Organising spine chilling examinations
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Introduction
Academia, health, and social care curricula were dramatically impacted in response to the COVID-19 pandemic (WHO, 2019). Nonetheless, this unforeseen circumstance provided the opportunity to reflect, and creatively develop new innovative ways of working. Within academia, the advanced practice curriculum was revised within a short time frame and pivoted from blended learning to an online fusion of asynchronous and synchronous teaching, learning, and assessment strategies (UWS, 2020).

Aims and Objectives
The Assessment and Decision-Making in Advanced Practice module is highly comprehensive and theoretical focused with innovative, sophisticated teaching and learning activities, including the Objective Structured Clinical Examinations (OSCE) which evaluates the participants metacognitive, affective, and psychomotor skills over 3 weeks within a multi-professional context, (Matthew, 2006, and UWS, 2020). This interprofessional pedagogy has been encouraged by clinicians, academics, and students to link the theoretical and clinical aspects of healthcare and academia while being supported by digital and learning strategies to create an effective and efficient future workforce linked to the four pillars of advanced practice (NES, 2019 and 2021; NMC, 2018; and Scottish Government, 2017).

Social Constructivism
Vygotsky’s (1980) paradigm underpinned the advanced clinical consultation simulation workshops to improve the students’ application and understanding of implementing multifaceted skills, for example:
- The cognitive stage (understanding skills): Collaborate with colleagues to create innovative reflective environments by using accessible materials for asynchronously pre-workshop.
- The associative stage (strengthens skills): Deliver simulating supportive, and synchronously simulating workshop environments.
- The autonomous stage (hones skills): Provide debriefing sessions and opportunities to gain clinical competencies with clinical supervision.

Test of Change
The pandemic separated us from our face-to-face social environments and propelled us into the virtual world with very little preparation (Nguyen, et al. 2020). Initial responses to the introduction of the virtual environment including; anxiety, tear, tears, hysteria, non-engagement due to a wide range of issues; for example; lack of technical capability, knowledge deficit, poor digital literacy, engaging online, redeployment, financial, academic inequalities, personal or professional commitments, which could have potentially disrupted their learning experience and pedagogical development (Burrell, 2015; Freire, 2014; Gillett-Swan, 2017; and RCN, 2020).

Oting, et al. (2010) advocate that social-cultural learning requires alignment of the student’s epistemological beliefs with the teaching and learning concepts. During the creation of the diverse innovative strategies, it was imperative to link the overall programme learning outcomes with the overarching themes of advancing practice: to develop the student’s confidence and competence while acknowledging the impact of their complex and multidimensional role (see Figure 1: and Table 1) (Bandura, 1977; NES, 2021 and Prosser, et al., 1994). Implementing the omnidirectional diachronic model was ideal to assess the impact of interpretations and continuously influenced the sequence of events while employing various communication skills to build a rapport and trust with students, clinicians, and lecturers (Berlo, 1980; Dewy, 1938). Underpinning the project with the quality improvement methodology, Pian, Do, Study, and Action Improvement Cycle provided the vision and communication channels with the various stakeholders to build resilience, confidence, and competence during the test of change (NHS Improvement, 2018).

As the students are continuing their advancing practice from novice to expert, they require guidance and learning across multiple complex disease processes while resolving real-life challenging simulated scenarios with support from an expert who has real-world experience (Bennet, 1982 and NES, 2021). Implementation of an online professional portfolio facilitated the transition of the theoretical aspects to clinical practice to obtain the mandatory advancing professional competencies (NES, 2018; and NMC, 2018). During this transitional period, the external mentors and students were provided additional on clinical supervision via discussion forums, exemplars, and videos (Scottish Government, 2017).

References

Outcomes
The results have improved by 10% and this successful, inventive use of technology is cost-effective, sustainable, and provided the opportunity for the academic team to reflect on their academic practice and rectify the variety of epistemic, sociocultural, or psychic distorted expectations (Mezirow, 1990). This hypothesis has been effective in more ways than one, as we have all benefited from improving our research, understanding pedagogies, and developed interprofessional relationships (Ashwin, et al. 2015). This experience has provided a new international, national, and local institutional research collaboration; to evaluate advancing practice and the impact of OSCEs, as would recommend the implementation of a more compassionate assessment (Burrell, 2015; Müller, et al. 2019; and NES, 2021).

Feedforward
Student and academic evaluations are integral to shaping the transformative learning experience and improve pedagogical development (UWS, 2020). To evaluate the effectiveness of this project, continuously applied anonymous, synchronous, and asynchronous online forms (Hoon, et al. 2015). During discourse analysis, the feedforward was constructive and highlighted the need for advancing healthcare professionals creating a transformative learning experience can more intensive and time-consuming and the students would prefer practical workshop skills, whenever possible (Hodges, et al. 2020). This positive experience links to professional evaluation, positive experience has provided the opportunity to reflect, implement critical thinking processes, and engage with active learning and the multiple perspectives of advanced practice (NMC, 2020).

Conclusions/Impact
The introduction of innovative, creative content linking scholarship activities and underpinning pedagogies with the full range of methodological perspectives met the evolving changing academic and healthcare environment; for example, during the pandemic there was a deep rise in telephone and video clinical consultations (Bradshaw and Lowenstein, 2013; HEA, 2016; Scottish Government, 2021; UWS, 2020; and WHO, 2019). The virtual OSCE has equipped the future advancing healthcare professional with the new, relevant, and comprehensive skills within a safe environment that are transferrable outside the institution (Wegner, 1988; and Woolley and Jarvis, 2007). Using various methods of dynamic and forward-thinking which engulfs the theory and related practice to develop relevant employable skills and develop quality and sustainable resources within the advanced healthcare and academic professional settings (Entwistle, et al. 2000; Korthagen 2010; HEA 2012; Lewitt, et al. 2014; NES, 2020; NMC 2018-2020; Scottish Government, 2017 and 2021).