NET2015

26th International Networking for Healthcare Education Conference

Tuesday 8 – Thursday 10 September 2015

Churchill College, University of Cambridge CB3 0DS, UK

Group 2 of theme sessions
Wednesday 9 September 2015

Educational innovation and enhancement

Core paper and theme paper abstracts

I need to begin with an apology – from the lead author and co-presenter Wendy Horne who has had to stay in NZ at the last minute because of a significant family health event.

I am presenting on our behalf and am challenged by the need to address the abstract accepted by the review panel some months ago now and to make up for Wendys absence. In addition the organisational change we are leading has stepped up a notch or 3 since we submitted the abstract – such is the nature of change and innovation.

My name is Sue Gasquoine and I have the privilege of being the HoD – Nursing at Unitec in Auckland NZ. Unitec is the largest of the Institutes of Technology and Polytechnics in Aotearoa/NZ.

This is where we are headed as an organisation if the proposal for change presented to staff early last month by our CEO is adopted. It is affectionately known as Wendy's Wheel in recognition of her authorship – both of the model & this presentation

 (Wendy's Wheel)

Significant change was initiated in our organisation in 2013 with the Transformation Project. It is anticipated that the transformation will take a number of years but this graphic represents where we expect to be by 2017 in terms of how we are organised to deliver our programmes and courses. Titled the 'sector realignment' model, its goal is to more closely align our courses and programmes with the needs of the sectors into which our graduates are headed.

We started in the middle – the common semester we identify in the abstract is delivered by Te Kura Whanui (Centre for Interdisciplinary Scholarship) – the name will change to Te Miro if the change proposal is adopted. This curriculum redesign is our response to the issues Claire has just outlined regarding the undergraduate education of health professionals.

This germ of an idea (the common semester) has had & continues to have a ripple effect through the organisation supporting our transformative agenda and is gaining momentum.

The help I need as a leader in our organisation is this: - How do we avoid veering off our change trajectory as the brakes are applied by our internal and external stakeholders?

So with thanks to ANZAHPE (Australia and New Zealand Association for Health Professional Educators) and their PeArLs (personally arranged learning session) innovation, with which some of you may be familiar, rather than a 'presentation' I would like to benefit from the collective wisdom in the room.

I was a peer reviewer for a journal article recently. This article reviewed literature that addressed the health workforce issue of multi generational teams and it got me thinking …

In the interests of the interactive & participatory agenda of this conference please reorganise yourselves into 4 groups – are you a:

- **Veteran (ie born in the years of or around WW2)?**(*duty & responsibility*)
- **Baby boomer (ie born in the 50's, 60's & 70's)?** (*idealistic & 'save the world' agenda*)
- **Generation X (ie born in the late 70's to early 90's)?**(*sceptics who value knowledge*)
- **Generation Y (ie born since the 90's)?** (*tolerant & optimistic who navigate the influence (perils?) of instant global communication) How does this fit with the decrease in altruism & increase in honesty that Jacqueline Whelan from Trinity College, Dublin notes?*

I did assume the larger groups would be the BBs & Gen X – for a variety of reasons including being able to get away (from dependents (small children) for eg) & able to afford to travel (from the other side of the world in my case).

Please take a couple mins to talk to each other about what defining characteristics you share as a cohort with a focus on how you work as health professionals - how you cope (or not!) with change.

Compare responses & note any that match those id by the author

Please take another few mins to identify how you like to be led through change … this is the help I need … I have the privilege of leading a talented, committed multi-generational team who are challenged by the speed and scale of the planned change and the detractors are active including recent media scrutiny which has been disappointing and compromising for individuals and the organisation.

Professional development opportunities are available … for example the 'Practice Passport' was established last year providing 5 days of participation for each tenured academic staff member during 2015 & 2016 and mandates the following sessions:

- **Emerging face to face pedagogies**
- **Work-based learning**
- **Online and blended learning**
- **Matauranga Maori (by way of explanation - putting the ethos of the indigenous people of Aotearoa/NZ into all aspects of the student learning journey through our organisation)**
- **Assessment**

Evidence of and reflection on each of these is collected in MyPortfolio the e-portfolio utilised by the organisation

This helps address the 'technical' issues but is not what I mean by 'brave leadership'. Brave leadership needs to be respectful and enabling at the same time as it is exacting and innovative.

We (Wendy & I) see ourselves as 'trailblazers' – Wendy has always said, and continues to say, 'we are not going to get this right the first time'

How do the people who report to me need me to be as a leader of such significant change? How do I 'broker' change? How do I create a context in which the reasons we chose to move from clinical practice into education and to promote the values, process and outcomes of IPE continue to be relevant?

Why did I move from the context of nursing practice – in my case child health – into education? I did so because I believed that in contributing to the education & development of the next generation of nurse and other health professionals I could make a bigger difference to childrens health outcomes than if I stayed in nursing practice – was this naïve perhaps?

The change required is not just technical – it is intellectual, emotional and personal as well ... and change is never 'finished'.

How do I lead through ongoing change and foster the adaptability each of us need to develop to sustain ourselves & our professions?