



Council of
Deans of Health

The voice of UK university
faculties for nursing, midwifery
and the allied health professions

Innovation in Teaching and Learning

Case Study Analysis

November 2016



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1. Executive summary

In 2015 the Council of Deans of Health launched a call to its members for case studies that highlighted examples of innovation in teaching and learning. The call focused primarily on four categories – pre-registration education (undergraduate), postgraduate education (taught), postgraduate education (research) and widening participation – all of which were identified as important themes within health higher education.

Forty-one universities responded, submitting a total of 104 case studies. Case studies at undergraduate level featured most prominently among those submitted (41%), followed by postgraduate (taught) (21%), widening participation (15%) and postgraduate research (5%).

Findings from case study analysis indicate some of the factors driving innovation within health HE, particularly the aim of making teaching and learning more meaningful for nursing, midwifery and allied health students – at both undergraduate and postgraduate levels - and the aim of equipping students with the understanding, skills and professional qualities required for the contemporary world of health care in all its spheres.

A strong sense of the desire of academic staff to increase and broaden ‘connectedness’ between health HE - the student and healthcare professional experience - and the ‘real world’ of health policy and practice emerged across case studies. This was reflected, for example, in innovations which had as their focus inter-professional working, service-user involvement and those which addressed the future direction of health policy, especially the move towards more community-focused health care within the context of the integration of health and social care. The evidence of the translation from policy developments into educational practice suggests that even with the constraints of regulated programmes and the lead-in time to develop new approaches to teaching and learning there is an appetite to respond flexibly within programmes.

Case studies involving simulation represented the largest group across the four main categories. The strong focus on simulation reflects the importance of improving students’ readiness for practice and may suggest some of the pressures of gaining consistently high quality education experiences in ‘live’ practice placement settings.

Innovations focusing on new teaching and learning methods featured strongly and were found mostly within pre-registration education for nursing, midwifery and AHP students. There was a particular drive to engage students more effectively in learning which was reflected in innovations focused on the development of teaching and learning methods, curriculum design and service-user involvement.

Within undergraduate teaching and learning, innovations stemmed also from an intention to respond to expressed student needs, particularly where they had identified barriers to effective learning.

Most frequently, innovations that focused on a single profession were described as focusing exclusively on teaching and learning in nursing education, with a smaller number of case studies focused on midwifery and the AHPs. However, many innovations had inter-professional application that often went beyond traditional ideas of inter-professional learning between health professions to embrace other groups, including social work and healthcare support workers.

Alongside the sector-wide opportunities and challenges of the Teaching Excellence Framework, for our disciplines specifically, a future challenge will be to ensure that 'connectedness' between the worlds of health HE and health policy and practice go beyond innovation to become integral to teaching and learning. Fundamental to this is the ability to evaluate and share innovative practice outcomes across the sector. As we look to the future, the response to the call for case studies is an indication of the lively interest within our disciplines in sharing current practice and signals the continual development across the sector of new approaches to teaching and learning – a theme of the Council's work that is strengthened by the new Learning and Teaching portfolio on the Executive Team. In this context, we look forward to continuing to work with members and stakeholder organisations to better understand and share the best of teaching and learning innovation across our sector.

2. Background

2.1. The Council's first Innovation in Teaching and Learning project

The Council of Deans of Health represents the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals. The Council aims to lead policy at national and UK level, promoting the essential contribution of its members to health and social care.

In 2012, the Council, in partnership with the Higher Education Academy, initiated its first Innovation in Teaching and Learning (ITL) Project.¹ This project was started in response to calls from members for the Council to identify and disseminate examples of innovative practice across the UK in nursing, midwifery and allied health professional (AHP) higher education. Higher Education institutions (HEIs) across the UK submitted a wide range of case studies detailing examples of innovation in teaching and learning.

The project defined innovation as:

'Doing something new in teaching and learning for nursing, midwifery and allied health, in pre- and post-registration, undergraduate or post-graduate courses. This could include recruitment, widening participation, retention and pastoral care, curricula and course development and design, applications of technology, management skills and institution structure, changes to the culture and process of innovation, or improving future employability of students.'

And as:

'A new, sustainable approach that has led to an overall improvement in the student experience, and which is supported by evidence.'²

The call was based around a student journey, from application and pre-enrolment to employment. These examples were shared publicly via the Council's website as well as being used to influence a wide range of policy work. In particular, examples of innovations were cited in the Council's responses to major reviews such as the Francis Inquiry and Shape

¹ Council of Deans of Health and the Higher Education Academy (2015), *Innovation in Teaching and Learning in Health Higher Education*.

² Dearnley, C., McClelland, G.T., Irving, D. (2013) *Innovation in Teaching and Learning in Health Higher Education*, Council of Deans of Health and the Higher Education Academy

of Caring and in calls for evidence from the Health and Care Professions Council (HCPC) and the Nursing and Midwifery Council (NMC).

The first ITL project also produced two literature reviews, *Innovation in Teaching and Learning in Health Higher Education*³ and *Developing and Sustaining a Culture of Innovation in Health Higher Education*⁴. The purpose of the first literature review was to scope the range of learning and teaching innovations currently in practice across the UK within the higher education of healthcare professionals. The second literature review explored evidence on developing and embedding cultures that stimulate and sustain innovation in health HE.

2.2. Revisiting ITL: the second call for case studies

Building on the success of the first ITL project and its relevance within the evolving context of health and social care, in 2015 the Council launched a new call to its members for case studies that highlighted examples of innovation in teaching and learning. The new call focused on four categories – pre-registration education (undergraduate), postgraduate education (taught), postgraduate education (research) and widening participation – but was also open to examples of innovation in health HE more widely, focusing on nursing, midwifery and the AHPs.

The choice to focus on these four particular categories was based on their identification as important themes within health HE policy and so a further objective of the call was to ascertain the extent to which universities have also embedded these themes within teaching and learning.

In contrast to the 2012 project, the 2015 call for examples did not focus specifically on innovation within the context of the 'student journey' or the culture of innovation within institutions. Picking up on a number of themes from the first project, particularly the emergence of key themes across the dataset and the question of impact, data analysis of the second call focused on eliciting a broader knowledge of:

- More detailed thematic analysis of current innovations within health HE;
- Evidence for the impact of innovations on education and clinical practice;
- Evidence on the extent to which innovations and their impacts have been disseminated across the health HE sector.

This report provides an overview and analysis of the case studies submitted by UK educational institutions as part of the second ITL call for case studies.

³ Dearnley, C., McClelland, G.T., Irving, D. (2013) *Innovation in Teaching and Learning in Health Higher Education*, Council of Deans of Health and the Higher Education Academy

⁴ Lewitt, M., Snowden, A., Sheward, L. (2014) *Developing and Sustaining a Culture of Innovation in Health Higher Education*, Council of Deans of Health and the Higher Education Academy

3. Data collection and analysis

The call for case studies was issued in June 2015 through the Council's website. Invitations to participate were sent to all 84 member institutions via the Council's mailing list. HEIs were given an initial 15-week period to respond with submissions to the project which was later extended by a further two weeks. Periodic reminders were included in the Council's weekly policy bulletin to all members.

The data collection template included (Appendix 2): title and description of innovation, reasons for innovation development, distinguishing/important features of the innovation, use of resources, impact on educational or clinical practice and dissemination. Case studies were submitted via Google Forms. Forty-one universities submitted a total of 104 case studies. None of the case studies were repeated from the previous call for examples in 2012.

Survey responses were categorised manually by number of submissions per institution, country of submission, level of academic study and professional group. Further thematic analysis, focusing on the key questions mentioned above, was also carried out.

Early findings from the analysis of case studies were presented at the Council's Summit in May 2016.

4. An overview of the case studies

4.1. Which home nations participated?

Forty-one universities in the UK participated in the 2015 ITL project. English universities represented the largest group of participants, submitting approximately three quarters of the 104 case studies received. This is broadly in line with the Council's overall membership, of which 75% is made up of institutions in England.

	Number (%) of participating universities	Percentage of total universities	Number (%) of case studies submitted
England	29 (71%)	46%	76 (73%)
Northern Ireland	1 (2%)	50%	1 (1%)
Scotland	6 (15%)	46%	20 (19%)
Wales	4 (10%)	66%	6 (6%)
Associate Member	1 (2%)	25%	1 (1%)
Total	41	48%	104

Table 1: HEI response at national level

4.2. What level of education did the case studies target?

Case studies at undergraduate level featured most prominently among those submitted (41%), followed by postgraduate (taught) (21%) and widening participation (15%). Postgraduate research made up 5% of the case studies and 18% were unclassified. A focus on undergraduate and postgraduate (taught) levels was also notable within case studies that did not obviously fall within one of the four categories.

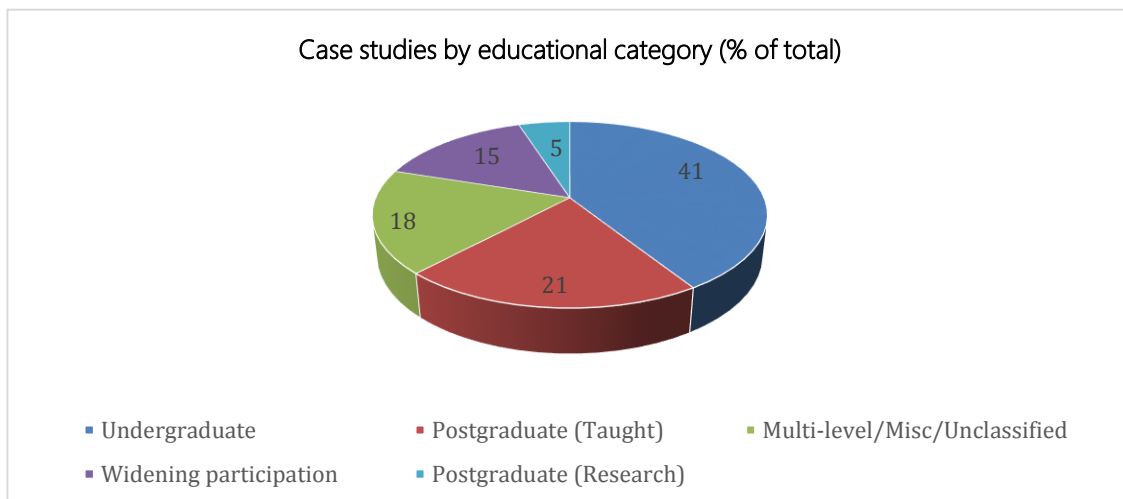


Figure 2: Case studies by educational category

English universities submitted the largest proportion of case studies in each educational category, with the exception that innovations focused on widening participation were most prominent within Scottish case studies. However, five of the seven Scottish widening participation case studies were submitted by one university. As this was a self-selecting classification it is difficult to draw any wider conclusions, particularly with such a small sample size.

Only English and Scottish universities submitted case studies focusing on postgraduate research. But again because only five case studies were submitted it is not possible to draw further conclusions on their distribution.

Within the postgraduate (taught) category, just under half (45%) of case studies focused on MSc level students. Other postgraduate level students in this category included those undertaking PG Certificate/PG Diploma courses, post-registration continual personal development (CPD) and return to practice courses.

	Undergraduate	Postgrad (taught)	Postgrad (Research)	Widening participation	Multi/Misc	Total case studies
England	32 (76%)	16 (73%)	3 (60%)	8 (50%)	17 (89%)	76
N Ireland	1 (2%)					1
Scotland	4 (10%)	5 (23%)	2 (40%)	7 (44%)	2 (11%)	20
Wales	5 (12%)			1 (6%)		6
Associate Member		1 (4%)				1

Total case studies in category	42	22	5	16	19	104
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Table 3: All case studies by nation and educational category (% case studies at each level)

4.3. Professional focus of the case studies and when they were introduced.

Most frequently, innovations that focused on a single profession were described as focusing exclusively on teaching and learning in nursing education, with a smaller number of case studies focused on midwifery and the AHPs. Table 3 indicates, however, that many innovations had inter-professional application, a feature which is explored in more detail in chapters 4 and 5 of this report. This is also consistent with findings from the first ITL project.

Professional group	Number (%) of case studies
Nursing	40 (38%)
Midwifery	2 (2%)
Allied Health Professionals	7 (7%)
Multi-disciplinary	45 (43%)
Other (includes social work, healthcare support workers, physician associates, health promotion, healthcare/biomedical scientists, public)	10 (9%)

Table 4: All case studies by professional group

Just under a third of innovations had been introduced less than one year prior to submission of case studies, with the remainder of case studies submitted 12 or more months after implementation.

Time of introduction	% of total innovations
<12 months ago	32%
12-24 months ago	41%
>24 months ago	26%
Unknown	1%

Table 5: Innovation by time of introduction

5. Thematic analysis of innovations

5.1. Technological vs non-technological innovation

Over two thirds (71%) of innovations were non-technological in nature, that is, the case studies featured very limited or no use of digital technology. In some cases, blended approaches, featuring use of both technological and non-technological approaches, were employed. Innovations were categorised as technological where use of digital technology was integral to the innovation, for example, e-learning, digital aids and virtual learning environments.

Educational level	Technological innovations	Non-technological innovations	Total innovations
Undergraduate	15	27	42
Postgraduate (Taught)	5	17	22
Postgraduate (Research)	1	4	5
Widening participation	2	14	16
Other (includes multi-level, CPD, miscellaneous)	7	12	19
Total	30 (29%)	74 (71%)	104

Table 6: Innovations by educational level and technological/non-technological features

5.2. Key themes

Focus	Under-graduate	PG (Taught)	PG (Research)	Widening Participation	Number (% of total innovations)
Simulation	10	6			16 (19%)
Teaching & learning method	8	1		2	11 (13%)
Assessment & feedback	7	2			9 (11%)
Course design	1	4	3		8 (9%)
Service-user involvement	5		1		6 (7%)
Inter-professional learning	1	3	1		5 (6%)

Curriculum design & development	5				5 (6%)
Student support	3	2			5 (6%)
Reducing barriers to nursing			5		5 (6%)
Promoting routes into learning in health (open access)			4		4 (5%)
Creative/arts	1	2			3 (4%)
Other	1	2	5		8 (9%)
	42	22	5	16	85*

Table 7: Focus of innovation by educational group (Note: Table does not include 19 multi-theme/misc/non-classified case studies).

Case studies involving simulation represented the largest group across the four main categories but were only evident within undergraduate and postgraduate (taught) courses. Although simulation is often associated with technological innovation such as high fidelity mannequins, innovations submitted in this category were mostly non-technological in nature. (See Chapter 5 for further analysis of this innovation type.)

Technological innovations within pre- and post-registration focused around teaching and learning methods and assessment and feedback processes. (See Chapter 5 for further analysis of these case studies.)

Examples of new pre- and postgraduate educational courses were evident within case studies. Although small in number, the development of new courses was a particular feature within the postgraduate (research) category. These included the development of a clinical academic programme for nurses, midwives and allied health professionals (Case studies 84 & 101) and a remote access learning module for professional skills development of postgraduate researchers (Case study 40).

Within the Widening Participation category there was, not surprisingly, a focus on reducing barriers to nursing and to extending wider educational opportunities. Innovations centred on addressing disadvantage stemming from a range of different factors including socio-economic group and language barriers. Innovative methods for reducing pre-application barriers to nursing education for under-represented groups included the provision of an on-line open day webinar (Case study 25) and mock application interviews for prospective students (Case study 41).

Attempts to reduce barriers also saw the development of innovations for those already working within the NHS but without the necessary qualifications to take up nursing or wider educational opportunities. These included the development of a healthcare contextualised, accredited maths programme at QCA level 2 for NHS employees that met NMC numeracy entry requirement to nursing (Case study 60), the delivery of flexible 'lunch and learn' sessions in the health and social care sector on issues identified as relevant to employees

(Case study 62) and a new educational route for overseas trained nurses working as health care assistants to achieve their NMC Registration (Case study 102).

6. A closer look at key themes

6.1. Case studies focusing on simulation

A detailed analysis of the case studies focused on simulation showed a wide range of simulation settings:

- Medical emergency situations/trauma
- Ward environment
- Community/home settings
- End of life care
- Primary care setting
- Children's nursing
- Chemotherapy education
- Clinical assessment and management

There were also thematic clusters within this group, including:

Student learning within a safe and supported environment

For example, low-fidelity simulation scenarios in children's nursing for undergraduate students (Case study 95); simulated chemotherapy education for postgraduate (taught) students (Case study 3); use of digital technology for postgraduate (taught) students to simulate care of patients with mental health needs (Case study 28).

Synthesising/consolidating nursing knowledge

Value for formative and summative assessment purposes. For example, simulated patient care scenarios for development of health assessment and clinical decision-making skills among postgraduate (taught) students (Case study 36).

'Reflection in action'

Providing opportunities for students to reflect critically on practice in real time scenarios; e.g. use of video replay to support undergraduate self- and peer-group assessment following simulated patient care scenarios (Case study 29).

Preparing students for future study and/or clinical practice in a range of settings

For example, high-fidelity simulation, i.e. high degree of similarity to the 'real world', in trauma scenarios for second year nursing students in preparation for further study in acute

illness management (Case study 4); simulated communication scenarios in cancer and palliative care for postgraduate (taught) students (Case study 53).

Transforming simulation techniques using live actors

For example, patient scenarios in simulated ward environment for undergraduate students using live actors instead of mannequins (Case study 30).

National drivers for implementing simulation innovations

For example, anticipating future of care in community and home settings rather than hospital (Case studies 20, 27 and 67); evidence-based teaching to address gaps in nursing knowledge and experience (e.g. end of life care, Case study 35).

Inter-professional working

Focusing on students from different health disciplines collaborating within simulation scenarios; for example, undergraduate nursing and paramedic science students working together in simulated medical emergency scenarios (Case study 43).

6.2. Innovations focusing on teaching and learning methods

Innovations focusing on new teaching and learning methods were introduced mostly within pre-registration education for nursing, midwifery and AHP students but also, to a lesser degree, within postgraduate education. These innovations appeared to often be in response to an identified need to support the teaching and learning of difficult or complex subjects/topics where students may have limited understanding (e.g. psychiatric medication (Case study 7); biology (Case study 31); anatomy and physiology (Case study 98); academic writing skills (Case studies 24, 76)

Innovations were designed to increase students' engagement and interaction with learning, especially in relation to complex or difficult subjects/topics. Evidence from data suggests that students engaged more actively in learning through the use of innovative techniques and where students were actively involved in leading their own learning.

In this category, teaching and learning innovations were predominantly technological in nature. They included:

Development of e-learning resources

For example, Case study 24, development of e-learning resources for nursing, midwifery and AHP students and staff for co-creation of abstracts and publications; Case study 12,

pre-recording and on-line access to bilingual (Welsh) lectures for undergraduate nursing students; Case study 49, creation of on-line lectures for radiography undergraduates.

Use of iPad apps

For example, Case study 31, use of iPad app 'Show me' to support teaching and learning of biology to undergraduate nursing students; Case study 98, use of iPad apps to support teaching and learning of anatomy and physiology to chiropody/podiatry students.

Creation of virtual learning tools/environments

For example, Case study 76, development of virtual board game 'Cluedo' to assist nursing/midwifery students with final year literature review project; Case study 78, creation of virtual classroom using Adobe Connect video to support midwifery students' revision during placements.

Examples of technological innovations in teaching and learning were often complemented by non-technical methods designed to consolidate learning within the classroom setting (e.g. technological resources used as a precursor to classroom-based activity where teaching could then be more focused); blended learning

Non-technological innovations included:

Development of educational board games

For example, Case study 2, 'Masterful Mentoring' board game for engaging staff in student mentoring education.

Development and use of case studies

For example, Case study 13, use of case studies by postgraduate nursing students within critical care nursing programme.

Role play

For example, Case study 7, undergraduate nursing students role-playing active ingredients of psychiatric medication as a means of understanding core concepts.

6.3. Innovations focusing on student assessment and feedback

Innovations in student assessment and feedback were implemented within undergraduate and postgraduate (taught) education. Common themes underpinning the development of these innovations were identified as:

- Lack of student engagement with assessment
- Students' negative attitudes towards assessment and feedback
- Staff aspiration to improve students' assessment experience

The need to provide 'feed forward' guidance and support – combining feedback with constructive help about how to improve learning impacts and future assessment performance.

Non-technological innovations included:

Enhancing students' assessment literacy

Improving understanding of the purpose of assessment and how to engage effectively with future assessment processes and tasks: for example, Case study 75, the development of a student assessment guide, 'Aiming Higher', containing module specific tools to support students in self-assessment of their draft work; Case study 26, learning activity for postgraduate students involving the design of posters critically analysing and evaluating differing assessment methods.

Improving students' experience of assessment and feedback

For example, Case study 73, Feedback and Be Reflective Day (FaB Day) facilitating and encouraging nursing and midwifery students to seek feedback on their modules; Case study 8, introducing informality to postgraduate nursing students' personality disorder module assessment experience through provision of supported assignment guidance using a range of methods including video brief, group and one-to-one support.

Sub-themes:

- Changing students' attitudes to feedback and assessment
- Improving responses to assessment and feedback
- Improving achievement

Technological innovations included:

Integrating assessment more closely within clinical placements

For example, Case study 58, introduction of on-line practical assessment and evaluation system enabling student nurses and midwives on placement to access assessment documents via PC or mobile devices; Case study 74, paediatric nursing students' electronic completion and assessment of professional portfolios using MyProgress app.

Sub-themes:

- Achieving better communication between students, university and placement mentors
- Evaluation of performance and achievement in 'real time'
- Better support of students on placement
- Increased engagement of staff and mentors in student support and assessment
- Use of digital app overcomes internet access barriers within NHS premises
- Addressing limitations of paper-based documentation in practice settings

Use of digital technology to enhance teaching, learning and assessment performance

For example, Case study 42, use of virtual on-line platform to enhance nursing and allied health students' engagement with practical anatomy programme using series of continuous completion and assessment of 'mini-tasks' building towards overall course assessment; Case study 77, development of clinical scenarios to assess higher order thinking by multiple choice questions (MCQ) using virtual learning environment and online MCQ software; Case study 105, use of video to capture and assess undergraduate nursing and other healthcare professionals' clinical skills competencies.

Sub-themes:

- Continual rather than summative assessment engages students in course content leading to improved learning outcomes
- Making assessment more meaningful for students

6.4. Other emerging themes

An overview of the innovations showed some similarities, differences and cross-themes associated with the main educational groups.

Innovations involving simulation, student assessment and student support/retention featured within undergraduate and postgraduate (taught) case studies. Developing student support was identified as particularly important for overseas and distance-learning students.

A particular focus of the case studies from undergraduate education was the drive to engage students more effectively in learning. This was reflected in innovations focused on the development of teaching and learning methods, curriculum design and service-user involvement.

Within undergraduate teaching and learning, innovations stemmed also from an intention to respond to expressed student needs, particularly where they had identified barriers to

effective learning. Innovations in learning and teaching methods and assessment particularly responded to these needs.

Postgraduate (taught) education featured a number of innovative courses focusing on workforce development and continuing professional development, including nuclear medicine (Case study 46), healthcare science (Case study 45), ambulatory care (Case study 47), return to practice (Case study 33) and physician associates (Case study 86).

A focus on the development of clinical research skills emerged, naturally, from within the postgraduate (research) innovation category. There was evidence, however, of the enhancement of undergraduate and postgraduate (taught) students' research skills through projects fostering collaborative academic writing between students and academic staff (Case studies 9 and 71) and skill in communicating research ideas (Case study 50).

Preparing students for clinical practice in a range of settings and for dealing with contemporary issues within healthcare emerged as a cross-theme between all educational categories. This was reflected within a range of innovations featuring simulation, inter-professional learning and service-user involvement. Some innovations that were categorised as having multi-educational level application addressed the need for education around complex, topical issues such as maternal and childhood obesity (Case study 18) and dementia (Case study 64).

A significant cross-cutting theme within case study categories was the fact that innovations were an important part of a teaching and learning response to 'national drivers'. Reference was made to, for example, the Francis Inquiry Report (2013), the Vale of Leven Hospital Inquiry Report (2014) and Compassion in Practice (2012). At a wider policy level, the national drive towards the integration of health and social care, featuring more home and community-based health care, was also mentioned.

7. Analysing the impact of the innovations

7.1. Assessing impact using Kirkpatrick's model

In the first ITL project, assessing the impact of the innovations described in the case studies submitted was one of the most challenging aspects of the project. For this second call, analysis of evidence provided by universities around the impact of innovations was undertaken using Kirkpatrick's four level training evaluation model⁵ as a framework. The framework comprises the following dimensions:

REACTIONS – What participants and other stakeholders thought of the innovation and how they reacted to it

LEARNING – Whether and how the innovation led to an increase in knowledge and skills and/or changes in attitudes

BEHAVIOUR – How the innovation impacted on participants' behaviour from an academic or clinical perspective

RESULTS – Wider results or outcomes from the implementation of the innovation

An adapted version of Kirkpatrick's model was used as an evaluation tool in the literature review⁶ focusing on the culture of innovation in health higher education, undertaken as part of the first Innovation in Teaching and Learning project. For the purposes of this report, Kirkpatrick's model was used, un-adapted, as it provided a useful and straightforward framework for considering the reported impact of innovations and how impact was evaluated.

7.2. Level 1: Reactions

Case studies in all categories reported almost entirely positive reactions from participants to the wide range of innovations that were implemented. Most frequently, positive reactions – participants' and other stakeholders' satisfaction in relation to the implementation, usefulness and value of innovations – were identified from qualitative

⁵ Kirkpatrick D. (1967) Evaluation of Training. In Craig, R., Bittel, L. Eds. Training and Development Handbook. New York: McGraw-Hill. pp. 131-167.

⁶ Lewitt, M., Snowden, A., Sheward, L. (2014) Developing and Sustaining a Culture of Innovation in Health Higher Education, Council of Deans of Health and the Higher Education Academy.

feedback including surveys, evaluation sheets and interviews. To a lesser extent, additional quantitative evidence indicating positive reactions to innovations was provided. For example:

- Third year student midwives' positive response to and willingness to engage with interactive 'virtual classroom' revision sessions was indicated by the number of students logging in 'live' to these rather than later online (Case study 78)
- Satisfaction with the provision of Welsh-speaking ante-natal classes supported by Welsh-speaking student midwives was indicated by the rise in number of women attending classes (Case study 38)
- Distance-learning postgraduate students' positive engagement with an online 'ice-breaker' was indicated by the number of times students posted online (Case study 89)
- Positive response to an on-line webinar for prospective nursing students from disadvantaged backgrounds was indicated by the high number of participants submitting an application to the programme (Case study 25).

7.3. Level 2: Learning

The intended learning impact of innovations – participants' knowledge, skills and attitudes - was inherent within case studies.

The development and widening of students' *knowledge and understanding* particularly underpinned technological and non-technological innovations aimed at enhancing undergraduate student engagement with learning around specific and, often, difficult subject areas. For example:

- The introduction of new digital aids to support teaching of biology (Cases study 31), anatomy and physiology (Case studies 10 & 98), radiographic techniques (Case study 70) and research skills (Case study 24)
- The introduction of role-play sessions focusing on developing greater understanding of psychiatric medication (Case study 7).

Innovations impacting on clinical practice skills featured within reported case studies in both undergraduate and postgraduate categories. Implementation of simulation techniques were reported as increasing students' skill base across a range of clinical settings, together with increasing their confidence and preparedness to apply these skills in the contemporary world of patient care; for example, end of life care (Case study 35), acute life-threatening care (Case studies 15 and 69), children's nursing (Case study 95), primary care nursing (Case studies 20 & 27) and chemotherapy education (Case study 3).

Inter-professional working and clinical reasoning and decision-making also emerged as aspects of current clinical practice where innovative approaches were considered valuable in both undergraduate and postgraduate education. These included: Inter-professional simulation: adult nursing and paramedic science students (Case study 43); Inter-professional seminars/symposia between postgraduate medics, health economists and other professions supplementary to medicine (Case study 61); Inter-professional prescribing masterclass for medical students and non-medical Prescribing Students (Case study 100); Developing higher order thinking in final year nursing students (Case study 77); Simulation for teaching of clinical decision-making skills (Case study 36).

Within a number of undergraduate, postgraduate and widening participation case studies, the focus of learning was the changing or broadening of perspectives and attitudes that were identified as being important for academic achievement and future clinical practice. Across the case study categories, some emerging examples were:

- The introduction of innovative digital and more interactive assessment methods were reported as impacting positively on students' engagement with and attitudes towards assessment as a valuable learning activity; for example, an online practice assessment record and evaluation (PARE) tool (Case study 58); FaB feedback and be reflective day (Case study 73), Integrating assessment into a learning activity (Case study 26).
- Bringing students into closer contact with new clinical experiences or patient groups shifted attitudes towards and broadened awareness of patient needs and effective responses to these; for example, Service-user led education experience to enhance learning of effective communication with people with learning disability (Case study 23); Mental health service-user and student 'buddying' scheme (Case study 80), Advanced communication skills training in cancer and palliative care (Case study 53).
- Interventions to widen participation in nursing from within disadvantaged or under-represented groups were reported as being effective in increasing prospective students' self-confidence and self-belief about undertaking academic study (Case studies 41, 60, 62, 102)

From a learning perspective, doing things differently through innovative approaches contributed to an increased awareness among academic staff of the importance and value of student-centred teaching and practice.

'The primary change is that the time and space of learning is now much more student-centred than academic staff availability centric.' (Case study 44, Implementation of a radiographic simulation solution to undergraduate training)

'The introduction of FLO has increased awareness of the need to support students through their first months of their HE experience.' (Case study 48, The development of an innovative tele-messaging service (FLO) to enhance student engagement and student retention)

'The online lectures provide students the option to review them as often as required, which is beneficial for those who have additional learning needs, such as dyslexia, or those who have been unable to attend a session.' (Case study 49, Games with aims – Flipped learning and interactive teaching)

'It has made [us] re-examine our approaches to learning and teaching and has made us think about the student as an active learner.' (Case study 10, Development of 'pub quiz' style revision tests for learning and teaching anatomy and physiology).

Within their cases studies, universities provided a range of evidence indicating the personal, academic and clinical impact of innovations. Principally, these included student feedback, stakeholder feedback and evidence of innovation extension or rollout.

Qualitative feedback from student surveys, interviews, focus groups and module/course feedback to identify self-reported changes in knowledge, skills and attitudes.

'The workshop has absolutely changed my perspective on reflection. It unlocked my ability to be able to reflect on my experiences'. (Student feedback, Case study 88, Promoting reflective practice for nursing students through an arts-based workshop)

'It has taught me that team working is important within research studies along with the handling of data and statistical tests, something I previously had little experience in. I would recommend this experience to any students to gain a greater appreciation for how research occurs.' (Student feedback, Case study 24, Inter-professional co-creation of student and staff research and educational projects).

7.4. Level 3: Behaviour

A number of case studies contained qualitative feedback from NHS and other partners around the knowledge, behaviours and performance of students during clinical practice.

'Our NHS Partners have also given a lot of feedback regarding the clinical ability of the Bucks student nurse, their future employability and how this innovation has made them stand out from other student nurses.' (Case study 69, Implementing the ALERT (Acute Life-threatening Event Recognition and Treatment course into the third year pre-registration nursing curriculum)

'It was good to have someone [PG student] openly question processes and stimulate local discussion and re-evaluations. They actually facilitated making contacts in the wider research community good to have access to more potential researchers!' (Case study 17, Masters of Nursing in Clinical Research)

Evidence of extension or roll-out of innovations

'A written report of the simulation using self and peer assessment and videos has been sent to the Head of Department requesting this style of learning to continue next

semester with 3rd year students, as preliminary work to consider this learning activity as integral to and included in the new curriculum in 2016.' (Case study 29, Transforming simulation using 'live actors' as patients, engaging students in self and peer assessment)

'Health Education East of England have commended the innovation and are supporting an extension of the project to include 25 students on a new work-based learning programme for nurses commencing March 2015, and 180 second year student nurses.' (Case study 74, Enhancing quality and support in mentor assessment of student nurse competence in practice using mobile devices)

'This innovation has now been incorporated into the BSc Mental Health nursing programme where it contributes to their simulated practice hours.' (Case study 28 PGT, Online role play for mental health nurses)

7.5. Level 4: Results

While many innovations relied on self-reported, qualitative data, there were some types of interventions where it was, perhaps, more feasible to provide evidence of positive impact through specific results within an academic context. Although student retention is clearly a complex matter that relies on a number of factors, higher student retention was identified as a positive impact measure for innovations focusing on student support. For example:

- A group peer mentoring programme was linked to an increase in student retention in the first year of a podiatry degree course (Case study 11)
- A personal tutoring programme, A2B, for nursing students from disadvantaged backgrounds was linked to a reduction in the attrition rate from 33% to 0% (Case study 19)
- Mock interviews for applicants from a 'widening participation' background showed a decreased rate of 2% withdrawal from study by students who attended an interview when compared to those who did not (Case study 41 WP)

Increased assessment scores were reported as positive impacts for innovations focusing on new teaching aids and student assessment methods. For example:

- The introduction of a continuous online practical anatomy portfolio for pre-registration nursing and allied health students was linked to an increase in average coursework marks (Case study 42)
- A more informal approach to learning and assignment guidance for postgraduate nursing students taking a 'personality disorder' module led to higher module pass marks (Case study 8).

Information provided in case studies indicates that, with reference to Kirkpatrick's model, innovation impact was often measured using the lowest level of evaluation. Many case studies reported only students' self-reported reactions and self-reported learning outcomes as measurement of impact. Only a few case studies reported implementation of more formal evaluation methods to measure the learning impact of innovations, including pre- and post-intervention studies (Case studies 52, 15 and 69), mixed method evaluation (Case study 87), longitudinal study (Case study 86), pilot study (Case study 100) and evaluation by external consultants (Case studies 62 & 65). The limitations of the case study information provided make it difficult to report these methods in more detail here.

Limited evidence was provided in relation to wider results of innovations, particularly in relation to longer-term patient outcomes. The mainly low level evaluative approaches described in case studies may reflect a number of issues, including lack of time and financial resources for evaluation and, perhaps, lack of knowledge and skills in this area. It may be appropriate for evaluation training needs to be further investigated within the health higher education sector so that, in the longer term, innovative practice can be underpinned by more robust evidence of impact which can be used as a basis for replication.

7.6. Dissemination through academic publications and conferences

Information about the dissemination of innovative interventions was not always provided fully within case studies. Nevertheless, it is possible to provide some indication of the extent to which innovations were disseminated through publication and conferences.

Peer review

30% (31) of case studies contained evidence that innovations had been published in one or more peer-reviewed journals. Of these, English universities had the largest number of publications (21), followed by Scottish universities (6) and Welsh universities (3). From another perspective, the proportion of each nation's innovations that were published was: English universities 28%, Scottish universities 30%, Welsh universities 50%.

Although papers relating to a further 19% (20) of innovations were planning to be written in the future, there does appear to be scope for universities in each nation to increase the extent to which innovations are disseminated through peer-reviewed publication.

Conference dissemination

63% (66) of case studies contained evidence that innovations had been presented at a conference, by oral or poster presentation. The proportion of each nation's total innovations that were presented at conference was: English universities 62%, Scottish universities 70%, Welsh universities 67% and Northern Irish universities 100%.

Table 7 shows that of the innovations presented, 36% (24) were presented at local level, 62% (41) at national level and 32% (21) at international level.

Evidence of international of dissemination is particularly encouraging. International conference venues included Malta, Paris (UNESCO), Netherlands, Milan, Copenhagen, San Francisco and Vancouver.

Conference presentation or poster	Local conference level	National conference level	International conference level
% (Number) of innovations*	36% (24)	62% (41)	32% (21)

Table 8: Conference dissemination (Note: the total number of innovations is 86 because some innovations presented at more than one level).

7.7. Other dissemination methods

A range of other methods of dissemination were mentioned, including:

- Attendance at regional workshops, roadshows and forums

- Internal university meetings, presentations, seminars and groups

- Specialist networks

- Websites

- Television presentations

Evidence of diverse approaches to dissemination of innovation in health higher education is encouraging. The continuing development of social media will undoubtedly present opportunities for further creativity in dissemination methods.

Some innovations had received or been shortlisted for awards, including:

Innovation 49: City University London (Postgraduate, taught), 'Games with Aims – Flipped learning and interactive teaching' – *Gold Award, Teaching Innovation, "Health Has Got Talent", City University London.*

Innovation 54: University of Lincoln (Pre-registration education), Undergraduate inter-professional learning in clinical practice: A collaborative approach to creating a sustainable learning environment - *Lord Dearing Award for Teaching and Learning from the University of Nottingham (Dearing Awards, 2014).*

Innovation 65: University of the West of Scotland (Widening Participation), Dumfries & Galloway Wellness and Recovery College - *Won the 'Innovations in Education' award, Mental Health Nursing Forum Scotland annual awards event, 2015.*

Innovation 37: University of Bradford (Postgraduate, taught) Highly commended, national learning and teaching award, *Health Science and Practice Subject Centre, Higher Education Academy, 2011;* shortlisted in a national *Epigeum Award* for the best use of video.

Innovation 17: University of Edinburgh (Postgraduate, taught), Masters of Nursing in Clinical Research – *Shortlisted for a Nursing Times Student Awards 2015.*

8. Discussion

8.1. Policy context

Both the health and higher education policy contexts have changed significantly since the first ITL project. In 2012 and 2013, health policy discussion in England, particularly related to nursing, was largely dominated by the Francis Inquiry into failings at Mid-Staffordshire NHS Foundation Trust. In Scotland, the inquiry into failings at the Vale of Leven Hospital also focused debate on issues of quality, safety and nursing care. Following the Francis Inquiry, and despite no evidence of student or recently qualified nurses being involved in these care failures, a series of policy announcements from the Government in England sought to focus attention on the initial recruitment and education of nurses. The first ITL project was therefore developed in a context of a widespread and damaging lack of knowledge about health higher educational practice in a range of areas, from student recruitment to patient involvement in curriculum design.

The context in 2015 and 2016 is significantly different. The legacy of the Francis Inquiry remains important in relation to care quality and was cited as an influence in some of the case studies. However, at a policy level the dialogue on higher education for nurses, midwives and AHPs is generally more constructive in England, including greater recognition of the role of AHPs, for example. The tone of the recent Government consultation on funding pre-registration education in England, with its emphasis on supporting world class education programmes, is strikingly different to the rhetoric of 2013. In the other home nations, the partnership approaches that have served Wales and Scotland well over many years remain strong.

However, there are important changes underway that affect almost every aspect of health higher education and which will have a significant influence on future teaching and learning. The HE Bill currently going through Parliament, which includes provisions for a Teaching Excellence Framework (TEF), has created a very different context for discussions on the value of teaching and learning, as well as how to measure its quality. Although this legislation will primarily affect England, the implementation of the TEF may also touch the other home nations. 'Learning gain', defined broadly by the Higher Education Funding Council for England as 'an attempt to measure the improvement in knowledge, skills, work-readiness and personal development made by students during their time spent in higher education', is also attracting increasing attention from policy makers. The underlying theme within this report of innovation in undergraduate teaching as being in particular in response to expressed student needs (6.4) may reflect this shift in policy focus.

Regulation also plays a significant part in setting the context for teaching and learning for nurses, midwives and AHPs. Both the Health and Care Professions Council (HCPC) and the Nursing and Midwifery Council (NMC) are in the process of reviewing their standards for pre-registration education programmes. Initial indications of the themes of these reviews

echo many of the underlying themes seen in the second ITL call, particularly in relation to encouraging inter-professional learning. The strong focus on simulation in the case studies submitted to the second call also reflects the importance of improving students' readiness for practice and may suggest some of the pressures of gaining consistently high quality education experiences in 'live' practice placement settings. Given the prevalence of simulation within the case studies, we can expect important discussion on the role of simulation in the context of the review of education standards over the coming year.

For the future, the move away from NHS-funded bursaries to student loans for nursing, midwifery and AHP pre-registration education for new students in England from 2017/18 creates particular opportunities and challenges for higher education in relation to teaching and learning. As universities seek to mitigate the risk of students from under-represented groups being deterred by the changes, we might expect an even greater focus on widening participation initiatives and a continued focus on retaining students. The financial investment that new students will be making in their education may also change their expectations, particularly in relation to areas such as assessment and feedback and the quality of education in practice.

8.2. Engagement from the sector

Council member institutions' responsiveness to the current Innovation in Teaching and Learning project points to the continuing interest in the design and implementation of new teaching and learning practice within health HE.

It is encouraging that 48% of CoDH members submitted case studies to the project, an increase of 8% on the 2012 project. Clearly, many academic staff were keen to share their experiences of developing and implementing innovative practice within a wide range of teaching and learning contexts; however, there remains considerable scope for other member institutions to participate in future projects. The focus of HE policy on increasing the visibility of excellence in teaching and the development of the Teaching Excellence Framework may stimulate further interest in this area.

8.3. Assessing impact

The first Innovation in Teaching and Learning Project highlighted that little was often known about how the impact of changes in teaching and learning practice was being measured. This case study evidence indicates considerable but largely low level evaluation of innovative educational interventions which, ultimately, may be detrimental to the effective communication and replication of methods and approaches. This suggests the need for a wider exploration of the capacity of health academic staff to evaluate innovative practices effectively and the need to respond to potential gaps in training and skill development in this area. In this context, there may be a role for the Council to facilitate a dialogue with health HE institutions about the ways in which the capacity of the sector to report and evaluate innovative practice might be increased.

8.4. Factors driving innovation

Findings from case study analysis indicate some of the factors driving innovation within health HE, particularly the aim of making teaching and learning more meaningful for nursing, midwifery and allied health students – at both undergraduate and postgraduate levels - and the aim of equipping students with the understanding, skills and professional qualities required for the contemporary world of health care in all its spheres.

A strong sense of the desire of academic staff to increase and broaden 'connectedness' between health HE - the student and healthcare professional experience - and the 'real world' of health policy and practice emerged across case studies. This was reflected, for example, in innovations which had as their focus inter-professional working, service-user involvement and those which addressed the future direction of health policy, especially the move towards more community-focused health care within the context of the integration of health and social care. The evidence of the translation from policy developments into educational practice suggests that even with the constraints of regulated programmes and the lead-in time to develop new approaches to teaching and learning there is an appetite to respond flexibly within programmes. There is scope to explore the themes that emerged from the case studies in greater depth, perhaps using these as a focus for sharing learning between institutions.

Consistent with the findings from the first Innovation in Teaching and Learning project, this call found that a substantial proportion of the innovations were inter-professional in nature. However, data captured in this iteration showed that this often went beyond traditional ideas of inter-professional learning between health professions to embrace other groups, including social work and healthcare support workers.

A future challenge will be to ensure that 'connectedness' between the worlds of health HE and health policy and practice go beyond innovation to become integral to teaching and learning. Fundamental to this is the ability to evaluate and share innovative practice outcomes across the sector.

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Appendix 2: List of case studies

Pre-registration education: 42 examples

Case study ID	HEI	Title
74	Anglia Ruskin University	Enhancing quality and support in mentor assessment of student nurse competence in practice using mobile devices
75	Anglia Ruskin University	Aiming Higher – Developing student assessment literacy
76	Anglia Ruskin University	A novel online approach to support students with their final year research project
77	Anglia Ruskin University	Developing Higher Order thinking in final year nursing students
78	Anglia Ruskin University	Using Adobe connect video conferencing to support 3rd year student midwives in preparation for OSCE.
80	Anglia Ruskin University	Developing Mental Health students through a Service User 'Buddying' scheme
81	Anglia Ruskin University	Enhanced Practice Support Framework (EPSF)
70	Bangor University	Learning from the 'mistakes' of others – improving clinical practice and practice evaluation skills using social media and a protected performance environment
12	Bangor University	Pain Management
10	Bournemouth University	A service user led education experience to enhance learning of effective communication with people with learning disability.

24	Bournemouth University	Inter-professional Co-creation of student and staff research and educational projects.
15	Buckinghamshire New University	Implementing the ALERT (Acute Life Threatening Events Recognition and Treatment) course into the third year pre-registration nursing curriculum
69	Buckinghamshire New University	Implementing the ALERT™ (Acute Life Threatening Events Recognition and Treatment) course into the third year adult and mental health field pre-registration nursing curriculum at Bucks New University.
29	Buckinghamshire New University	Transforming simulation using 'live' actors as patients, engaging students in self and peer assessment
30	Buckinghamshire New University	Capstone activities using simulation with live 'actors' as patients
31	Buckinghamshire New University	Student led interactive lectures: using an iPad app to deliver biology sessions to undergraduate nursing students
98	Cardiff Metropolitan University	Technology and the use of models for applied anatomy and physiology.
87	Cardiff University	Using The Patient Voice to Shape Undergraduate Nurse Education.
72	City University London	Turning assignments into healthcare resources: a student-lecturer-educational technologist collaboration
6	Kingston University / St George's, University of London	Community Simulations
4	Manchester Metropolitan University	Evaluating learning and providing feedback on performance in relation to high fidelity simulation experiences
20	Queen Margaret University	Increasing student nurses' preparedness for undertaking community nursing roles through simulation
48	Staffordshire University	The development of an innovative telemessaging service (FLO); to enhance student engagement and student retention.
97	Staffordshire University	Integrating Behavioural Family Therapy (BFT) into undergraduate pre-registration mental health nursing education.
38	Swansea University	Welsh-medium antenatal education classes
19	University of Birmingham	The A2B personal tutor programme.
37	University of Bradford	Bradton': Co-production of a virtual community with service users and carers
7	University of Central Lancashire	Making learning fun- Become a neurotransmitter or antipsychotic; Which one will you be?

58	University of Chester	Online Practice Assessment & Evaluation (PARE) Project
11	University of East London	Group peer mentoring in Podiatry
88	University of Edinburgh	Promoting reflective practice for nursing students through an arts based workshop.
95	University of Greenwich	Simulated Practice for pre-registration childrens nursing
7	University of Hertfordshire	Imagination and Innovation
54	University of Lincoln	Undergraduate inter-professional learning in clinical practice: A collaborative approach to creating a sustainable learning environment.
35	University of Salford	©EndoLSim™ An innovative method for teaching end of life care to professional groups through high-fidelity simulation.
105	University of Ulster	Clinical Skills Proficiency demonstrated through an online portfolio tool
42	University of the West of England	Continuous Online Practical Anatomy Portfolio
43	University of the West of England	Innovative Inter-professional Simulation: Adult Nursing and Paramedic Science Students
44	University of the West of England	Implementation of a radiographic simulation solution to undergraduate training
67	University of the West of Scotland	ACORN (A Community Orientated Resource for Nursing) Primary Care simulation suite
73	University of the West of Scotland	FaB (Feedback and Be Reflective) Day
99	University of York	An approach to building student exposure to primary care settings so that students can exit pre-registration programmes ready for a first role in primary care

Postgraduate education (taught): 22 examples

Case study ID	HEI	Title
3	Birmingham City University	Using simulation within post registration chemotherapy education
85	Canterbury Christ Church University	Continuing Professional Development (CPD) for quality care: context, mechanisms, outcome and impact
86	Canterbury Christ Church University	The Development of a PgC in Physician Associate Studies
28	City, University of London	On-line role play for mental health nursing
49	City, University of London	Games with aims - Flipped learning and interactive teaching
33	Glasgow Caledonian University	Return to Practice Nursing (All Fields) and Return to Practice Midwifery programme.
101	Isle of Man Government (partner institution Manchester Metropolitan University)	'Patchwork text' reflective assessment
68	Leeds Beckett University	Supporting Postgraduate international students promoting student-led learning from induction to completion.
9	Oxford Brookes University	A Collaborative and Virtual Writing Group for Students and Academic Teaching Staff
61	Oxford Brookes University	Inter-professional learning: Green Templeton College; the University of Oslo in Norway; Oxford Brookes University
26	Queen Margaret University	Integrating assessment into a learning activity.
27	Queen Margaret University	Learning to deal with crisis within the home: Developing community simulation scenarios for post registration nurses
57	Sheffield Hallam University	The use of diagramming for self and peer analysis of simulation design approaches by neophyte simulation educators as part of a PG healthcare education module

36	University of Birmingham	Using professional actors in teaching clinical skills for the Advanced Health Assessment and Clinical Decision Making module and also for the OSCE assessments related to this module.
8	University of Central Lancashire	Informality to support learning, including assignment guidance.
53	University of Chester	Advanced Communication Skills Training in Cancer and Palliative Care in a Post Graduate Certificate in Oncology Module.
17	University of Edinburgh	Masters of Nursing in Clinical Research
89	University of Edinburgh	Creating a successful online community by using an icebreaker in an innovative way to foster a sense of social presence.
71	University of Huddersfield	Developing a culture of publication through a writing retreat model
52	University of Southampton	Controlling Response Shift Bias: Using a Retrospective Pre-test Model to Measure Student Change in Postgraduate Taught Programmes.
5	University of Sunderland	Meaning Making - Providing Transformational Education through Metaphor Construction'
46	University of the West of England	MSc/PGDip/PGCert Nuclear Medicine (flexible delivery)

Postgraduate education (research): 5 examples

Case study ID	HEI	Title
93	Canterbury Christ Church University	Service user involvement, pedagogy and frameworks for professional education: an exploration of the impact of service user stories in pre-registration social work education
100	Edinburgh Napier University	Inter-professional Prescribing Masterclass for Medical Students and Non-medical Prescribing Students (nurses, AHPs and pharmacists): A Pilot Study
104	Edinburgh Napier University	Clinical Academic Research Careers Scheme for Nurses, Midwives and Allied Health Professionals (NMAHPs) in Lothian.
84	University of Southampton	Creating clinical academic nurse, midwife and allied health professional leaders for Wessex.
40	University of the West of England	Research-based learning module

Widening participation: 16 examples

Case study ID	HEI	Title
59	Bangor University	Providing students with a choice to study in preferred language by using pre-recorded lecture capture.
25	Bournemouth University	On-line open day Webinar
10	Canterbury Christ Church University	Development of 'pub quiz' style revision tests for learning and teaching in Anatomy and Physiology.
32	Glasgow Caledonian University	Student as Co-creator: Re-shaping Learning Development input into Return to Practice Nursing / Midwifery @ GCU
34	Glasgow Caledonian University	Destination Social Work
102	Middlesex University	A route for Overseas Trained Nurses working as Health Care Assistants (HCAs) in the UK to achieve their NMC Registration
51	The Open University	KG005 Facilitating learning in Practice (Mentorship)
60	The Open University	Bridges to Learning: a regional partnership approach to widening participation.
62	The Open University	Bridges to Learning - delivering higher level skills through lunch and learn sessions.
56	University of Chester	eLearning for Social Inclusion- eLeSI Training
41	University of the West of England	Mock Interviews for applicants to Nursing programmes who come from a widening participation background.
63	University of the West of Scotland	Learning Conversation events
65	University of the West of Scotland	Dumfries and Galloway Wellness and Recovery College
66	University of the West of Scotland	Development of BA (Hons) Integrated Health and Social Care
82	University of the West of Scotland	Dementia Through the Eyes of a Child
83	University of the West of Scotland	Class in a bag©

Miscellaneous, multiple themes and unclassified: 19 examples

	HEI	Theme	Title
79	Anglia Ruskin University		Developing Digital Literacy in the curriculum
18	Bournemouth University	Widening participation, PG taught and UG	Maternal and Childhood Obesity (MaCO) (A standalone distance learning package)
22	Bournemouth University		Nurse Consultants: developing clinical leadership through collaborative learning and research: the role of action learning.
2	Bournemouth University	CPD/ updating	"Masterful Mentoring" interactive board game
47	Canterbury Christ Church University	Continuing professional development	Bespoke work based learning programme for Ambulatory Emergency Care Nurses
91	Canterbury Christ Church University	& Post graduate (taught)	Negotiated Endorsement awards
14	Canterbury Christ Church University & University of Johannesburg	Internationalisation	Virtual Student Exchange Project
92	Canterbury Christ Church University		Service user and carer involvement in academic assessment of social work students
96	Canterbury Christ Church University	Post registration BSc and MSc student education	Personal Academic Tutors for Post registration students
94	Canterbury Christ Church University	Post registration undergraduate	Transforming Practice module
21	King's College London	Potentially all of the above	Meta-analysis in R using metafor, meta and MAd
13	Manchester Metropolitan University	pre & post graduate students	Complex clinical case histories close the theory-practice gap, providing an effective conduit between HE and clinical practice.
103	Middlesex University	Stakeholder involvement	Clinically relevant assessment
90	Robert Gordon University	Inter-agency	Multi-Agency Workshops on Public Protection

55	University of Chester	various	The Hearing Voices: A Guide to understanding helping and empowering individuals Mobile Application
50	University of Greenwich	Pre & post registration, "top up" degrees and post graduate Masters & Doctors	Conference-style poster presentation
39	University of Sunderland	Both Taught Postgrad Education (MSc Nursing Programme) and Research (Professional Doctorate Programme)	'The Use of Visual Metaphor as Social Object; Driving Processes in Autoethnography as an Alternative Lens for Reflective Practice
45	University of the West of England	Developing the NHS workforce	Innovative blended-learning Healthcare Science training for in-post NHS staff
64	University of the West of Scotland	National Learning Programme encompassing pre-registration, postgraduate research and social enterprise.	Scotland's National Dementia Champions Programme

Appendix 3: Data collection template

Name*

Job Title*

Faculty/Programme*

Higher Education Institution*

Contact email*

Q1 This innovation concerns education for (please tick all relevant boxes):

- Nursing
- Midwifery
- Art therapists
- Chiropodists/Podiatrists
- Dietitians
- Drama therapists
- Occupational therapists
- Music therapists
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/Orthotists
- Radiographers
- Speech and language therapists
- Operating Department Practitioners
- Clinical psychology
- Health care support workers
- Health visiting
- Social work
- Other (Please specify)

.....

Q2 Which theme does the innovation fall under?

(Please tick all relevant boxes):

- Widening participation
- Post-graduate study (Pre-registration)
- Post-graduate study (Post-registration)
- Pre-registration education (undergraduate)

Other

Q3 When did you first introduce the innovation?

- Less than 12 months ago
- Between 12 and 24 months ago
- More than 24 months ago
- Not sure

Q4 Title of innovation

Q5 Please describe the innovation you have developed?

Q6 What prompted you to develop this innovation?

Q7 In your view, what is it about the innovation that makes it different/important?

Q8 To what extent does your innovation make use of existing approaches, resources or technologies?

Q9 To what degree has the innovation led to changes in education or clinical practice?
(Please provide examples of any changes in practice that have occurred)

Q10 What evidence do you have of the impact of the innovation?
(Evidence may include recognition in internal periodic programme review, student evaluation, or commendation from an external regulatory/ professional body.)

Q11 To what degree has the innovation been disseminated in your organisation or elsewhere? (Please provide details of any publications, conference papers, seminars, workshops, meetings, blogs, etc.)

Q12 Please provide details of any plans you have to disseminate the innovation in the future.

For further information

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