The Higher Education Academy

Seminar Series Event

Enhancing holistic healthcare employability for successful student transition – how do we measure its success?

Birmingham City University, Faculty of Health, City South Campus, 10:00-16:00, Wednesday 2nd April 2014

Compendium of Employability Practice; Beyond Destination Statistics

Event Resource Pack (ERP) Part 2

Contents	
Description	**Page**
Part 1	

| **Part 2** | |

Part 2: Introduction

On behalf of the Higher Education Academy (HEA) Health and Social Care (HSC) Team and Birmingham City University (BCU), Faculty of Health we would like to say a big thank you to everyone who attended and actively participated in the seminar series event *'Enhancing holistic healthcare employability for successful student transition – how do we measure its success?* Hosted at BCU Faculty of Health, City South Campus, on the 2nd April 2014.

We hoped that facilitating the seminar would be one way of adding to the debate, discussion, thinking and practice to empower and inform our community. Particularly in relation as to how we may go beyond traditional destination statistics that seek to measure employment outcomes alone.

It was our intention to consider, with your proactive involvement, longer-term student support and how the development of their employability enables our students and clinically professional graduates to be satisfied and successful throughout their career; predominantly exploring their transition from students to new clinically professional graduate.

What emerged was a *challenging*, *engaging* and *interactive* event that *inspired* and *stimulated* shared insight and learning. How do we know this? Because these were the top five words you, as our guests, used to describe seminar activities.

Having received such positive feedback we were keen to continue momentum in enthusing each other's innovative learning and potential research practice. As a result we have created this Compendium of Employability Practice; Beyond Destination Statistics. The compendium has been formatted as an Event Resource Pack (ERP). It comes in two parts and is aligned to an associated external webpage. For access to the webpage please go to this link:

www.bcu.ac.uk/measure-success

ERP Part one, is divided into five sections. Each section offers a short overview guiding you to event resources (e.g. keynote and workshop vodcasts and resources) acting as a guide through the day's activities. Supplementary information is featured throughout the ERP and includes a short showcase film produced by our media student partners; with thanks to Mantas Jankus and Algirdas Sakickas. Part one will be useful for those who want to recap on event

activities and/or for those who were unable to join the event yet who have an interest in the subject (see ERP Part 1).

This segment, ERP Part two is separated into three sections and has an emphasis on the concepts that were collectively deliberated throughout the event. Using a discursive style the second part offers an oratory of emergent themes including those that arose from the employability café consultation. The narrative of delegates shared experiences will culminate in a series of suggestions for future deliberation alongside consideration of future challenges and opportunities. Useful references and resources will be provided alongside event abstract and poster submissions. The second part will draw to a close with an event summary and evaluation. It is important to note that the views presented are representative of individual thoughts and not necessarily characteristic of employing organisations. Part two will be useful to those looking for inspiration, ideas and activities that have the potential to add to the body of evidence to enhance contemporary employability practice.

We hope that you find this compendium a source of inspiration and a mechanism that enables and empowers your personal employability journey. We wish you all the very best of luck with your future employability activities - for the benefit of our student's and each other's learning.

Lindsay, Katie & Lisa

Section 6: Employability - The Café Consultation

After the morning seminar activities guests were invited to network over lunch. Delegate's poster submissions were on display (see section eight) alongside three thought-provoking scenario questions. Colleagues were invited to leave comments on a post-stick note sharing their opinions on the scenario questions presented.

Once food and refreshment had been served everyone gathered to recap on mid-afternoon proceedings and to find out which one of three smaller discussion groups they would be part of. Colleagues were then invited to rotate around three rooms (called the employability café consultation) sharing their thoughts about three stimulating questions; which included writing comments on a series of table cloths. This section will now offer discussion and analysis of the emergent themes arising from the event.

Three questions were proposed during the employability café consultation (see table twenty-seven). Employability café comments, post stick suggestions and stakeholder discussions were transcribed onto an electronic document, coded and subjected to thematic analysis. The emergent themes have been compared and contrasted to morning keynote addresses, workshop activities and available literature (see ERP Part 1).

Themes or topics will be presented in a conversational and exploratory framework accentuated with tables, charts and/or images from the event. The discursive themes have culminated in a series of suggestions for consideration alongside deliberation of future challenges and opportunities.

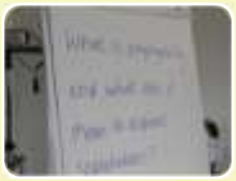


Table 27: The Employability Cafe Consultation

Q1. What is employability and what does it mean to different stakeholders? (see figure 11)

Q2: What would a successful student transition look like; what are the challenges? (see figure 12)

Q3: How could partnership working between HEI's and HSC providers support successful student transition? (see figure 13)

6.1 Differential employability perspectives

Four health and social care stakeholder groups' perspectives were considered; students, academics, patients and employers. Student's interpretation of employability focused on being able to get a job, within a chosen speciality, then going on to be successful with that role; noting the high expectations they placed on themselves. Whereas academic's definitions concentrated on students' knowledge, evidence-based practice and successful assessment alongside that of students possessing the right attitude and approach.

Student perspective	Employer perspective
'I want the skills and experience to get the job and then to be able to do it and be successful at it'.	***'I want the right person for the right job…and for them to have the skills and experience to match high expectations as newly qualified practitioners'.***

Employer's interpretations focused on getting the right person for the right job, teamwork and clinical skills as well as articulating their high expectation of newly qualified practitioners. Whereas patient perspectives were suggested in the context of the desire for high quality care, good knowledge, skills and attitudes; with a need for passionate professionals who were able to prioritise their care. Although the later was based on anecdotal feedback rather than the direct viewpoint of patients themselves. Capture of mentor/preceptor and/or public perspectives are not featured within this ERP; due to a lack of representation of these stakeholder groups at the seminar.

The differential perspectives suggest, as Lawton (2014) indicated in her keynote address, that employability means different things to different people. Additionally the diverse viewpoints reinforce the idea that employability is a slippery concept (Dacre-Pool, 2014). If employability has different meaning for different stakeholders then defining it in a way that achieves clear expectations and a shared understanding presents its own challenges.

6.2 Employability – reaching shared understanding

Some delegates candidly shared that they had not heard of the concept of 'employability' prior to the event. This viewpoint provides crucial insight about the use of employability language and meaning.

Perhaps the place to start is in agreeing that employment and employability are not the same thing (Lawton, 2014, Dacre-Pool, 2014). The comparative definitions in table twenty-eight show that employability is much more than having a job or a means to earn a living. Instead is more about knowledge, skills, understanding and

attributes that make an individual join and stay in an occupation where they can be satisfied and successful.

Table 28: Employment vs. Employability	
Employment	**Employability**
• ***'An act or instance of employing someone or something.'*** • ***'The state of being employed.'*** • ***'An occupation by which a person earns a living.'*** **(Collins, 2014)**	***'Employability is having a set of skills, knowledge, understanding and personal attributes that make a person more likely to choose, secure and retain occupations in which they can be satisfied and successful.'*** **(Dacre-Pool and Sewell, 2007, 2012)**

Additionally consideration should be given as to how well the concept of employability is understood or used in different settings. The varied perspectives and questions outlined in table twenty-nine suggest the need to define employability at regional and local level so that students, mentors/preceptors, academic staff, careers staff, graduates, HEI and HSC providers are clear about what employability is and how it should be addressed, as part of a progressive programme of learning, in both the academic and the practice settings.

One way to achieve this would be through the co-creation of an employability strategy, perhaps led or supported by each regional Local Education Training Board (LETB). Ideally the strategy would be designed in partnership with regional HSC providers, HEI's and key stakeholder representation; students/alumni, patients, public, academic, careers and practice staff, including mentors and preceptors, NHS,

private and voluntary sector organisations coming together to act as an ‘expert panel’.

Table 29: How well is the concept of employability understood or used in different settings?		
Is employability a term more frequently referred to in the academic and career setting as opposed to the health and social care (HSC) workplace?	*Do HSC providers maximize the concept of employability with employees; students, clinical professional graduates, leaders, managers etc.?*	*Has employability become so embedded into the curricula that we are missing the opportunity to make it explicit to HSC students that this is what they are gaining as part of their programme of learning?*
Are mentors and/or preceptors actively encouraged to support and assess the development of students’ employability alongside their professional knowledge, skills, understanding and attributes?	*To what extent have efforts been made to make mentors/preceptors aware of holistic aspects of employability; for the benefit of their own, their student or preceptee’s learning and development?*	

The remit of the panel would be to advise on the development of the employability strategy. Ensuring holistic aspects of employability are a core feature of the scheme, as they collectively and explicitly define what employability is, what it means and how it will be implemented for the local/regional workforce.

The strategy should draw from existing evidence base; e.g. Cole and Tibby (2013), Defining and Developing Your Approach to Employability, Dacre-Pool and Sewell (2007) Model for Graduate Employability and the Ten Step Framework to Enhancing Student Employability (Yardley, Whitehouse and Abbott, 2014c) to inform its eclectic approach to developing employability for students and existing health and social care staff.

Suggestion 1a: A local/regional employability strategy

Drawing on existing evidence base create a regional/local employability strategy that is informed by key stakeholders, in collaboration with HEI's and HSC providers and supported by regional LETB's. Ensure the development of holistic aspects of employability are a core feature of the scheme defining what employability is, what it means and how it will be implemented for the local/regional workforce.

6.3 Employability – what it is and what it is not

According to Cole and Tibby (2013) employability is a lifelong process that applies to all students in all situations across all modes of study. Employability is complex and involves areas that interlink; and as such should enable students to develop a full range of knowledge, skills, behaviours, attributes and attitudes that empowers them to be successful in their chosen occupation and their personal lives (*i*bid).

The same authors purport that employability is not just about preparing students for employment nor is it something that can be measured in isolation.

When articulating what employability is Cole and Tibby (2013) state that the employability is a university wide responsibility. Yet from a health and social care (HSC) perspective we would add that HSC providers share equivocal responsibility to that which should be afforded by the HEI.

For example the majority of health and social care students will spend approximately half of their course in university engaging in direct and indirect university-led learning and half in work-based learning; e.g. in clinical placements; community or in-patient

settings within the NHS or private sector (Yardley, Abbott and Whitehouse, 2014b). Therefore an equal amount of students 'learning' takes place in both the academic and the practice setting.

Table X: Employability – what it is and what it is not	
Employability is… (Cole & Tibby, 2013)	**Employability is not…** (Cole & Tibby, 2013)
• A lifelong process. • A process that applies to all students whatever their situation, course or method of study. • Complex and involves a number of interlinking areas. • About supporting students to develop a full range of knowledge, skills, behaviours, attitude and attributes that enable them to be successful in employment and life. • A university-wide responsibility • About making the components of employability explicit to students to support their lifelong learning and continual development.	• About replacing academic rigor and standards. • Necessarily about 'adding' additional modules into the curriculum. • Not just about preparing students for employment. • The sole responsibility of careers staff/department. • Something that can be quantified by any single measure (e.g. DLHE survey – this is a measure of employment, not employability).

All aspects of a health and social care students' undergraduate learning programme have pre-determined learning outcomes that students are obliged to successfully achieve to meet regulatory and professional body requirements of their course (Yardley, Abbott and Whitehouse, 2014b). According to professional and regulatory bodies assessment of competence and capability firmly lies with mentors/preceptors in the practice setting (NMC, 2008, 2010).

As such determining whether a student is 'employable' or has the complex and interlinking facets of 'employability' should be a responsibility that students' themselves, alongside HEI's, HSC providers, employability developers and mentors/preceptors share. Another reason as to why employability should be defined

at local and regional level - so that there is a clear, unambiguous and shared point of reference as part of a local strategy for implementation.

Suggestion 1b: Explicitness

Ensure that the local/regional employability strategy is clear, unambiguous and acts as a shared point of reference as part of a local strategy for implementation for all of the health and social care workforce.

6.4 Employability Skills, attributes, knowledge and understanding

In her keynote address Dacre-Pool (2014) highlighted how there is not an altogether agreed 'list' of employability skills. Yet after twenty-thirty years of engaging with employers we do have a general idea as to what kinds of 'skills' employers are looking for. Table thirty highlights the range of skills, abilities, knowledge, understanding, attitudes and attributes stakeholders listed during the employability café consultation.

Table 30: Employability 'Skills' Stakeholder list

Skills & Abilities	Knowledge and Understanding	Attitude & Attributes
Critical reflection. Decision making. Teamwork. Communication. Advocacy; for patient and profession. Innovative.	Self-awareness. Self-discovery. Political awareness. Culture & organisational awareness. Professional identity.	Helping others. Adaptive behaviours – so glass is 'half-full' rather than 'half-empty.' Positive mental attitude and 'can-do' approach. Flexible & adaptable.

Use initiative. Challenge 'the norm'. Transferability. Chief Nursing Officers 6C's.	Job market & market changes. Change management.	Caring & compassionate. Proactive. Empathy. Emotional resilience. Vocational resilience.

In encouraging students to make the most of their time in Higher Education the National Union of Students and CBI – The voice of business (2011) wrote a guide for students in supporting them to make the most of their future. The guide emphasises that a positive attitude is the foundation to employability. Alongside seven core attributes, skills and knowledge, those of; 1) self-management 2) team working 3) business and customer awareness 4) problem solving 5) communication 6) application of information technology and 7) application of literacy. Each of which will be briefly explored now.

Positive attitude

By positive attitude CBI/NUS (2011) meant that students should demonstrate a readiness to take part in their learning, life and occupation. Students should be willing to embrace new opportunities, activities and ideas as well as show a desire to achieve results. Translated into the HSC setting this means demonstrating a 'can-do' positive attitude, with care, compassion, warmth, professionalism and a proactive desire to put patients, their needs and their safety first. As well as being adaptable to change, to demonstrate flexibility with regards to service delivery and to show proactive spirit in the face of adversity (DH, 2013). Features of which can be seen in table thirty and will be further discussed in 6.7.

Self-management & structured feedback

In terms of self-management CBI/NUS (2011) referred to the students' aptitude to accept responsibility for their own performance as well as possess a readiness to improve based on feedback and critically reflective learning. Features that additionally exist in the Department of Health Education Outcomes Framework for the Healthcare Workforce (2013); are aspects listed in table thirty and components of emotional intelligence, see 6.5.

Yet a topic of debate during the café consultation related to the quality of mentors/preceptors and in particular the feedback students are, or are not afforded (see 6.8). This is not to say that there are not some fantastic mentors/preceptors in the clinical setting, who do a superb job despite the challenges they face. Rather a desire for mentors/preceptors to learn how to relate better, increasingly structured, feedback to and with students and new professional graduates as learners.

The emphasis was on the need for a greater appreciation of building and growing learners' confidence as well as the ability to communicate action whereby students could develop their strengths as well as address any limitations. Emphasising the need to enhance learning, self-reflection and self-confidence through critical reflective practice (Ghaye, 2011, Lawton, 2014, Dacre-Pool and Sewell, 2007, 2012, Dacre-Pool, 2014).

Equally stakeholders felt students should increasingly appreciate that not all feedback is punitive. For example if a student is deemed to be demonstrating limitations in their practice and as part of their academic and/or work-based learning opportunities a collaboratively agreed action plan is implemented. This should not translate into the student being or viewing themselves as a 'failure' rather there is an

area of their practice that requires improving. This would reinforce the principles of lifelong learning and continuous personal and professional development (CPPD) and the concept of positive mental attitude (DH, 2013); as aspect discussed further in 6.5.

Overall delegates suggested that a guide for existing health and social care staff would be advantageous. Particularly if it assisted them in developing their personal holistic aspects of employability and informed their career journeys.

In her welcome address Priestley (2014) spoke of the United Kingdom Professional Standards Framework (UKPSF). Sharing how the Higher Education Academy (HEA) is currently exploring how the UKPSF could be better utilised by health and social care staff.

Ideally, if a guide were to be produced for existing health and social care practitioners alignment to the UKPSF would be a feature of the resource. As would configuration of the resource in relation to CPPD and lifelong learning (DH, 2013); additionally aiming to make a valid investment in the current workforce (DH, 2013, HEE, 2013).

The guide should include measurement metrics and tools so that research and audit can be explored to uncover the extent to which staff engagement in the guide has, or has not, assisted in current health and social care staff's employability and personal and professional development.

Suggestion 2: A guide for existing health and social care staff on 'how to enhance your employability'

Create a bespoke guide for existing health and social care staff on 'how to enhance your employability' that is aligned to the UKPSF, CPPD and lifelong learning. The guide should incorporate practical tools and measurement metrics to explore the extent to which engagement with the guide has, or has not, assisted current health and social care staff's employability development.

Teamwork

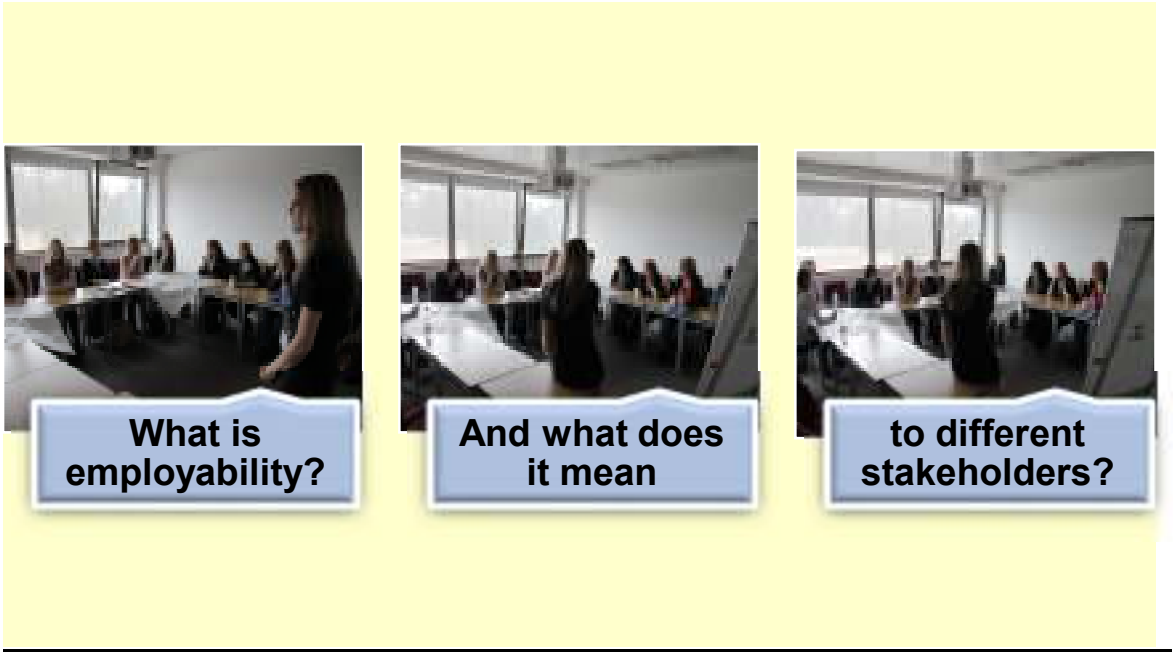
By teamwork CBI/NUS (2011) suggested students should show respect to their colleagues, whilst additionally possessing the ability to co-operate, negotiate, persuade, contribute, collaborate and challenge practice as well as recognise interdependence with others. During the café consultation the idea of 'toxic teams' emerged however one cannot be certain of the extent to which 'toxic teams' actually exist and instead whether it is a case that students and staff should be afforded the opportunity to learn more about managing emotions, feelings and behaviours in themselves and others as part of effective team working; see 6.5 for further exploration. Discussion also ensued with regards to supporting students and existing staff to raise and escalate concerns; a feature that will be considered further in 6.8.

Business and customer awareness

By business and customer awareness CBI/NUS (2011) suggest that students should have a fundamental understanding of the key drivers for business success as well as the importance of customer satisfaction and loyalty. Interpretation of this component

in the HSC setting means that students should have a fundamental awareness of the NHS constitution, principles for practice and any associated professional code of conduct and professionalism. Alongside the need for clinical governance, patient satisfaction and patient safety initiatives. In addition students should have necessary political, cultural and organisational mindfulness alongside key trends, service reconfiguration and delivery needs; e.g. growing population, health trends, re-defined roles and responsibilities etc. (DH, 2013). All of which are featured in the list in table thirty.

Figure 11: The employability café consultation question 1.



Problem Solving

In terms of problem solving CBI/NUS (2011) suggested students should be able to critically analyse circumstances and facts to determine the root cause of a problem. To be able to recognise, suggest and implement practical solutions to the issue(s) presented.

Given health and social care is in a time of considerable change, the ability of the current and future workforce to be able to demonstrate creativity, initiative, innovation and problem solving has perhaps never been as prevalent as it is today and will be for the future of health and health and social care.

For example in the year 1952 (four years after the launch of the NHS) 350 people lived until they were the age of 100. In 2011 this figure reached in excess of 12,000. (Carter, 2014). People are therefore living for longer yet that does not necessarily mean they are living longer and healthier or longer and independently (Willis, 2012, Carter, 2014).

The current and future workforce will be the key people leading and driving forward workforce integration strategies to afford a better experience for patients, to help reduce the pressure on the health service, streamlining services and implement new ones, e.g., community based care (Carter, 2014).

Therefore the ability to effectively manage change and challenge 'the norm' will be vital in bringing about health and social care reforms; all of which are featured in the list proposed by delegates (see table thirty).

More recently the Lord Young report (2014) *Enterprise for All* focuses on enterprise and entrepreneurial spirit in education. According to Lord Young enterprise means more than the ability to become an entrepreneur. The emphasis is on attitude, attributes, skills and values that are vital to the growth of economy; all of which are features of Dacre-Pool and Sewell (2007; 2012) definition of employability.

Recommendations in the report include; all universities offering modules on enterprise and developing enterprise societies. An 'E-Star' award to assess and

recognise a universities commitment to entrepreneurship and a digital Enterprise Passport enabling students to record their extra-curricular and enterprise-related activities.

Furthermore Lord Young (2014) suggests that students should be able to rank universities courses and employment potential; which includes students being able to 'see' what they could be earning in up to ten years' time.

Within the proposal Lord Young (2014) suggests alumni employment and earnings should be tracked to better inform new students about the choices they make when selecting a HEI. Thus placing an emphasis on universities to ensure their programmes of learning are relevant to the world of work.

The recommendations made by Lord Young (2014) present a real opportunity for enhanced partnership working between academics and careers staff (Whitehouse and Yardley, 2014) in collaboration with HSC providers, students and alumni. Particularly as features of enterprise and entrepreneurship are developed as part of a student's programme of learning. As a result the next suggestion reflects discussions held at the event while additionally taking on board the endorsements made by Lord Young in his report that was released on 19th June 2014.

Suggestion 3: Enhance opportunities for enterprise and entrepreneurship

Enhance opportunities for enterprise and entrepreneurship within student's programmes of learning. Exploring the prospects for E-Star, Enterprise Passports and Enterprise Societies as features of university and personal life and learning. Alongside the prospect to augment partnership working

between academic and careers staff in collaboration with HSC providers, students and alumni as enterprise learning and development progresses.

Communication

CBI/NUS (2011) describes communication as the students' ability to produce clear structured written work as well as the ability to listen, question and articulate effectively. All of these skills are crucial in the HSC environment as is the ability to empathise; be that with patients, colleagues, employers, and/or professional and regulatory bodies, carers, family members and/or the public (DH, 2013, HEE, 2013). Communication was recorded by delegates as a vital skill during the world café consultation (see table thirty) and is a feature that will be discussed further in 6.5.

Application of Information Technology

Interestingly the application or use of Information Technology (IT) was not a component listed by delegates in table thirty. Yet it is and will continue to be an increasingly common characteristic of health and social care and health and social care education and training.

CBI/NUS (2011) interpretation of the application of IT by students was highlighted as the ability to use rudimentary IT skills alongside a familiarity and understanding of commonly used software programmes. For health and social care students and staff the abilities in not only using, but co-creating, designing and leading IT based and or Technology Enhanced (TE) service improvement initiatives will arguably only seek to expand. Examples of Technology Enhanced Learning (TEL) (DH, 2011) have been

showcased as part of student-as-partners seminar activities; see ERP part one, section four and five for further details.

Application of numeracy.

By application of numeracy CBI/NUS (2011) refers to the students' ability to manipulate numbers as well as possess general mathematical awareness and the capability to apply numeracy in a practical context. Literacy and/or numeracy were not identified specifically in the list provided by delegates in table thirty. However literacy and numeracy learning and assessment was emphasised as a specific area for discussion by way of a scenario question; see box one.

Box 1: Scenario One

In working with a range of stakeholder partners via an Enhancing Student Employability initiative (Abbott, Yardley & Whitehouse, September 2012-March 2014) we have had significant discussions that have centered on numeracy and literacy tests used at new registrant recruitment stages. What we have learnt is that there are a diversity of national and/or local testing methods used that are determined at local level and not necessarily in collaboration with HEI's. One of the challenges HEI's face is supporting a wide range of students who can be employed within a range of organisations both NHS and small/medium providers. And as has been identified each of whom use a diversity of literacy and numeracy tests as part of their recruitment strategy. This can make tailoring the support to, with and for an array of students applying to varied organisations problematic. Additionally without consultation it is difficult to determine whether such literacy and/or numeracy tests inform faculty strategies in support of students' literacy and/or numeracy learning needs. Arguably a new registrant's abilities and

competence in literacy and/or numeracy within HSC is a matter of patient safety. As our students and new registrants seek employment in a variety of organisations they appear to be facing inconsistency and challenges in preparing for what could be an array of literacy and/or numeracy recruitment tests. To what extent is this too high an expectation for those embarking on the next stage of their career journey?

Is there any mileage in scoping national and/or regional literacy and numeracy recruitment strategies and affiliated tests to identify best practice methodology and/or explore the need for a national test to be created?

Leave your comments on a post-stick note!

Box 2: Scenario 1, Stakeholder comments	
Yes a national strategy of testing is required! So that it is transferable anywhere in the United Kingdom and relevant to field of practice.	Is there a need for a national test – simple mathematics?
Yes – perhaps if guidance was offered for best practice organisations would value this.	Don't students have to achieve a certain literacy and numeracy grade to gain entry onto the programme e.g. GCSE Maths at Grade ≥ B??
There should be a minimum standard or benchmark set out by the professional bodies.	Aren't there professional requirements for students to pass literacy and numeracy assessment at key progression stages e.g. year 1, year 2, year 3 of the programme?
Aptitude, attitude and behaviours! Methods should also include values based interviewing processes – this only occurs the higher up you go and should be a fundamental requirement.	If so why are we then re-testing at the graduate recruitment stage?
National scoping and development of a national test should help to facilitate mobility in the employment market i.e. regardless of HEI – all aware of national test.	What's the harm in re-testing – should students not be able to continually demonstrate their skills in this area?
There needs to be an expected level of attainment nationally. If HEIs were part of a scoping project we could align student learning to better prepare them for qualification.	Have the reasons been made clear as to why HSC employers are testing students/new graduates literacy and numeracy skills at recruitment stage; what's the rationale?

Make the testing relevant e.g. not working out how much paint you need to paint a room; which is one of the questions in a localized organisational numeracy test.	Has anyone done a valuation exercise to find out how much all of this is costing? What are the benefits to repeated testing in the academic and practice setting?

As can be seen in box two stakeholders provided a variety of comments when asked whether there is the need to scope national and/or regional literacy and numeracy recruitment strategies and affiliated tests. With the prospect of identifying best practice methodology and/or exploring the need for a national test to be created.

What became apparent is that there is not a general understanding of the rational for students to be tested on entry to HSC programmes, re-tested throughout their programme of study and then tested again at the point where they are seeking employment. There was a clear call for robust evidence to be presented in support of such activities. Alongside a valuation not only in terms of financial appraisal yet also for providing evidence of the benefits and/or limitations repeated testing affords.

Additionally delegates felt that organisations would value guidance on best-practice for numerical and literacy assessment alongside the recommendations for minimum standards and benchmarks. Ultimately stakeholders wanted a greater appreciation of expected levels of attainment so that students could be better supported to prepare recruitment processes as new clinically professional graduates.

What stakeholders' called for is national and/or regional structure for literacy and numeracy learning and assessment. It was felt that this would better promote shared understanding and commitment to an identified learning and assessment scaffold that affords transferability within the labour market and across the United Kingdom.

Suggestion 4: Scoping regional/national literacy and numeracy recruitment strategies

Conduct a regional/national scoping of literacy and numeracy recruitment strategies to identify best practice benchmarks and guidelines for joint implementation within local/regional HEI and HSC provider settings. The standard within the guide should afford transferability within the labour market and across the United Kingdom.

To summarise, while there were differences in what each stakeholder interpreted employability to mean there were similarities in the range of skills, attributes, behaviours and values required. The collective desire was for well-rounded high performing clinically professional graduates; as outlined in the Department of Health Education outcomes Framework (2013) and Health Education England National workforce Plan (2013).

Yet one topic of debate centred on the interaction between human beings; and that which is considered to be the very essence of the NHS (HEE, 2013). According to Dacre-Pool (2014) Emotional Intelligence underpins our human and social communication and interaction; a notion that is the focus of the next theme.

6.5: Emotional Intelligence

During their workshop presentation Malkin and Wilson (2014) shared how reality shock (Kramer, 1974) remains prevalent for students and new clinically professional graduates in 2014.

We know that the transition from university and into the workplace can be a particularly stressful time. This period is likely to have an impact on students/new clinically professional graduates' feelings as to how well they sense they are doing and how content they feel in their new role (Yardley, Abbott and Whitehouse 2014c).

Additionally it is a time where 'graduates' will need to build their network of support to influence their satisfaction and success levels; not only for themselves but for those that they work alongside, for their employers and for those who they will provide care for (Yardley, Abbott and Whitehouse 2014c).

Delegates felt that there was a significantly greater need for Emotional Intelligence (EI) to be an explicit and a core feature of health and social care learning programmes; in both a pre and post registration context. See table thirty-one for definitions of EI.

Table 31: Definitions of Emotional Intelligence	
'The ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions' ***(Mayer and Salovey, 1990)***	***'The capacity for recognising our own feelings and those of others, for motivating ourselves, and for managing emotional well in ourselves and our relationships'*** ***(Goleman, 1995)***

Substantial discussion focused on the need for students and clinically professional graduates to possess 'emotional' and 'vocational' resilience as well as empathy. Not just from a patient perspective but a colleague, peer, team and organisational perspective as well. The desire to understand others viewpoint, to be attuned to our

own and others thoughts and feelings, to better understand organisational and patient needs, to work more effectively and efficiently as part of a team and to be able to adapt responses accordingly featured highly in conversations.

We know that health and social care is going through considerable change and as such students and staff are going to require high levels of self-awareness, self-regulation, empathy, motivation and social skills (core features of EI) in meeting current and future service requirements.

As these changes occur there will be high expectations placed upon the health and social care workforce and intrinsically higher levels of support will be needed. Without the support, the new ways of working that are being, or will be, implemented may not be attained to the extent that is desired. At worst there will be negative consequences on students and staff.

In 2011-2012 the health and social care and education sectors were two of the three highest industries that reported the greatest proportion of work-related stress (Health and Safety Executive, 2013). The highest prevalence rates were reported in the health professions (particularly nurses), teaching and educational professionals and caring/personal service industries (*i*bid).

The attributes causing work-related stress were recorded as high work pressure, lack of managerial support and work-related violence and bullying (*i*bid). On average each person experiencing work-related stress took 24 days off work; large size workplaces had significantly higher days lost when compared to small-to-medium employers resulting in approximately 6.2 million lost working days (*i*bid). These figures do not account for any financial implications, the effect on patient care and/or the impact this experience has on the individual themselves.

We know that Emotional Intelligence can be both taught and measured (Dacre-Pool, 2014). As it becomes, or should become, an essential feature or undergraduate and post graduate learning there is research potential in exploring the extent to which EI interventions help to reduce work-related stress and absence, improve individual/team performance and/or enhance patient outcomes; these are just a few mentioned for consideration.

Suggestion 5: Ensure Emotional Intelligence is a core feature of undergraduate and post-graduate programmes of learning.

Ensure Emotional Intelligence (EI) interventions are a core feature of pre and post registration learning programmes. Exploring the potential for research and evidence-base in support of EI metrics and the benefits EI interventions may afford.

Given anxiety and reality shock are known features of students/new clinically professional graduates transition and that there are currently high levels of work-related stress in the health and social care sector a second scenario question related to this topic was proposed; see box three.

Box 3: Scenario 2

In working with a range of stakeholder partners via an Enhancing Student Employability initiative (Abbott, Yardley & Whitehouse, September 2012-March 2014) we have had considerable discussions regarding reality shock and stress management for newly qualified registered nurses; issues that remain prevalent for our students/new registrants.

What we are learning is that the levels of resilience needed by new registrations has changed somewhat in recent decades; particularly given the speed and pace at which healthcare has evolved. Although anecdotal it seems that while some challenges remain similar the meaning and impact may have changed e.g. reality shock. The extent to which we enable students to develop the abilities and resources to face such challenges in the 21st century health is conceivably an area that requires further exploration.

For example recent graduates are entering the working world of health and social care on the back of reports like that of Francis (2012) and Keogh (2013). There is lots of debate surrounding safe staffing levels and the need to ensure the right skills mix is afforded for safe patient care. Yet from a new registrants perspective just how motivating and/or encouraging must this national debate be?

What activities can we engage students/clinically professional graduates in to assist them to develop their strength, skills, knowledge and resilience so that they can face whatever challenges lie ahead? For example should we be creating joint HEI/HSC referral and signposting pathways combining academic and practice support mechanisms e.g. stress management for the newly qualified nurse?

Leave your comments on a post-stick note!

Box 4: Scenario 2, Stakeholder comments

- Yes. Then interventions can be developed – tailored to nurses.

- Yes, so that we can help with the ‘shock’ and better ‘prepare’ students.
- We need to empower student nurses and NQN’s to feel supported when ‘whistleblowing’ and reporting poor clinical practice – should include signposting to whistle blowing advice line.
- Yes guiding students to confidential helplines, Local pointers and resources for mentors/preceptors; how to recognize stress in your student/preceptee
- As 50% of training is undertaken in practice why are student experiencing ‘reality shock’?
- This should be high on the ‘nursing agenda’ – it needs the equal recognition and support from the top i.e. backing from Chief Nursing, School of Nursing/Dean
- It would be good for the practice support teams (HEI’s) working collaboratively with practice partners (HSC providers) on this.
- Joint working on same aspects should be seen as priority for an ‘open culture’ across both/all organisations.

Feedback, as exemplified in box four, suggests that jointly created referral and/or signposting pathways should be designed enabling students, mentors and preceptors to better manage anxiety, shock and stress in new clinically professional graduates.

A real-world guide would work best with visual maps and practical hints, tips and resources and a pathway to additional information would be most helpful; culminating in a Mental Health First Aid resource for new clinically professional practitioners.

Emphasis was placed on this being a priority need and an output that should be generated by students, alumni, academics and practitioners collaboratively at regional/local level. Furthermore it should be an activity that has the backing and support of senior management teams/lead staff in both the academic and practice setting.

Suggestion 6: A mental health first aid toolkit for new clinically professional graduates

Collaboratively create a local/regional practical guide enabling students, mentors and preceptors to better manage 'stress' in new clinically professional graduates. The guide should act as a mental health first aid toolkit and be packed full of referral pathways, visual maps and practical hints and tips. Signposting student, new graduates and preceptors to helpful resources and both academic and practice avenues of support.

Perhaps being supported to develop increased levels of self-awareness, self-regulation, empathy, motivation and social skills is something that is not as developed as it could be within pre and post programmes of learning. How we manage and positively respond to the changes ahead is something that will require collective consideration and development. A key feature of this will be how 'we' develop ourselves and manage our personal and 'lived experiences'. Which leads us onto the next theme, that of career adaptability.

6.6 Career Adaptability

One discussion thread related to students and staff being able to recognise and positively respond to organisation and service need changes and the potential for re-defined roles and responsibilities. For example the pressures on acute and secondary care services in health and social care are extraordinary.

As a result there is a shift towards redefining care, re-examining where care will be provided currently and in the future e.g. in the community/patients' homes and examining the type of education and training that is needed to support current and future patient care needs (Greenway, 2013). In imminent years we are likely to see health and social care roles and responsibilities emerge that do not exist today. Or where they do they are likely to be advanced as services and patients' needs change.

The HEE (2013) workforce plan emphasises the need to create enough 'jobs' to deliver the care required in England while also ensuring that enough staff with the right skills and behaviours are available to 'fill' the roles created. Those graduating in 2014 are likely to be working in the health and social care sector in 2060 (HEE, 2013). During this time their 'lived experience' of employability (Lawton, 2014) is likely to evolve, or need to evolve, as the organisation of work and health and social care labour market change.

Thus reinforcing the need to support students and clinically professional graduates to be prepared to adjust to change throughout the lifespan of their career (Frigerio, 2013). Which bring us to the contemporary idea of career adaptability; defined by

Bimrose, *et al*, 2011 in table thirty-two and highlighted by Lawton (2014) in her keynote address.

Table 32: Career adaptability

'*The capability of an individual to make a series of successful transitions where the labour market, organisation of work and underlying occupational and organisational knowledge bases may all be subject to considerable change'*

(Bimrose*, et al,* 2011).

Career adaptability (Bimrose, *et al*, 2011) focuses on a person-centred modern-day conception of 'work-life' recognising that a career belongs to an individual rather than an organisation (Duarte, 2004, Frigerio, 2013). There is increased emphasis on the readiness and resources the individual has as they participate in employment as well as the response and results arising from their engagement in the labour market (Frigerio, 2013).

Savickas (2013) has identified the psycho-social competencies that people who are career adaptable develop and demonstrate; those of concern, control, curiosity and confidence. This is an important theoretical framework for employability developers as it means focus can be on supporting individuals to develop the competencies needed for career transitions (Frigerio, 2013).

There is growing research in the area of career adaptability (Bimrose, et al, 2011, Savickas, 2013, Wright, 2012) with one current pilot looking at psycho-social competencies and metrics for potential transferability across the UK (Frigerio, 2013).

The development of career adaptability competencies and frameworks presents another opportunity for academic and career partnership working (Whitehouse and Yardley, 2014) as these frameworks and competencies evolve within different sectors.

Furthermore the use of career adaptability competencies are likely to emerge with increasing significance in the health and social care sector. Particularly as existing and future staff are required to adapt and alter career paths throughout their 'lived experiences' and engagement in the health and social care labour market.

Suggestion 7: Develop Career Adaptability Competencies and Frameworks

Support students and clinically professional graduates to be prepared to adjust to change throughout their career journey by developing career adaptability competencies; considering career adaptability as a framework within pre and post registration learning.

Frigerio (2013) suggests that the focus career adaptability has on managing change is its most powerful concept. As change is intrinsic to students' transition from university and into the workplace student transition will be the focus of the next discursive theme.

6.7 Transition – from student to new clinically professional graduate

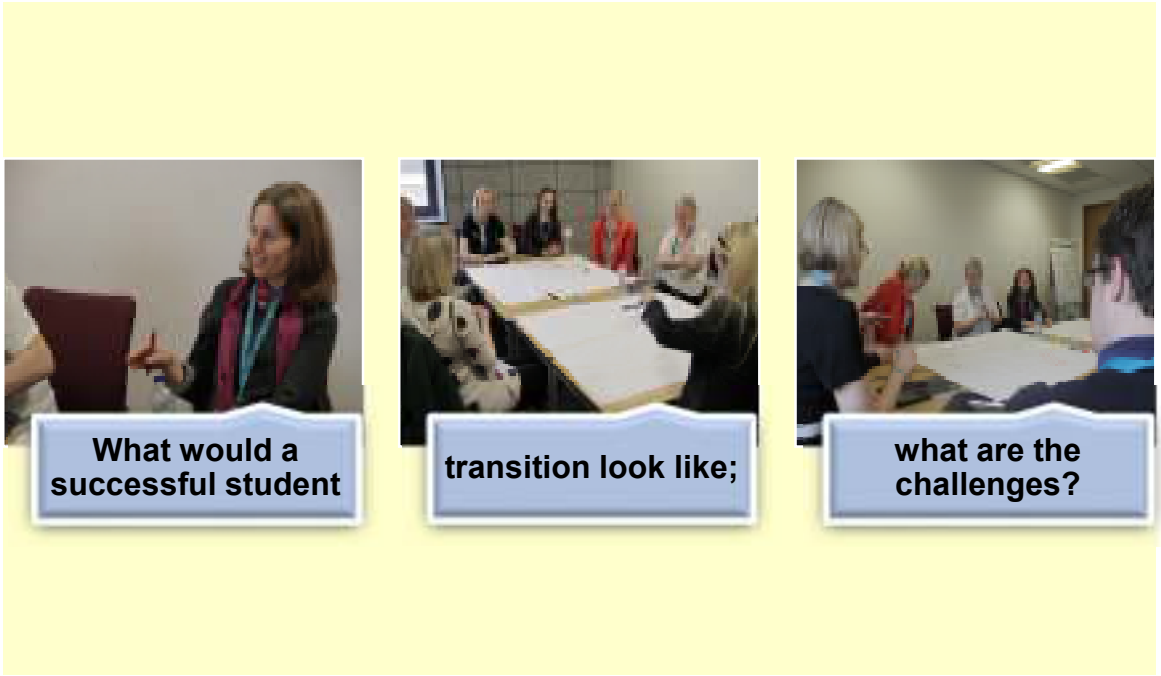
Students experience many transitions throughout their student journey. There is increasing emphasis being placed on exploring the varying transitions students go through during their university learning experience so that targeted support and interventions can be afforded. Not negating the importance of the other types of

transition (which can often focus on the transition of becoming a student at the start of a programme of learning) this discussion pays attention to one of the latter student transitions; on being a student at university to becoming a new clinically professional graduate in the health and social care sector.

Debate emerged in terms of defining exactly what was meant by 'transition' and by 'successful'. According to the Collins (2014) dictionary transition is defined as *'the process of changing from one state or condition to another; a period of change'.* Success is defined as *'the achievement of something desired, planned or attempted'* and successful is described as '*having succeeded in one's endeavours'*.

What these definitions do not do is encompass the emotions and feelings individual students experience on moving from being a student to becoming a new clinically professional graduate in the health and social care arena.

Figure 12; the employability café consultation question 2



Our ‘lived experiences’ of working with students during this period suggests students feel a sense of ‘ending’ as their undergraduate university learning draws to a close (Abbott, Yardley and Whitehouse, 2013, Cartwright and Shaw-Roberts, 2014). At the same time students are moving into a new phase of their ‘lived experiences’ and career journey; that of gaining employment where they will seek to establish new connections and a new identity (within the health and social care setting) as a new clinically professional graduate (*i*bid).

These are paradoxical processes as students eagerly aim to ‘celebrate’ what they have achieved, feel sadness for what they are about to ‘lose’ (e.g. friends, relationships, student role). While desiring the sense of ‘fitting-in’ to their new team and new network alongside the aspiration of ‘belonging’ to the profession and new working environment as a new clinically professional graduate (Abbott, Yardley and Whitehouse, 2013).

Willis (2012) and CODH (2013) recognise the challenge students face in making their transition and provide rationale in support of the continued existence of reality shock (Kramer, 1974). The authors highlight that students as new registrants (despite any personal desire in wanting to make a difference and to care compassionately and professionally for patients) still face disparity between the reality of what they imagine their role will be compared to their actual and ‘lived experiences’ e.g. understaffing, poor leadership, lack of skill mix etc. (CODH, 2013).

During the transitional phase it is common for students to describe feelings of anxiety and shock and difficulty settling in and becoming part of the team (Pearson, 2009, Duchscher, 2009, Malkin and Wilson, 2014). All of which challenges their motivation (a feature of EI) and can all too quickly degenerate to become part of the ‘norm’

culture merely accepting what is commonplace or worse (CODH, 2013, Yardley, Abbott and Whitehouse, 2014b).

It is the diversity of student experiences, range of emotions felt, and the level of support that is or is not afforded which suggest that any definition of student transition (in the context of being student to becoming a registered professional) is unique to the individual.

And what 'success' may mean to one student may not be the same for another. Nonetheless what we have been able to draw from seminar discussions is a rudimentary description of a successful transition that can be found in table thirty-three.

Table 33: a rudimentary description of successful student transition

'Successful transition (in the context of being a student to becoming a registered health and social care practitioner) is where the individual has had the opportunity to fully reflect and celebrate the success of achieving ones university experience and accomplishments. Alongside feeling fully supported through a continual and seamless process of change until the point where they feel a sense belonging to their profession, established within their role, responsibilities, network and working environment as a clinically professional graduate and is gratified by this phase of their career journey.'

(Yardley, Whitehouse and Abbott, 2014e)

However this portrayal provides a combined interpretation of a range of stakeholder views at the event. It should not detract from seeking to understand what 'successful transition' means to each individual; particularly as they go through their personal and continual process of change and next stage of their career journey.

Suggestion 8: Exploring successful student transitions

Seek to better understand and define what is meant by successful student transition. Exploring, through research activities, the different facets of this stage in the students' journey; from being a student to becoming a clinically professional graduate in the health and social care environment. To identify targeted interventions and measures that better support this key student stage.

Additionally deliberation centred on what constituted the transitional phase from being a student to becoming 'content' as a new clinically professional graduate; in other words what period of time should be afforded for a successful transition to take place.

We know that the Department of Health (2010) defines the period of preceptorship (see 6.8) from the point where a student becomes a registered practitioner and up to twelve months post qualified. In this context the transition stage is one year long.

However the majority of stakeholders agreed that students' transition started well before the professional registration point. With many suggesting that the transitional phase commenced in the final year of the students programme of learning; and at minimum the last six months of their course.

Most if not all programmes will have an assessed academic module that prepares students for professional practice alongside achievement of competencies in an associated work-based learning setting. With this usually taking place around the second semester of the final year. This suggests congruency with the transitional phase commencing at the final six month stage of the students journey rather than at the point of registration.

The Destination of Leavers of Higher Education (DLHE) survey take measures of employment at the six month post registration mark. If we agree the students transitional stage starts six months into the final year of their programme of learning then the DLHE survey takes place one year after the transitional phase commences. If we truly want to move away from traditional measures of 'employment' then we need to start supporting and monitoring (through targeted interventions and evaluation metrics) students transitional journey from at least the final six months of their undergraduate programme of learning.

'If a graduate is unable to secure a 'graduate' job on completion of their studies have we as employability developers failed?'

(Dacre-Pool, 2014)

We know that local/regional/national HSC providers (NHS, private, voluntary and/or charitable sectors) start advertising band 5 or newly qualified posts around the final six month mark of students' undergraduate learning programmes. Yet what HEI's and HSC providers struggle to do at present is share empirical data about these

recruitment activities. In part because some providers capture this type of data, others do not (Yardley, Abbott and Whitehouse, 2014b).

Our 'lived experiences' of working with students during this key transitions stage have led us to ask some key questions, with examples including:

- As each local NHS employer advertise posts for new clinically professional graduates how many students from a HEI are submitting job application forms?
- Of those application how many are successfully or unsuccessful – what are the reasons for this?
- Of those who submitted successful application and were invited to first stage assessment (e.g. numeracy/literacy assessment) how many students are successful or unsuccessful at this stage?
- Of those who were unsuccessful what were the reasons?
- Of those who go onto undertake stage two activities (e.g. interview) how many are successfully conditionally offered employment, how many are not?
- And so on…

The benefit of capturing and sharing recruitment data like this could have a colossal impact on determining the types of interventions and support that could be tailored in support of this stage of students' transitional journey. We know that some students submit a number of successful applications resulting in numerous job offers. Yet what it is that these students possess that others may not?

Is it the career adaptability and competencies Bimrose *et al* (2011), Savickas (2013) and Frigerio (2013) speak off? And if so through using career adaptable psycho-

metrics measures of assessment we may become to know and/or learn, as employability developers, that these students are more independent and perhaps not in need of deeper levels of support in this area of their university life.

Whereas those students who may be struggling to submit successful applications or be confident and competent at an interview may need additional help. The benefits of the psycho-metric measures that may be afforded in this instance are where tailored interventions can take place. Focusing targeted assistance and specifically supporting students in their area of identified need in a timely fashion.

What is needed is a user friendly reporting tool or database that tracks, triggers and monitors student work life applications, subsequent employment and career progression in the health and social care sector locally, regionally and/or nationally. With the overall aim of effectively sharing data between HSC providers and HEI's in a timely manner for the benefit of student and clinically professional graduates career learning and progression.

Ideally the tool or database would be accessible at local, regional and/or national level and compatible with existing IT systems. Furthermore making the database accessible to HEI's, NHS providers as well as private, charitable and/or voluntary organisations and/or small to medium (SME) employers means that all could benefit from a shared catalogue of career related activities. There is the potential for the creation of a database to be piloted by one of the regional LETB's in partnership with HEI, HSC providers and key stakeholders. So that the lessons learnt from the pilot could be shared with the other LETB's and wider partners as the database evolves.

We recognise that HEE (2013) intend to better understand vacancy rates and how staff move between employers and across different sectors and specialities alongside reducing attrition rates. The shared database could be one method of addressing some of the existing data gaps that impinge workforce planning, commissioning and development (HEE, 2013).

Furthermore it may be a means to generate the data as suggested by Lord Young (2014) (see 6.4); enabling future students to make informed choices when selecting university courses and exploring the extent to which they demonstrate relevance to the world of work.

From the students transitional perspective it means the potential to implement increasingly robust targeted interventions at a point in time where need is greatest e.g. as their transition starts six months prior to registration and not six month post qualification (DLHE stats) and a full year after their transitional phase commenced.

Furthermore once students become new clinically professional graduates data could be collected from the initial employment phase which can then be tracked as a graduate's career progresses. This may help to explore and monitor key challenges and trends (HEE, 2013). Potentially capturing education, training and CPPD; if these features were recorded as part of data collection strands.

Suggestion 9: Create a local, regional and/or national shared track, trigger and monitor career progression database starting from the new clinically professional graduates' transitional phase six months prior to registration.

Create a local, regional and/or national reporting tool or database where empirical recruitment data can be shared between HEI's, HSC providers,

SME, charitable and/or voluntary sector organisations. The database should act a as a track, trigger and monitor system. So that targeted, robust and timely interventions can be afforded for the benefit of the students' transitional journey from at least the six month stage of the final year of their programme of learning. Following new clinically professional graduates from their first employment post then throughout their career journey capturing education and training as part of data collection strands.

This said the sharing of data through a reporting tool or database like this still leans towards measuring 'employment'. Alongside this is the need to recognise that self-reporting methods are likely to be the most reliable way forward in measuring aspects of students' employability (Dacre-Pool, 2014). Any new system would need to be combined with the endorsement and use of psycho-metric measures, self-reporting tools and more timely targeted interventions. Particularly during the students transitional phase of being a student to becoming a new clinically professional graduate.

Additionally the digital age is something that students see as a fundamental part of their life and life experiences (Cartwright and Shaw-Roberts, 2014). As such we, as employability developers, should seek to maximise the opportunities that combining TEL (DH, 2011) and employability metrics may afford. The opportunities are countless. It is up to us to push the boundaries of making what may seem the impossible, possible.

Suggestion 10: Technology enhanced learning (TEL) and self-tracking, self-monitoring and self-reporting personal journeys of transition

Consider opportunities to combine Technology Enhanced Learning (TEL) and self-reporting tools to enable students to self-track, monitor and report on their own personal journey of transition.

While stakeholders felt clear that the transitional phase started at the final six months of the students learning programme the end point of this phase was not as apparent.

Generally the suggestion was that the new clinically professional graduate transition phase should be reaching a conclusion at the twelve month post registration mark. However some delegates were keen to point out that some graduates may still be undertaking rotations (periods of time in different clinical environments and specialities) twelve months post-graduation and as such their transitional journey would not be 'over' at this stage.

Others questioned when does transition ever end? Are we ever a finished product? With the answer to the latter being, no we are not.

Difficulties arise when 'hours, days, or weeks' are used to equate time to and/or for learning. What one individual may learn in an hour or a day may takes another days or weeks. It is the productivity of what is learnt in terms of competence, competence and confidence that is perhaps more important. Alongside recognition of the different transitional stages that will take place throughout an individual's career journey. Perhaps the most important feature of all is accepting it is when the individual feels they have reached the end of a particular transition phase and the beginning of a

new one. As such this is a continual process where commitment to CPPD and lifelong learning is paramount.

For new clinically professional graduates (specifically nurses, midwives and Allied health professionals) the next stage of their learning, after their undergraduate programme, is afforded by way of preceptorship, and this will be the focus of the next discussion thread.

6.8 Preceptorship

Preceptorship for nurses was introduced following Project 2000 with more recent iterations being that of the Preceptorship Framework for Nurses, Midwives and Allied Health Professionals (Department of Health, 2010).

Preceptorship is defined in table thirty-four and aims to enhance the competence and confidence of newly registered practitioners. On the basis that those clinically professional graduates who manage their transition successfully are better able to provide care more quickly, feel better about their role and are more likely to stay in the profession (*i*bid).

The DH (2010) clarify that preceptorship is not a replacement of mandatory training or induction to employment. It is not a substitute for performance management processes (e.g. should not replace clinical supervision or appraisal). Nor should it be an extension of training whereby another registrant is accountable or responsible for the new registrants' actions (e.g. mentor).

Furthermore preceptorship is not meant to be delivered as an e-learning or distance learning package in isolation; blended or flexible learning approaches can be utilised yet there must be an element of direct contact and support.

Table 34: Definition of Preceptorship

'A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptee, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning'

(Department of Health, 2010)

The DH (2010) Preceptorship framework outlines what the elements of preceptorship should be from a newly registered practitioner, preceptor and employer perspective. Alongside the perceived benefits of preceptorship programmes, what the standards are and suggestions for design, implementation and content. However preceptorship is not mandatory and implementation of preceptorship programmes is determined at local level.

The preceptorship framework (DH, 2010) recognised that further work was required to determine the most effective measures but listed seven as a starting foundation. These are featured in table thirty-five.

Table 35: Suggested preceptorship measures (DH, 2010)	
All newly registered practitioners (NRP's) employed access preceptorship.	Robust preceptorship is in place.
Retention rates for NRP's.	The time taken to progress NRP's through NHS Knowledge Skills Framework (KSF) gateways (where relevant) or other indicators of preceptorship completion.
Sickness/absence levels of NRP.	Number of clinical incidents reported by NRP undertaking preceptorship.
Number of actual or near miss incidents reported by NRP's during preceptorship as a percentage of their professional group.	

Our 'lived experience' of working alongside students in their final six month of their programme of learning suggests it can be difficult to ascertain which HSC provider offers the type of support the student would like access to on becoming a new clinically professional graduate entering the preceptorship phase. As a result we proposed the third scenario question outlined in box five.

Box 5: Scenario 3

In working with a range of stakeholder partners via an Enhancing Student Employability initiative (Abbott, Yardley & Whitehouse, September 2012-March 2014) we have found that some HSC providers work in collaboration with a HEI in the delivery of their bespoke preceptorship programmes. Others facilitate preceptorship activities solely from organisational perspectives. Those who lead preceptorship programmes can differ greatly ranging from Practice Placement Mangers/Clinical Education Team's/Lead Nurses with a remit of education and

quality to academic staff/HEI leads. Some preceptorship programmes are credit bearing, others programmes are not. Yet all appear to be a required part of induction/transition into employment within the localized NHS provider. The length of time a new HSC graduate can wait to join a preceptorship programme can range from within the first few days or first few weeks of employment.

HEI's often work alongside several major HSC providers. Many of whom employ our students on graduation. Through engaging in this process we have been able to see how from students'/new graduates perspective it may be initially difficult to ascertain which HSC provider offers the type of support they would like to access on employment. We can also see how it may be complex to determine which preceptorship programme a student may favour and how having access to this information could inform students' choice with regards to which organisation they feel empowered to seek to gain employment within.

Is it timely to scope regional and/or national preceptorship programmes? What do you think the benefits and/or challenges to this exercise would be and what would you like to see as an outcome if this review was to take place?

Leave your comments on a post stick note!

Box 6: Scenario 3, Stakeholder comments

Preceptorship is not always offered.	Why give credits for something that should have been covered at university and is a consolidation period.

Preceptorship is 'imposed' by employers – can sometimes feel like 'corporate' preceptorship rather than what new registrants actually need.	There seems to be a lot of variation in the programmes offered, including length, content and timing.
There are discrepancies in the quality and standards of preceptors.	Preceptorship should empower new registrants. It should be an opportunity to talk through transition and hear from recent peoples experiences.
There should be consistent contact and support throughout preceptorship.	Content should include enabling people to speak up when they see poor practice.
Should include area specific training and information as well as support in local area of work.	Should have greater direction and structure on what happens after university.
The length of time between students completing their course and starting their new job can be weeks/months – what happens during this time prior to preceptorship?	Students should feel prepared for the real world of nursing, role modelling, constructive feedback and have knowledge of organisation agendas.
Preceptorship should have better alignment to appraisal and supervision – restorative supervision.	It should be focused on confident/competent nurse/AHP.
Is preceptorship enabling retention of staff?	Time, understanding, staffing levels, congruence all act as constraints.
There are benefits of preceptorship due to twelve week placements and then leaving to gain employment if somewhere they have not worked/trained is very daunting. Preceptorship should be national NHS or private.	Within Coventry OT programme we encourage placements where there is no OT in place (they set supervision from an OT elsewhere) this really improves confidence and promotes role identity as they have to find their own way and develop the role themselves. Not sure how feasible this is for other professionals but its great enquiry because is learning in practice.
Like to see national preceptorship for students so HEIs can start process with students.	Evidence based practice for preceptors would be good.
Have a minimum standard of benchmark – either locally or	Students are attracted to jobs which offer partnership programmes. A credible

nationally, to enable equal opportunities for newly qualified.	preceptorship partnership approach will ↑ recruitment and retention.
Preceptorship should start at final management placement as a student through to one year qualified.	Twelve months post qualified to really feel confident, belonging and direction becomes automatic.
Preceptorship may be longer than a year as may still be going through rotations.	When are you ever a finished product – are you ever?
Preceptorship should relate to personal perceptions of successful transition, include reflection and resilience and result in happy employers and employees.	Preceptorship should be a seamless progression from leaving university through to continual professional development and lifelong learning.

There are a mixture of stakeholder comments outlined in box six. We are led to understand that preceptorship is not always offered or where it is may not be timely in terms of meeting new clinically professional graduates' needs. There seems to be variation in the range of preceptorship programmes afforded including length, timing, content and whether or not preceptorship programmes offer any type of accreditation. Additionally some preceptorship programmes are solely led by HSC providers, other in partnership with HEI's.

Some comments appear to lack empathy and understanding of new clinically professional graduates transitional needs. It is likely that contextual aspects of preceptorship programme content overlaps and/or reinforces that which has been cultured during the student's undergraduate programme of learning.

However caution is needed in not confusing the content of a programme with the feelings and experiences new clinically professional graduates' experience during their transition. In this context students 'transition' is not something they 'did' at

university but is something they are ‘going-through’ during their personal process of transitional change.

Therefore exploration of affording accreditation for the CPPD aspects of preceptorship is not something that should be easily discounted. This reinforces the need to increase learning about the facets of Emotional Intelligence as explicit feature of pre and post registration learning programmes (see 6.5); and in particular the development of empathy as a fundamental attribute of the health and social care workforce.

The concept of ‘corporate’ preceptorship emerged as a constraint ‘imposed’ by employers in terms of determining programme content, timing and approach. It was felt that this type of methodology is not a favourable way to maximise preceptorship as an opportunity to support new clinically professional graduates during their transition. Additionally the quality, standards and range of preceptor attributes was an area of debate alongside the need for better guidance on giving and receiving structured feedback (see 6.4).

These findings suggest that it is timely to scope local, regional and/or national preceptorship programmes. Exploring the extent to which the initial measures outlined by the DH (2010) have been met, and where possible identify new metrics for assessment and evaluation.

Comparison between generic and bespoke preceptorship programmes should be a feature of the review identifying the benefits and limitation of both methodologies. As should the strengths and restraints of HSC provider led or joint HSC and HEI partnership led programmes be explored.

Based on the outcome of the review consideration should be given to the concept of a revised framework. The appraisal should consider current practice and the future direction of health and social care and result in updated best practice guidelines. Ideally any revised framework would explore the potential of implementing competency based standards creating contemporary elements of preceptorship from a new clinical graduate, preceptor and employer perspective. Explicitly outlining what is expected of a new clinically professional graduate now and in the future.

Suggestion 11: Conduct a regional/national review of preceptorship programmes.

Conduct a scoping exercise of local, regional and/or national preceptorship programmes. Exploring the extent to which the initial measures outlined by the Department of Health (2010) have been met; and where possible identify new metrics for assessment and evaluation.

A feature of the review should consider comparison of generic and bespoke preceptorship programmes and the benefits and limitations of both methodologies. As should the strengths and restraints of HSC provider led or joint HSC and HEI partnership led programmes be explored.

Based on the outcome of the review consider if a revised framework is needed that looks at current and future direction of health and healthcare formulating best practice guidelines.

Ideally any revised framework would explore the potential of implementing competency based preceptorship standards creating contemporary elements of preceptorship from a new clinical graduate, preceptor and

employer perspective. Explicitly outlining what is expected of a new clinically professional graduate.

Many stakeholders felt that students are increasingly attracted to work-life roles that offer partnership programmes. Further suggesting that credible preceptorship and partnership working between HSC providers and HEI's would be more likely to increase both recruitment and retention. Especially if students-alumni, patients and/or the public were core features of design and delivery. Leading us onto the next theme, that of strengthening partnerships.

6.9 Strengthening partnerships

Stakeholders felt strongly that legitimate HEI's and HSC provider partnership positively demonstrated collaborative working to students for the benefit of their learning. There was a sturdy desire to share ownership and responsibility for the students' journey. Recognising that key stakeholders (e.g. HEI's, HSC providers, students, alumni, patient and public involvement, professional and regulatory bodies) should be involved in every aspect of curriculum design and delivery.

The suggestions weaved throughout this section are, in part, based on event discussions and in particular how partnership working between HEI's and HSC providers could successfully support student transition. While delegates were keen to emphasise the benefits of partnership and collaboration a number of barriers were identified; as can be seen in table thirty-six.

Table 36: Barriers to collaboration and partnership	
Capacity –staff numbers in both academic and practice environments. Staff attitudes – in terms of desire and proactivity.	**Capacity – the time staff have in their current roles and with existing responsibilities and whether 'more' can or cannot be afforded.**
Not sharing practice, emerging research, models and innovation.	**Knowing who is the 'right person to contact – in academic and practice settings.**
Funding and fiscal austerity	**Working in isolation/isolated sites.**
HEI, HSC provider, regulatory and professional body mismatch – different people want different things.	**Transparency and openness – the willingness to critically examine practice, examining what work and what does not and then doing what needs to be done to put it right.**

Capacity was suggested as the biggest barrier. Particularly in relation to staff numbers in both the academic and practice setting. Numerous reports have highlighted the severity of staffing issues in the practice setting (RCN, 2010, Francis, 2012, Berwick, 2013) with some universities suffering resemblances in terms of vacancy freezes and funding reductions. Undoubtedly the fiscal austerity of the current national and global economy has taken its toll. Manifesting in the high rates of work-related stress in the health and social care and education sectors (see 6.5).

One area where this was felt to have had a negative impact was on that of being able to share good practice, emerging models, research and innovation.

This is a feature that may have had an impact on the ability to share information about localised, regional and/or national recruitment processes. Our 'lived experiences' of working with colleagues and key stakeholders as an *Employability Working Group* (Yardley, Abbott and Whitehouse, 2013b) suggest variations in the recruitment strategies utilised. Some HSC providers use mass recruitment, some

use bespoke recruitment schemes. Some providers had previously used mass recruitment initiatives and are now moving back to bespoke arrangements. Anecdotally suggesting organisations had not always been able to secure the 'right' person for the 'right' job or that mass recruitment may have had an impact on retention of new clinically professional graduates. Some colleagues felt that mass recruitment negatively reinforces the message '*get a job, any job'* on graduation.

It appears that there are discrepancies between the need to 'fill' vacancies and the desire to have the 'right' person with the 'right' skills, behaviours and attributes for the 'right' role. Attention is needed to thoroughly consider the potential 'mixed-messages' that are being communicated.

Additionally there is the need to critically examine recruitment strategies paying attention to the benefits and limitations of different approaches alongside identification of what works best. We know that HEE, in partnership NHS Employers (2014-2015) are exploring values based recruitment (see table thirty-seven).

As this approach evolves HSC providers and HEI's will need to ensure communication and sharing of practice is clear. So that targeted interventions and support can be afforded to students/new clinically professional graduates in preparing for contemporary values based recruitment (VBR) processes. The implementation of VBR provides a real opportunity for strengthening HSC provider and HEI partnership and collaboration.

Table 37: Values Based Recruitment

Higher Education England (2014), in partnership with NHS Employers, have launched a National Values Based Recruitment Project. The project, running 2014-

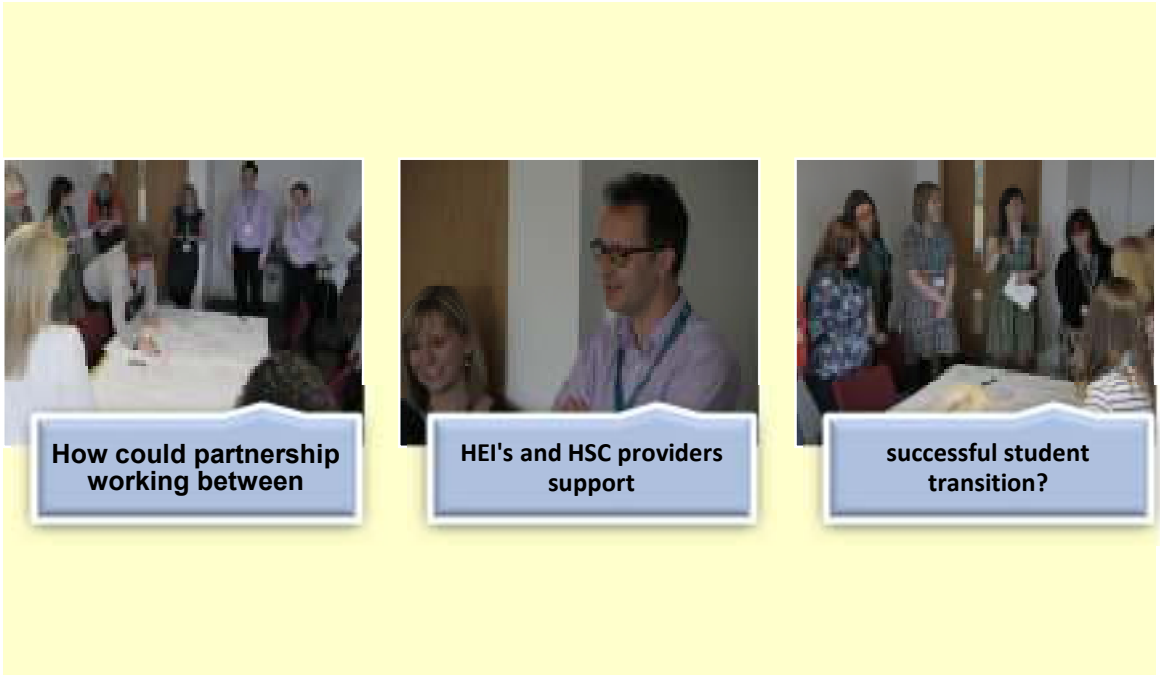
2015 is exploring recruitment into NHS funded training programmes and recruitment into the NHS so that they can evaluate the impact of recruiting for values. For further information go to:

http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-for-values

http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-for-values/hee-vbr-programme

The seminar itself was an opportunity for staff to take 'time and space' to think about their practice alongside networking, meeting new people and building new relationships (Lawton, 2014, Priestley, 2014, Yardley, Whitehouse and Abbott, 2014d), And if we look at what has emerged as an outcome of that event then the day has gone on to achieve that much more than was originally anticipated (Yardley, Whitehouse and Abbott, 2014e).

Figure 13: The employability café consultation question 3



Arguably time will always be a factor that has the ability to impinge partnership working. Yet perhaps what is needed is to re-think how we use our time individually and collaboratively to make a difference. One way to achieve this would be through the creation of a local/regional employability strategy as suggested in 6.2.

Seminar activities advocate that staff willingness and desire is there as is a framework for employability discussion and development (Cole and Tibby, 2013). Perhaps a controversial statement yet one that will be shared. It will take the passion, drive and aspirations of employability developers like those who attended the seminar to gain investment from all levels and all stakeholders to make change happen. Alongside a fundamental belief that we all want the something similar; well-rounded highly performing employability rich graduates who provide excellent patient care through an exceptional education experience.

Stakeholders visibly sought active opportunities for interaction, collaboration and partnership. One key area where this could happen is through the development of a new role; a feature that is the subject of the final emergent theme.

6.10 Employability & Transition Practitioners

After careful consideration (see page 60) the idea of a new role has emerged; that of an '*Employability & Transitions Practitioner*' (ETP).

The role of an ETP should span the academic and practice setting as a joint HEI and HSC provider funded post. The ETP would champion employability raising its profile to students and existing health and social care staff across both settings. Leading on the operational delivery of any local/regional co-created employability strategy they

would work closely with academic, careers and practice staff, and wider stakeholders, advocating employability development for all.

Currently there is a significant gap between students' final placement (and completion of their undergraduate programme of learning) to the time where they may start their new role as a clinically professional graduate and their next phase of learning through preceptorship programmes.

Targeted interventions are needed to expand the support that is offered to students through their journey of being a student to becoming a new clinically professional graduate. It is at this stage where the ETP would play another vital role.

Working alongside academic, careers and practice staff the ETP would lead on the design and delivery of enhanced curriculum developments (in partnership with key stakeholders e.g. students, alumni, patients and public involvement) which intend to augment learning in the period between completion of undergraduate learning and up to the preceptorship phase.

Ideally the ETP would have visibility during the students' final preparation for practice module (university based); expanding the capacity of the designated module team. The students associated final clinical placement and learning outcomes (in the clinical setting) and at key stages through the preceptorship programme (HSC provider); expanding capacity within practice education teams. This would afford students consistency of support as they go through their transition to becoming new clinically professional graduates.

The level of support would be progressively reduced as the student is encouraged to step-up to the responsibilities of their new role. The ETP would not replace the

mentor/preceptor yet could equally act as an avenue of support for these professionals too. Augmenting opportunities for existing health and social care staff and their personal and professional employability development.

The ETP would have a remit of collecting audit and research data that maximised the use of self-reporting and psychometric assessment tools. Thus contributing to the expansion of evidence base in support of measuring aspects of employability and career adaptability.

As well as working alongside academic and practice staff in the moderation of student learning in the practice setting; ensuring excellent levels of assessment and student feedback are afforded.

The emergence of a new '*Employability & Transitions Practitioner'* would afford increased support and targeted inventions for students through their transition. As would it bring to life Willis (2012) recommendations; including those that support new clinical-academic career structures and enhancement of collaboration through join HEI and HSC provider appointments.

Suggestion 12: Employability & Transition Practitioners

Explore the opportunity to create a new jointly appointed HEI and HSC provider 'Employability & Transition Practitioner' role. The ETP would champion employability for all leading on the operational delivery of any co-created employability strategy.

Their role would span the academic and practice setting. Working closely with academic, careers and practice staff (and wider stakeholders) the ETP

would advocate and support employability development for students and existing health and social care staff.

The ETP would lead on developing new curriculum and targeted interventions which augments students learning opportunities from the point where their undergraduate programme of learning ceases and up to the point where preceptorship starts.

They ETP would be visible within students final preparation for practice module (university based); expanding the capacity of the designated module team. The students final associated clinical placement and at key stages through the preceptorship programme (practice based); expanding capacity with practice education teams.

The role of the ETP would afford students consistency of support as they go through their transition of being a student to becoming a new clinically professional graduate. Support would be progressively reduced as students are encouraged to 'step-up' to their new role. Working alongside mentors/preceptors ensuring their continual personal and professional development is enhanced too.

The ETP would have a remit to collect audit and research data that maximizes the use of self-reporting and psycho-metric assessments. Thus contributing to the evidence base in support of measuring aspects of employability.

Additionally working alongside academic and practice staff in the moderation and assessment of students learning in the practice setting; ensuring excellent levels of assessment and student feedback are afforded.

Ideally a regional team of ETP's would be created and piloted by at least one of the LETB's in partnership with HEI and HSC providers. Exploring the benefits and limitations of the new role, the metrics and measures developed to assess impact and outputs alongside any best practice guidelines for dissemination nationally and/or internationally.

Ultimately acting as a mechanism to strengthen partnership working between HEI and HSC providers in support of successful student transition and the continued development of new clinically professional graduates.

6.11 Section Six Summary

At the outset of this section we indicated our intent to explore the emergent themes in a discursive and exploratory framework. Ten themes materialised and these have been summarised in table thirty-eight. As each theme has been considered twelve suggestions have arisen.

Writing the compendium has afforded a period of critical reflection. During this process significant time and creativity has been invested as delegates comments were assimilated into emergent themes. Evidence has been explored alongside a personal review of the '*lived experiences'* of working alongside students, alumni, career, academic and practice staff across a range of employability related curricula,

projects and initiatives. It is as a result of these combined experiences and inventive thinking the twelves suggestions arose. They have been shared on the basis of collaboration and partnership. Yet we kindly ask that acknowledgement is fully attributed to the lead author and co-contributors of this event resource pack, with our earnest gratitude.

Yet before we forge ahead with any of the ideas advocated perhaps the first step is to identify whether any of the proposals already exist within our community; nobody wants to reinvent the wheel! If they do, that's fantastic. As it means 'we' as employability developers, can focus our attention on the features yet to be created or explored. In the interim we have used table thirty-nine to summarise the key suggestions.

Table 38: Summary of emergent themes	
Differential employability perspectives	Employability – reaching shared understanding
Employability – what it is and what it is not.	Employability skills, attributes, knowledge and understanding.
Emotional Intelligence	Career Adaptability
Transition from student to new clinically professional graduate	Preceptorship
Strengthening Partnerships	Employability Transitions Practitioners

The main proposals do present potentially exciting areas for development. Yet possible barriers include capacity, funding, desire and willingness. It will take the passion, drive and aspirations of employability developers like 'us' to gain the endorsement, support and sponsorship from all levels and all stakeholders to make this happen. Alongside a fundamental belief that we all want something similar; well-

rounded highly performing employability rich graduates who provide excellent patient care through an exceptional education experience.

Table 39: Summary of emergent suggestions	
Suggestion	**Synopsis**
Suggestion 1: **Co-create an explicit local/regional employability strategy.**	Create local/regional employability strategy that is explicit, rooted in evidence-based and designed in partnership with key stakeholders that has the potential to be endorsed by LETB's.
Suggestion 2: **Create a guide for existing health & Social Care staff on 'how to enhance your employability'.**	Augment existing health and social care staff development of their employability through the creation of a bespoke guide underpinned by the (HEA) United Kingdom Professional Standards Framework (UKPSF) and the Department of Health (DH) Education Outcomes Framework (EOF).
Suggestion 3: **Enhance opportunities for enterprise and entrepreneurship.**	Enhance opportunities for enterprise and entrepreneurship that expand partnership activities between academic and careers staff in collaboration with HSC providers, students and alumni.
Suggestion 4: **Conduct a scoping exercise of local, regional and/or national literacy and numeracy recruitment strategies.**	Scope regional/national literacy and numeracy assessment and recruitment strategies to identify best practice benchmarks and guidance for implementation that afford transferability within the labour market and across the United Kingdom.
Suggestion 5: **Ensure Emotional Intelligence is a core feature of all undergraduate and post graduate programmes of learning.**	Ensure Emotional Intelligence (EI) is a core feature of undergraduate and post graduate programmes of learning. Exploring the potential for research and evidence base in support of EI metrics and the benefit EI interventions may afford within the health and social care sector.

Suggestion 6: **Create a mental health first aid toolkit for new clinically professional graduates.**	Create a mental health first aid toolkit for new clinically professional graduates as a matter of essential need.
Suggestion 7: **Develop career adaptability competencies and frameworks**	Develop career adaptability competencies and frameworks in support of student and clinical professional graduates' preparation to adjust to change throughout their lived experiences and career journey.
Suggestion 8: **Develop targeted interventions and measures that better support student transition.**	Better understand and define what is meant by successful student transition. Exploring, through research activities, the different facets of this key stage in the students' journey. With a view to identify and expand targeted interventions and measures that offer greater support for students through this key stage.
Suggestion 9: **Create a bespoke local, regional and/or national track, trigger and monitor career progression database.**	Create a bespoke regional and/or national track, trigger and monitor career progression database for the health and social care sector. The database should be user friendly and accessible by HEI's, HSC providers, small to medium employers (SME), private, charitable and/or voluntary organisations. So that targeted, robust and timely interventions can be afforded for the benefit of the students' transitional journey. From at least the six month stage of the final year of their programme of learning following new clinically professional graduates from their first appointment then throughout their career journey. Capturing education, training and continual personal and professional development as a feature of data collection strands.
Suggestion 10: **Explore the use of Technology Enhanced Learning (TEL) to enable students to self-track, self-monitor**	Combine Technology Enhanced Learning (TEL) and self-reporting measures to enable students to self-track, self-monitor and self-report on their own personal journey of transition.

and self-report personal journeys of transition.	
Suggestion 11: **Conduct a local, regional and/or national review of preceptorship programmes.**	Conduct a regional/national review of preceptorship programmes considering the extent to which the initial Department of Health (2010) measures have been met; and where possible identify new metrics for assessment and evaluation. Based on the findings of the review consider is a revised framework is needed formulating best practice competencies, revised guidelines and standards and explicitly outlining what is expected of a new clinically professional graduate.
Suggestion 12: **Explore the creation and implementation of a new role*; Employability & Transitions Practitioners.***	
• Explore the introduction of a new jointly appointed HEI and HSC provider role, that of an '*Employability & Transitions Practitioner'*. • The ETP would champion employability for all students and existing health and social care staff leading on the operational delivery of any co-created local/regional employability strategy spanning the academic and practice setting. • The ETP would lead on developing targeted interventions augmenting students learning from the point where their undergraduate programme of leaning ceases up to the point where preceptorship starts. • The ETP would be 'visible' within the students' final preparation for practice module (university based), throughout the students' final associated clinical placement (practice based) and at key stages through the preceptorship programme (employer based); expanding capacity in both designated academic module teams and practice education teams. • The role of the ETP would afford students consistency of support as they go through their transition of being a student to becoming a clinically professional graduate. Support would be progressively reduced as students are encouraged to 'step-up' to their new role. Working alongside mentors/preceptors ensuring their continual personal and professional development is enhanced too. • The ETP would have a remit to collect audit and research data that maximises the use of self-reporting and psycho-metric assessment as they contribute to the evidence base in support of measuring aspects of employability. Additionally working alongside academic and practice staff in the moderation and assessment of students learning in the practice setting; ensuring excellent levels of assessment and student feedback are afforded. • Ideally a regional team of ETP's would be created and piloted by at least one of the LETB's in partnership with HEI and HSC providers. Exploring the	

benefits and limitations of the new role, the metrics and measures developed to assess impact and outputs alongside any best practice guidelines for dissemination nationally and/or internationally.

Having explored emergent themes and opportunities for the future by way of key suggestions we will now turn our attention to summarising and evaluating event activities.

Section 7: Seminar Summary and Evaluation

It was our intention to consider, with your proactive involvement, longer-term student support and how the development of students' employability enables them as students and/or new clinically professional graduates to be satisfied and successful throughout their career; predominantly exploring this key latter transitional phase.

We know that those who attended rated seminar activities highly; describing the event as a *challenging*, *engaging* and an *interactive* day that *inspired* and *stimulated* insight and learning. Colleague's consistently rated event activities as either excellent or very good with an average 90% satisfaction score in relation to perspectives on administration, expectations and stimulation; see figure fourteen.

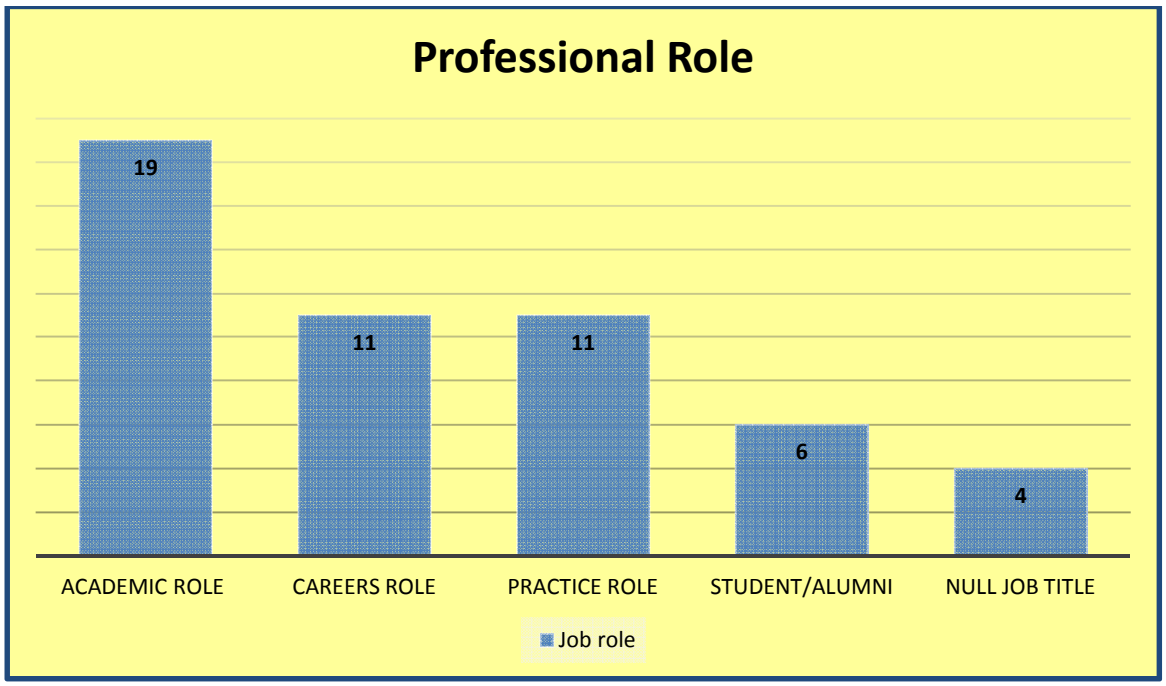
Additionally we know that delegates represented twenty one organisations (see figure fifteen); although the views outlined in ERP part one and part two are not necessarily representative of employing organisations, rather personal and individual perspectives.

Of the fifty one delegates who actively participated in event activities nineteen were in an academic associated role, eleven in a careers related role, eleven in a practice

associated role and six were students/alumni; four representing nursing and two students from the school of media. Four delegates did not provide a job title or organisation on registering for the event; see figure sixteen.

Figure 14: Delegate Evaluation

Figure 16: Delegates professional role



Of the nineteen academic staff four were lecturers, eleven were senior lecturers and three were in senior academic or Head of Department positions. Seven careers advisors attended accompanied by four colleagues who were in a senior Head, Advisor or Director role. Of the eleven practice staff eight were in a clinical education role, one was a sister and two were in a radiographer/senior radiographer position. Medical, Midwifery, Nursing, Social Work and Allied Health Professionals were represented.

Albeit unintentionally we do recognise that those not from a nursing background may have felt that some features of the event was not bespoke to their profession. The event was advertised as a health and social care seminar and open to all practitioners. Fifty places were afforded and all were taken. It appears that most people who attended did so from the nursing profession. Although representatives from medical, midwifery, social work and allied health professional were present. With thanks to your active input into seminar activities; it would not have been the same without you.

Despite this most delegates recognised that the theme of employability translates across professionals boundaries and all were able to take something from the seminar activities. Table forty shares some of the comments made by colleagues when asked what they had learnt from engaging in the seminar; it seems that learning was rich and plentiful!

Figure 15: Organisational Attendance

Table 40: Delegate Learning

Delegates were asked to write down one learning point that they would take from the seminar and apply in their personal practice; here is a selection of what people wrote.

- *About impact and evaluation techniques for employability.*
- *To increase my interaction and relationship building with different stakeholders.*
- *To be open and examine mine and others work.*
- *The range of methods to review employability.*
- *To be able to explain the difference between employment and employability.*
- *To explore different perspectives of employability e.g. students, patients, clients.*
- *The importance of enhancing employability in practice; even once qualified.*
- *Positives strengths model of reflection.*
- *To better understand and support students through transition whilst on clinical placement and at each stage of their training.*
- *To be more engaging with newly qualified practitioner; better understand their needs and take appropriate action.*
- *To have discussions with my colleagues in practice about what's in place for final year students and their transitional period…to discuss with team leaders in the practice setting what we could do to help.*
- *Nearly qualified staff need more support.*
- *To value the opportunity to network.*
- *To help students understand what makes them employable.*
- *What the HEA offers and that staff will do institutional visits.*
- *Lorraine's presentation was excellent – really looking forward to using EDP as a framework for conversations with students.*
- *Ruth's talk was really inspiring – great to hear about the QAA work too*
- *Integrate careers staff as part of the module team.*
- *To keep challenging the norm and make improvements for staff, students, patients and families.*

It was a humid day temperature wise and we are aware the room latter in the afternoon was a little airless and muggy. Event organisers did what they could by opening doors and windows yet unfortunately room temperature and air conditioning is control centrally and on another campus site. Sadly there wasn't much more that could be done; we do apologise if this made people feel uncomfortable.

One or two people wrote that the found the camera a distraction during the day. Understandably we would not want anyone to feel uncomfortable. We offered a thorough explanation for student partnership working and the reasons for image and video capture. Almost everyone gave their written consent to enable students' employability development, as they worked as partners throughout the day.

We hope that you can see how this has benefited everyone's learning and development. The showcase film students have created has really captured the essence of the seminar and the photo images have helped to bring the event to life within both ERP's. This feedback has helped us to appreciate how much working with students as partners has become part of our practice and that which may seem customary to us is not necessarily the same for everyone else. We thank you for allowing us to continue working in collaboration with both them and you.

Hosting the event has far exceeded our expectations and is demonstrative of what can be achieved when working in genuine collaboration and partnership; thank you once again for all of your proactive involvement and for making the seminar what is was and has become. It seems apt to now round up event activities with a few final delegate thoughts:

Table 41: Final delegate thoughts
• *Brilliant day, well organized and great methodology* • *An excellent event that stimulated lots of ideas* • *Thank you for a very interesting, informative inspiring day* • *This was great, it was invigorating and inspiring* • *Excellent hospitality, thank you*

- *Really good to have the space to talk employability with academics (from a careers practitioner)*
- *I really enjoyed sharing time and space with academics, careers staff, newly qualified and experience practitioners; it made the discussions really well informed.*
- *A really interesting day…I particularly enjoyed the interactive sessions*
- *An excellent day that give us lots to think about for our own practice – thank you ☺*

Section 8: Challenging Employability – useful resources and references

All Keynote speeches and workshop presentations have been made available via the event webpage: www.bcu.ac.uk/measure-success

This includes copies of the abstract and poster submissions outlined in table forty-two. A list of references and useful resources is provided underneath. We have picked out '*five references for starters'*; you will see these highlighted by an enlarged first letter of the primary authors name in the margin of the reference list. Yet we hope that you find any/all of the resources shared valuable inspiration, encouragement and motivation.

All the very best of luck with you future employability developments.

Summary of Abstract and Poster Submissions www.bcu.ac.uk/measure-success			
Author(s)	**Title**	**Abstract**	**Poster**
Kelly Foster & Joanne Forman, Birmingham Children's Hospital	Birmingham Children's Hospital – Newly Qualified Nurse Programme 2014	√	√
Sarah Sheppard, Birmingham Children's Hospital	Birmingham Children's Hospital – Transition from student to newly qualified theatre practitioner	√	√
Pamela Hagan, University of Nottingham.	Sharing the skills & knowledge derived from professionalism teaching to improve the employability skills of all Nottingham graduates.	√	√
Jaye Totney, Birmingham City University (BCU)	Does an ePortfolio enhance Graduateness & Employability	√	√
Lindsay Yardley & Claire Wilcox-Tolley, BCU	Expanding opportunities for students formative and summative assessment		√
Lindsay Yardley, Bridget Malkin & Claire Wilcox-Tolley, BCU	Learning approaches, module teams and their impact on student assessment results - Part A		√
Lindsay Yardley, Bridget Malkin & Claire Wilcox-Tolley, BCU	Learning approaches, module teams and their impact on student assessment results - Part A		√
Lindsay Yardley, Bridget Malkin, Katie Whitehouse, Lisa Abbott, Carole Germaine & Claire Wilcox-Tolley, BCU	Flipped learning – placing your students and their employability center stage.		√
Lindsay Yardley, Katie Whitehouse & Lisa Abbott, BCU	The 10 Step framework to enhancing student employability		√
Lindsay Yardley, Katie Whitehouse & Lisa Abbott, BCU	Aiming for a seamless transition		√

Reference List

Abbott, L, Yardley, L., and Whitehouse, K (2012). *Enhancing Student Employability Project Application*. Birmingham: Birmingham City University.

Abbott, L, Yardley, L., and Whitehouse, K (2013). *Enhancing Student Employability (ECQ 19) Interim Report*. Birmingham: Birmingham City University.

Abbott, L, Yardley, L., and Whitehouse, K (2013*). Enhancing holistic healthcare employability for successful student transition; how do we measure its success; HEA Seminar Series Application*. Birmingham: Birmingham City University.

Abbott, L, Yardley, L., and Whitehouse, K (2014*). Aiming for a seamless transition*. Poster Presentation by Abbott *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Berntson, E. & Marklund, S. (2007). The relationship between perceived employability and subsequent health. *Work & Stress*. 21(3) pp.279–292.

Berwick (2013). *A promise to learn – a commitment to act. Improving the safety of patients in England*. National Advisory group on the safety of patients in England. London: Williams Lea.

Bimrose, J., Brown, A., Barnes. S.A. and Hughes, D. (2011). *The role of career adaptability in skills supply.* Wath-Upon-Dearne: United Kingdom Commission for Employment and Skills; UKCES Evidence Report.

Birmingham City University (2011). *Corporate Plan 2011-2016.* Birmingham: Birmingham City University.

Birmingham City University Student Union (2012a). *Partners for Success*. Available at: http://www.bcusu.com/learning/partnersforsuccess/ (Accessed 06/06/14).

Birmingham City University Student Union (2012b). *Partners for Success Statement*. Available at: http://www.bcusu.com/learning/partnersforsuccess/statement/ (Accessed 06/06/14).

Birmingham City University Student Union (2012). *Strategic Plan 2012-2015*. Birmingham: Birmingham City University.

Birmingham City University Student Union (2012c). *Student Engagement – why it matters*. Available at: http://www.bcusu.com/learning/engagement/ (Accessed 06/06/14).

Birmingham City University Student Union (2012c). *Student Engagement – why it matters*. Available at: http://www.bcusu.com/learning/engagement/ (Accessed 06/06/14).

Boychuk Duchscher., J. (2013). *Transition Stages Model*. Available At: http://www.nursingthefuture.ca/transition_theory (accessed 06/06/14).

Busby, E. (2014). *A Phased Approach to Enhancing Pre-Registration Employability at Birmingham Children's Hospital NHS Foundation Trust*. Abstract Submission at

The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Carter, P. (2014) *Presentation at the Westminster Health Forum on the Challenges for Developing the Health and Social Care Workforce*. London: Westminster Health Forum.

Cartwright, R., and Shaw-Roberts, H. (2014). *The journey of transition; from student to newly qualified nurse*. Workshop Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

CBI/NUS (2011) Working towards your future: making the most of your time in higher education. London: CBI/NUS. Available at: http://www.nus.org.uk/Global/CBI/NUS_NUS_Employability%20report_May%202011.pdf (accessed 02/03/14).

Cole, D, and Tibby, M. (2013). *Defining and developing your approach to employability*. York: HEA. Available at: http://www.heacademy.ac.uk/assets/documents/employability/Employability_framework.pdf (accessed 28/05/14).

Collins (2014). Collins English Dictionary on line. Available at: http://www.collinsdictionary.com/dictionary/english (accessed 19/06/14).

Council of Deans of Health, (2013). *A Common Culture Made Real: The higher education contribution to putting patients first. Council of Deans of Health Response to the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: CODH.

Dacre Pool, L., & Sewell, P. (2007). The key to employability: developing a practical model of graduate employability. *Education and Training*, 49 (4), pp. 277-289.

Dacre Pool, L., & Sewell, P. (2012). *The CareerEDGE Model of Graduate Employability*. Presentation by L Dacre Pool at 'Pedagogy for Employability 2012, Implications for Practice'. Birmingham: Birmingham City University.

Dacre Pool, L. & Qualter, P. (2012). The dimensional structure of the Emotional Self-Efficacy Scale (ESES). *Australian Journal of Psychology*. 64 pp.147–154.

Dacre Pool L. & Qualter, P. (2012). Improving emotional intelligence and emotional self-efficacy through a teaching intervention for university students. *Learning and Individual Differences*. 22 pp. 306 – 312.

Dacre Pool L. & Qualter, P. (2013). Emotional Self-Efficacy, Graduate Employability and Career Satisfaction: Testing the Associations. *Australian Journal of Psychology*. 65 (4) pp.214-223.

Dacre Pool, L., Qualter, P., & Sewell, P.J. (2014). Exploring the Factor Structure of the CareerEDGE Employability Development Profile. *Education and Training*.

Dacre Pool, L. (2014). *Graduate Employability, Measuring Success*. Keynote Address at Higher Education Seminar Series Event: Enhancing Holistic healthcare employability for successful student transition – how do we measure its success? Birmingham: Birmingham City University.

Department of Health (2010). *Preceptorship Framework for Nurses, Midwives and Allied Health Professionals.* London: Department of Health.

Department of Health (2011). *A Framework for Technology Enhanced Learning*. London: Department of Health.

Department of Health (2013b). Education Outcomes Framework for the Healthcare Workforce. Available at: https://www.gov.uk/government/publications/education-outcomes-framework-for-healthcare-workforce (accessed 16/06/14).

De Vos, A., and Soens, N. (2008). Protean attitude and career success: the mediating role of self-management. *Journal of Vocational Behaviour*, 73 pp.449-456.

Duarte, M.E. (2004). The individual and the organisation: Perspective in development. *Psychologica* (extra Series) pp. 549-557.

Foster, K. and Foreman, J (2014*). Birmingham Children's Hospital Newly qualified Nurse Programme 2014*. Abstract and Poster Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*. London: The Stationary Office.

Frigerio, G. (2013) Career Adaptabilities: testing a new approach to supporting student career development. *Graduate Market Trends* pp 8-10. Available at: http://www.hecsu.ac.uk/assets/assets/documents/GMT_Spring_2013.pdf (accessed 16/06/14)

Ghaye, T. (2011). *Teaching and Learning Through Reflective Practice: A practical guide for positive action.* 2nd Ed. Abingdon: Routledge.

Goleman, D. (2005) *Emotional Intelligence: why it can matter more than IQ*. London: Bloomsbury.

Greenway (2013) The Shape of Training; securing the future of excellent patient care. Available at: http://www.shapeoftraining.co.uk/ (accessed 16/06/14)

Hagan, P., Mclaughlin, D., and Tarmey, D. (2014). *Sharing the skills and knowledge derived from professionalism teaching to improve the employability skills of all Nottingham graduates*. Abstract and Poster Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Harvey, L., Moon, S., Geall, V., & Bower, R. (1997). *Graduates' Work: organizational Change and Students' Attributes*. Birmingham: Centre for Research into Quality: University of Central England.

Harvey, L. (2000). New realities: the relationship between higher education and employment. *Tertiary Education and Management*. 6 pp.3-17.

Harvey, L. (2001). Defining and Measuring Employability. *Quality in Higher Education*. 7(2) pp.97-109.

Harvey, L., Locke, W., & Morey, A. (2002). *Enhancing Employability, Recognising Diversity: Making Links Between Higher Education and the World of Work*. Cited in Harvey, L. (2005). Embedding and Integrating Employability. *New Directions for Institutional Research*, 128 pp.13-28.

Harvey, L. (2003). *On employability*. York: The Higher Education Academy.

Harvey, L. (2005). Embedding and Integrating Employability. *New Directions for Institutional Research*, 128 pp.13-28.

Health and Safety Executive (2013) Stress and Psychological Disorders in Great Britain. Available at: www.hse.gov.uk/statistics/ (accessed 16/06/14)

Health Education England (2013). National Workforce Plan. Available At: http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-UPDATE-interactive.pdf (accessed 16/06/14).

Higher Education Academy (2013). *Our students as partners work*. York: Higher Education Academy. Available at: http://www.heacademy.ac.uk/students-as-partners-work (Accessed 06/06/14).

Higher Education Careers Service Unit (2014). *Futuretrack*. Available at: http://www.hecsu.ac.uk/current_projects_futuretrack.htm (Accessed 06/06/14)

Knight, P., & Yorke, M. (2004). *Learning, Curriculum and Employability in Higher Education*. London: Routledge Falmer.

Kramer, M. (1974) Reality Shock; why nurses leave nursing. Mosby Co: St Louis. Lowden.

Lawton, R. (2014). *Impact: Lots of questions, some answers*. Keynote Address at The Higher Education Academy Seminar Series Event: Enhancing Holistic healthcare employability for successful student transition – how do we measure its success? Birmingham: Birmingham City University.

Lees, D. (2002). *Graduate Employability – Literature Review*. LTSN Generic Centre. Quality Research International.com.

Lord Young (2014). *Enterprise for All; the relevance of Enterprise in Education*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321259/EnterpriseforAll-lowres-170614.pdf (Accessed 19/06/14).

Malkin, B. and Wilson, K. (2014). *Smoothing the transition to enhance graduate employability*. Workshop Presentation at The Higher Education Seminar Series

Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Mayer, J.D. and Salovey, P. (1990). *Emotional Intelligence*. USA: Baywood Publishing Co, Inc.

Nursing and Midwifery Council (2008) *Standards to support learning and assessment in practice; for mentors, practice teachers and teachers***.** London: NMC.

Nursing and Midwifery Council (2010). *Standards for Pre-registration Nursing Education*. London: NMC.

Pearson, H. (2009) Transition from nursing student to staff nurse: a personal reflection. *Paediatric Nursing.* 21 (3) pp. 30-32.

Pegg, A., Waldock, J, Hendy-Issac, S. and Lawton, R. (2012). *Pedagogy For Employability.* York: HEA. Available at: http://www.heacademy.ac.uk/resources/detail/employability/pedagogy_for_employability_update_2012 (accessed 28/05/14)

Priestley, J. (2014) Welcome Address at The Higher Education Academy Seminar Series Event: Enhancing Holistic healthcare employability for successful student transition – how do we measure its success? Birmingham: Birmingham City University.

Quality Assurance Agency (2014). Student Employability Initiatives – what works? QAA. Available at: http://www.qaa.ac.uk/Newsroom/PressReleases/Pages/Student-employability-initiatives-what-works.aspx (accessed 28/05/14)

Rothwell, A., & Arnold, J. (2007). Self-perceived employability: development and validation of a scale. *Personnel Review*. 46 (1) pp.23–41.

Royal College of Nursing (2010). *Guidance on safe staffing levels in the UK.* London: RCN.

Savickas, M. (2013). *Career Construction Theory and Practice* in Lent, R.W and Brown, S.D (2013). Career Development and Counselling: Putting theory and research to work. 2nd Ed. New Jersey: John Wiley & Sons.

Sheppard, S. (2014). *Birmingham Children's Hospital; transition from student to newly qualified theatre practitioner.* Abstract and Poster Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Tibby, M. (2012) *Briefing paper for teaching and learning summit on employability*. York: Higher Education Academy.

Totney, J. (2014). *Does an ePortfolio Enhance Graduateness and Employability?* Abstract and Poster Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yardley, L. Abbott, L. and Whitehouse, K. (2014a). *The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success; Delegate Resource Pack.* Birmingham: Birmingham City University.

Yardley, L. Abbott, L. and Whitehouse, K. (2014b). *Enhancing Holistic Aspects of Employability in Health and Social Care – Case Story Approach to Toolkit Resources: Available at:* www.heacademy.ac.uk/EHAE

Yardley, L. Abbott, L. and Whitehouse, K. (2014c). *The Ten Step Framework to Enhancing Your Employability; learning resource pack.* Birmingham: Birmingham City University.

Yardley, L. Abbott, L. and Whitehouse, K. (2014d). *The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success; Event Resource Pack – Part 1.* Birmingham: Birmingham City University.

Yardley, L. Abbott, L. and Whitehouse, K. (2014e). *The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success; Event Resource Pack – Part 2.* Birmingham: Birmingham City University.

Yardley, L. Abbott, L. and Whitehouse, K. (2014f). *The Ten Step framework to Enhancing Student Employability*. Poster Presentation by Yardley *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yardley, L., Malkin, B., Whitehouse, K., Abbott, L., Germaine, C and Wilcox-Tolley, C. (2014). *Flipped learning – placing your students and their employability centre stage*. Poster Presentation by Yardley *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yardley, L., Malkin, B. and Wilcox-Tolley, C. (2014a). *Learning Approaches, module teams and their impact on student assessment results - Part A.* Poster Presentation by Yardley *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yardley, L., Malkin, B. and Wilcox-Tolley, C. (2014a). *Learning Approaches, module teams and their impact on student assessment results - Part B.* Poster Presentation by Yardley *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yardley, L., and Wilcox-Tolley, C. (2014) *Expanding opportunities for students' formative and summative assessment.* Poster Presentation by Yardley *et al* at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Yorke, M. & Knight, P.T. (2006). Curricula for economic and social gain. *Higher Education*. 51 pp.565-588.

Yorke, M. & Knight, P. (2007). Evidence-informed pedagogy and the enhancement of student employability. *Teaching in Higher Education*. 12 (2) pp157-170. http://www.heacademy.ac.uk/assets/documents/employability/Employability_framework.pdf

Whitehouse, K. and Yardley, L. (2014). *Academic and Career Partnerships; benefits, challenges and aspirations*. Workshop Presentation at The Higher Education Seminar Series Event: Enhancing holistic healthcare employability for successful student transition; how do we measure its success? Birmingham: Birmingham City University.

Willis, P. (2012). *Quality with Compassion: the future of nursing education. Report of the Willis Commission on Nursing Education, 2012*. London: Royal College of Nursing. Available at: www.rcn.org.uk/williscommision (accessed 16/06/14)

Wright, T.E. (2012). *PSA Evaluation Project Report*. Birmingham: University of Birmingham.