An overview of the nature of the preparation of practice educators in five healthcare disciplines

making Practice-Based Learning work

CASE STUDIES NURSING

An Overview of the Nature of the Preparation of Practice Educators in Five Health Care Disciplines

Overview

The overall aim of the project was to scope practitioners' role in supporting students during practice placements. Data was obtained from focus groups, secondary sources and a questionnaire survey of university departments in the UK and the Republic of Ireland. Students spend 50% of their programme in practice learning. They are supported and assessed by experienced practitioners who have completed a preparation programme, plus practice education support facilitators. Benefits of the mentor role included updating, involvement in student development, practice assessment competence and acting as gatekeepers to professional registration. Main problems highlighted were related to work pressure, too many learners, confusing assessment documentation and dealing with difficult students.

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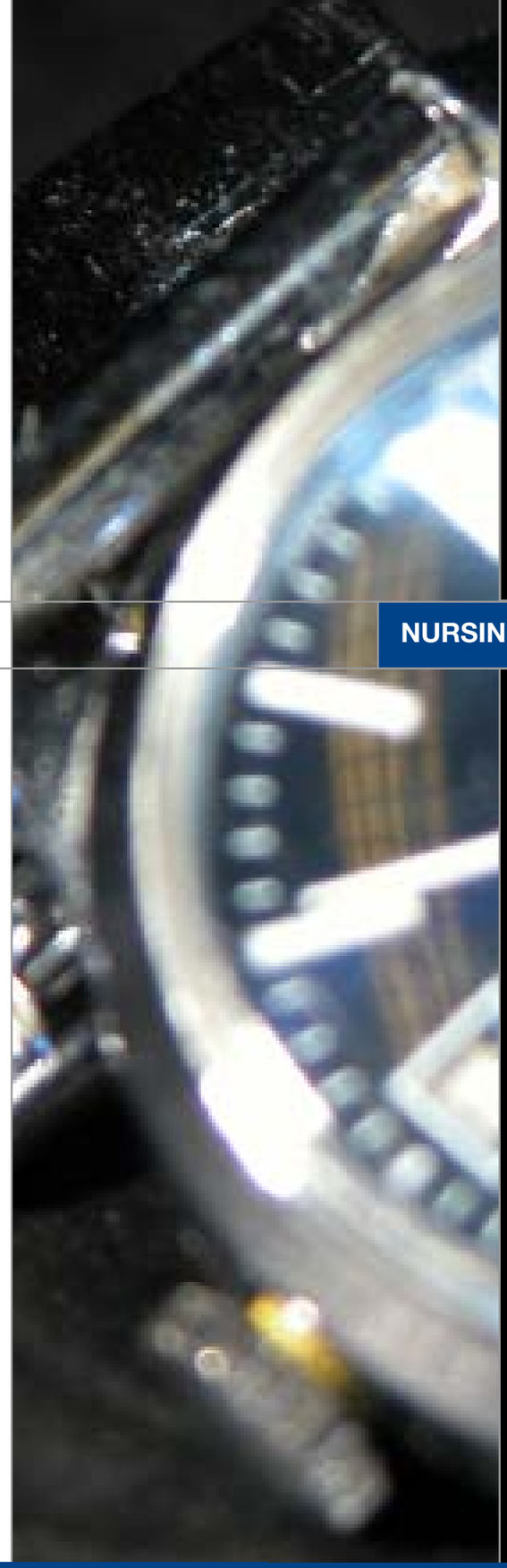

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Glossary of Terms

Williams (2002) highlighted the notion that interprofessional working has been made more difficult by a lack of a common language set. This became apparent in the early stages of this project with the professions involved using different terms to describe broadly similar roles. Added to this it became apparent that a similar situation existed within nursing with different institutions and regions using different terms to describe similar roles. To ameliorate the effect of this the terminology used by the English National Board (ENB) and the Department of Health (DoH) (ENB/DoH, 2001) will be adopted.

Assessor:

Used to denote a role similar to that of the Mentor (see below).

Lecturer:

The role of the teacher of nursing, midwifery or health visiting employed in an educational institution who has responsibility for the development and delivery of educational programmes in nursing, midwifery or health visiting.

Mentor:

Term used to denote the role of a nurse, midwife or health visitor who facilitates learning, supervises and assesses students of nursing in the practice setting.

Practice Educator:

This is a teacher of nursing, midwifery or health visiting who makes a significant contribution to education in the practice setting, co-ordinating student experiences and assessment of learning. The practice educator leads the development of practice and provides support and guidance to mentors and others who contribute to the students experience in practice, enabling them to meet learning outcomes and develop appropriate competencies.

Preceptor:

Often used to denote a role similar to that of the mentor but usually associated with supporting newly qualified nurses, midwives and health visitors in the UK. It is the equivalent term for mentor in the Republic of Ireland (ROI).

Student or Learner:

Denotes a student in a higher education institution studying for an academic qualification of either diploma or degree in nursing enabling them to be placed on the professional register.

Background

The ENB & DoH (ENB/DoH, 2001) acknowledge that students' practice experience is one of the most important facets of their educational preparation in nursing. Similarly, the Irish nursing regulatory body An Bord Altranais (2000) stated that clinical practice experience provided learning opportunities that enabled students to achieve competence in clinical nursing skills. A national scoping exercise obtained information on the scope and quality of practice learning for pre-registration student nurses from Universities throughout England, Ireland, Scotland and Wales. A total of 72 university schools/departments provide nursing courses in the UK and there are 14 in the Republic of Ireland (ROI).

This report focuses on nursing as a whole and does not break it down into its component branches e.g. adult, child, mental health, and learning disabilities or any sub specialities. It also excludes midwifery and health visiting.

Nature of the Discipline

Nursing is essentially a 'hands on' profession that is characterised by diversity. It is diverse in terms of the scope and location of practice as well as in relation to the types and level of practitioners. Given the diversity of nursing it remains challenging to define exactly the nature of the profession. With this in mind, the Royal College of Nursing (RCN) recently completed an eighteen-month research study entitled, 'Defining Nursing' (RCN 2003). The purpose of this project was to articulate the essence of nursing and was based on the premise that that which cannot be defined cannot be understood. The definition consisted of a core definition and six defining characteristics. The core definition was:

'The use of clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems and to achieve the best possible quality of life, whatever their disease or disability, until death.'

(RCN 2003)

The Nursing and Midwifery Council (NMC) is the body responsible for the professional regulation of nursing in the UK, with An Bord Altranais taking a similar role in the ROI. Whilst Higher Education Institutions (HEI's) provide pre-registration nurse education, the professional bodies have a clear quality assurance role in education provision.

Professional Requirements and Standards

In the UK, programmes of study to prepare nurses for registration are normally completed in three years of full time study. These are extended academic years to accommodate practice placement learning requirements. Some 4-year degree programmes exist based on traditional academic terms with associated leave.

Programmes are currently offered at diploma, advanced diploma, degree and masters level (one programme only) within HEIs in the UK. These programmes have been available since 1989 with a major professional review of

processes and outcomes in 1999 (UKCC 1999). Following the implementation of recommended changes in 2000/2001 learners now complete a twelve month 'common foundation programme' and then specialise for the remaining two years in one of four branches of nursing i.e. adult, child, learning disability, and mental health. Learners can leave the programme at the end of year one having achieved an academic award (certificate level) and the NMC competencies for Year 1.

On completion of the three years programme, students must be fit for practice and academic award. Achievements of national competencies set by the NMC are essential for registration to nurse. These competencies fall within four domains of practice to include:

- Professional and Ethical
- Care Delivery
- Care Management
- Personal and Professional Development

(NMC 2002)

Practice placements are an essential and integral part of the nurse education programme. There is a statutory requirement that all nursing courses should facilitate learners spending 50% of the programme on theoretical aspects and 50% on practice aspects. The NMC, in reflecting European Union requirements (EEC/89/595), stipulates that practice experience must include direct contact with healthy and/or sick individuals. Practice experience must include a continuous three month placement at the end of the third year of the programme (NMC QA Factsheet D/2003). Students should be enabled to meet all the relevant statutory requirements for their programme during their allocated practice experiences (ENB/DoH 2001a). Completion of practice placement hours must be verified. All students are supernumerary to the workforce requirements when completing practice placements in the NHS or in the private or independent sectors of health care.

However, The Open University has recently developed a part-time work-based learning programme at Diploma level that is becoming increasingly popular as an alternative route for support workers employed in NHS Trusts. These students retain their employment status throughout their course, have agreed time out for study, and have the flexibility to complete the course within 4-6 years (www.open.ac.uk)

In the Republic of Ireland, since September 2001, a pre-registration degree in general nursing, mental handicap and psychiatric nursing is available. For three years of the course, the student receives a combination of theoretical and clinical instruction and this period generally includes the usual allocation of HEI holiday periods. A continual twelve-month rostered clinical placement, inclusive of four weeks annual level and bank holidays, takes place during the third year of the course. During this time the student is a paid employee of the health service. A minimum number of hours in theoretical and clinical instruction must be successfully completed and the student is required to have achieved competence before registering with An Bord Altranais (http://www.nursingboard.ie/).

Number of Students

In the UK, the National Health Service (NHS) has been considerably affected by the cut in pre-registration education places for nurses and midwives in the early 1990's (DOH 1999). This is being addressed via greater government investment in education programmes (DoH 2000, 2000a) although the impact will take some time to work through the system. In addition Buchan (1999) highlights the 'greying' of the UK nursing workforce (approximately one in five is reported as over 50 years) and that many experienced practitioners are therefore approaching retirement. Not only this but as the general population is also ageing, the demand for nursing care is increasing.

Because of an international shortage of nurses, particularly in the 'developed' world there has been an increasing inward migration of nurses from overseas seeking UK registration.

In a report on the 2002-2003 statistical analysis of the register report (NMC 2004), the council comments on the trends as follows:

- A further increase in numbers on the register – now at its second highest level ever.
- Continued high levels of overseas-trained nurses and midwives coming onto the register
- Further significant increases in numbers of UK-trained nurses and midwives coming onto the register.
- The continued long-term trend of an ageing workforce
- Evidence of an active recruitment drive by USA hospitals being translated into historically high levels of UK nurses going abroad.

(www.nmc-uk.org page 2 of Statistical Analysis of the Register) Such trends are not unique to the UK but are shared by many developed countries. The impact of these issues on nurse education is that there is a significant increase in student numbers combined with a decreasing or a changing practice educator population. Intercultural competence may also be an issue for both students (from the UK and from overseas) and registered nurses (who qualified overseas) who are expected to work together to facilitate practice learning and the assessment of competence.

There are approximately 74 HEIs offering pre-registration nursing programmes in the UK (http://www.nursingnetuk .com). Data obtained from NMC statistics shows that 22, 934 newly qualified nurses entered the register in the year 2002 – 2003. These numbers include: 11, 897 for adult; 2,961 mental health; 1,753 children and 650 learning disabilities (NMC 2004). These numbers represent a trend for a year on year increase on the commissioning of places on programmes by the Government.

In the ROI, there are 14 HEIs offering nurse education programmes. Statistics taken from the An Bord Altranas web site indicates that there were decreasing numbers entering training between 2001 and 2002, from 1,851 to 1,740 with the main decrease in the general nurse (adult) programme and small increases in psychiatric, sick children's and mental handicap (http://www.nursingboard.ie/).

However, the new degree programmes that commenced in September 2003 take place in 13 HEIs in association with 45 main Healthcare Agencies (Hospitals/Clinical Sites) of which 21 are General, 14 are Psychiatric, and 10 are Mental Handicap. There is no longer a sick children's nursing branch. A total of 34 courses offer 1640 places in nursing (again a decrease in commissioned numbers):

- 14 Courses, with a total of 1057 places, in General Nursing
- 12 Courses, with a total of 343 places, in Psychiatric Nursing
- 8 Courses, with a total of 240 places, in Mental Handicap Nursing.

(http://www.nursingcareers.ie/images/ContentBuilder/Pre%20reg%20book.pdf)

Sources of Funding

Overall, Government commitment to a growth in the professional workforce has significant implications for practice-based learning. Finding adequate and quality practice learning areas for an increasing number of learners provides a particular challenge (ENB/DoH 2001). Workforce Development Confederations (Strategic Health Authorities) in the UK have been given a particular remit to ensure the supply and support of quality practice learning areas for all health care learners in all NHS Trusts throughout the UK. Some of their key functions include the following:

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- Negotiate, manage and monitor the performance of contracts with education and training providers and support the modernisation of professional preparation, education and training
- Have responsibility for practice placements for all students on NHS and HEFCE funded healthcare training programmes
- Actively promote patient, carer and student input into the development and delivery of healthcare education and training
- The Confederation will co-ordinate the strategic management of local learning and education facilities and their revenue consequences

(http://www.wdc.nhs.uk)

Costing of learner placements is a complex issue and is currently under policy review in order to produce national benchmarked costs per student. It is proposed that monies previously allocated to medicine (SIFT – Service Increment for Teaching) and all the health professions (MPET) should be re-distributed on a more equitable basis. The policy drive for interprofessional learning contributes to this debate (http://www.dh.gov.uk/assetRoot/04/07/29/09/04072909.pdf).

Individual student funding

The UK Government currently provides funding for individual student nurses to complete their university programmes (DoH 2003). The NHS Bursary is an annual payment awarded to cover the day-to-day living costs whilst studying. In addition, other allowances are available for single parents, older students, disabled students and students entering training from previous posts as health care support workers. The NHS pays the HEI top up yearly tuition fee (£1,125 in 2003). The amount paid in the bursary takes into account the longer academic year of nursing students compared to other HEI students. At present, there are two types of NHS Bursary:

1. Non-means tested which is available for the Diploma level courses (majority of students). This provides a flat rate basic maintenance grant. No contribution is required from the student or their family. Currently diploma students are not entitled to student loans but hardship funds are available.
2. Means tested grant available for Degree level courses. This takes into account the student's income and that of their spouse, partner or parents. The amount of the grant is reduced in proportion to this income.

In Ireland, the Nursing Careers Centre (managed by An Bord Altranais) is committed to the principles of good recruitment practice and the promotion and marketing of nursing in Ireland. Entitlements and conditions regarding a means tested university entrance grant apply to all HEI students in Ireland to include student nurses. The salary paid during the continual twelve-month rostered clinical placement is currently 19,281 for the year, that is, 80% of the 1st point of the Staff Nurse pay scale. This is administered by the health service (http://www.nursingcareers.ie/images/ContentBuilder/Pre%20reg%20book.pdf).

Professional Roles and Responsibilities

As stated above, professional statutory requirements (see 2.2) and the changing trends in the nursing workforce (see 2.3) present a challenge for HEIs and health care services in providing good quality learning placements for students. It has been and will continue to be necessary to expand the scope for students to have relevant practical experience.

Although expanding the placement provision is necessary to accommodate the increasing numbers of students, it is also important to consider the methods through which this is achieved. For example, given the diversity of nursing, longer placement time actually means that students get a less diverse placement experience but hopefully one of greater depth. Other opportunities are being

developed such as: an increase in placements for multi professional learning; and an increase in the use of non-traditional placements.

In order to address the above issues, organisations have recruited specific staff to support practiced based education. Hodgson (2000) found this arrangement had considerable benefit not only in maintaining and in improving the quality of placements but also for identifying new placements and improving staff morale. These specific support roles are new to nursing, have been instigated 'ad hoc' with funding from Workforce Development Confederations (WDCs) and have multiple titles e.g. Practice Educators/Clinical Facilitators/Clinical Placement Facilitators (these roles are explored further in the discussion section of this case study and in the literature review. The project sources identify two levels of practice education support worker in nursing – mentor and practice educator and these roles will now be explored.

The role of the mentor/preceptor

In nursing there is an expectation and requirement that practitioners play a key part in the preparation of students for registration with the profession. The ENB/DoH (2001a) highlight this requirement through their statement that 'Practitioners working in practice areas should have appropriate and specific preparation for their teaching, support and supervision roles in relation to the educational programmes being undertaken and time to fulfil these roles.'

The term 'mentor' is the most common title given to practitioners who provide support for learning in practice in the UK.

There is a similar arrangement in the Republic of Ireland with each student assigned a named 'preceptor' during clinical practice placement (Nursing Education Forum 2000). A preceptor is defined as a

'registered nurse who has been prepared to guide and direct student learning during clinical placements'

(An Bord Altranais 1994 p.26).

Mentors are expected to have the skills to enable the student to experience appropriate and valuable learning experiences and to assess the student's competence. They are expected to work in partnership with HEI link lecturers, people in new practice education support roles, line managers and other colleagues within a multiprofessional service. Similarly, in the ROI, An Bord Altranais (2003) states that the role of the preceptor involves the supervision, teaching, and assessment, offering feedback to the student in the clinical setting. To fulfil this role the preceptor in partnership with the student identifies learning needs and plans the learning experience.

The NMC (NMC 2003) requirements propose a practice education framework commencing with mentors prepared at degree level. Practitioners with a minimum of one year's post-registration experience undertake this role. Mentors who wish to develop their educational brief may take the role of practice educator. Like their lecturing colleagues based in the HEI's, the framework proposes practice educator preparation at Masters level. Qualified mentors who transfer to a new area of practice have to develop a sound knowledge of that practice before accepting responsibility as a mentor. In this way the clinical credibility of the mentor is assured.

Mentor and practice educator preparation programmes are provided by HEIs, most awarding academic credit for successful completion. Outcomes from the programmes are pre-set by the NMC (NMC 2003) and are subject to Quality Assurance Agency (QAA) monitoring processes. Recommendations for mentor preparation programmes include the following broad areas for the development of learning outcomes:

- Communication and working relationships
- Facilitation of learning
- Assessment of practice learning
- Role modeling
- Creating an environment for learning
- Improving practice

(http://www.nmc-uk.org/nmc/main/publications/standardsForTeachersBook.pdf)

The role of the practice educator

The ENB/DoH (2001) framework of guidance proposes that from Sept 2001 one teaching qualification encompassing practice educators and lecturers will be recorded by the regulatory body. The two roles are deemed to have equal standing and enable individuals to move between the roles of practice educator based in the clinical setting and lecturer based in the HEI. Practice Educators (PEs) are expected to be appropriately qualified and experienced practitioners with a broad understanding of clinical practice. They should be able to:

- identify the professional development needs of the team;
- ensure that development needs are met;
- lead the development of practice within their practice setting;
- focus on the management of resources;
- and the provision of support and guidance to mentors and others who contribute to the students experience in practice.

(ENB/DoH 2001a)

The PE has a unique opportunity to integrate theory and practice by strengthening the essential link between the practice and theoretical elements of the nurse education programme.

The ENB (ENB/DoH 2001a) suggests the theoretical underpinning for the PE role is similar to that of the lecturer. The programme for preparation should normally be one academic year full time or part-time equivalent. The programme should focus on the individuals' sphere of practice and an assessment strategy designed to measure the student's ability to function as a PE. The majority of the teaching practice can be undertaken in a practice setting and the remainder within the HEI. Study should be at postgraduate level and with appropriate support the practice teaching element must be equivalent to twelve full weeks. However, assessment should include teaching in the classroom as well as practice setting. If a PE is subsequently appointed to a university lecturer post the individual's induction programme will need to include any areas that need further development.

To enter a programme leading to a recordable teaching qualification, the registered practitioner is required to have:

- an entry on the appropriate part of the NMC register;
- have a minimum of three years experience or equivalent part-time experience during the past ten years in areas where students gain practice experience;
- have additional professional knowledge that must be relevant to the intended area of practice at no less than a first degree level.

In conclusion it is important to appreciate the differing roles and responsibilities of staff providing practice support for pre-registration nursing students. Whilst mentors provide direct supervision and assessment of nursing students in practice, practice educators have overall responsibility for practice education support structures for students and mentors in a defined geographical or clinical area. Within the context of this project, these differences in roles and their titles are particularly important to emphasise in relation to the nursing profession in the UK, as an overarching generic meaning is given to the title 'practice educator' for all the professions involved in providing case studies.

Evidence of Interprofessional Learning

Interprofessional learning in nursing is currently at an embryonic stage with interprofessional learning initiatives in development across the UK. The UKCC's post commission development group's report, Fitness for Practice and Purpose (UKCC 2001) underscored the need for the development of interprofessional education and stated that this was motivated by improving the effectiveness of care delivery. They went on to illustrate their position statement and listed the following key points:

Interprofessional Education (IPE) should:

- Reflect the needs of the patient
- Be derived from an integrated care approach
- Complement profession specific knowledge
- Have its main focus in practice, supported by interprofessional learning in academic components of programmes
- Allow practitioners clearly to identify and maintain their own philosophies of care, including their professional values and beliefs, within an interprofessional working environment (UKCC, 2001)

(http://www.nmc-uk.org/nmc/main/publications/fitnessPpPages.pdf)

However, the UKCC were aware that barriers existed to the implementation of such an undertaking and cited pragmatic issues as well as attitudinal stances of students, practitioners and academics. As one example taken from the literature, Morison et al (2003), in their study comparing classroom based and ward based inter-professional education, reported that delivery strategies that enabled students to exchange perspectives were the most successful way to delivering IPE. They found that ward based IPE was more effective than classroom based IPE in fostering feelings of being members of a team. However, as predicted by the UKCC they found that practical issues such as shift patterns and timetable differences hindered its implementation.

There are currently four pilot sites that have been funded by the DoH to develop interprofessional learning programmes with nursing represented in all of them. These include:

- Kings College London with Greenwich and South Bank Universities.
- Universities of Southampton and Portsmouth.
- Universities of Newcastle-upon-Tyne, Northumbria and Teesside.
- Universities of Sheffield and Sheffield Hallam.

All of the programmes have their own unique developments and are being subjected to an ongoing evaluation study by the Department of Health (DoH). Integral to a commitment to interprofessional learning by the government, all HEIs are tasked to incorporate IPE into their curricula by September 2005 (http://www.dh.gov.uk/Home/fs/en).

Introduction

This section provides an overview of current issues related to practice education in nursing. It includes a synthesis of data obtained from questionnaires and focus group interviews used during the scoping exercise and from secondary sources. In order to supplement the poor response rate (15% n=12) from the UK scoping exercise in nursing, secondary source information was obtained from professional and statutory body reports and/or websites, e.g. Nursing and Midwifery Council, Royal College of Nursing. Whilst these documents give an overview of the standards expected by professional bodies, they often do not contain contextual information on the process and debates that may have informed their development. However, even with this caveat, such documents provide insight into professional expectations that can be compared with current practice through triangulation with both questionnaire and focus group data.

Fourteen modified questionnaires were sent to the directors of the HEIs in the Republic of Ireland (ROI). The questionnaire whilst condensed was based on the same factors used in the U.K. version. The response rate for the ROI sample was 50% (n=7). Results from the UK and ROI are integrated to provide an overall picture of the current nature of practice education in nursing.

Nature of Student Placements

As stated in the previous section, students completing a nursing programme must spend 50% of their time in practice learning where direct face-to-face contact with patients/clients is facilitated. The portfolio of placements has to be extensive in order to provide learning opportunities that reflect the large range of health care needs experienced by the population. What may differ between HEIs offering nursing programmes is the:

- organisation and timing of when practice placements occur
- type of placement selected to meet the learning outcomes of the course
- amount of time spent in each placement and
- specific learning outcomes for each placement though NMC domain competencies have to be achieved at the end of first year and the third year.

(Mallik, 2001)

The Peach Report (UKCC 1999) recommended that learners gain practice learning experience early in their programme and that they are exposed to placement learning for a sufficient length of time to gain competence in the relevant domains of practice (NMC 2003). HEIs will vary in their interpretation of these guidelines and patterns can include 'block' placements where students are continuously in a placement area (5 days per week) for between 4 – 12 weeks duration or 'integrated' placements where students spend a set number of days in practice and in the university each week. Although nursing students have supernumerary status, they are generally expected to complete the same shift patterns as their mentors to include gaining some experience of night working.

The variety of placements could include a residential unit and/or care home in the community, a ward area or a specialist unit in an acute hospital, working with an individual practitioner or a team in providing care in the home or in a primary care setting. Many HEIs are linked to a large number of Health Care sites that provide practice-learning experiences. As there is often an extensive geographical spread of placements areas, increasingly students are being placed in one locality or 'home' site. This means they obtain all their learning experiences in one acute hospital and the adjoining primary care trusts, community hospitals and social services and the local independent sector.

The following figures, taken from secondary sources, gives an example of the requirements needed for practice learning in a Midlands university in the UK which covers a

large geographical catchment area. The HEI has over 3000 pre-registration students and over 2,500 practice placements with more than 10,000 associated public voluntary and commercial sector mentoring staff (http://www.nottingham.ac.uk/nursing/practicelearning/strategy/background.html).

In summary, maintaining high quality placements for all nursing students is a complex and demanding activity that is subject to quality control through the NMC and QAA inspection process. Robust partnership arrangements between the HEI and the NHS are essential in developing and maintaining these practice learning placements.

Student Profile

Nursing remains predominantly a female profession. Of those institutions that responded the pre-registration intakes averaged out at 12% male and 88% female. Data from secondary sources confirms the above pattern. Table One outlines the numbers of students by sex and age accepted for nursing programmes in England through the national clearinghouse in 2002.

Gender	25 years and under	26 years and over	Total
Male	785	1,112	1,897
Female	7,572	6,091	13,663
Total	**8,357**	**7,203**	**15,560**

(http://www.nmas.ac.uk/nmas02.pdf)

Table One: Accepted Applicants by Gender & Age in England in 2002

In the total figures for all branches of nurses 53% are under 25 years and 46% are classed as mature entrants. In comparing the male:female ratio, males continue to be in the minority at 14% of the total entrants to the profession.

From the questionnaire data, information on disability was more difficult to obtain; six respondents did not answer the question; one respondent stated that the information was unknown; the remaining five responded that on average pre-registration diploma intakes comprised 5.1% of students with either a physical or learning disability. Table Two gives an indication of declared disability by type in England and the numbers accepted into the profession.

Disability	Number of Applications	Number of Acceptances
None	35879	14571
Dyslexia	470	264
Blind/partial sight	26	10
Deaf/partial hearing	79	51
Wheelchair mobility	5	0
Personal Care	9	0
Unseen disability	375	186
Multiple disabilities	26	12
Other disability	236	115
Total	**37,162**	**15,226**

(http://www.nmas.ac.uk/nmas02.pdf)

Table Two: Acceptances by disability in England in 2002

The above figures indicate that only 4% of the total numbers accepted for the nursing programmes had a declared disability which is close to the 5.1% declared by the small number of respondents who answered this question.

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The Current Nature of Practice Education in Nursing

Cultural Background of Students and Supervisors

Information on ethnic grouping was difficult to obtain from the targeted respondents who did not have this information available to them. From the national data base for England in 2002, for the adult branch in nursing, approximately 84% of accepted applicants were white; 1.6% Black Caribbean; 4.2% Black African; and 2.5% Asian (http://www.nmas.ac.uk/nmas02.pdfhttp://www.nmas.ac.uk/nmas02.pdf) Data on the cultural background of mentors was too difficult to obtain given the numbers involved in nursing (see 3.2 with example of 10,000 for one school) and the limited time available for this scoping exercise.

Supervisor Status

Experienced qualified nurses carry out practice learning supervision. Standards are set by the NMC and all partners in the learning process seek to attain these standards. All mentors are required to have had at least one years experience in the specific area of practice and should have completed a preparation programme to prepare them for the role (NMC 2003) (see section 3.8 for further detail). These quality regulations have been in place in nursing since the early 1980s and job adverts for more senior positions in nursing, particularly where learners are usually based, have reflected the requirement that post holders should have the necessary qualification in teaching and assessing (e.g. ENB 998 or City and Guilds 730/7307 or HEI Facilitating Learning in Practice courses). Although there is no specific pecuniary reward or status for obtaining the qualification, promotion is often dependent on the applicant having that requirement. The majority of job descriptions in nursing require the post holder to supervise learners as part of their normal professional role.

Educational audits of learning environments completed regularly (usually annually) by HEIs & placement areas include an established database of qualified mentors. The allocation of student numbers to a specific placement area is then based on the mentor to student ratio in order to ensure that this is ideally a 1:1 ratio or a maximum of 1:2 (ENB/DoH 2001).

Regardless of status, the main points to emerge from participants of the multiprofessional focus group were that a generic practice educator (i.e. 'the mentor' in the nursing context) should:

- Develop the competence and knowledge of students,
- Create a learning environment
- Develop educational opportunities
- Identify learning needs
- Provide guidance in learning, supportive/caring, integration of theory and practice
- Develop a responsive interpersonal relationship for role modelling and socialisation,
- Hold responsibility for student safety
- Assess students

Supervising Students from Other Disciplines

In response to government strategies, interprofessional curricula have become a key area for development in nursing programmes in the UK. The scoping exercise found that eight out of twelve respondents reported that interprofessional learning was taking place in their institution. Two institutions indicated that they did not have any interprofessional education opportunities and in both cases highlighted that this would be incorporated into curriculum changes in 2004.

When asked for more detail the respondents indicated a variety of approaches used, ranging from a formal programme to interprofessional education opportunities being offered on an ad-hoc basis. The professional groups mentioned included physiotherapy, occupational therapy, radiography, social work, midwifery, and medicine. The limitations of the scoping exercise did not allow for any in depth exploration of the quality and outcomes of these IPE initiatives.

Selection of Supervisors

In reviewing the responsibility for the selection of supervisors, from the survey results, eight out of twelve respondents said that there was someone specifically appointed to manage the links between the HEI and clinical practice. There appeared to be a range of criteria for selection of mentor, the most popular response being that a potential mentor required a mentorship 'course'. However, varieties of courses were suggested at a variety of levels. When being more specific, respondents pinpointed the ENB 998 course.

When asked about the experience a mentor should have as a pre-requisite for taking on the role, two respondents specified that nurses should have at least one years post registration experience. One respondent stated that nurses should be able to demonstrate 'evidence' of teaching and learning skills in the practice area. However, what form this evidence would take was not made explicit. Although HEI respondents were asked about staff allocated to full time practice placement support, responses were speculative and reflect a lack of knowledge of any specific posts created and funded by healthcare facilities themselves as opposed to HEI funded posts. Emerging literature (see Literature Review) and secondary data from Workforce Development Confederation Web sites would indicate that, particularly for nursing, there is currently a proliferation of NHS funded clinical learning facilitation posts being created and evaluated.

Supervisor Preparation and Development

Data from the survey and focus groups revealed that a wide range of preparation courses is provided. In the UK, these varied from a two-day 'attendance only' mentorship course with no assessment or academic credit to modules with differing numbers of credits from diploma to master's level. Modules commanding credits took variable lengths of time to complete dependant on the HEI requirements for student contact time, the mode of delivery and the number of credits awarded. Table Three illustrates data obtained from secondary sources that highlight these differences for a sample of HEIs. Courses are facilitated through direct classroom contact, student centred study and via distance and e-learning modes. Data from the survey revealed that a mixture of HEI lecturers and experienced mentors facilitated courses.

If successful in completing the course, practitioners are recognised as qualified mentors and for quality control, relevant and regular updates are required (NMC QA Factsheet O/2003). From the survey data, it was evident that annual updating was not a requirement for all institutions. However, it was acknowledged that there was a need for ongoing practice based mentor support systems to be in place.

In ROI, preceptors are provided with a teaching and assessment programme completed in a two-day workshop format. In some areas, a named link lecturer from the college is assigned to each clinical area and a clinical area resource pack is available which includes information in relation to the student programme, learning outcomes for clinical placement, competency assessment, details of link lecturers and relevant (An Bord Altranais publications).

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University	Level	Number of Academic Credits
Bournemouth	3/H	10
DeMontfort, Leicester	3/H	15
Dundee	3/H	20
Glamorgan	3/H	20
Glasgow Caledonian	4/M	20
Leeds Metropolitan •Advanced Prof Dip in Mentoring (Health & Care) •Mentorship in Practice	 4/M 3/H	 40 45
Middlesex	2/3 (I/H)	20
Northumbria	3/H	30
Plymouth	3/H	20
Southampton	3/H	20
Swansea	2/3 (I/H)	10

Legend: 2/I = Diploma ; 3/H = degree level ; 4/M = Masters level

Table Three: Mentorship Preparation Modules with Level and Number of Credits from a selection of UK Universities

Focus group data, that explored the perceptions of the groups on what was good practice in the preparation of practitioners for educating students on placement, revealed a consensus that mentors should be expected to achieve competence in their role. Participants pointed out that the achievement of a level of competence, as a mentor should be compulsory which would suggest examination/assessment and, crucially, recognition. There was agreement that preparation courses should be provided at academic level 3/H (degree) and that these could be offered through a variety of means to include distance and e-learning methods. An important suggestion made was that there should be recognition of a developmental or escalator approach to gaining mentoring skills allowing for different levels of mentorship expertise. On going support and development should be provided through a system of 'mentoring the mentor'.

Course Content

In nursing, midwifery and health visiting, specific learning outcomes for Mentor preparation courses have been set by the NMC (see 2.4). Many HEIs, as they are subject to NMC inspection, use these outcomes as the basis for the design of their programmes and their assessment strategies. However perceptions of course content was explored by the survey and focus group respondents were asked about what should ideally be included in such programmes. Table Four gives an analysis of survey data received on the content of the courses offered in the HEI's who responded.

Content	Frequency in order of greatest citation
Roles, responsibilities and accountability of mentor	21
Learning contracts	21
Setting student tasks	21
Monitoring student progress	21
Student assessment	21
Mentoring Skills	21
Coaching skills	20
Teaching styles	20
Learning styles	20
Facilitation of learning	20
Communication skills	19
Portfolios	18
Student absence	18
Reflective practice	17
Discipline	17
Counselling skills	16
Confidentiality and ethics	16
Cultural diversity	16
Programme planning	15
Consent	15
Rules and regulations	15
Report writing	14
Legal requirements	14
Health Professions Council	14
Mentor/educator absence	13
Assignment writing	13
Special needs	12
Insurance issues	6

Table Four: Perceptions of Content of Mentor Preparation Courses

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Table Four demonstrates that there was broad consensus about the content being offered and it helps to identify those areas that perhaps were seen as being not as important, for example, issues surrounding insurance did not appear to be a priority.

Data emerging from the key questions posed for the Focus group work also provide insight into what should, ideally, be included in a preparation programme (see Appendix 1 for details of issues raised). Participants referred to:

- knowledge of the student curriculum to link stage of course to particular learning needs and opportunities in practice
- covering ideas on how to develop and maintain a positive learning environment
- an exploration of the personal qualities needed by the mentor for successful facilitation of learning
- knowledge of the skills needed for assessment and giving feedback both positive and negative
- gaining insight into teaching and learning methods
- developing a positive supporting relationship.

It could be argued that many of the sub-categories listed under the above broad headings (see Appendix 1) are also included within the NMC recommendations for mentor preparation courses.

Course Innovations

Survey respondents were asked to comment on any developments or innovations in the delivery or content of these mentorship preparation courses. A number of developments were cited and included the following:

- Provision of distance learning material
- Inclusion of 'Facilitating learning and mentoring' module as a third year module in the pre-registration programme
- Flexibility in provision regarding mode of attendance and level of study
- Introduction of a portfolio to record experience of mentoring
- Web-based material provided
- Workshops ‘made to order’

All of the above could be considered as ‘innovations’; however as an ‘innovation’ could be interpreted as a relative concept it is necessary to compare this particular list with those outlined by other professions in the project (see other case study reports).

Student Preparation

As practice learning represents 50% of the programme for pre-registration nursing it is the responsibility of the HEI to ensure that students are prepared adequately for this type of learning experience.

Although the majority of respondents in the survey reported that students were prepared, there was a wide variety in the type of preparation given. All of the respondents reported that they provided their students with a handbook. Preparation also included introductory lectures and workshops that included time in a clinical skills laboratory. Placement visits prior to undertaking the learning experience were encouraged with students given the responsibility to arrange these visits. The provision of web-based material describing the practice placement areas was becoming more popular than other more traditional ways of transferring information. This latter development requires good partnership working and open access to NHS information, all of which is being encouraged by the new provisions in the Freedom of Information Act, 2000 (HMSO 2000).

In the Republic of Ireland, there is theoretical and clinical skills preparation, facilitated by the tutors/lecturers, before placement in the clinical area. Students are also given an

induction to the clinical area by the clinical placement co-ordinators (CPCs) who are employed in support roles within each of the acute hospital sites. At this point, learning objectives in relation to the clinical environment, expectations of the ward staff and the assessment process are discussed. In some clinical areas, the student is introduced and has a brief meeting with their preceptor. A student handbook is given and some health care centres offer a one-day orientation programme that includes role, hours of attendance, competency assessment and supernumerary status.

Assessment Procedures and Regulations

Practitioners, acting as mentors, undertake the practice assessment of students; their decisions have a major impact on deciding whether the learner is fit for registration or not. Their knowledge and skills in assessing the competence of students is of prime importance in maintaining professional quality and, above all, in protecting the public. In nursing, the NMC (NMC 2000) require that students achieve set practice competencies at the end of first year before proceeding further and at the end of the programme in order to be admitted to the professional register.

Respondents in the survey were asked about common assessment methods. Results shown in Figure One indicate that the use of portfolios, observation and recording practice were the most common forms of practice assessment advocated by HEIs

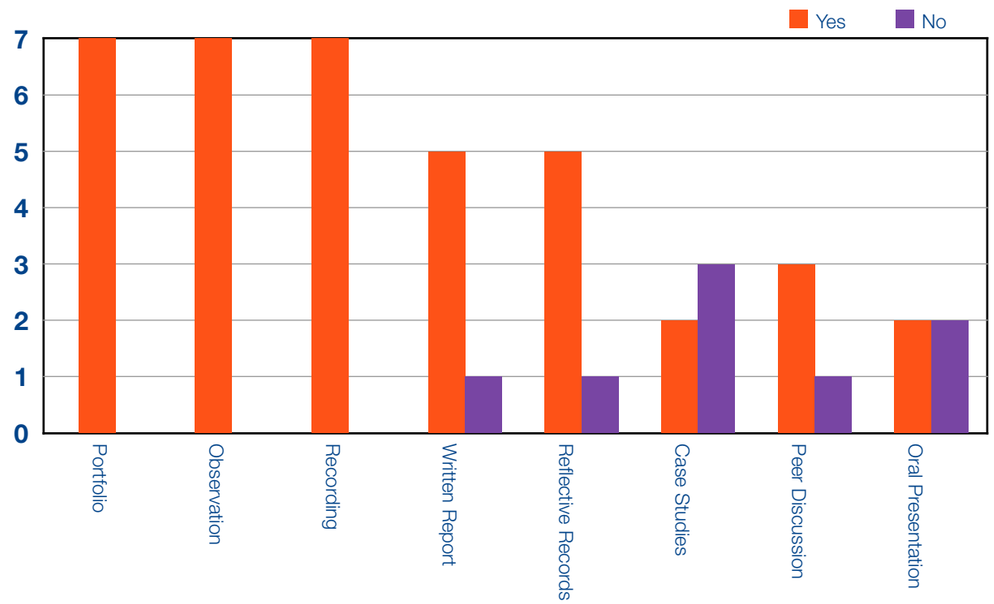

Figure One: Practice Assessment Methods

An equal spread of responses indicated that the process of practice assessment was shared between the HEI and practitioners; with lecturers and practice staff engaging in both formative and summative assessment. The survey did not allow for a more in-depth exploration as to how often and to what extent joint or partnership assessments were facilitated.

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Ongoing Support Systems

From the survey data and the focus group interviews it is evident that support systems do exist that provide a variable level of support for mentors and students. These systems range from having dedicated full time personnel employed within the practice area (e.g. Clinical Placement Facilitator) to occasional visits from a link lecturer or telephone contact only. The following list provides an outline of the various methods evident from the data sources. These are organised under headings and include:

Training

- Buddy systems- multi-professional, support
- Mentor workshops and updates
- Dedicated support staff that had various titles such as a clinical placement facilitator/clinical education facilitator/practice educator.
- Strategy for mentor to enhance own form of education e.g. support to complete degree programmes in own specialist nursing area.

Communication

- Support groups/networking/team meetings
- Pre and post placement meetings
- Dedicated mentor magazine or journal
- Lecturer visits practice
- Telephone contact
- Email
- Practice website/blackboard
- Trial networks for remote/rural places
- Open door communication policy encouraged
- Instigation of student practice development centre

In ROI, clinical nurse managers, clinical placement co-ordinators, allocations liaison officer and link lecturers support preceptors in their role.

Perceived Benefits and Limitations of Supervising Students

From the survey data, respondents did provide a list of benefits that arise from the experience of supervising students in practice placement learning. It emerged that 'keeping up to date with theory' was the most often cited benefit. In addition, the following points also emerged:

- Learning to accurately assess competence in practice
- Reward gained from involvement in student development/development of profession
- Access to support provided by HEI
- Students challenging current practice
- Opportunity to act as gatekeepers to the profession.

Respondents were asked to list up to three problems that practice based supervisors bring to your attention regarding the supervision of students in practice placement. Following analysis, the most popular point to emerge from this section was, 'Not enough time'. In addition, the following problems were highlighted:

- Student staff ratio inadequate (not enough staff and too many students)
- Problems with understanding assessment documentation.
- Lacking skills and knowledge needed to fulfil role, e.g. dealing with failing students, dealing with curriculum related issues
- Student attitudes that were perceived as negative.

Solutions offered to the perceived problems included the following:

- More time
- Specific staff allocated to mentoring activities

- More support/resources from HEI
- Clinical supervision for mentors
- More placement opportunities
- Improved professional attitude
- More acknowledgement of the role of the mentor.

In ROI, the following problems were highlighted:

- Diversity in geographical location of placements.
- High classroom teaching demands on the lecturers, therefore not enough time to supervise students on clinical placements.
- Short duration of student placements.
- Practice educators have not evaluated their experience of supervising students.
- Staff:student ratio insufficient.

New pre-registration programmes and methods for ensuring practice competence commenced in the ROI in the autumn of 2003. These changes, in particular the one year full time third year programme spent as 'employees' in health care settings, potentially will have a major impact on the processes and outcomes of practice learning.

Introduction

This section presents a discussion of issues based on an overview of results from the scoping exercise and the requirements of regulatory bodies and current government strategies for practice education in nursing. It should be noted that the scoping exercise was limited by the poor response rate to the questionnaire survey. However, nursing was well represented in the focus group work and secondary data was obtained through a random selection of HEI web sites throughout the UK. It could be argued that, as respondents/participants were predominantly from the HEIs that a further limitation is the paucity of input from mentors and practice educators themselves who are working in the NHS in the UK. It is difficult to comment in depth on the results from the ROI survey. Although there are similarities in areas of good practice e.g. preparation of students for placement learning and the presence of support roles in the health care settings, there are quite distinct differences in the level of preparation offered to practitioners taking on the 'preceptor' role.

The discussion is presented under two headings namely areas of good practice and an analysis of rhetoric versus reality.

Areas of Good Practice

Areas of good practice presented in the following section include:

- The mentor model
- The development of new support roles
- Preparation for the mentor role and continuous updating
- Joint responsibilities for practice assessment
- Preparation of the students for practice learning

For the nursing profession in the UK and the ROI the main positive feature of practice-based learning is the acceptance by qualified and experienced practitioners that they should have a key role in the training and education of pre-registration students. This acceptance arises out of the history of the dominant apprenticeship model used in nursing in the UK and ROI until the end of the 20thcentury (Rafferty, 1996). Despite the development of university programmes and the consequent removal of student nurses from the paid workforce in the late 1980s (UKCC 1985), student supervision continues to be seen as part of every practitioner's role. Comparison with models in use in other countries, where the same process of integration of nurse education into higher education has taken place, testifies to the need to continue with this particular model (Department of Education, Science and Training, Australia, 2002). Recommendations arising from the UKCC review of nurse education, culminating in the publication of the Peach Report (UKCC, 1999), strengthened the UK mentorship model by recommending strong partnership working between HEIs and NHS Trusts.

Additional resources arising from both the recommendations of the Peach Report (1999) and the DoH report ' Making a Difference' (DoH 1999) has encouraged the development of new support roles, albeit on an 'ad hoc' basis throughout the UK. Although these roles have been variously labelled and are in the early stages of development and evaluation (Ellis & Hogard 2003; Clarke et al 2003), they have the potential to: provide structured support for mentors and students; strengthen links between the HEI and the health care service; integrate the theory and practice of nursing; and provide the basis for a model of clinical academic career structures. It could be argued that all the benefits arising from this model could be shared and developed across all professional groups in health care in order to provide effective practice based learning.

Retention of the mentor model in nursing has also meant the development of preparation programmes that are a requirement for qualified mentor status. Structured educational preparation was first instigated in the UK with the demise of the Clinical Teacher role in the mid 1980s (ENB, 1989; Mallik & Aston, 2003). Although there has been criticism of the quality of these programmes (Philips et al 1994; Neary, 1999), they have continued to be provided and accessed by practitioners in order to obtain the qualification necessary to

become a mentor. The NMC (NMC 2002) provides guidance and required standards for mentorship educational programmes (NMC QA Fact Sheet 0/2003) and Practice Educator Programme (NMC QA Factsheet D7/2003). All HEIs providing these programmes must ensure that their educational provision meets NMC standards and outcomes. However, as the NMC advises a flexible approach for the content and process of these programmes, secondary sources for this case study have demonstrated that there is a large variety in the level and number of academic credits awarded for mentor preparation programmes. Currently there are no published comparative evaluation studies on the relative effectiveness of these programmes in making practice-based learning work.

The NMC also requires ongoing updates of qualified mentors and an acceptable ratio of mentors to learners (QA Factsheet 0/2003). Although there is evidence that annual updates are often poorly attended due to staff shortages or for logistical reasons (Pulsford et al 2002) these standards provide the impetus for good practice and, through robust inspection systems, can maintain the basis for good quality practice based learning.

Survey data referred to joint assessment of practice learning by practitioners and HEI lecturers. Although there is evidence in the literature of a lack of contact between lecturers and practitioners (Day et al 1998), the shift to a more portfolio based method of assessing practice learning means that lecturers in partnership with their practice colleagues are more involved in making judgements about the evidence produced by students. Good partnership working is the key to valid and reliable assessment of practice learning and this area of proposed good practice needs more in-depth exploration and development. Both survey, focus group and secondary data confirms that HEIs do have systems in place to prepare the students for their practice learning experience. These include multiple methods that are well established and also development of appropriate use of web based materials. Evaluation of the relative impact of different preparation methods needs to be addressed.

Rhetoric Versus Reality

All the examples of good practice outlined above, when examined in more depth have the potential to cause problems for practice-based learning. Problems outlined from the survey data need further discussion. These include:

- Inadequate supply of qualified mentors to meet the increased numbers of students in placement areas
- Formal recognition and reward for the mentor role
- Lack of knowledge of the relative impact of the differing mentor preparation programmes highlighted by problems mentors had in dealing with difficult students and in understanding the assessment process and documentation.

Taking the ‘supply’ issue first, although considerable resources are expended on facilitating staff attendance on mentor preparation programmes and obtaining the qualification, there are still insufficient numbers to meet the ideal 1:1/1:2 ratios during placement learning. The use of ‘associate mentors’ was referred to by the focus group. In practice this term tends to be used to describe qualified nurses who participate in the supervision of nursing students but who are not the named practitioner responsible for assessing competence. However, although there is anecdotal evidence of the continued use of the ‘associate mentor’ model throughout the UK, there is a paucity of any documented mapping of how these roles are defined, whether any preparation is given and how they impact on the quality of student learning. The NMC guidelines do refer to a flexible approach through the following statement:

‘Programme providers should consider how accreditation of prior (experiential) learning might be used to bring all mentors to an equitable level of preparation in meeting the NMC requirements. This would allow those who have undertaken short preparation programmes such as for assessing NVQ/SVQ or developed their competence through experience to reach a comparable standard to those undertaking a contemporary preparation programme.’

(NMC QA Factsheet O/2003 point 11).

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Discussion

Given that current quality control standards dictate that a ‘qualified ‘ mentor should sign off the competency documents that allow students to register, any proposal for what could be argued as a developmental approach to mentorship preparation should be explored further. A suggestion for ‘clinical supervision’ of the mentor was made by the focus groups, a possible solution which could be included in any new proposals for mentorship preparation models.

Currently there is no formal recognition or pecuniary rewards for the role. However it could be argued that as job descriptions for more senior grade posts still include this requirement, there is a hidden reward in completing the mentor training. Respondents were also referring to the amount of time and effort needed to support student learning along side providing good quality patient care. Many mentors undertake reflection and feedback in their own time and workloads are not reduced to compensate for the extra burden of supporting student learning. Edmond (2001) recognised that given the pressures on clinical staff to provide a service, the quality of learning experienced by each student was akin to a ‘lottery’ with unpredictable winners and losers. This was identified as an area that requires urgent attention.

There appeared to be a need for named liaison personnel to act as conduits for communication between practice and HEI’s. The danger exists that in the absence of such a person, responsibility for mentorship becomes ill defined and ‘somebody else’s problem’. Solutions proposed by the focus group included

- better support from the HEI
- specific staff allocated to mentoring activities
- the development of more placement areas.

The new roles of ‘practice educator’/clinical placement facilitator’ form part of the solution. However, these roles are still being instigated in an ‘ad hoc’ way and are subject to local education policy and funding decisions. Mentors problems around understanding of the assessment process and dealing with difficult students could be dealt with through the advice and support from these ‘new’ post holders. Respondents felt the practice educator should maintain a supportive learning environment and develop an appropriate interpersonal relationship, guiding, supervising and socialising the student, ensuring safety and providing a good role model. The practice educator should be aware of the curriculum and have the necessary skills to develop, assess and teach the student. Support systems should be well designed to ensure effective updated information is readily available, probably using web technology. A clear structure between all parties is needed with all roles defined. Regular meetings, dedicated support staff and good networks should be the norm. The use of email was thought ideal; the development of buddy systems especially for specialist areas of practice would be helpful.

The quality of preparation programmes for mentors and practice educators was seen as vital and participants felt that it should be compulsory with a variety of courses and levels available. They expressed the opinion that there is a need for a wide knowledge of teaching and learning, skill in managing problem based learning, giving feedback well and dealing with problems such as failure. Participants saw the mentor role as developmental and suggested that mentors should be learning themselves and receiving supervision/mentoring.

Diversification occurred, however, regarding the issue of accreditation. This appeared to be vague and was not applied with any uniformity across the countries. Because of the lack of standardisation of course content, delivery and assessment strategies across the UK, it could be argued that what might be considered an ‘innovation’ in one HEI is already well established good practice in another HEI. For the purposes of this project, that aims to develop interprofessional resources for the preparation of practice based educators, the concept and reality of what constitutes an ‘innovation’ needs to be treated as a relative concept. There is therefore a need to review the actual content and assessment strategies for the undertaking of the generic practice educator role across all the professional groups involved in the project.

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Summary

This case study has provided an overview of the current standards for practice based learning in pre-registration nursing programmes in the UK and the ROI. It has incorporated an outline of the ideal quality standards set by the regulatory bodies, the NMC and An Bord Altranas, and has presented the results from a national survey of HEI staff in all the countries of the UK and the ROI. Data from interprofessional focus groups has been assimilated into the results and the discussion.

Overall it may be observed that broadly similar approaches to practice based learning were adopted by all five countries. Practitioners providing direct patient/client care hold the key responsibility for facilitating practice learning and assessing the student as competent to register as a nurse. They are the 'gate-keepers' to the nursing profession.

Differences occurred between the ROI and the UK in the level and quantity of time spent by practitioners in receiving preparation for their roles as mentors/preceptors, two days preparation in ROI contrasting with the variable lengths of programmes on offer in the UK.

However, each individual HEI in the UK had their own approach to content, level, length, mode of delivery and audit. As a result the mentorship experience for both mentors and their students varies from place to place. One could argue that this inconsistency leads to confusion and ambiguity and as a result mentorship and indeed practice based learning is compromised. Comparison with other professional groups is essential to set clear standards for the development of IPE preparation programmes that will support effective practice based learning.

New partnership practice education supporting roles are being instigated and developed primarily in NHS Trusts in the UK. Standards for the preparation, monitoring and development of these post-holders have been developed, but their positions and impact are in the early stages of being evaluated and at a policy level there is still no firm commitment to their ongoing funding. There are also similar support posts in the ROI that provide the link between the HEI and the health care agency. Comparison with the support frameworks provided to other professions taking part in this project is essential in order to decide on the direction and outcomes of any innovations for these particular post holders.

Overall the commitment of staff and the organisations involved in the provision and support of practice education for nursing students is evident. It could be argued that whilst areas of good practice exist, these do so despite a number of structures that appear to work against the provision of well-supported, clearly supervised and adequately quality-assured practice education. Some of these problems are within the gift of the professional bodies the HEI's and the placement providers to address and, indeed, some initiatives are evident. Others are related to inadequate funding and require political action from within the profession itself. Strength to implement change can be gained through working collaboratively with other health care professions in: addressing the issues that are common to all; working out solutions; developing new ideas and; implementing and evaluating innovations. This project aims to facilitate this interprofessional activity in order to make practice based learning work.

Recommendations

From the nursing case study the following profession specific recommendations are suggested:

- Academic and professional accreditation for the status of the mentor/preceptor
- Recognition and acknowledgment of the demands of the role relative to patient/client workloads by employers
- Introduction of mentorship principles in the third year of pre-registration programmes to foster understanding

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Summary

- Introduction of a developmental model to include grades of mentor, e.g. associate mentor to mentor to practice educator
- Standardisation and evaluation of preparation programmes at appropriate levels to suit an interprofessional practice education career framework
- Recognition of the need for partnership support roles such as the practice educator role and commitment to its continued development as part of a framework to support clinical academic careers.
- Continued clarification of practice education responsibilities for HEI's and placement providers

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