaid work of their close family and friends ('lay' carers). People who die at home will normally do so as the result of a long-term illness, often marked by persistent and distressing symptoms.' (Taylor & Field 1997:175)*

12.2 If you are using short quotations

Short quotations (i.e. less than 20 words) are usually part of the text and are also enclosed by quotation marks. The page number of the quotation is shown next to the date:

It is claimed by Rees (1997:165) that those 'who attempt suicide ... give a prior warning of their intentions but only 16 per cent leave a suicide note'.

The '...' shows that sections of the original text have been left out for the purposes of this particular quotation. If a long section has been omitted, put the dots in brackets, thus: (...).

Note that the page number must be given for a direct quotation and this is put alongside the date after a colon. Also it is good practice when you are referring even indirectly to a point from a text which is located on a specific page, e.g.:

The issue of pay for midwives is a crucial one (Warwick 1995:359) and they must not price themselves out of the market.

If you are referring to a general theme of a book you may not always be able to give a specific page reference.

12.3   If the quotation contains an error

Occasionally you find something in published work which is clearly an error. In order to show that the mistake is not yours, you should put '(sic)' after the error, which means 'thus' in Latin.

If there is a word obviously missing in the text, you should insert what you think should be there but enclose it in square brackets.   An instance of this occurred in *The Independent* of 15 January 1998, which stated, quoting a speaker:

'... she said: "We have lost intra-uterine [contraceptive] devices, almost lost breast implants and companies working on womens (sic) reproductive health issues have dropped from 20 to three."'

The word '[contraceptive]' was added by Charles Arthur, the *Independent* reporter, the '(sic)' is added to show the incorrect punctuation in the newspaper.

13   PLACING THE REFERENCE IN THE SENTENCE

This can be done in several ways and it is important to work out where the brackets and full stops should go in relation to the reference.

You may use the author's name in the sentence. In this case only the year of publication should be inside the brackets:

Morse and Field (1996) consider that a research setting should be separate from one's work setting.

If you do not use the author's name within the sentence, put both name and year of publication in brackets. This can be in the middle:

An observational study (Smith & Marteau 1995) established that women are given little information before routine screening for foetal abnormality.

or at the end:

In recent years there has been a greater focus on health outcomes and consequences of care (Bowling 1991).

If you place the bracketed reference at the end of the sentence, the **full stop follows the brackets** and there is no stop in front of them.

13.1   Emphasis

There are times when words or phrases in the text can helpfully be emphasised. If you are using a quotation it is important to declare whether the emphasis is yours or that of the original author.   If you have italicised or emboldened the words, state **'added emphasis', if** it was in the work you are quoting from, state **'original emphasis'**.

'Moral values are about what is treated as important when people interact with one another, and especially what worth they place on one another in running their collective affairs. As applied to health, this includes, for instance, whether the health needs of all people should be treated as of equal importance, how important health is compared with other aspects of life, such as prosperity, the relative importance of mental and physical

well-being, and how important future health is compared with present health. Values are expressed in terms of how people *should* and *should not* act.' (O'Keefe 1995:52, original emphasis)

13.2   Multiple authors

If there are **two authors**, give both names, linked by '&' if in brackets, 'and' if in the sentence.

If there are **three or more authors**, give the first name only, followed by 'et al.' (Latin, 'et alia' meaning 'and others') if in the brackets and by an equivalent English expression if in the sentence.   Suitable phrases are, 'and others', 'and colleagues' or 'and associates'. (See examples at 5.4 and 5.6, 13, 13.3 and 14.7).

13.3   Multiple citations

If you are referring to several different sources within the same sentence, list the authors in **alphabetical order** (by the first author's surname if more than one).

Literature searches are an important prelude to all student work and will frequently not only address the main issue but also related issues (Morse & Field 1996, Sapsford & Abbott 1992, Sharp & Howard 1996).

13.4   Year of publication

This is the date when the book was **published**. Any years of reprints are ignored unless you have particular reason to remark on the reprint (such as a portion of text that was amended).   In that case you would still give the date of publication of that edition, but add '1994 Reprint', using the right year, of course.

If a **second or subsequent edition** has been published, this starts a new 'year of publication' and if that edition was the one you consulted, you would give that date.

If the work you are using was **republished at a later date** because it has become a classic text but the publication date is not the year in which it originally appeared, this is an *exception* to the rule that you cite what you actually accessed. An example is the work of William Smellie (pronounced 'Smiley') which originally appeared in 1752 and was republished in a **facsimile** (Latin - 'made the same') **edition** in 1974. You would cite it in the text as 'Smellie 1752' and in the list at the end would give full details:

Smellie W 1752 *A treatise on the theory and practice of midwifery* (facsimile edition reprint 1974) Bailliere Tindall, London

See also *Pamphlets and leaflets* for instances when the **date of publication is not known** and *Conferences* where **the year may be different from what you imagine.**

14   SPECIAL CASES

There are a number of special instances where referencing is less straightforward. Some are listed below, but if you have trouble knowing what to do, consult a librarian or one of your tutors who will advise.

14.1   Internet sources

In this case you are citing a source which may or may not be there if your reader wishes to follow up your reference. However, there are times when this will be the only source of information. You should collect the same information as you would for any other reference, namely

Author, year, title, edition, publisher (if you have been able to find out), place of publication

In addition, you will need to make a note of the **URL** (web site) and state on what **date you accessed** the information. You also add the information '[online]' after the title to show that it comes from the Internet.

Cross P, Towle K 1996 *A guide to citing Internet sources* [online]
Bournemouth University, Poole. Available from:
http://www.bournemouth.ac.uk/service-depts/lis/LIS_Pub/harvardsystint.html
[Accessed 21 Oct 1997]

If the author is an organisation you would cite it in the same way:

Department of Health 1997 *The new NHS: modern, dependable. Executive Summary* [online] Department of Health, London. Available from:
        http://www.open.gov.uk/doh/newnhs.htm [Accessed 14 Jan 1998]

The same would apply to access to any E-Journals, when you would need the following details:

Author, Year, title, *Journal Title* [online] volume (issue), location within host. Available from: URL [Accessed date]

Sometimes you may wish to refer to an e-mail message, especially if it was one generally distributed. On the whole, this is less useful than printed sources or other Internet material which is accessible to all users, because the reader may not be able to follow up the message. It might be an idea to append a printed copy to your work.

Sender (sender's e-mail address) day, month, year. *Subject of message*. E-mail to recipient (recipient's e-mail address)

14.2   Pamphlets and leaflets

It may be hard to find the information that you want to cite in a leaflet. Many are undated, for example, and the author is rarely stipulated. In these cases, do as best you can. For example the Health Education Council (HEC) published a pamphlet on sickle cell disease a while ago which is undated and without an individual author. The 'author' is therefore the HEC. Instead of the date, state '(n.d.)' for 'not dated' or 'no date'. The details are:

Health Education Council (n.d.) *Sickle cell disease: a guide for Gps, nurses and other health professionals.* Health Education Council, London

14.3   Newspapers

You will have little difficulty if you have the original newspaper, which will have all the details you require printed on it. If, however, you merely have a cutting, with the

publication title and the date jotted on it, you are in greater difficulty. However, these details will be enough to trace the material, though it is obviously better if you can include the issue number (they do not usually have volume numbers) and the page.   For example:
Food safety has become an issue of public concern, giving rise to the establishment of a new Food Standards Agency (Cooper 1998).

Cooper G 1998 Foul food: can the Government protect us from killer bugs?
The Independent (3508):1 Thursday 15 January

14.4   Dictionaries

Although all dictionaries do have editors, it is more usual to cite the publishing company as the author. *The Little Oxford Dictionary,* in its fourth edition, was compiled by George Ostler and edited by Jessie Coulson. However, it would be acceptable to simply refer to it by its title. So you might use it in this way:

The Little Oxford Dictionary (1969:75) defines 'care' as 'anxiety, concern; task, thing to be seen to; serious attention', a much less emotive definition than we might understand today, when 'caring' has become a highly valued concept in nursing and midwifery.

The reference should then be given according to the way you refer to it in the text. Your reader must not be expected to hunt through your list of references to find the compiler's name when you have not referred to it.

The reference would be listed thus:

Little Oxford Dictionary, The 1969 4th edn. Oxford University Press, Oxford

14.5   Conferences

Many major conferences publish their **proceedings** after the conference. They may also have a book of **abstracts** which is available at the time of the conference. There is sometimes difficulty in determining the details for citation. For example the 'Research and the Midwife' conferences always publish their proceedings in the year after the conference, so the year on the front refers to the date of the conference, not the year of publication. It is privately published, not attributed to any organisation and no place of publication is given, though it is in fact the Department of Nursing Studies, Manchester University.

An example:

The idea of providing social support in pregnancy was tested by Ann Oakley and Lynda Rajan (1989) in a randomised trial which provided evidence that simply listening to women, providing information when required, talking to them about their pregnancy needs and referring them to other agencies as appropriate proved beneficial in a number of outcomes observed, particularly in fewer antenatal admissions.
The listed reference:

Oakley A, Rajan L 1989 The social support and pregnancy outcome study <u>In</u>:
Robinson S, Thomson A, Tickner V (eds) *Research and the midwife*
conference: proceedings 1988. Privately published.

Other conferences may not specify the editors but an organisation may be responsible for the publication.

14.6 Government publications

These and similar documents may need some care. Three examples in the field of childbirth cover the main points. The first is the 'Winterton Report' which is so called because the chairman of the committee which produced it was Nicholas Winterton. He is not the author, though. That is the Health Committee of the House of Commons; the House of Commons is credited with authorship.

House of Commons 1992 *The Health Committee second report: Maternity services* Vol. 1 (Chairman N Winterton) HMSO, London

Second is the report known as *Changing Childbirth*, sometimes referred to as the Cumberlege Report because the chairperson was Julia Cumberlege.

Department of Health 1993 *Changing childbirth: report of the Expert Maternity Group* (Chairwoman J. Cumberlege) Vol. 1 HMSO, London

Finally a publication which comes from all four Departments of Health in the United Kingdom, the *Confidential Enquiries into Maternal Deaths in the United Kingdom.* In the text it is necessary to refer to the author as 'Department of Health (DH) et al.' Notice the correct abbreviation for the Department of Health which is 'DH', as printed on the spine of its publications.

Department of Health, Welsh Office, Scottish Home and Health Department, Department of Health and Social Services, Northern Ireland 1996 *Confidential Enquiries into Maternal Deaths in the United Kingdom 1991 - 1993* HMSO, London

If you have occasion to refer to one of the **letters** that is issued by the Government from time to time, there will be a reference number which will be prefaced by code letters such as **Cmnd.**

14.7 Secondary referencing

This term refers to citation of work which is **quoted or referred to by another author**. You have not personally read it. If possible you should look at the primary source for yourself so that you can verify the information, but it is accepted that this is not always possible.

Because you have not read it yourself, it is **not listed in the References list**.

In your text, you should refer to the author whose work you have read, telling the reader that he or she cites another source, which you name. This can be done in several ways:

Bowling (1991) cites the work of Melzack and Torgerson (1971) who developed the McGill Pain questionnaire.

Or

Melzack and Torgerson (1971, cited by Bowling 1991) developed the McGill Pain Questionnaire.

Or

Bowling (1991, citing Melzack & Torgerson 1971) refers to the McGill Pain Questionnaire.

There are variants on this but these alternatives will do for most situations.

It is important to be aware that **some published works are secondary sources**. These may be digests of published material or works which have utilised reports of studies to inform their own writing. Much of this material is excellent and brings a lot of research information together in a systematic way, but you should not think that you have read the original research if you have merely read about it in this type of work.

14.8   Personal communication

There are occasions when a person has communicated with you directly and there is no published source that you can cite in support of his or her statement. Hopefully the statement will be in some written form such as a letter, but sometimes it will be in the form of a verbal statement. Here are some fictitious examples:

Many practitioners today find that their personal lives conflict with duty hours (Guy Green 1998, personal letter to the author).

Or

A study currently under way is examining the features of case load practice (Jennifer Hughes 1998, personal communication).

It is **not acceptable to reference a lecture** in this way. Ask the lecturer for his or her sources and reference those. Most lecturers will give a reading list, book list or references of some kind at the session and if not, ask.

14.9   Dissertations

Although these are not published, they are accessible through libraries so can be used as if they are published sources.

Wellington A 1997 *Fathers' presence at childbirth; exploring the perceptions of Ghanaian men* Unpublished MSc dissertation, University of Surrey, Guildford

14.10   Acts of Parliament

These should be cited in the text with the full title, including the year of enactment, for example *Nurses, Midwives and Health Visitors Act 1979.* Acts do <u>not</u> need to be listed in the references.

14.11   Law Reports

Cite a law report by its title, such as *Re S* (1992) or *Bolam v. Friern Hospital Management Committee* (1957) including the year, in the text. List it at the end by the title like you do for **Dictionaries** followed by the year and the details of the publication in which you found the report, including volume, issue and pages if it is a journal-type

publication. If you found it in another text, of course you would treat it like a **secondary reference**.

15   TIPS AND HINTS

15.1   Making your own catalogue of references

As you read, it is wise to make your own catalogue of references. Get in the habit of carrying a few index cards with you, probably 5" x 3" or larger. It is essential to note down right at the start ALL the details that you will later need. Fill these in at the top of your card. You may prefer to build up a catalogue on your computer or a disk, but you will need to make a hand-written note when you are first reading the original.

Jot down on your card any details about **where you found the original**, such as which library holds the journal or the classification number or shelf number of a book. Some people note the ISBN (International Standard Book Number) in case they want to order it later from a book seller.

Warwick C 1995 Tensions in the system <u>British Journal of Midwifery</u> *<u>3</u>(7):358-9*

Journal available in George Edwards Library
Author is Director of Midwifery & Gynae services at Kings. Authoritative source.
Style of article: opinion, comment

A sample card

15.2   Plagiarism

To plagiarise means 'to steal ideas or passages from another's work and present it as one's own' *(Collins Concise Dictionary and Thesaurus 1995).*

Students plagiarise for different reasons. It is **academic misconduct** (cheating) and carries severe penalties (see the University's *Calendar*). In some cases it is deliberate but whether it is deliberate, ignorance or innocence, the piece of work in which it is detected could be awarded a fail.

Plagiarism can occur in three main ways:

lifting information from published texts without acknowledging the original source
paraphrasing ideas from texts without referring to the original author
copying the work of other students (the collaborator will be penalised too).

Merely changing a few words from the original is not sufficient to claim the ideas as your own. Each piece of submitted work must carry a declaration that it is entirely your work except where acknowledged as the work of others. Always **give your sources accurately** and you will escape this charge.

All students need to be aware of the main points of copyright law and the provisions of the new blanket licence held by the University with the Copyright Licensing Agency. Further information is available at www.surrey.ac.uk/Library/copyright.shtml and in paper form in Library Help Leaflet no.15.

15.3 Variations in style

Minor variations in style will be evident as you read the journals and other people's work, even within the Harvard system. For example, some use brackets round the date in the reference list, some put the date at the end of the reference and so on.

The most important thing is to **be accurate in every detail** of the information you include and **be consistent throughout** your work.

16 IN SUMMARY

You will find that referencing is a help to you if you are methodical and careful in your record keeping. Your markers will be delighted if they note a high standard in your referencing and never have to write "Some references not listed, work not cited accurately". We hope that this guide will help you to reference, if not perfectly, at least very well.

REFERENCES

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[Accessed 21 Oct 1997]

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O'Keefe E 1995 Values and ethical issues <u>In</u>: Pike S, Forster D (eds.) *Health promotion for all* Churchill Livingstone, Edinburgh pp 51-65

Oakley A, Rajan L 1989 The social support and pregnancy outcome study <u>In</u>: Robinson S, Thomson A, Tickner V (eds.) *Research and the midwife conference: proceedings 1988*. Privately published.

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Sharp JA, Howard K 1996 *The management of a student research project* 2nd edn. Gower, Aldershot

Smellie W 1752 *A treatise on the theory and practice of midwifery* (facsimile edition reprint 1974) Bailliere Tindall, London

Smith DK, Marteau TM 1995 Detecting foetal abnormality: serum screening and fetal anomaly scans *British Journal of Midwifery* **3**(3):133-136

Taylor S, Field D 1997 *Sociology of health and health care* 2nd edn. Blackwell, Oxford

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Wellington A 1997 *Fathers' presence at childbirth; exploring the perceptions of Ghanaian men* Unpublished MSc dissertation, University of Surrey, Guildford

PART SIX : POLICIES AND PROCEDURES

Grievance Procedures

Underlying these grievance procedures is the basic principle and an understanding within the University that a complainant should feel able to make a complaint or express a grievance without fear of victimisation or reprisal. Evidence of victimisation or reprisal may lead to disciplinary procedures.

A number of forms of "grievance" may be differentiated:

Concern relating to the general content and/or general administrative arrangements associated with programmes of study within a School. General academic or administrative concerns relating to a programme of study should be raised at staff/student liaison committees, the appropriate Board of Studies and/or the School Academic Board via the student representatives. Issues relating to a particular module/unit may be raised directly with the module organiser concerned. Course/module

evaluation forms provide further opportunity on a confidential basis to identify aspects of particular courses with which students are dissatisfied. If dissatisfaction persists, the personal tutor or Director of Studies can be asked to intervene.

Grievance relating to examination and assessment. Concerns arising from examination procedures or about decisions relating to a student's progress arising from examination and assessment procedures should be addressed to the Chair of the Board of Examinations. Thereafter, a student should refer to Calendar Part 2 Section F in which Appeals procedures are published within the appropriate General Regulations.

Grievance or complaint about the nature and quality of general services and facilities provided centrally by the university. Students should refer to the University's Complaints Procedure. A Guide to the Complaints procedure is available from the Student Advice and Information Centre and the Student's Union. The Guide also provides information on sources of advice about procedure.

Grievance of a personal nature. The paragraphs below relate specifically to grievances of a personal nature that may arise from difficulties, for example, with other students, with members of staff, with the student's own supervisor or from inequality of treatment or other forms of discrimination.

Grievance of a personal nature should in the first instance, normally be taken up directly with the student's personal tutor, who will bring his/her best efforts to bear with appropriate University colleagues to resolve the matter with or on behalf of the student.

If the grievance cannot be resolved satisfactorily with or by the personal tutor, an approach should be made to the Director of Studies setting out in writing the difficulties that are unresolved. The Director of Studies will discuss the matter with the personal tutor and the student with a view to finding a resolution.

In the event that the grievance arises from the working relationship with the personal tutor, the matter should normally be raised directly with the personal tutor in the first instance with a view to resolving the matter.
If a resolution cannot be found, an approach should be made to the Head of School (or designated deputy), who will discuss the matter with the student and the tutor with a view to finding a resolution. The Head of School may, *inter alia*, make arrangements for the student to be assigned to another personal tutor.

If, for any reason, the student believes that the course of action determined by the Head of School is inappropriate or ineffective, an approach may be made to the Dean of Students on behalf of the Pro-Vice-Chancellor (Teaching and Learning). The Dean of Students may, *inter alia,* establish a small group to consider the grievance.

An acknowledgement will be sent to the complainant within five working days of the Director of Studies receiving a complaint and a full written response sent within fifteen working days unless more time is needed for investigation, in which case the Director of Studies will send an interim report outlining progress so far.

Policy on the Use of Illegal Drugs by Students

The possession of illegal drugs is a criminal offence and possession with intent to supply is a more serious offence. It is also an offence to allow illegal drugs to be used on one's premises and so the University would be breaking the law if it permitted the possession, trafficking or use of illegal drugs on its property. It is therefore the policy of the University not to tolerate the possession, trafficking or use of illegal drugs on its premises.

Students found to be using or in possession of any illegal drugs, including cannabis, or who allow any guests or visitors to use illegal drugs, will, without prejudice to any other action which may be taken by the University, receive a substantial fine in accordance with the regulations concerning fines for misconduct and instructions to cease their illegal activities forthwith. If appropriate they will also receive a final warning from the relevant Court Warden and if their behaviour indicates that they are unsuitable for communal living, they may be asked to leave residences.

Legislation distinguishes between the crimes of possession and trafficking; the penalties for the latter being more severe. The University will therefore inform the Police through the University Security Advisers (Mr. Tony Watling {University Security Adviser} and Mr. Barry Jakeman {University Security Advisor}), of any student or visitor to the University who is found to be or is suspected of dealing in drugs. For those students or visitors found to be in possession of illegal drugs for their own use, on the first occasion, the University will deal with the matter under its own disciplinary procedures as outlined above in the hope that students will respond positively and not repeat the offence. Further offences may however lead to the University informing the Police in addition to taking its own disciplinary action.

The University does, however, wish to respond in a positive manner and supportively to students who have problems associated with the abuse of drugs or who may have been tempted to try illegal drugs for the first time. The University would much rather provide solutions to a problem than sanctions as in the long-term this is likely to prove more beneficial to the University community and society in general. Students are therefore encouraged to seek confidential advice and support through its care network, which includes the Health Centre, the Counselling Centre, the Wardens, the students' Union, the Personal tutors and the Ecumenical Chaplaincy Team. The School of Educational Studies runs a community education based programme through the Guildford Institute (in the town centre) which also provides advice, guidance and support in this area for students of the University.

Smoking policy

The University policy on smoking will apply to all University buildings except those which are let under a legal agreement or occupancy agreement to autonomous third parties such as Union House, Wates House and Student Residences. University staff working in such excluded buildings must observe the local policy on smoking.

The policy shall be as follows:

With effect from September 1996 there will be no smoking in any University managed buildings except those restaurants and bars designated as smoking areas. There will be no smoking in any University managed vehicles.

There will be periodic reviews of the policy in relation to restaurants and bars with an eventual extension of the ban on smoking to these areas.

There will be signs indicating those restaurants and bars where smoking will be permitted so long as this provision continues. Every effort will be made to sign no-smoking areas but the absence of no-smoking signs should not be taken to indicate that smoking is permitted.

The policy applies to all staff, students, visitors and contractors with the exception outlined below.

The policy applies at all times except when parts of the premises are hired out for meals or used for other social occasions in connection with private functions or similar events. At such times the decision about whether the area will be smoking or non-smoking will be at the discretion primarily of the manager of the premises involved but with regard to the wishes of the client.

Equal opportunities policy

Please refer to UniS "The Undergraduate Student Handbook" page 37

Harassment procedure

Please refer to UniS "The Undergraduate Student Handbook" page 40

Health and safety procedure

University of Surrey Calendar Part 2 Section J.

Please refer to UniS "The Undergraduate Student Handbook" page 44

As provided for in section 2(3) of the Health and Safety at Work Act 1974, the policy of the University with regard to health, safety and welfare at work is stated. Attention is drawn to the booklet 'Safety Guidance for Students at Work, in Residences and at Leisure', published by the University of Surrey Safety Office, a copy of which is available to each student.

Any student who has an accident, however minor, must ensure an 'Accident and Incident Report' form is completed and returned to the appropriate person. For accidents or incidents occurring on the Stag Hill campus, forms can be obtained from Reception on level 0 of DOK building. Those occurring on trust sites need to be reported to the appropriate manager.

In addition to the University's counselling services available on campus, for pre-registration students services are available at Crawley and Chichester and can be accessed through the University counselling service.

HIV/AIDS policy

The University is committed to equality of opportunity in its employment. It is also committed to protecting and promoting the health of its employees. Should a student have any concerns regarding HIV/AIDS please refer to the University policy via EIHMS Student Services.

SITE FACILITIES

UNIVERSITY OF SURREY CAMPUS

European Institute of Health & Medical Sciences
Duke of Kent Building
Guildford
Surrey GU2 7TE
Telephone: 01483 686700

1.   You must familiarise yourself with the fire evacuation procedure.

2.   Be aware of the security on the site:

Wear identification badge at all times.
Ensure that doors/windows are closed on leaving rooms.
Disconnect all electrical equipment which has been used.
Ensure that personal belongings are secure.

The Institute operates a "No Smoking" policy.

4.   A public telephone is situated in the reception area on the ground floor for all personal calls. Only in exceptional cases are Institute telephones to be used, ie:

to answer "bleeps"
in emergencies e.g. sick children/relative of course participants

THE FIRST AID BOX IS SITUATED IN A MARKED CABINET IN RECEPTION ON THE GROUND FLOOR, DUKE OF KENT BUILDING

Every endeavour will be made to take urgent messages for visitors.

Please leave the building in a clean and tidy state.

Many varied catering facilities are available throughout the University campus.

9.   A Pay-and-Display system operates at the University car parks. Current tariffs will be displayed in the student communications room on level 2 Duke of Kent building.

**THE EDUCATION CENTRE,
CRAWLEY HOSPITAL**

European Institute of Health and Medical Sciences
Education Centre
Crawley Hospital
West Green Drive
Crawley
Sussex RH11 7DH

Telephone: 01293 600344

You must familiarise yourself with the fire evacuation procedure and sign the In/Out Book in Reception. Please print your name clearly in capital letters for ease of identification in the event of an emergency evacuation.

Be aware of the security on the site:

a.   Wear identification badge at all times.
b.   Ensure that doors/windows are closed on leaving rooms.
c.   Disconnect all electrical equipment which has been used.
d.   Ensure that personal belongings are secure.

3.   The Institute operates a "No Smoking" policy.

A public telephone is situated on the first floor for all personal calls. Only in exceptional cases are Institute telephones to be used, i.e.:

to answer "bleeps"
in emergencies, e.g. sick children/relative of course participants

4.   THE FIRST AID BOX IS SITUATED IN A MARKED CABINET ON THE WALL

Every endeavour will be made to take urgent messages for visitors.

Please leave the building in a clean and tidy state.

Limited catering is available through vending machines.

Limited car parking available on site. Please park with due consideration, clamping procedures are in operation.

CHICHESTER CAMPUS

European Institute of Health and Medical Sciences
First Floor of West Block
St. Richard's Hospital
Spitalfield Lane
Chichester
West Sussex
PO19 4SE

Tel: 01243 532252
Fax: 01243 536063

Entrance to Chichester Campus is at the rear of West Block (Women's and Children's) at St. Richard's Hospital. Please be aware that entry cannot be gained through the main hospital.

Campus opening hours:
Monday to Thursday 0830: to 17:00 (16:30 out of semester)
Friday 08:30 to 16:30

St. Richard's Hospital operates a NO SMOKING policy in all buildings and the grounds of the hospital.

In accordance with hospital policy, mobile telephones must be switched off on entering the building.

Instructions in the event of a fire are posted in the corridor within the Campus. In event of a fire alarm in this area (continuous ringing of bells) please leave the building immediately and go to nearest car park.

The First Aid box is kept in the Administrator's office.

Campus telephones may only be used in an emergency.

Visitors to the European Institute of Health and Medical Sciences may use the Hospital's public car parks. Please be aware that charges apply. Chichester pre-registration students on placement may use St. Richard's Staff car parks but will require St. Richard's swipe cards for exit.

A hot drinks vending machine and chilled water dispenser are provided for students/visitors' use within the Campus. Catering facilities are available in the main hospital.

Appendix 3:   Proposal to FSDLT to fund SPEF

Supporting professional education in the field

1   Aims and Relevance to University teaching and learning strategy

This application for funding from the FSDLT is a continuation of EIHMS's 2002-3 development work in which the School undertook to explore and develop the scope to increase electronically mediated distance learning methods. The intention is to set up and develop over the next five years a sustainable organisational infrastructure and culture capable of supporting the effective use of e-learning technology. This programme for culture change within EIHMS's approaches to pedagogy will enable the VLE to become a medium of learning and support to students in both university and practice phases of learning. To facilitate the work the School has set up an E-learning Strategy Working Group under the auspices of the School Teaching and Learning Committee. This group has the remit to ensure that the e-learning strategy promotes a coherent student experience, supported by appropriate infrastructure and appropriate programme of staff development to ensure staff resources for sustainability. The School has also committed itself to a 2 year e-learning project to facilitate access to the international market for Masters level programmes from 2005-6. This specific post-graduate focus remains consistent with the UniS Teaching and Learning priority of increasing use of new learning technologies for flexible delivery and growth of postgraduate provision.

An opportunity arises, however, through the FSDLT, to complement this focused 'deep end' postgraduate development in e-learning with a 'shallow end' development in high throughput, entry level undergraduate e-learning, thereby significantly increasing the use of learning technologies across the student population and allowing economies of scale in the use of academic resources to accrue. Undergraduate teaching and learning in EIHMS proceeds through carefully designed programmes of classroom based learning in the university and the development of clinical skills through practice and reflection in student placements arranged in local NHS trusts. Providing continuity between what students learn in the classroom and what they consolidate in their geographically dispersed practice is a significant challenge for EIHMS and one which e-learning offers significant benefits: by maintaining the support of peer groups and providing professional tutorial support to students in their practice phases.

The aim of the project therefore is to support students in enriching their understanding of what they learn in the classroom through electronically mediated, staff supported, peer group discussion and reflection during their professional placements in NHS trusts 'in the field'. The intended outcome of the project is a sustainable culture shift from labour and travel intensive support to students in the field towards electronically mediated professional tutor and peer support. This project will focus on supporting high throughput healthcare programmes for pre-registration students for whom widening participation and supporting their entry into Higher Education is a high priority. Providing students with assistance in articulating responses to their professional experience in the field will encourage articulacy in relating practice to theory which will benefit them across the curriculum. By supplementing existing programme provision of classroom based learning and professional practice by facilities to link them together, the use of the VLE will help refresh course provision. It will allow students in professional tutor groups to maintain group learning avenues whilst geographically separated across NHS trusts, thereby providing for flexible delivery for students residing in a widely dispersed geographical area associated with the different health care trusts.

The project will focus on two key learning themes undertaken within the first year of the pre-registration nursing programme concerned with the development of fundamental and professional skills. These two learning themes are:
Ethics and valuing people amidst diversity
Biological sciences

2 Objectives and School Service Plans addressed

The project's objectives are to:
implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings;
integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments, thereby helping link practice with theory;
establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student centred and enquiry based learning, wherever it is cost effective and appropriate using practitioner based projects.

The objectives will be achieved through making use of the UniS VLE to provide electronically mediated, tutor moderated, peer support groups for first year Dip HE students in adult nursing in the Feb 05 EIHMS student intake; and by disseminating the challenges and successes of the project within the School as part of the pedagogic development of the School e-learning strategy.

Within the first year of the programme three 50 credit modules are undertaken in:
Fundamental and Professional Skills – learning outcomes include demonstrating an understanding of law and ethics in professional practice, demonstrating empathy in communication with verbal and non-verbal listening skills and management of feelings in clinical practice;
Care Delivery – learning outcomes include understanding physiological and biochemical processes in the body;
Health and Social Care – learning outcomes include demonstrating fairness and sensitivity when responding to individuals from diverse and oppressed groups; and maintaining anti-discriminatory practices.

The project will focus on supporting the students in their placement periods by providing electronically mediated group exercises and support in ethics and biological sciences, associated with required learning outcomes in the three modules outlined above.

Between Feb 05 and Feb 06 the students will spend approximately (ignoring vacation time):

3 months in classroom learning in EIHMS;
a further 2 months in classroom learning in EIHMS with one day per week in NHS trusts;
3 months in clinical placement;
1 month in classroom learning in EIHMS; and
3 months in clinical placement.

The periods described above in the practice setting, will form the basis for the tutor moderated e-learning.

In relation to the biological sciences, the project will implement the use of on-line texts from Pearson publishing, building on the success of the 'book bundle' all preparatory nursing students are required to purchase. Within the purchase price opportunity arises to test out Pearson's own Web CT Vista provision and to develop formative assessments

for use by students when in the field. In respect of ethics and valuing people, scenarios of ethical dilemmas experienced in practice will be developed and a problem based enquiry approach taken in the development of moderated on line discussion groups.

3   Evidence of wider application

More broadly the provision of the professional year at UniS creates opportunities for electronically mediated reflection, linking classroom instruction to professional practice across a range of disciplines. Such reflection might include consideration of vignettes of ethical dilemmas experienced in practice, as will be used in the proposed project. There are therefore opportunities to apply the lessons learnt from the project to supporting professional education in the field in these other disciplines, for example, in dietetics and in engineering. The use of online texts is likely to be of interest to the wider UniS teaching community in respect of lessons learnt from working with publishers on available materials as well as student and staff experiences.

4   Evidence of innovation

The combination of classroom based instruction and practice experience in the field including 'on the wards' has been a longstanding feature of professional healthcare education. Ensuring that classroom and practice experiences are mutually enriching has long faced the paradox that practice experience gains educational value when it is sustained over several weeks and months. But this sustainment of practice learning over long periods makes linkages between practice and classroom learning harder to manage. Increasing geographical distances between the university and student placements exacerbates the problem. Electronically mediated, professional tutor supported peer group reflection on practice experience offers an innovative solution to maintaining pedagogic links between classroom learning and professional practice whilst actively engaging the student in their own learning.

5   Availability of other funding and or support

EIHMS has already made provision within its School Plan of 2003 to support the development of the e-learning strategy and the postgraduate development which will continue over two years. Funding for this application is therefore sought in respect of a teaching lead to inform the work and support staff development of the professional tutors including preparation for, during and after e- moderating training from the CLD. The School has made available 0.2 FTE equivalent funding to support the project management of this application.   Further provision will be made in tutor, learning management and evaluation support to match FDSLT funding.

Funding will be sought during the project from the Surrey & Sussex Workforce Development Confederation in relation to the findings of the NHS scoping within the selected Trusts (see project plan). Such an approach would be consistent with the NHS e-learning strategy.

6   Dissemination of project outcomes

Dissemination of the project within EIHMS will use awareness raising through the School staff development seminar series and current School communication networks which reflect NHS practice geographical locations. This level of dissemination should reach 100% of the teaching staff within the School. Use will be made of the School's existing newsletter 'Learning in Partnership' to inform EIHMS staff and also NHS partners of the work. The UniS teaching and learning day will provide opportunity to reach a wider audience. More broadly the pilot studies conducted in 2005 as well as the final project

report will be disseminated at conferences and at the HEFCE Learning and Teaching Support Network.

The project will be an agenda item on the Programme Management Team keeping staff updated and informed: in particular to plan for continuity in provision in years 2 and 3 of the pilot cohort and extending provision to future cohorts. Continued dissemination will take place within the School through facilitated workshops for targeted scaled development of professional tutors in preparation for implementation of the activity within future cohorts and across other professional groups within the School, eg midwifery and operating department practice.

7   Project Evaluation

The Feb 05 Dip HE intake includes 144 adult branch nursing students in approximately twelve tutor groups of twelve students. Students are managed on practice placements through five defined geographical localities co-terminus with NHS Trusts. As part of the project evaluation strategy, electronically mediated support will be provided to approximately half of these, i.e. 72 students in six professional tutor groups possibly from two or three of the NHS localities. The remaining six professional tutor groups will continue to be supported in the traditional manner. This will decrease the risks of the project as well as enabling the achievement of learning outcomes (together with intended and unintended benefits) to be evaluated against a benchmark of traditional provision. There will also be series of qualitative evaluations of the benefits to learning as well as the penalties from the perspectives of staff, students and NHS trusts. The project evaluation will be managed through an evaluation advisory group. Programme Boards of Studies will be asked to set up a continuing evaluation strategy for e-learning inclusive of student evaluation as an element of the annual review and monitoring process.

8   Budgets

For the success of the project the School requires to secure a resource with appropriate e-learning expertise in the field and who has had experience of similar projects to inform the work and support the development of the professional tutors including preparation for and after e- moderating training by CLD. This bid seeks £17,655 per year, for two years, from the FSDLT to fund a teaching lead part time (Senior Lecturer/Tutor grade 0.4 FTE) from April 2004 – April 2006.

9   Copyright and Commercial Exploitation

There are no foreseen obstacles.

Project Plan
The project will commence in April 04 and complete in April 06.

The first stage of the project between April 04 and Feb 05 will focus on acquiring the technological and organisational infrastructure together with the pedagogic skills needed to ensure that the six professional tutors and 72 students are adequately prepared for the e-learning implementation. This will include scoping the possible infrastructure in the NHS trusts where student placements are provided.

The following steps are envisaged:

Identifying and procuring necessary resources of software and courseware, and teaching lead for EIHMS professional tutor development and support.

Scoping NHS Trusts to inform pilot implementation phase.

Defining appropriate learning activities, drawn from ethics and biological sciences, which support reflection on professional practice and consolidation of learning in the field.

Providing necessary training to professional tutors for moderating e-learning activities and supporting students in e-learning.

Conducting pilot trials in e-learning activities with Sep 04 student intake and with professional tutors.

The **second stage** of the project between Feb 05 and April 06 will focus on:

Ensuring students in Feb 05 intake are provided with adequate training in use of VLE to undertake tutor supported, peer group learning activities.

Implementing learning activities designed in stage 1 into the Feb 05 adult branch nursing student intake.

Providing for staff support during pilot implementation phase directed at sustainability for future e-learning activities.

Evaluating project between Feb 06 and April 06.

Specific responsibilities **– An overall e-learning project manager (John Strain), accountable to the Chair of the EIHMS Teaching and Learning Committee, will implement the project through a project management team comprising people with responsibilities for:**

Web CT vista courseware and e-monitoring expertise (CLD);

Teaching lead for learning material design and professional tutor development support. The teaching lead will have specific responsibility for the evaluation strategy (FSDLT funding);

Ethics and Bio-science tutoring expertise (EIHMS);

Feb 05 adult pathway leader (EIHMS);

Co-opt members from other UniS Schools with interest in the project.

Appendix 4: Student Module Evaluation Form (Practice)

European Institute of Health and Medical Sciences - University of Surrey
Student Module Evaluation - Master Practice

Please complete the following form in BLOCK CAPITALS with a BLACK pen. Where a box needs to be marked, please use a CROSS to indicate your response.

1. Which Locality you were working in?

Locality 1 ☐   Locality 2 ☐   Locality 3 ☐   Locality 4 ☐   Locality 5 ☐   Other ☐

Locality 1: Surrey & Sussex Healthcare NHS Trust; Surrey Oaklands NHS Trust; Crawley PCT; East Elmbrige & mid Surrey PCT; East Surrey PCT.
Locality 2: Ashford & St Peter's Hospitals NHS Trust; North Surrey PCT; North West Surrey Mental Health Partnership NHS Trust; Woking PCT.
Locality 3: Frimley Park Hospital NHS Trust; Blackwater Valley & Hart PCT; Surrey Hampshire Borders NHS Trust (Frimley End.)
Locality 4: Royal Surrey County Hospital NHS Trust; Guildford & Waverley PCT; Surrey Hampshire Borders NHS Trust (Guildford End.)
Locality 5: Royal West Sussex NHS Trust; Western Sussex PCT; West Sussex Health & Social Care NHS Trust; Horsham & Chactonbury PCT.

Family name/Surname (Optional)

☐☐☐☐☐☐☐☐☐☐

First name (Optional)

☐☐☐☐☐☐☐☐☐☐

Cohort:
m m   y y y y
☐☐ / ☐☐☐☐

Name of Practice Placement:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date Placement From:
d d   m m   y y y y
☐☐ / ☐☐ / ☐☐☐☐

Date Placement To:
d d   m m   y y y y
☐☐ / ☐☐ / ☐☐☐☐

Mentor 1 name:

☐☐☐☐☐☐☐☐☐ / ☐☐☐☐☐☐☐☐☐

Mentor 2 name:

☐☐☐☐☐☐☐☐☐ / ☐☐☐☐☐☐☐☐☐

Associate mentor:

☐☐☐☐☐☐☐☐☐ / ☐☐☐☐☐☐☐☐☐

aspects of your module. 1 = Very satisfied 2 = Satisfied 3 = Unsatisfied 4 = Very unsatisfied.

2. The placement welcomed me & I was able to work with my mentor on my first day:

☐ 1 ☐ 2 ☐ 3 ☐ 4

3. Orientation to my placement occurred on the first day:

☐ 1 ☐ 2 ☐ 3 ☐ 4

4. The orientation to placement form was completed in the first two days:
☐ 1 ☐ 2 ☐ 3 ☐ 4

5. The placement profile was easily accessible:
☐ 1 ☐ 2 ☐ 3 ☐ 4

6. Link tutors details were readily available:
☐ 1 ☐ 2 ☐ 3 ☐ 4

7. Appropriate educational support from EIHMS was available when sought:
☐ 1 ☐ 2 ☐ 3 ☐ 4

8. I discussed my placement learning outcomes with my mentor/assessor in the first 2 days:
☐ 1 ☐ 2 ☐ 3 ☐ 4

9. Opportunities to observe/assist were provided to help me achieve learning outcomes:
☐ 1 ☐ 2 ☐ 3 ☐ 4

10. My mentor(s) encouraged me to participate in decisions made about clinical care:
☐ 1 ☐ 2 ☐ 3 ☐ 4

11. My mentor(s) encouraged me to participate in the holistic care of patients/clients:
☐ 1 ☐ 2 ☐ 3 ☐ 4

12. My mentor(s) encouraged me to participate as a member of the multidisciplinary team:
☐ 1 ☐ 2 ☐ 3 ☐ 4

13. I was able to apply theory to practice: 14. My assessment was completed on time:
☐ 1 ☐ 2 ☐ 3 ☐ 4   ☐ 1 ☐ 2 ☐ 3 ☐ 4

15. I was encouraged to use research literature & findings pertinent to the placement:
☐ 1 ☐ 2 ☐ 3 ☐ 4

16. I had access to my mentor/associate mentor for at least 15 hours per week:
☐ 1 ☐ 2 ☐ 3 ☐ 4

17. I was appropriately supervised and supported during this placement:
☐ 1 ☐ 2 ☐ 3 ☐ 4

18. My progress was formatively discussed & documented throughout & I received feedback:
☐ 1 ☐ 2 ☐ 3 ☐ 4

19. I had a final summative interview with my mentor: ☐ 1 ☐ 2 ☐ 3 ☐ 4

20. I was able to achieve all my learning outcomes: ☐ 1 ☐ 2 ☐ 3 ☐ 4

21. The learning environment was satisfactory: ☐ 1 ☐ 2 ☐ 3 ☐ 4

22. The placement provided a safe & healthy working environment: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Please write additional constructive comments below:

Appendix 5: Data collection instruments (questionnaires, focus group topic guides, semi-structured interview schedules)

Appendix 5a: Student questionnaire – Care Delivery Module (Wave 1)

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Project Mercury Evaluation –
Student Self-Completion Questionnaire
FOR STUDENTS IN ALL LOCALITIES

Care Delivery Module

</div>

A.   INTRODUCTION

This short questionnaire is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. For the purposes of this questionnaire <u>we are interested in your experiences during the Care Delivery module only</u>.

Currently, Project Mercury has been introduced into localities 2 and 3. If you are in a locality where Mercury has not been introduced (1, 4 or 5) some of the questions will not apply to you but we are still very interested to hear about your experience of the Care Delivery module.

You do not have to complete this questionnaire but doing so would form a very useful contribution to the evaluation and the future development of the programme. In particular, it will help us to understand how e-learning can best be used to support students in practice.

Completed questionnaires will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of findings to protect your anonymity.

Please read the instructions carefully so that you only answer questions which are applicable to you.

1.   Please enter your student number (URN)

> ……………………………………………

For each question *please tick one box only* that best describes your view or experience

2.   In which locality are you based? (please tick one only)

Locality 1   Locality 2   Locality 3   Locality 4   Locality 5

If you answered Locality 1, 4 or 5 (non-mercury) please go to Section D
If you answered Locality 2 or 3 (mercury) please go to q.1 at the top of the next page

B.   PREPARATION AND EXPERIENCE OF ULEARN

1. **I feel that I was given adequate preparation for participating in the ULearn components of this module**

strongly agree   agree   neutral   disagree   strongly disagree

2. **I have participated in ULearn during the Care Delivery module**

frequently   occasionally   rarely   never

If you answered 'frequently', 'occasionally' or 'rarely' please go to Q.5.

If you answered 'never' please answer questions 3 and 4 and then go to SECTION D

3. **Please state briefly, in your own words, why you have not participated in ULearn during the Care Delivery module** *(please write your answer in the box below)*

```



```

4. **Please state briefly, in your own words, what would encourage you to participate in ULearn in future modules?**
    (please write your answer in the box below)

```



```

thank you: now please go to Section D

5. **Which ULearn activities did you participate in during the Care Delivery Module?** *(please tick all that apply)*

Module Information
General Resources
Formative Assessments
Nutrition/Microbiology/Physiology Resources
Infection Control Resources
ULearn User Guide
Other
…………………………………………………………

6. **I was able to access the ULearn materials from my placement location**

strongly agree   agree   neutral   disagree   strongly disagree

7. **I found it difficult to log-on to the ULearn site**

strongly agree   agree   neutral   disagree   strongly disagree

8. **Overall I found the ULearn site easy to use**

strongly agree   agree   neutral   disagree   strongly disagree

9. **Generally speaking, I did not enjoy using the ULearn site**

strongly agree   agree   neutral   disagree   strongly disagree

10. **The instructions for the on-line exercises were easy to understand**

strongly agree   agree   neutral   disagree   strongly disagree

11. **The ULearn components of the module did not clearly relate to the classroom parts of the Care Delivery Module**

strongly agree   agree   neutral   disagree   strongly disagree

12. **Overall I was satisfied with the ULearn components of the module**

strongly agree   agree   neutral   disagree   strongly disagree

13. **I feel that the ULearn components of the module have helped me to achieve the learning outcomes of the module**

strongly agree   agree   neutral   disagree   strongly disagree

14. **ULearn has made a positive contribution to my learning**

strongly agree   agree   neutral   disagree   strongly disagree

SECTION C: SUPPORT FROM TUTORS

1. **The support for ULearn activities from tutors was timely**

strongly agree   agree   neutral   disagree   strongly disagree

2. **Support for ULearn activities from tutors was not useful**

strongly agree   agree   neutral   disagree   strongly disagree

3. **Support for ULearn activities from tutors was appropriate**

strongly agree   agree   neutral   disagree   strongly disagree

4. Please state the <u>3 best things</u> about the ULearn components of the Care Delivery module

1. _____

2. _____

3. _____

5. Please state the <u>3 worst things</u> about the ULearn components of the Care Delivery module

1. _____

2. _____

3. _____

6. Is there anything else that you would like to say about the ULearn components of the Care Delivery module? *(please write in)*

SECTION D: OVERALL SATISFACTION

1. **I have been able to relate the classroom teaching I have received with my experience on placement**

    strongly agree   agree   neutral   disagree   strongly disagree

2. **I have been able to share my practice experience with other students**

    strongly agree   agree   neutral   disagree   strongly disagree

3. **I felt that I was in control of my own learning**

    strongly agree   agree   neutral   disagree   strongly disagree

4. **I did not find it useful to share my practice learning experiences with other students**

    strongly agree   agree   neutral   disagree   strongly disagree

5. **Overall, I was not satisfied with support from tutors**

    strongly agree   agree   neutral   disagree   strongly disagree

6. **Generally speaking, I am confident about using information technology**

    strongly agree   agree   neutral   disagree   strongly disagree

7. Please state the 3 best things about the Care Delivery module

1. _____

2. _____

3. _____

8. Please state the 3 worst things about the Care Delivery module
1. _____

2. _____

3. _____

SECTION E: DEMOGRAPHIC INFORMATION

1. **How old are you?** *(please tick one box below)*

i) 18-21   ii) 22-25   iii) 26-29   iv) 30-33
v) 34-37   vi) 38-41   vi) 42-45   vii) 46-49
viii) 50-53   ix) 54-57   x) 57+

2. **How would you describe yourself at the moment?** *(please tick one box below)*

i) single   ii)   living with partner
iii) married   iv)   other (please specify below)

----

3. **Do you have any form of physical or learning disability?**
(please tick one box below)
i)   Yes   ii) No

4. **Are you:*?** *(please tick one box below)*
i) male   ii) female

5. **Which of the following best describes your ethnic origin?**
(please tick one box only)

WHITE	❑
British...	❑
Greek/Greek Cypriot.....................................	❑
Irish	❑
Turkish/Turkish Cypriot.................................	❑
Any other White background (PLEASE TICK BOX AND WRITE IN BELOW)	
....	❑
....	
ASIAN OR ASIAN BRITISH	❑
Bangladeshi..	❑
Indian	❑
Pakistani	❑
Any other Asian background (PLEASE TICK BOX AND WRITE IN BELOW)	❑
....	
....	
BLACK OR BLACK BRITISH	❑
African...	❑
Caribbean	❑
Any other Black background (PLEASE TICK BOX AND WRITE IN BELOW)	
....	❑
....	
MIXED ETHNIC BACKGROUND	❑
White & Asian	❑
White & Black African	❑
White & Black Caribbean...............................	❑
Any other mixed background (PLEASE TICK BOX AND WRITE IN BELOW)	
....	❑
....	
CHINESE OR ANY OTHER ETHNIC GROUP	❑
Chinese...	❑
Any other group (PLEASE TICK BOX AND WRITE IN BELOW)	❑
....	

Appendix 5b: Student questionnaire – Health & Social Care Module (Wave 2)

<div style="border:1px solid #000;">

Project Mercury Evaluation –
Student Self-Completion Questionnaire

FOR STUDENTS IN ALL LOCALITIES
Health and Social Care Module

</div>

A.   INTRODUCTION

This short questionnaire is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. For the purposes of this questionnaire we are interested in your experiences during the Health and Social Care module only.

Currently, Project Mercury has been introduced into localities 2 and 3. If you are in a locality where Mercury has not been introduced (1, 4 or 5) some of the questions will not apply to you but we are still very interested to hear about your experience of the Health and Social Care module.

You do not have to complete this questionnaire but doing so would form a very useful contribution to the evaluation and the future development of the programme. In particular, it will help us to understand how e-learning can best be used to support students in practice.

Completed questionnaires will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of findings to protect your anonymity.

Please read the instructions carefully so that you only answer questions which are applicable to you.

3.   Please enter your student number (URN)

………………………………………………

For each question *please tick one box only* that best describes your view or experience

4.   In which locality are you based? (please tick one only)

Locality 1   Locality 2   Locality 3   Locality 4   Locality 5

If you answered Locality 1, 4 or 5 (non-mercury) please go to Section D
If you answered Locality 2 or 3 (mercury) please go to q.1 at the top of the next page

B.   PREPARATION AND EXPERIENCE OF ULEARN

1. I feel that I was given adequate preparation for participating in the ULearn components of this module

strongly agree   agree   neutral   disagree   strongly disagree

2. I have participated in ULearn during the Health and Social Care module

frequently   occasionally   rarely   never

If you answered 'frequently', 'occasionally' or 'rarely' please go to Q.5.

If you answered 'never' please answer questions 3 and 4 and then go to SECTION D

3. Please state briefly, in your own words, why you have not participated in ULearn during the Health and Social Care module *(please write your answer in the box below)*

4. Please state briefly, in your own words, what would encourage you to participate in ULearn in future modules?
(please write your answer in the box below)

thank you: now please go to Section D

5. Which ULearn activities did you participate in during the Health and Social Care Module? *(please write in your answer)*

6. I was able to access the ULearn materials from my placement location

strongly agree   agree   neutral   disagree   strongly disagree

7. I found it difficult to log-on to the ULearn site

strongly agree   agree   neutral   disagree   strongly disagree

8. Overall I found the ULearn site easy to use

strongly agree   agree   neutral   disagree   strongly disagree

9. Generally speaking, I did not enjoy using the ULearn site

strongly agree   agree   neutral   disagree   strongly disagree

10. The instructions for the on-line exercises were easy to understand

strongly agree   agree   neutral   disagree   strongly disagree

11. The ULearn components of the module did not clearly relate to the classroom parts of the Health and Social Care Module

strongly agree   agree   neutral   disagree   strongly disagree

12. Overall I was satisfied with the ULearn components of the module

strongly agree   agree   neutral   disagree   strongly disagree

13. I feel that the ULearn components of the module have helped me to achieve the learning outcomes of the module

strongly agree   agree   neutral   disagree   strongly disagree

14. ULearn has made a positive contribution to my learning

strongly agree   agree   neutral   disagree   strongly disagree

SECTION C: SUPPORT FROM TUTORS

1. The support for ULearn activities from tutors was timely

strongly agree   agree   neutral   disagree   strongly disagree

2. Support for ULearn activities from tutors was not useful

strongly agree   agree   neutral   disagree   strongly disagree

3. Support for ULearn activities from tutors was appropriate

strongly agree   agree   neutral   disagree   strongly disagree

4. Please state the <u>3 best things</u> about the ULearn components of the Health and Social Care module

1. _____

2. _____

3. _____

5. Please state the <u>3 worst things</u> about the ULearn components of the Health and Social Care module

1. _____

2. _____

3. _____

6. Is there anything else that you would like to say about the ULearn components of the Health and Social Care module? *(please write in)*

SECTION D: OVERALL SATISFACTION

1. I have been able to relate the classroom teaching I have received with my experience on placement

strongly agree   agree   neutral   disagree   strongly disagree

2. I have been able to share my practice experience with other students

strongly agree   agree   neutral   disagree   strongly disagree

3. I felt that I was in control of my own learning

strongly agree   agree   neutral   disagree   strongly disagree

4. I did not find it useful to share my practice learning experiences with other students

strongly agree   agree   neutral   disagree   strongly disagree

5. Overall, I was not satisfied with support from tutors

strongly agree   agree   neutral   disagree   strongly disagree

6. Generally speaking, I am confident about using information technology

strongly agree   agree   neutral   disagree   strongly disagree

7. Please state the 3 best things about the Health and Social Care module

1. _____

2. _____

3. _____

8. Please state the 3 worst things about the Health and Social Care module
1. _____

2. _____

3. _____

9. Please indicate whether you have access to the internet in the following locations (please tick all that apply)

At home (ordinary connection)   At home (broadband connection)
In practice placement   At University   other location
                                                (please write in below)

10. Which of the following locations are most suitable for using ULearn? *(please tick all that apply)*

From computer at home   From computer in practice placement
From computer at University   From computer at other location
                                                 (please write in below)

11. Are there any comments you would like to make about which locations you would like to access ULearn from? *(please write in your answer)*

SECTION E: DEMOGRAPHIC INFORMATION

1.   How old are you? *(please tick one box below)*

i) 18-21	ii) 22-25	iii) 26-29	iv) 30-33
v) 34-37	vi) 38-41	vi) 42-45	vii) 46-49
viii) 50-53	ix) 54-57	x) 57+	

2.   How would you describe yourself at the moment? *(please tick one box below)*

i) single   ii)   living with partner
iii) married   iv)   other (please specify below)

----

3.   Do you have any form of physical or learning disability?
(please tick one box below)
 i)   Yes   ii) No

4.   Are you:? *(please tick one box below)*
i) male   ii) female

5.   Which of the following best describes your ethnic origin?
(please tick one box only)

WHITE ....   ❑
British...   ❑
Greek/Greek Cypriot...   ❑
Irish ....   ❑
Turkish/Turkish Cypriot....................................   ❑
Any other White background (PLEASE TICK BOX AND WRITE IN BELOW)
....   ❑
....
ASIAN OR ASIAN BRITISH ....   ❑
Bangladeshi...   ❑
Indian ....   ❑
Pakistani ....   ❑
Any other Asian background (PLEASE TICK BOX AND WRITE IN BELOW)   ❑
....
....
BLACK OR BLACK BRITISH ....   ❑
African..   ❑
Caribbean ....   ❑
Any other Black background (PLEASE TICK BOX AND WRITE IN BELOW)
....   ❑
....
MIXED ETHNIC BACKGROUND ....   ❑
White & Asian ....   ❑
White & Black African ....   ❑
White & Black Caribbean...................................   ❑
Any other mixed background (PLEASE TICK BOX AND WRITE IN BELOW)
....   ❑
....
CHINESE OR ANY OTHER ETHNIC GROUP ....   ❑
Chinese...   ❑
Any other group (PLEASE TICK BOX AND WRITE IN BELOW)   ❑

If you need any further information, or have any queries,
please contact Mike O'Driscoll on 01483 68 6194
email: m.o'driscoll@surrey.ac.uk.

Appendix 5c: Student focus group topic guide – Fundamental and Professional Skills and Care delivery (SPEF localities)

Evaluation of Project Mercury
STUDENTS' Focus Group Topic Guide
(Fundamental and Professional Skills and Care Delivery Modules)
FOR STUDENTS IN MERCURY LOCALITIES (2 and 3)

This topic guide lists the main topics for discussion (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries
Introduce topic –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. We would like to ask you some questions about your experience of ULearn. Your participation in this focus group would form a very useful contribution to the evaluation and future development of the programme but you do not have to participate. If you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer for the focus group not to be recorded then the interviewer will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme so far?

2.   Now, thinking about the ULearn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   Has anyone here had experience of e-learning prior to the Diploma programme?

3.   Do you feel that you were adequately prepared for the ULearn components of the Diploma Programme or not?

(follow up with: 'please give examples of where you felt the preparation for the ULearn components of the Diploma Programme was adequate or where it was inadequate')

On the whole do you think the students' handbook and module outlines describe the programme accurately?

(follow up with: 'please give examples of how the programme differs from the description in the students' handbook/module outlines and examples of where the description is accurate')

Section D: Experience of ULearn

1.   How many people here participated in ULearn activities during the Fundamental and Professional skills or Care Delivery modules?

(if any that did not participate follow up with 'would you like to say why you did not participate in any ULearn activities?')

2.   Which ULearn activities did you take part in?
(if necessary prompt with;

ULearn activities available in FPS module: *consent task; discussion board*
ULearn activities available in Care Delivery module: *module information, general resources, formative assessments nutrition/microbiology/physiology resources, infection control resources, ULearn user guide*

3.   Did you enjoy the ULearn activities which you took part in?
(if necessary follow up with; 'why did you enjoy it?' or 'why did you not enjoy it?'; 'did you find the ULearn activities easy to participate in or not?')

4.   Did you experience any barriers to your participation in ULearn components of the programme?
(if necessary prompt with; 'these barriers may have been to do with demands on your time, confidence with information technology, personal reasons or due to some other factor')

5.   Do you feel that you experienced ULearn in the different modules in different ways?
(if necessary prompt with; 'were the ULearn components of particular modules more demanding or less demanding?'; 'was the ULearn component of particular modules more rewarding or less rewarding?').
6.   Would you like to say anything about the balance of ULearn and 'face to face' learning on the programme?

(if necessary prompt with; 'would you have liked more ULearn in the programme or less?'; 'is the balance right or not?').

7. Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences regarding your experience of U-Learn?

Section E: Support from tutors

1. In general, do you feel that you received the support you needed from tutors?

2. Do you feel that you received the support you needed from tutors while participating in ULearn components of the programme?
(follow up with: 'was support from tutors timely; appropriate; useful?')

3. Is there any support which you did not receive, but would have liked to receive, while participating in ULearn components of the programme?

4. Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences in terms of the support you received from tutors?

Section F: Relating theory and Practice

1. How would you describe the links between theory and practice on the programme?

2. Do you feel that the ULearn components in the different modules helped you to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; 'what do you think would have helped you to increase/improve the links between theory and practice learning?')

3. Do you feel that you have been able to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; 'what do you think would have helped you to increase/improve the links between theory and practice learning'?)

4. Were you able to share your practice experience with fellow students?
(follow up with: 'if so, did you find that useful; in what ways?'; 'If not why was that?'; 'what could be done to facilitate the sharing of practice experience?')

5. Did you find it useful to be able to share your practice experience with fellow students?

6. Did you feel that your mentors were aware of the ULearn component of the Diploma Programme?

7. Did you feel that your mentors were supportive of the ULearn component of the Diploma Programme?

8. Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences in the way you related theory and practice?

Section G: Suggestions for improving the learning experience

1.   Is there anything you would like to say about how the programme could be improved or developed?

2.   Is there anything you would like to say about how the ULearn components of the programme could be improved or developed?

Section H: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5d: Student focus group topic guide – Fundamental and Professional Skills and Care delivery (Non-SPEF localities)

Evaluation of Project Mercury
STUDENTS' FOCUS GROUP TOPIC GUIDE
Fundamental and Professional Skills/ Care Delivery Modules
FOR STUDENTS IN NON-MERCURY LOCALITIES

This topic guide lists the main topics for discussion (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce topic –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. We would like to ask you some questions about your experience even though ULearn has not been introduced in your locality. Your participation in this focus group would form a very useful contribution to the evaluation and future development of the programme but you do not have to participate. If you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer for the focus group not to be recorded then the interviewer will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme?

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   On the whole do you think the students' handbook and module outlines describe the programme accurately?
(follow up with: 'please give examples of how the programme differs from the description in the students' handbook/module outlines and examples of where the description is accurate')

Section D: Experience of programme

1.   On the whole do you think your first year on the programme was how you expected it to be?
(follow up with: 'please give examples of when the programme met your expectations and when it differed from them?'

Section E: Support from tutors

1.   Do you feel that you received the support you needed from tutors?
(follow up with: 'did you receive the support you needed in the classroom and on placements?'; 'was support from tutors timely; appropriate; useful?';

2.   Is there any support which you did not receive, but would have liked to receive? Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences in terms of the support you received from tutors?

Section F: Relating theory and Practice

1.   How would you describe the links between theory and practice on the programme?

2.   Do you feel that you have been able to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; 'what do you think would have helped you to increase/improve the links between theory and practice learning?')

3.   Were you able to share your practice experience with fellow students?
(follow up with: 'if so, did you find that useful; in what ways?'; 'if not why was that?'; 'what could be done to facilitate the sharing of practice experience?')

4.   Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences in the way you related theory and practice?

Section G: Suggestions for improving the learning experience

1.   Is there anything you would like to say about how the programme could be improved or developed?

Section H: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5e: Students' focus group topic guide Health and Social Care (SPEF localities)

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Evaluation of Project Mercury
STUDENTS' Focus Group Topic Guide
(emphasis on Health and Social Care Module – also looking at overview for whole year)
FOR STUDENTS IN MERCURY LOCALITIES (2 and 3)

</div>

This topic guide lists the main topics for discussion (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce topic –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. We would like to ask you some questions about your experience of ULearn. Your participation in this focus group would form a very useful contribution to the evaluation and future development of the programme but you do not have to participate. If you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer for the focus group not to be recorded then the interviewer will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme so far?

2.   Now, thinking about the ULearn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   Has anyone here had experience of e-learning prior to the Diploma programme?

3.   Do you feel that you were adequately prepared for the ULearn components of the Diploma Programme or not?
(follow up with: 'please give examples of where you felt the preparation for the ULearn components of the Diploma Programme was adequate or where it was inadequate')

4.   On the whole do you think the students' handbook and module outlines describe the programme accurately?
(follow up with: 'please give examples of how the programme differs from the description in the students' handbook/module outlines and examples of where the description is accurate')

Section D: Experience of ULearn

1.   How many people here participated in ULearn activities during HSC module?

Note: **ULearn activities available in HSC module: *(JS to confirm)***

if any that did not participate follow up with 'would you like to say why you did not participate in any ULearn activities?')

2.   Which ULearn activities did you take part in?

3.   Did you enjoy the ULearn activities which you took part in?
(if necessary follow up with; 'why did you enjoy it?' or 'why did you not enjoy it?'; 'did you find the ULearn activities easy to participate in or not?')

4.   Did you experience any barriers to your participation in ULearn components of the programme?
(if necessary prompt with; 'these barriers may have been to do with demands on your time, confidence with information technology, personal reasons or due to some other factor')

5.   (for those whom it is applicable) Do you feel that you experienced ULearn in the different modules in different ways?
(if necessary prompt with; 'were the ULearn components of particular modules more demanding or less demanding?'; 'was the ULearn component of particular modules more rewarding or less rewarding?').

6.   Would you like to say anything about the balance of ULearn and 'face to face' learning on the programme?
(if necessary prompt with; 'would you have liked more ULearn in the programme or less?'; 'is the balance right or not?').

7**.**   Thinking about the HSC module and the previous 2 modules (the Fundamental and Professional Skills module, and the Care Delivery modules) were there any differences regarding your experience of U-Learn?

Section E: Support from tutors

1.   In general, do you feel that you received the support you needed from tutors?

2.   Do you feel that you received the support you needed from tutors while participating in ULearn components of the programme?
(follow up with: 'was support from tutors timely; appropriate; useful?')

3.   Is there any support which you did not receive, but would have liked to receive, while participating in ULearn components of the programme?

4.   Thinking about the Fundamental and Professional Skills module, and the Care Delivery module, were there any differences in terms of the support you received from tutors?

Section F: Relating theory and Practice

1.   How would you describe the links between theory and practice on the programme?

2.   Do you feel that the ULearn components in the different modules helped you to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; 'what do you think would have helped you to increase/improve the links between theory and practice learning?')

3.   Do you feel that you have been able to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; 'what do you think would have helped you to increase/improve the links between theory and practice learning'?)

4.   Were you able to share your practice experience with fellow students?
(follow up with: 'if so, did you find that useful; in what ways?'; 'If not why was that?'; 'what could be done to facilitate the sharing of practice experience?')

5.   Did you find it useful to be able to share your practice experience with fellow students?

6.   Did you feel that your mentors were aware of the ULearn components of the Diploma Programme?

7.   Did you feel that your mentors were supportive of the ULearn components of the Diploma Programme?

8**.**   Thinking about the HSC module and the earlier 2 modules (Fundamental and Professional Skills module, and the Care Delivery modules), were there any differences in the way you related theory and practice?

Section G: Suggestions for improving the learning experience

1.   Is there anything you would like to say about how the programme could be improved or developed?

2.   Is there anything you would like to say about how the ULearn components of the programme could be improved or developed?

Section H: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5f: Students focus group topic guide Health and Social Care (non-SPEF localities)

Evaluation of Project Mercury
STUDENTS' FOCUS GROUP TOPIC GUIDE

*(emphasis on Health and Social Care module –
but also looking at overview for whole year)*

FOR STUDENTS IN NON-MERCURY LOCALITIES (1,4,5)
This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce project –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. We would like to ask you some questions about your experience even though ULearn has not been introduced in your locality. You do not have to participate in this focus group but your participation would form a very useful contribution to the evaluation and the future development of the programme and, if you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer for the focus group not be recorded then the interviewer will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form (witnessed, signed and returned to moderator)

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme?

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

Section D: Experience of programme

1.   On the whole do you think your first year on the programme was how you expected it to be?
(follow up with: 'please give examples of when the programme met your expectations and when it differed from them?'
2.   On the whole do you think the curriculum documents describe the programme accurately?
(follow up with: 'please give examples of how the programme differs from the description in the curriculum documents and examples of where the description is accurate')

3.   Section E: Relating theory and Practice

1.   How would you describe the links between theory and practice on the programme?

2.   Do you feel that you have been able to relate your experience on placement with what you learnt in the classroom?
(follow up with: 'why do you think that was?'; what do you think would have helped you to increase/improve the links between theory and practice learning?)

3.   Were you able to share your practice experience with fellow students?
(follow up with: 'if so, did you find that useful; in what ways? If not why was that; what could be done to facilitate the sharing of practice experience?)

Section F: Support from tutors

1.   Do you feel that you received the support you needed from tutors ?
(follow up with:' did you receive the support you needed in the classroom and on placements?'; 'was support from tutors timely; appropriate; useful?';

2.   Is there any support which you did not receive, but would have liked to receive?

Section G: Suggestions for improving the learning experience

1. Is there anything you would like to say about how the programme could be improved or developed?

Section H: Debrief

2.   Are there any issues that have not been raised but which you would like to discuss or comment on?

3.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

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Evaluation of Project Mercury

TUTORS FOCUS GROUP TOPIC GUIDE (mercury group)

Fundamental and Professional Skills module

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This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these.   The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce project –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'U-Learn' website. You do not have to be interviewed and, if you do agree to be interviewed, you may end your participation at any time. We would like to tape record the focus group to assist with the data analysis process. If you would prefer for the interview not be recorded then the interviewer will simply take notes. The tapes will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to tape focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme?

2.   Now, thinking about the U-Learn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   Has anyone here had experience of U-Learn, or other e-learning vehicles, prior to the Diploma programme?

3.   Do you feel that you were adequately prepared for your role in the U-Learn components of the Diploma Programme or not?

4. Do you feel that students were adequately prepared for the U-Learn components of the Diploma Programme or not?

Section D: Risks, challenges and benefits of U-Learn

1. What do you think are the major risks and challenges of Project Mercury?

2. What do you think are the major benefits and opportunities of Project Mercury?

Section E: Experience of U-Learn

1. What role have you had in relation to U-Learn?

(if necessary prompt with 'moderating discussion board; preparing materials; uploading or editing materials to the U-Learn website; assessing students work)

2. Do you feel that your role in U-Learn has had any affect on the other work which you do?

(if necessary follow up with 'for instance has it created additional pressure of work or has it reduced your workload?').

3. Did you enjoy your role in relation to U-Learn?
(if necessary follow up with; 'why did you enjoy it?' or 'why did you not enjoy it?'; did you find the U-Learn activities easy to participate in or not?); 'would you like to have a different role in relation to U-Learn?'

4. Did you experience any barriers to your participation in U-Learn components of the programme?

(if necessary follow up with; 'these barriers may be for technical reasons, personal reasons or due to some other factor).)

5. Would you like to say anything about the balance of U-Learn and 'face to face' learning on the programme?

(if necessary prompt with; 'would you have liked more U-Learn in the programme or less; is the balance right or not?).

Section F: Support from your management/the school

1. Do you feel that you received the support you needed from your manager/the school while participating in U-Learn components of the programme?
(follow up with: 'was support from tutors timely; appropriate; useful?';

2. Is there any support which you did not receive, but would have liked to receive, while participating in U-Learn components of the programme?

Section G: Relating theory and Practice

1. How would you describe the links between theory and practice on the programme?

2. Do you feel that the U-Learn components in the different modules helped students to relate their experience on placement with what they learnt in the classroom?

(follow up with: 'why do you think that was?'; what do you think would have helped them to increase/improve the links between theory and practice learning?)

3. Do you think students found it useful to share their practice experience with fellow students?

4. Did you feel that students' mentors were aware of the U-Learn component of the Diploma Programme?

5. Did you feel that students' mentors were supportive of the U-Learn component of the Diploma Programme?

Section H: Suggestions for improving the learning experience

1. Is there anything you would like to say about how the U-Learn components of the programme could be improved or developed?

Section I: Debrief

1. Are there any issues that have not been raised but which you would like to discuss or comment on?

2. Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5h: Tutor focus group topic guide – Fundamental and Professional Skills (Non-SPEF localities)

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Evaluation of Project Mercury
Focus Group Topic Guide for TUTORS (NON-MERCURY)
Fundamental and Professional Skills Module

</div>

This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce project –
This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. For the purposes of this focus group we are primarily interested in your experiences during the Fundamental and Professional Skills module.
 You do not have to participate in the focus group and, if you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer the focus group not be recorded then the moderator will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the focus group data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?
Ask participants to complete consent form
Ask permission to record focus group
If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience of teaching on the Diploma Programme?

2.   Now, thinking about the ULearn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1. Generally speaking, do you feel confident about using information technology or not?

2. Has anyone here had experience of ULearn, or other e-learning vehicles, prior to the Diploma Programme?

3. Do you feel that students were adequately prepared for the ULearn components of the Diploma Programme or not?

Section D: Risks, challenges and benefits of Project Mercury

1. What do you think are the major risks and challenges of Project Mercury?

2. What do you think are the major benefits and opportunities of Project Mercury?

Section E: Supporting Students

1. How do you feel about the support you have been able to give to students in practice?

Section F: Relating theory and Practice

1. How would you describe the links between theory and practice on the programme?

2. Do you think students found it useful to share their practice experience with fellow students?

3. Do you feel that the ULearn components in the **Diploma Programme** helped students to relate their experience on placement with what they learnt in the classroom?*(follow up with: 'why do you think that was?'; what do you think would have helped them to increase/improve the links between theory and practice learning?)*

4. Did you feel that students' mentors were aware of the ULearn component of the Diploma Programme?

5. Did you feel that students' mentors were supportive of the ULearn component of the Diploma Programme?

Section G: Suggestions for improving the learning experience

1. Is there anything you would like to say about how the ULearn components of the **Diploma Programme** could be improved or developed?

Section H: Debrief

1. Are there any issues that have not been raised but which you would like to discuss or comment on?
2. Is there anything that you would like to ask me about this focus group or about the evaluation in general? ***Thanks and end***

Appendix 5i: Tutor focus group topic guide – Care Delivery (SPEF localities)

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Evaluation of Project Mercury
TUTORS FOCUS GROUP TOPIC GUIDE (mercury group)
Care Delivery Module

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This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these.   The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries
Introduce project –
This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. For the purposes of this focus group we are primarily interested in your experiences during the Care Delivery Module.
 You do not have to participate in the focus group and, if you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer the focus group not be recorded then the moderator will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the focus group data to protect your anonymity.
Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction
1.   Can you each give me one word or phrase that summarises how you feel about your experience on Diploma Programme?

2.   Now, thinking about the U-Learn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   Has anyone here had experience of U-Learn, or other e-learning vehicles, prior to the Diploma Programme?

3.   Do you feel that you were adequately prepared for your role in the U-Learn components of the Diploma Programme or not?

4.   Do you feel that students were adequately prepared for the U-Learn components of the Diploma Programme or not?

Section D: Risks, challenges and benefits of U-Learn

1.   What do you think are the major risks and challenges of Project Mercury?

2.   What do you think are the major benefits and opportunities of Project Mercury?

Section E: Experience of U-Learn

1.   What role have you had in relation to U-Learn during the Diploma Programme? *(if necessary prompt with 'moderating discussion board; preparing materials; uploading or editing materials to the U-Learn website; assessing students work)*

2.   Do you feel that your role in U-Learn during the Diploma Programme has had any affect on the other work which you do? *(if necessary follow up with 'for instance has it created additional pressure of work or has it reduced your workload?').*

3.   Did you enjoy your role in relation to U-Learn during the Diploma Programme? *(if necessary follow up with; 'why did you enjoy it?' or 'why did you not enjoy it?'; did you find the U-Learn activities easy to participate in or not?); 'would you like to have a different role in relation to U-Learn?'*

4.   Did you experience any barriers to your participation in U-Learn components of the Diploma Programme? *(if necessary follow up with; 'these barriers may be for technical reasons, personal reasons or due to some other factor)*

5.   Would you like to say anything about the balance of U-Learn and 'face to face' learning during the Diploma Programme? *(if necessary prompt with; 'would you have liked more U-Learn in the programme or less; is the balance right or not?).*

Section F: Support from your management/the school

1.   Do you feel that you received the support you needed from your manager/the school while participating in U-Learn components of the Diploma Programme? *(follow up with: 'was support from tutors timely; appropriate; useful?';*

2.   Is there any support which you did not receive, but would have liked to receive, while participating in U-Learn components of the Diploma Programme?

Section G: Relating theory and Practice

1.   How would you describe the links between theory and practice during the Diploma Programme?

2.   Do you feel that the U-Learn components in the Diploma Programme helped students to relate their experience on placement with what they learnt in the classroom? *(follow up with: 'why do you think that was?'; what do you think would have helped them to increase/improve the links between theory and practice learning?)*

3.   Do you think students found it useful to share their practice experience with fellow students?

4.   Did you feel that students' mentors were aware of the U-Learn component of the Diploma Programme?

5.   Did you feel that students' mentors were supportive of the U-Learn component of the Diploma Programme?

Section H: Suggestions for improving the learning experience

1.   Is there anything you would like to say about how the U-Learn components of the programme could be improved or developed?

Section I: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5j: Tutors' focus group topic guide - Care Delivery (Non-SPEF localities)

<div style="border:1px solid; padding:1em;">

Evaluation of Project Mercury
Focus Group Topic Guide for TUTORS (NON-MERCURY)
Care Delivery Module

</div>

This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce project –

This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. For the purposes of this focus group we are primarily interested in your experiences during the Care Delivery module.
You do not have to participate in the focus group and, if you do agree to participate, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer the focus group not be recorded then the moderator will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the focus group data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction
1.   Can you each give me one word or phrase that summarises how you feel about your experience of teaching on the **Diploma Programme**?

2.   Now, thinking about the ULearn components of the **Diploma Programme**, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?

2.   Has anyone here had experience of ULearn, or other e-learning vehicles, prior to the **Diploma Programme?**
3.   Do you feel that students were adequately prepared for the ULearn components of the **Diploma Programme** or not?

Section D: Risks, challenges and benefits of Project Mercury

1.   What do you think are the major risks and challenges of Project Mercury?

2.   What do you think are the major benefits and opportunities of Project Mercury?

Section E: Supporting Students

1.   How do you feel about the support you have been able to give to students in practice?

Section F: Relating theory and Practice

1.   How would you describe the links between theory and practice on the programme?

2.   Do you think students found it useful to share their practice experience with fellow students?

3.   Do you feel that the ULearn components in the **Diploma Programme** helped students to relate their experience on placement with what they learnt in the classroom?
(follow up with: 'why do you think that was?'; what do you think would have helped them to increase/improve the links between theory and practice learning?)
4.   Did you feel that students' mentors were aware of the ULearn component of the **Diploma Programme?**

5.   Did you feel that students' mentors were supportive of the ULearn component of the **Diploma Programme?**

Section G: Suggestions for improving the learning experience
1.   Is there anything you would like to say about how the ULearn components of the **Diploma Programme** could be improved or developed?

Section H: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5k: Tutor focus group topic guide – Health and Social Care (SPEF and non-SPEF localities)

<table>
<tr><td>Evaluation of Project Mercury
TUTORS FOCUS GROUP TOPIC GUIDE –
MERCURY and NON-MERCURY Groups
Health and Social Care Module</td></tr>
</table>

This topic guide lists the main topics for discussions (Section Headings) and suggested questions under these. The moderator will decide which of these questions to ask depending on how the focus group develops.

Section A: Preliminaries

Introduce project –
This focus group is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. This session will focus on your experiences during the Health and Social Care Module but we are also interested in <u>any</u> experiences or views you may have about Project Mercury regardless of which module they relate to. You do not have to be interviewed and, if you do agree to be interviewed, you may end your participation at any time. We would like to tape record the focus group to assist with the data analysis process. If you would prefer for the interview not be recorded then the interviewer will simply take notes. The recording will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?

Ask participants to complete consent form

Ask permission to record focus group

If permission given - start recording; If any participant does not consent to recording then take written notes only.

Section B: Introduction

1.   Can you each give me one word or phrase that summarises how you feel about your experience on the Diploma Programme?

2.   Now, thinking about the ULearn components of the Diploma Programme, can you each give me one word or phrase that summarises how you feel about your experience? (This may be the same word or phrase as before or a different one).

Section C: Previous experience and preparation

1.   Generally speaking, do you feel confident about using information technology or not?
2.   Has anyone here had experience of ULearn, or other e-learning vehicles, prior to the Diploma programme?
3.   Do you feel that you were adequately prepared for your role in the ULearn components of the Diploma Programme or not?

4.   Do you feel that students were adequately prepared for the ULearn components of the Diploma Programme or not?

Section D: Risks, challenges and benefits of ULearn

1.   What do you think are the major risks and challenges of Project Mercury?
     What do you think are the major benefits and opportunities of Project Mercury?

Section E: Experience of ULearn

1.   What role have you had in relation to ULearn?
(if necessary prompt with 'moderating discussion board; preparing materials; uploading or editing materials to the ULearn website; assessing students work)
2.   Do you feel that your role in ULearn has had any affect on the other work which you do?
(if necessary follow up with 'for instance has it created additional pressure of work or has it reduced your workload?').
3.   Do you feel that your role in ULearn has had any affect on the way you teach or the ways in which you would like to teach in the future (your pedagogy)?

4.   Did you enjoy your role in relation to ULearn?
(if necessary follow up with; 'why did you enjoy it?' or 'why did you not enjoy it?'; did you find the ULearn activities easy to participate in or not?); 'would you like to have a different role in relation to ULearn?'

5.   Did you experience any barriers to your participation in ULearn components of the programme?
(if necessary follow up with; 'these barriers may be for technical reasons, personal reasons or due to some other factor)

6.   Would you like to say anything about the balance of ULearn and 'face to face' learning on the programme?
(if necessary prompt with; 'would you have liked more ULearn in the programme or less; is the balance right or not?).

Section F: Support from your management/the school

1.   Do you feel that you received the support you needed from your manager/the school while participating in ULearn components of the programme?
(follow up with: 'was support from tutors timely; appropriate; useful?');
2.   Is there any support which you did not receive, but would have liked to receive, while participating in ULearn components of the programme?

Section G: Relating theory and Practice
1.   How would you describe the links between theory and practice on the programme?

2.   Do you feel that the ULearn components in the different modules helped students to relate their experience on placement with what they learnt in the classroom?
(follow up with: 'why do you think that was?'; what do you think would have helped them to increase/improve the links between theory and practice learning?)
3.   Do you think students found it useful to share their practice experience with fellow students?

4.   Did you feel that students' mentors were aware of the ULearn component of the Diploma Programme?

5.   Did you feel that students' mentors were supportive of the ULearn component of the Diploma Programme?

Section H: Suggestions for improving the learning experience
1.   Is there anything you would like to say about how the ULearn components of the programme could be improved or developed?

Section I: Debrief

1.   Are there any issues that have not been raised but which you would like to discuss or comment on?

2.   Is there anything that you would like to ask me about this focus group or about the evaluation in general?

Thanks and end

Appendix 5l: Key informants – semi-structured interview schedule

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Project Mercury Evaluation
Semi-structured interview schedule – key informants

</div>

This interview is part of the evaluation of Project Mercury which introduces e-learning components into the Diploma programme. These components are accessed through the University of Surrey's 'ULearn' website. You do not have to be interviewed and, if you do agree to be interviewed, you may end your participation at any time. We would like to record the focus group to assist with the data analysis process. If you would prefer for the interview not be recorded then the interviewer will simply take notes. The recordings will be stored and destroyed in line with the Data Protection Act 1998. Care will be taken in the reporting of the interview data to protect your anonymity. Is there anything you would like to ask in relation to what I have said?
Ask participants to complete consent form; Ask permission to record interview.

If permission given - start recording; if permission not given take written notes only.

1.   **What is your role in relation to the Diploma programme?**

2.   **What is your role (if any) in relation to Project Mercury (e-learning components of the Diploma programme)?**

3.   **What preparation have students received regarding ULearn before going into Practice?**

This prompt may be used:

- *Do you feel that the preparation has been adequate?*

4.   **What preparation have tutors received regarding ULearn before going into Practice?**

This prompt may be used:

- *Do you feel that the preparation has been adequate?*

5.   **What do you consider are the main risks, benefits and challenges associated with Project Mercury?**

these prompts may be used:

- *students may not use the ULearn resources because the activities do not form part of their assessment (i.e. they may have low motivation to use ULearn)*
- *students may not be able to get access to fast reliable PCs (either at home or in trusts)*

6. **What do you consider are the main benefits or opportunities associated with Project Mercury**

    these prompts may be used:

7. **Do you think the balance of e-learning and traditional learning on the Diploma is optimal?**

    these follow-up questions may be used:

8. **Are there any issues that have not been raised but which you would like to discuss or comment on?**

9. **Is there anything that you would like to ask me about this interview or about the evaluation in general? THANKS AND END**

Appendix 5m: Key stakeholders – semi-structured interview schedule

- Explain that data will be treated as confidential and that interviewee's anonymity will be protected.

- The data will be stored on a computer

- Ask permission to record interview

Section A: Aims of Project Mercury

These are the aims of Project Mercury (as stated in the application to the Fund for the strategic development of Learning and Teaching). Please could you say, for each aim, to what extent you think it has been met.

- implement, support and disseminate the electronic mediation of tutor supported learning in the practice settings;

- integrate practice and classroom student learning in respect of programme learning outcomes during their periods in practice learning environments; thereby helping link practice with theory;

- establish within the pedagogic culture of EIHMS a commitment to electronic mediation of staff and peer support for student centred and enquiry based learning, wherever it is cost effective and appropriate using practitioner based projects.

Section B: Other

Is there anything else you would like to ask me about the evaluation of Project Mercury?

Thanks and end

Appendix 6: Testing student survey data for statistical significance - workings

Data from questions D1-D6 were chosen for statistical significance testing as these are the questions common to both SPEF (Mercury) and non-SPEF (Mercury) groups. Data from questions D1-D6 on the student questionnaire were recoded into two categories (agree and disagree). In order to carry out Chi square and Fisher exact tests neutral data was omitted from the analysis to be carried out on questions D1-D6 (for both Care Delivery and Health and Social Care modules) to establish whether differences between SPEF (Mercury) and non-SPEF (Mercury) groups were statistically significant. In all except one question (D5, Care Delivery) the chi-square analysis is invalid (as at least one cell has an expected count of less than five) but the Fisher exact test is valid.

Fisher exact test results (and chi-square results for the one question where this is valid) show no statistically significant differences between SPEF (Mercury) group and non-SPEF (Mercury) groups at the commonly accepted level of 0.05 (one in twenty) level for a two-tailed hypothesis.

D1 – 'I have been able to relate the classroom teaching I have received with my experience on placement'

Crosstab

			d1recode		Total
			1.00	2.00	
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	18	3	21
		Expected Count	19.2	1.8	21.0
	NON-MERCURY	Count	24	1	25
		Expected Count	22.8	2.2	25.0
Total		Count	42	4	46
		Expected Count	42.0	4.0	46.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.521[b]	1	.217		
Continuity Correction[a]	.501	1	.479		
Likelihood Ratio	1.558	1	.212		
Fisher's Exact Test				.318	.240
Linear-by-Linear Association	1.488	1	.223		
N of Valid Cases	46				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.83.

D2 'I have been able to share my practice experience with other students'

Crosstab

			d2recode		
			1.00	2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	21	1	22
		Expected Count	21.5	.5	22.0
	NON-MERCURY	Count	25	0	25
		Expected Count	24.5	.5	25.0
Total		Count	46	1	47
		Expected Count	46.0	1.0	47.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.161[b]	1	.281		
Continuity Correction[a]	.004	1	.948		
Likelihood Ratio	1.543	1	.214		
Fisher's Exact Test				.468	.468
Linear-by-Linear Association	1.136	1	.286		
N of Valid Cases	47				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .47.

D3: 'I felt that I was in control of my own learning'

Crosstab

			d3recode		
			1.00	2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	17	2	19
		Expected Count	15.3	3.7	19.0
	NON-MERCURY	Count	16	6	22
		Expected Count	17.7	4.3	22.0
Total		Count	33	8	41
		Expected Count	33.0	8.0	41.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.821[b]	1	.177		
Continuity Correction[a]	.910	1	.340		
Likelihood Ratio	1.904	1	.168		
Fisher's Exact Test				.249	.171
Linear-by-Linear Association	1.776	1	.183		
N of Valid Cases	41				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.71.

D4: **'I did not find it useful to share my practice learning experiences with other students'**

Crosstab

			d4recode		
			1.00	2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	3	16	19
		Expected Count	2.4	16.6	19.0
	NON-MERCURY	Count	2	19	21
		Expected Count	2.6	18.4	21.0
Total		Count	5	35	40
		Expected Count	5.0	35.0	40.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.358[b]	1	.550		
Continuity Correction[a]	.014	1	.905		
Likelihood Ratio	.359	1	.549		
Fisher's Exact Test				.654	.451
Linear-by-Linear Association	.349	1	.555		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.38.

D5: 'Overall I was not satisfied with support from tutors'

Crosstab

			d5recode		
			1.00	2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	7	10	17
		Expected Count	9.0	8.0	17.0
	NON-MERCURY	Count	10	5	15
		Expected Count	8.0	7.0	15.0
Total		Count	17	15	32
		Expected Count	17.0	15.0	32.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.079[b]	1	.149		
Continuity Correction[a]	1.182	1	.277		
Likelihood Ratio	2.106	1	.147		
Fisher's Exact Test				.178	.139
Linear-by-Linear Association	2.014	1	.156		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.03.

D6: 'Generally speaking, I am confident about using information technology'

Crosstab

			d6recode		Total
			1.00	2.00	
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	12	4	16
		Expected Count	13.5	2.5	16.0
	NON-MERCURY	Count	21	2	23
		Expected Count	19.5	3.5	23.0
Total		Count	33	6	39
		Expected Count	33.0	6.0	39.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.927[b]	1	.165		
Continuity Correction[a]	.878	1	.349		
Likelihood Ratio	1.902	1	.168		
Fisher's Exact Test				.205	.174
Linear-by-Linear Association	1.877	1	.171		
N of Valid Cases	39				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.46.

Health and Social Care module

D1: **'I have been able to relate the classroom teaching I have received with my experience on placement'**

Crosstab

			d1recode 1.00	d1recode 2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	15	1	16
		Expected Count	14.7	1.3	16.0
	NON-MERCURY	Count	19	2	21
		Expected Count	19.3	1.7	21.0
Total		Count	34	3	37
		Expected Count	34.0	3.0	37.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.131[b]	1	.718		
Continuity Correction[a]	.000	1	1.000		
Likelihood Ratio	.134	1	.715		
Fisher's Exact Test				1.000	.604
Linear-by-Linear Association	.127	1	.721		
N of Valid Cases	37				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.30.

D2: **'I have been able to share my practice experience with other students'**

Crosstab

			d2recode 1.00	d2recode 2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	18	1	19
		Expected Count	17.6	1.4	19.0
	NON-MERCURY	Count	21	2	23
		Expected Count	21.4	1.6	23.0
Total		Count	39	3	42
		Expected Count	39.0	3.0	42.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.185[b]	1	.667		
Continuity Correction[a]	.000	1	1.000		
Likelihood Ratio	.189	1	.664		
Fisher's Exact Test				1.000	.573
Linear-by-Linear Association	.180	1	.671		
N of Valid Cases	42				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1. 36.

D3: 'I felt that I was in control of my own learning'

Crosstab

			d3recode 1.00	d3recode 2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	16	1	17
		Expected Count	14.1	2.9	17.0
	NON-MERCURY	Count	18	6	24
		Expected Count	19.9	4.1	24.0
Total		Count	34	7	41
		Expected Count	34.0	7.0	41.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.569[b]	1	.109		
Continuity Correction[a]	1.396	1	.237		
Likelihood Ratio	2.879	1	.090		
Fisher's Exact Test				.207	.117
Linear-by-Linear Association	2.506	1	.113		
N of Valid Cases	41				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2. 90.

D4: 'I did not find it useful to share my practice experience with other students'

Crosstab

			d4recode 2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	17	17
		Expected Count	17.0	17.0
	NON-MERCURY	Count	20	20
		Expected Count	20.0	20.0
Total		Count	37	37
		Expected Count	37.0	37.0

Chi-Square Tests

	Value
Pearson Chi-Square	.a
N of Valid Cases	37

a. No statistics are computed because d4recode is a constant.

D5: 'Overall, I was not satisfied with support from tutors'

Crosstab

			d5recode 1.00	d5recode 2.00	Total
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	2	16	18
		Expected Count	2.5	15.5	18.0
	NON-MERCURY	Count	3	15	18
		Expected Count	2.5	15.5	18.0
Total		Count	5	31	36
		Expected Count	5.0	31.0	36.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.232b	1	.630		
Continuity Correctiona	.000	1	1.000		
Likelihood Ratio	.234	1	.629		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.226	1	.635		
N of Valid Cases	36				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.50.

D6: **'Generally speaking, I am confident about using information technology'**

Crosstab

			d6recode		Total
			1.00	2.00	
ARE THEY MERC OR NON-MERC (2 and 3 is merc: 1,4 and 5 are non-merc)	MERCURY	Count	13	6	19
		Expected Count	14.3	4.8	19.0
	NON-MERCURY	Count	17	4	21
		Expected Count	15.8	5.3	21.0
Total		Count	30	10	40
		Expected Count	30.0	10.0	40.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.835[b]	1	.361		
Continuity Correction[a]	.301	1	.583		
Likelihood Ratio	.838	1	.360		
Fisher's Exact Test				.473	.292
Linear-by-Linear Association	.815	1	.367		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.75.

Appendix 7: Raw data for Student Infection Control Test

Locality	Mean score on test
(SPEF localities 2 and 3 used workbook on ULearn), n=26	62.81
(non-SPEF localities 1,4 & 5 did not use workbook on ULearn), n=49	66.65
all localities, n=75	64.73

Student no. (anonymised)	Locality	score		Student no. (anonymised)	Locality	score
1	2	75		35	4	43
2	2	57		36	4	54
3	2	50		37	4	75
4	2	75		38	4	54
5	2	79		39	4	86
6	2	79		40	4	71
7	2	68		41	4	64
8	2	54		42	4	57
9	2	68		43	4	61
10	2	39		44	4	68
11	2	61		45	5	57
12	2	57		46	5	71
13	2	61		47	5	75
14	3	86		48	5	64
15	3	64		49	5	75
16	3	50		50	5	71
17	3	57		51	5	71
18	3	68		52	5	64
19	3	64		53	5	75
20	3	57		54	5	79
21	3	46		55	5	82
22	3	64		56	5	71
23	3	50		57	5	79
24	3	68		58	1	82
25	3	61		59	1	79
26	3	75		60	1	61
27	4	71		61	1	39
28	4	71		62	1	68
29	4	75		63	1	61
30	4	64		64	1	46
31	4	75		65	1	61
32	4	64		66	1	64
33	4	61		67	1	71
34	4	79		68	1	75
				69	1	57
				70	1	46
				71	1	64
				72	1	82
				73	1	61
				74	1	61
				75	1	61

Appendix 8: Adult Diploma Nursing – February 2005 intake – outline programme timetable

EUROPEAN INSTITUTE OF HEALTH AND MEDICAL SCIENCES

THEORY / PRACTICE FLOW DIAGRAM FOR DIPLOMA of HIGHER EDUCATION (NURSING)

FEBRUARY 2005 INTAKE

Please Note: The Theory / Practice Flow may be subject to change. Holiday periods are not normally subject to change except with advanced notification.

YEAR 1 CFP 2005/2006	CREDITS	MODULE No.	MODULE ORGANSR
Fundamental & Professional Skills	50	1	Rita Debnath
Care Delivery	50	2	Catherine Haynes
Health & Social Care	50	3	Sid Carter

Semester weeks / PROGRAMME WEEKS / SYSTEM WEEK

System week	Programme week	Semester week	Date
25	1	6	21-Feb-05
26	2	7	28-Feb-05
27	3	8	07-Mar-05
28	4	9	14-Mar-05
29	5		21-Mar-05
30	6	OOS	28-Mar-05
31	7		04-Apr-05
32	8		11-Apr-05
33	9	10	18-Apr-05
34	10	11	25-Apr-05
35	11	12	02-May-05
36	12	13	09-May-05
37	13	14	16-May-05
38	14	15	23-May-05
39	15		30-May-05
40	16		06-Jun-05
41	17		13-Jun-05
42	18		20-Jun-05
43	19		27-Jun-05
44	20		04-Jul-05
45	21	OOS	11-Jul-05
46	22		18-Jul-05
47	23		25-Jul-05
48	24		01-Aug-05
49	25		08-Aug-05
50	26		15-Aug-05
51	27		22-Aug-05
52	28		29-Aug-05
1	29	1	05-Sep-05
2	30	2	12-Sep-05
3	31	3	19-Sep-05
4	32	4	26-Sep-05
5	33	5	03-Oct-05
6	34	6	10-Oct-05
7	35	7	17-Oct-05
8	36	8	24-Oct-05
9	37	9	31-Oct-05
10	38	10	07-Nov-05
11	39	11	14-Nov-05
12	40	12	21-Nov-05
13	41	13	28-Nov-05
14	42	14	05-Dec-05
15	43	15	12-Dec-05
16	44		19-Dec-05
17	45	OOS	26-Dec-05
18	46		02-Jan-06
19	47		09-Jan-06
20	48	1	16-Jan-06
21	49	2	23-Jan-06
22	50	3	30-Jan-06
23	51	4	06-Feb-06
24	52	5	13-Feb-06

Key:
- Theory
- P - Portfolio Week
- OOS - Out of Semester weeks
- Practice
- Practice week with one study day in teaching
- Each student spends alternate weeks in Practice / Practice Related Reading Weeks

INDUCTION ... CONSOLIDATED THEORY ... TRUST VISIT ... CONSOLIDATED THEORY ... HOLIDAY MAX

DIRECTOR OF STUDIES ....

ACADEMIC PLANNER ....

Updated 9th-Feb-2005