UniSA Learning and Teaching Development Grants 2016
Application Coversheet

1. Application details

Title of Project: Teaching clinical communication skills: developing a flexible and experiential educational model using digital technologies for the health disciplines.

Five key words / terms: Clinical communication, health professions, flexible learning, experiential learning, digital learning

Succinct description (100 words max) of how the proposed project aligns with UniSA's Digital Learning Strategy 2015-2020:
This project aligns with the University's Digital Learning Strategy 2015-2020 by:
• Delivering an engaging and digitally enriched curriculum
  ○ The project will develop digital learning resources that can be utilised in face to face, online or blended learning delivery
• Supporting our students to become productive professionals in a digital age
  ○ The project will assist in the development of clinical communication skills for students; skills which are central to the delivery of quality and safe health services
• Expanding our flexible learning arrangements
  ○ The project will develop digital learning resources that can be shared across health and nursing programs

Principal applicant's contact details

Name (title/first name/family name)	Associate Professor Kerry Thoirs	
School/Unit/Division	School of Health Sciences, Division of Health Sciences	
Location	City East Campus	
Employee ID	100466	
Contact	Tel 83022903	email Kerry.thoirs@unisa.edu.au

Project team members

1 **Associate Professor Kerry Thoirs** (Associate Head of School: Academic, School of Health Sciences, Lecturer Medical Sonography)	School of Health Sciences, Division of Health Sciences
2 **Dr Rowena Harper** (Head: Language and Literacy, Teaching Innovation Unit)	Learning and Teaching Services, Learning and Teaching Unit
3 Dr Giordana Cross (Program Director, Dietetics)	School of Pharmacy and Medical Sciences, Division of Health Sciences
4 Dr Sandra Ullrich (Early Career Academic, Nursing)	School of Nursing and Midwifery, Division of Health Sciences
5 **Jane Coffee** (Lecturer Physiotherapy)	School of Health Sciences, Division of Health Sciences

Reference Group members

1 Professor Esther May	**Dean Clinical Education and Equity, Division of Health Sciences**
2 Ms Kirsten Marks	**Manager: Learning advisor, Student support, Student Engagement Unit**
3 Dr David Birbeck	**Lecturer: Academic Development, Health Sciences Divisional Office**
4 Kristy Burfield	**Clinical Educator, Department of Nutrition and Dietetics, The Queen Elizabeth Hospital**
5 Dr Caroline Fryer	**Lecturer in Physiotherapy, School of Health Sciences**
6 Dr Barbara Parker	**Program Director: Bachelor of Nursing, School of Nursing and Midwifery**
7 Dr Jonathon Crichton	**Program Director, Bachelor of Arts, School of Communication, International Studies and Languages**
8 Ms Debra Kay	**Consumer Representative, Chairperson, Health Consumers Alliance of SA Inc., Research Associate (Consumer Engagement), International Centre for Allied Health Evidence, Division of Health Sciences**

2. Proposal details

A brief overview, stating the title of the project and its principal aims

Title

Teaching clinical communication skills: developing a flexible and experiential educational model using digital technologies for the health disciplines.

Background

Clinical communication is universally recognised as a core skill in the health and nursing professions. In contrast to academic communication where the focus is on writing and presentation of ideas, clinical communication includes interactions and interpersonal relationships where there is verbal and non-verbal sharing of information, feelings and meanings between different parties. It refers to the communication between health professionals and their clients, communication within and between teams, and the sharing of self-reflections with peers.

Effective clinical communication is essential and critical for students and graduates for important reasons. Poor communication is a leading factor in accidental harm to patients[1] and is therfore important for safety and quality in health services. Communication is a common issue raised in patient complaints[2] and is also an important mechanism in teamwork[3].

In the Division of Health Sciences, clinical communication has been identified as a deficit skill across a range of students, including, but not exclusive to international students. Improving capabilities in clinical communication has obvious benefits for students and patients, but also indirectly benefits the university through reputation. It is an important factor in attracting clinical placements as clinical placement providers are more willing to offer clinical training for students if they have developed skills in communication[4]. The availability of clinical placements is a principal factor limiting the growth of student numbers in clinical programs. The Division of Health Sciences has determined that more emphasis should be placed on the development of communication skills for students who undertake clinical placements (Strategic Teaching and Learning planning meeting, May 2015, Division of Health Sciences).

There is no common approach to clinical communication education across health disciplines, even though there is a considerable overlap of communication process skills across different professional groups. This limits inter-professional and multi-professional education which is important in today's health environment to prepare students for the collaborative practice models that are recommended today to meet the needs of patients presenting with complex health problems. A collaborative, inter-professional approach reduces divergent perceptions between professional groups, and facilitates teamwork and communication by the creation of common models of practice across disciplines[1]. To achieve an inter-professional and multi-professional communication curriculum, its components need to be flexible and adaptable, to fit the wide variation in program delivery across different health disciplines. Digital learning technologies are essential and play a key role in facilitating flexibility and adaptability.

Clinical placements are fundamental learning experiences in all health disciplines. They differ from classroom teaching in that they present challenging, dynamic and unpredictable real life situations. Students are required to interact and communicate with patients/clients, a multidisciplinary team, and clinical educators or supervisors whose primary skills are clinically based rather than educationally based. The gap between classroom learning (theory) and clinical learning (practice) can be difficult to bridge successfully, leading to student anxiety and poor

performance[5]. Simulated learning builds confidence and skills competence and bridges the theory-practice gap by providing authentic learning experiences in a safe environment[6]. Multimedia simulations can be integrated into case based learning with student self or peer review via video to develop and improve clinical skills[7,8,9].

Curriculum design which aligns theoretical and clinical components can also assist in bridging the theory –practice gap[10]. To achieve a relevant and strong curriculum in clinical communication across multiple health disciplines, essential and common elements of communication need to be identified. Anecdotally, academics report that they largely base clinical communication education on their own experiences and are not informed by exploratory enquiry or a learning framework. Recently, 61 communication learning objectives common to a range of health professionals were identified by a multidisciplinary group of communication education experts in Europe [11]. These learning objectives are referred to as the Health Professionals Core Communication Curriculum (HPCCC) and refer to 3 main domains; 1) communication with patients, 2) intra- and interpersonal communication and 3) communication in health care teams. The HPCCC provides a good foundation framework from which to develop common clinical communication learning objectives for students across multiple programs in the Division of Health Sciences. Educational, interactive multimedia learning resources can be developed which align with these learning objectives and which can be adapted for sharing across different clinical programs. This is an important step in providing a flexible and engaging clinical communication education structure, improving the communication capabilities of students, creating inter-professional learning opportunities and building confidence amongst placement providers in the communication abilities of our students.

The principal aims of the proposed project are:

1. To provide *clinical communication educators* across a range of health professions with *recommendations for learning objectives* that should be included in a *communication curriculum* and the *timing and sequencing* of when the supporting educational content relating to those *learning objectives* should be introduced.
2. To develop content and assessment for three *multimedia simulation learning modules* (MMSLM) which are representative of the clinical experiences of students and aligned to the learning objectives appropriate to *the pre-clinical phase of education* (identified in aim 1) and that is common across a range of health professional programs.
3. To *improve student's clinical communication skills and confidence* prior to embarking on their first clinical placement.

This project is relevant to the wider Australian tertiary sector and has potential to be the focus of a future OLT grant for funding to support the development of further MMSLMs which are relevant to different stages of learning.

Project concept, pedagogy and educational value

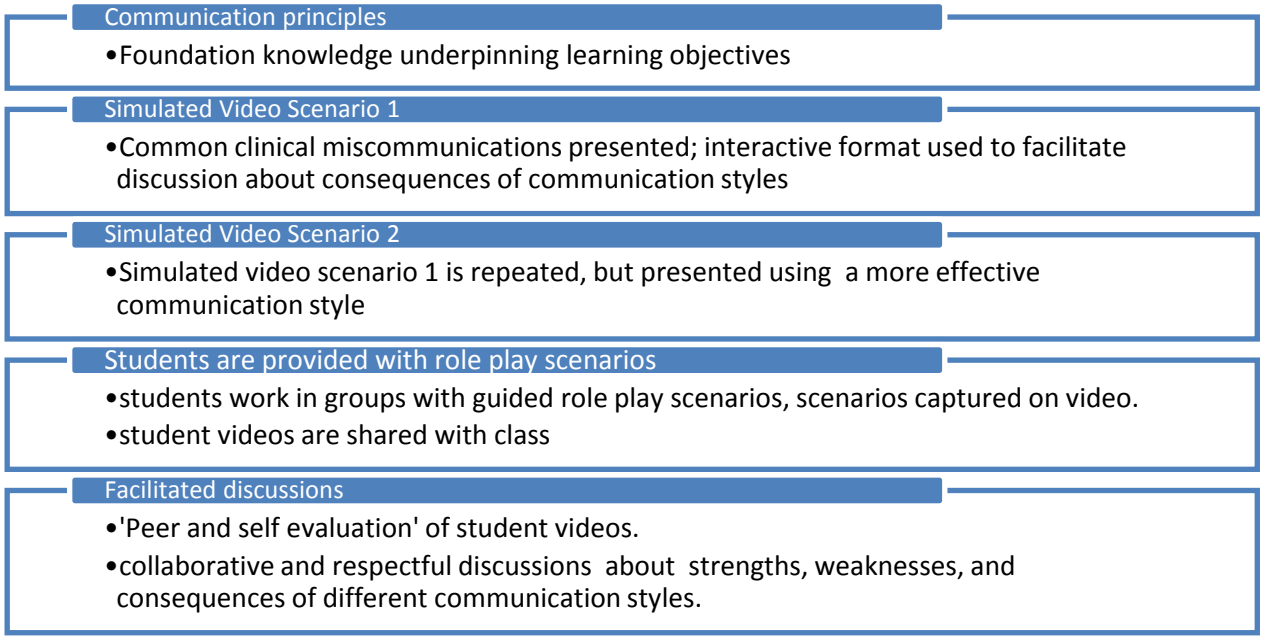
This project will consult broadly with potential adopters (academic staff, clinical educators, learning advisors) and stakeholders (students, clinical educators and consumers of healthcare) to ensure the outcomes are relevant to the Australian healthcare setting and to improve the chances of adoption and sustainability of the project outcomes beyond the life of the project[12]. It is important to engage health consumers in the development of health care curriculum. The viewpoints of health service consumers from different cultural perspectives will be elicited with the assistance of the Health Consumer Alliance of SA. Student consultation will be targeted for diversity i.e. international, domestic, cross-disciplinary, mature age and school leavers.

Aim 1: The HPCCC will be used as a foundation to develop recommendations for common clinical communication learning objectives relevant to the Australian context. Consultation will occur with academics and clinical educators, final year students and recent graduates of clinical programs within the Division of Health Sciences.

Aim 2: MMSLMs relevant to pre-clinical phase of clinical education will be developed with assistance from online learning designers and learning advisors. Authentic, real life experiences of consumers, students, recent graduates and clinical educators and the learning objectives that are identified in Aim 1 will inform the development of the educational content. Assessment criteria to evidence learning outcomes will be guided by an approach where the focus is not on student behaviour, but instead on the success of the communication encounter[13]. The MMSLMs will provide simulations of communication experiences which students are likely to encounter in clinical placements, and give them the opportunity to practice skills in a safe environment. Education content will be underpinned by key communication principles and address knowledge, skill and attitude domains and verbal and non-verbal forms of communication. Pedagogic principles guiding the development of the MMSLMs are that they will:

- be adaptable for delivery in the online, face to face or mixed mode settings;
- combine experiential learning, reflection and theory and include tasks that provide opportunities for students to listen, watch and interact and receive immediate feedback;
- encourage students to develop their own judgements, a personal communication style, the capacity to handle new situations, an appreciation of the uncertainties surrounding communication and strategies to form connections with patients or clients;
- be of a multimedia nature with opportunity for role play, discussion and written responses;
- include inter-professional group work to help develop team communication skills;
- use scenario immersion to stimulate creative reflection and problem solving to prepare students for the unpredictable nature and diversity of clinical placement.

The *Collaborative Learning Annotation System (CLAS, offered through Teaching Innovation Unit)* could potentially be integrated into the MMSLMs. A guide for educators will be developed with each MMSLM. The figure below outlines the proposed structure of each module.



Aim 3: Implementation and evaluation of the learning modules will provide information on how well Aim 3 has been met. Students will self-evaluate skills and confidence, and academic staff, clinical educators and patients/clients will evaluate student communication skills.

Project Approach

Ethics approval will be sought for all stages of the project prior to commencement. Existing communication learning frameworks will be used as foundations for consultation and engagement activities of the project. [11, 13]

Stage 1: the work in stage 1 will progress towards Aim 1 and Deliverable 1.
Deliverable 1: Recommendations for clinical communication learning objectives that should be included in a communication curriculum and the timing and sequencing of when the supporting educational content relating to those learning objectives should be introduced.

1. An anonymous online survey will be distributed to Academics, Clinical Educators, and recent graduates across clinically orientated health disciplines. Survey Questions will include:
    i. Which HPCCC learning objectives should be included in a communication learning framework that extends across a clinical training program?
    ii. Are there any learning objectives that are not included in the HPCCC framework that should be included in a communication learning framework that extends across a clinical training program?
    iii. When educational content that supports a student's development of learning objectives should be introduced into an educational program (preclinical, early clinical and mid clinical)?
2. Final year students in the Division of Health Sciences will be invited to attend focus groups where their views on the collated results of the online survey will be sought.

Stage 2: the work in stage 2 will progress towards Aim 2 and Deliverable 2.
Deliverable 2: Three MMSLMs relevant to the pre-clinical phase of education

MMSLMs will be developed to align with the learning objectives identified in *Stage 1* that are relevant to the pre-clinical phase of clinical communication education.

1. Content Development: Stakeholders will be invited to identify 'stories' that can be adapted and used to develop 'real-life' learning scenarios. The consultation will involve:
    a. Project team identifying clinical educators and academics through personal networks and eliciting stories of successful and unsuccessful clinical communication.
    b. Focus groups with final year students and recent graduates. Focus groups will stimulate conversations and memories of relevant personal scenarios.
    c. A search of relevant existing and available multimedia resources will also be undertaken
    d. Health consumer alliance will facilitate focus groups with consumer representatives.

2. Determination of criteria for assessment of learning objectives: After content scenarios have been determined the following groups will be consulted to assist in the development of assessment criteria. Assessment criteria will be developed using a functional communication framework suggested by Street & De Haes[13].
    a. Clinical educators and academics via focus groups.
    b. Health Consumer Alliance will facilitate focus groups with consumer representatives.

3. Construction of learning modules. Online learning designers, project team academics and learning advisors will collaborate together to design MMSLMs.

Stage 3: the work in stage 3 will progress towards Aim 3 and Deliverable 3

Deliverable 3: Clinical communication skills in students at a level appropriate to the first clinical placement, increased student confidence when attending first clinical placement.

1. Student groups about to commence their first clinical placement will be invited to participate in a pilot delivery of the modules.
2. Online survey of students will be conducted post-modules/pre-clinical, and in early stages of clinical placement. The survey will ask students to self-assess skills and confidence.
3. Academic staff will assess student skills using assessment criteria determined in *Stage 2.*
4. Clinical educators and patient/clients review student skills in the clinical setting using assessment criteria determined in *Stage 2.*

Outline of Project management and milestones

The project team and reference group have been selected with consideration of:

- access to networks of a broad range of stakeholders (including consumers)
- capacity to develop, implement and evaluate the MMSLMs
- capacity to develop, administer and analyse surveys, interviews and focus groups
- expertise in curriculum development, particularly in relation to simulated learning, digital learning, communication education, clinical education and cultural competence.

The project leader will manage the project, with contributions from the project team in each project stage. The team will meet three times during each project stage (face to face or virtual). Reference group consultation will occur at project commencement and at completion of each project stage. Reference group consultation may occur in a group or individually. A 'blog' will be created to inform the project team, reference group and other interested parties with project progress, and provide opportunity for feedback and discussion. The timeline is outlined below.

<table>
<tr><td>Weeks</td><td>1-10</td><td>11-14</td><td>15-16</td><td>17-18</td><td>19-22</td><td>23-26</td><td>27-30</td><td>31-34</td><td>35-44</td><td>45-48</td></tr>
<tr><td rowspan="5">Stage 1</td><td>Ethics stage 1</td><td></td><td></td><td></td><td></td><td colspan="5" rowspan="5">Note: teaching SP5 commences in week 30</td></tr>
<tr><td colspan="4">Ethics Stage 2/3</td><td></td></tr>
<tr><td></td><td>survey</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td colspan="2">focus groups</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td>Collate results, evaluate</td></tr>
<tr><td rowspan="3">Stage 2</td><td colspan="5" rowspan="3"></td><td>Content and assessment development</td><td></td><td></td><td colspan="2" rowspan="3"></td></tr>
<tr><td></td><td>Construct MMSLM</td><td></td></tr>
<tr><td></td><td></td><td>Deliver MMSLM</td></tr>
<tr><td></td><td colspan="5"></td><td colspan="2">Pre-delivery evaluation of MMSLM</td><td></td><td colspan="2"></td></tr>
<tr><td>Stage 3</td><td colspan="7"></td><td>Evaluate MMSLM</td><td></td></tr>
<tr><td></td><td colspan="9">Prepare report
KEY: MMSLM: multimedia simulation learning modules; Bold vertical lines denote when deliverables are due.</td><td>Finish report</td></tr>
</table>

Anticipated impact

- improved student communication skills and confidence when undertaking their first clinical placement
- reduced risk of error in clinical environments due to poor communication by students
- improved confidence of academics when developing communication curriculum
- increased willingness of clinical providers to support UniSA students in clinical placements
- improved industry relationships
- increased opportunities for inter-professional learning
- increased collaboration between academics, clinical educators and health consumers
- inform development of future communication learning modules
- attract collaborators for a linked national project and provide a basis for an OLT grant

Anticipated outcomes and deliverables

Deliverable 1: Recommendations for learning objectives that should be included in a clinical communication curriculum and the timing and sequencing of when the supporting educational content relating to those learning objectives should be introduced.

Outcomes:

- guide for scaffolding of clinical communication skills for multiple health disciplines
- identification of opportunities for inter-professional education

Deliverable 2: three MMSLMs relevant to pre-clinical phase of education

Outcomes:

- interactive multimedia resources for development of pre-clinical communication skills that are flexible and can be adapted for use by academics, clinical educators, Student engagement unit (i.e. L3 Language Literacies Learning resources)
- assessment criteria appropriate for clinical communication skills at a level suitable to pre-clinical phase of communication

Deliverable 3: Clinical communication skills in students at a level appropriate to the first clinical placement, student confidence in attending first clinical placement.

Outcomes:

- improved student communication skills and student satisfaction
- improved clinical supervisor satisfaction
- improved patient/client satisfaction
- Evaluation data to guide development of further communication learning modules.

Scholarship Deliverables

- 1-2 publications in national/international Teaching and Learning journals
- 'community of practice' or collective learning in clinical communication education

Dissemination strategy

The broad consultative nature of this project will be used to stimulate discussion amongst academic and clinical educators of the health professions, and health consumers across South Australia with potential engagement nationally. A 'blog' will be established from the onset of the project, and at each consultation stage, for potential adapters and stakeholders who will be encouraged to join the blog, and subscribe to an email mailing list. This will establish an

interdisciplinary 'community of practice in clinical communication for health professionals' where project progress can be followed and feedback provided. Members of the community will be encouraged to adopt and evaluate the project deliverables, and contribute to discussion on current issues and research in clinical communication education.

There will also be staged dissemination of the project with presentations at:

- Division and School Teaching and Learning Meetings
- professional health discipline meetings and seminars to give exposure to clinical and consumer stakeholders
- National Teaching and Learning conferences

There is a risk that dissemination opportunities are not identified or missed. At the outset of the project a mapping exercise will be undertaken to identify potential opportunities for dissemination. Project team members will have responsibility for facilitating and stimulating activity on the 'blog'.

Evaluation framework

Evaluation will occur at the completion of each stage of the project.

Stage 1: Qualitative feedback from the reference group and Division wide teaching and learning meetings about the *'Recommendations for learning objectives that should be included in a communication curriculum and the timing and sequencing of when the supporting educational content relating to those learning objectives should be introduced'* will be sought. Feedback will be sought on how these recommendations could be adopted in various disciplines, and where there are opportunities for inter-disciplinary learning.

Stage 2:

As part of the development process of the multimedia modules academic staff (including program directors) will be asked to provide qualitative feedback on the usability, and adaptability of the modules, particularly in relevance to the programs/courses they teach into.
A small group of students who have not yet undertaken their first clinical placement will be invited to provide feedback on 1) ease of use, 2) satisfaction with presentation of modules, 3) how engaging the modules are as a learning tool. Likert scales will be used for student feedback.

Stage 3:

In addition to the evaluations described in **Project approach**, *stage 3,* qualitative and quantitative evaluation data will be sought from:

- academics involved in MMSLM delivery on student engagement and useability.
- academics not involved directly in the project and students to evaluate the MMSLMs for relevance, engagement, usability and flexibility.

FOOTNOTE: **Just prior to finalisation of this application the project team became aware of a similar grant application: *'Digitised audio video stimulus materials to assess student functional learning of interpersonal skills in applied psychology, education, and pharmacy settings via an online university environment'.* After a discussion, each project team agreed that there were commonalities across both projects which raise opportunity for collaboration.**

Bibliography

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3. Budget

Project name:
Teaching clinical communication skills: developing a flexible and experiential educational model using digital technologies for the health disciplines.

Principal applicant's contact details

Name	Associate Professor Kerry Thoirs (continuing academic staff member)	
School/Unit/Division	School of Health Sciences, Division of Health Sciences	
Location	City East Campus	
Employee ID	100466	
Contact	Tel 83022903	email Kerry.thoirs@unisa.edu.au

Project costing per stage

Stage 1: Describe the stage and itemise tasks and associated costs for each stage

Task	**Description**	**Cost**
Develop and administer survey to academics, clinical educators, recent graduates	In kind support provided by project team 40 hours	-
Develop and administer student focus groups (2x 1hour focus groups)	In kind support provided by project team 10 hours	-
Transcribing focus groups, collating results of survey and focus groups	55 hours, research assistant (assumed ARA8)	$3,435.93
Refreshments for focus groups		$100.00
Total Stage One		**$3,535.93**
Date of completion:	3rd June 2016 (end week 22)	

Stage 2:

Task	**Description**	**Cost**
Focus groups final year students and recent graduates(4 x 1hours): development and administering	In kind support from project team 20 hours	-
2 x 3 hour consumer group focus group: development and administering	In kind support from project team 20 hours	-
Transcription and collation of focus group results	55 hours, research assistant, (assumed ARA8)	$3,545.88
Refreshments for focus groups		$250.00
Online curriculum development	1 Online learning designer 55 hours @HEO7, top level, post June 2016 (Assumed HEO7/5) In kind support from project team 100 hours In kind support from Division office: Lecturer: Academic Development, Health Sciences Divisional Office (5 hours), Online	$3,782.69

	Educational Designer (5 hours)	
Search for existing relevant resources	In kind support from project team 20 hours	-
Video script development	In kind support from project team (36 hours project team)	-
Video production	Video production, estimated 2 days filming @$1000.00 per day	$2,000.00
Video editing	2 day editing at @$800.00 per day	$1,600.00
Actors	3 actors for 12 hours, at $200.00 per 3 hours each actor (based on rates from Impro Now T/A Rent –a-Patient)	$2,400.00
Consultation with Health Consumer Alliance group	Honorarium	$500.00
Academic peer feedback on modules.	In kind support from project team (15 hours)	-
Total Stage Two		**$14,078.57**
Date of completion:	26th August 2016 (end week 34)	

Stage 3:

Task	**Description**	**Cost**
Preparation of evaluation material	In kind support from project team (45 hours)	-
Administration of evaluation	In kind support from project team (40 hours)	-
Collation of evaluation results.	In kind support from project team (45 hours) 35 hours, research assistant (post June 2016 rates, Assumed ARA8)	$2,256.47
Conference attendance	From staff members PD funds (with HOS approval)	-
Total Stage Three		**$2,256.47**
Date of completion:	28th November 2016 (end week 48)	
TOTAL		**$19,870.97**

4. Use of teaching technologies

This project does not involve new teaching technologies that require implementation and/or support by the University.

5. Authorisations

Head(s) of School, Unit Director or Institute Director and Divisional Dean: Teaching and Learning (or equivalent)

It is the applicant's responsibility to ensure that these signatures are obtained **prior** to the final submission of the application. Applicants are advised to begin this process early.

NB. Where project staff are from more than one school or unit, endorsement should be obtained **from each** relevant Head of School, Unit or Institute Director. (Please attach a separate sheet if necessary.)