

SCOPING PRACTICE BASED LEARNING

This section outlines the context, methodology, literature review, findings and recommendations arising from five discipline specific case studies undertaken in phase one of the project.

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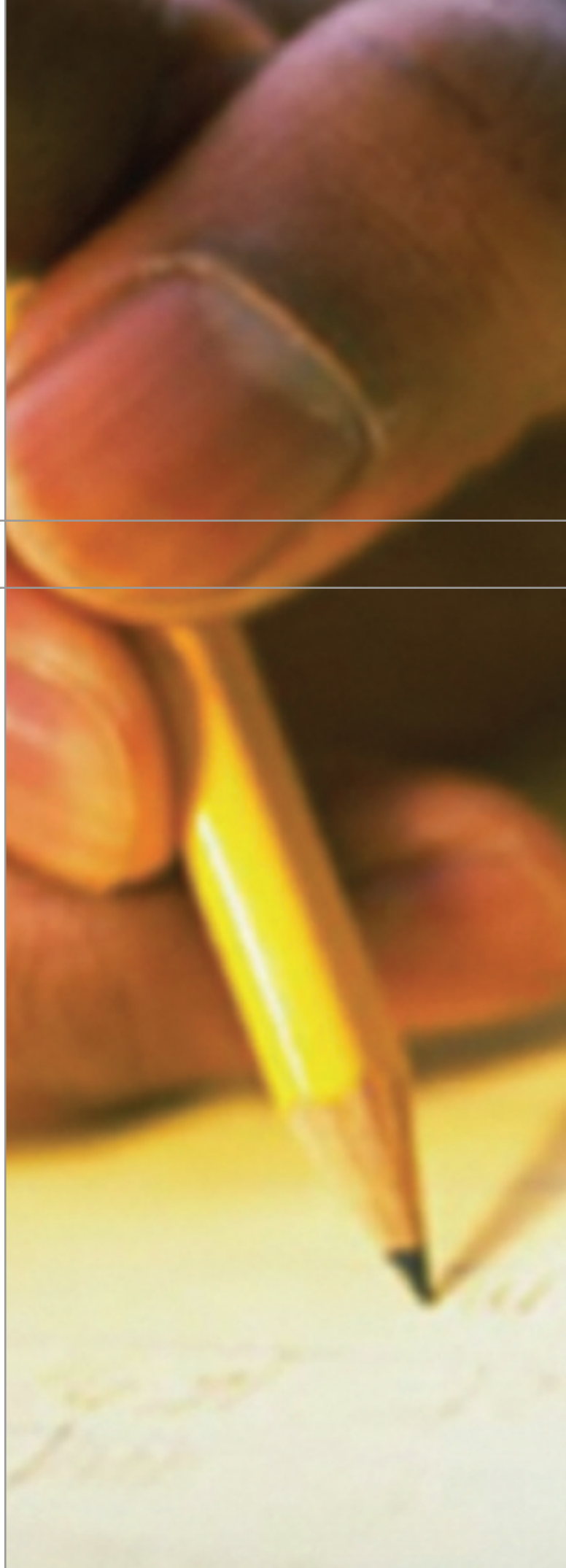
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3.1 Introduction

This section of the report contains information about the first phase of the project in which the nature of approaches to the preparation of practice educators in five selected disciplines, dietetics, nursing, occupational therapy, physiotherapy and radiography within the United Kingdom and Republic of Ireland, were examined.

Contextual information about the background to this exercise will precede overviews of the main outputs from Phase One of the project, which consisted of:

- Review of the literature.
- Methods used to collect data.
- Five case studies produced by discipline-specific teams.

These case studies were intended to obtain an overview of the nature of practice education in each discipline. The areas of commonality and difference within and between disciplines in how and why practice educators are prepared and supported for their role are provided in the case study part of this section, followed by the project team's recommendations for the second phase of the project.

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Context

3.2 Context

The aim of this phase of the project was to undertake a scoping exercise to obtain an overview of the issues involved in supporting practice-based learning. It is important to note that this was a developmental project rather than a systematic research project. Therefore, the project team considered the subsequent scoping exercise should be an appraisal of current issues rather than a systematic review of practice. However, the chosen methods, particularly in scoping practice across the five disciplines, utilised methods normally associated with research projects, such as methodological principles, use of questionnaires and focus group methods and systematically analysing data.

3.3 Methodology

As the project team intended to produce a series of discipline-specific case studies as part of the scoping exercise, the principles of case study research, as described by Yin (1994), influenced the choice of data collection methods selected to scope the current nature of practice education in each of the five selected disciplines. As previously stated, the remit of the project precluded a formal research study and so Phase One involved a scoping exercise that followed the principles of case study method without claiming to be formal research. From this insights and good practice could be shared across disciplines. Similarities and differences in practice education processes and roles could also be determined in preparation for Phase Two of the project.

Teams, consisting of academics involved in practice education from each of the five selected disciplines, were commissioned by the project team to undertake production of a discipline-specific case study based on data collected by the project team.

Data collection methods involved administration of a survey questionnaire, followed by focus groups and, finally, analysis of secondary documentary data. The five case study teams participated in a consultation exercise facilitated by the project team to develop the questionnaire. The members of the case study teams then involved colleagues in their home institution to participate in a pilot of the questionnaire.

The questionnaire (see Appendix 3.1) was made available via the project web site. The questionnaire could be completed in one of three ways:

- Complete the questionnaire online and submit electronically.
- Download the questionnaire, complete an electronic version and submit as an e-mail attachment.
- Download the questionnaire, complete a printed version and submit a hard copy.

Heads of Departments of all Higher Education Institutions (HEI) that the project team believed delivered a pre-registration course in at least one of the five selected disciplines were approached by e-mail. These departmental heads were asked to forward the online questionnaire to the most relevant person in the HEI to complete. A total of 193 questionnaires were distributed. The overall response rate was 40.9 % (n=79) and, by discipline, Dietetics 46.2% (n=6), Nursing 23.8% (n= 19), Occupational Therapy 67.7 % (n= 21), Physiotherapy 56.8% (n= 21) and Radiography 46.2% (n = 12).

Focus groups (see Appendix 3.2) were conducted at two regional workshops aimed at staff involved in practice education to gather more detailed qualitative data. They were asked to complete questions on the following topics:

- What is good practice in preparation of practitioners for educating students on practice placement?
- What factors influence the quality of practice education?
- What materials could be developed to help make practitioners more effective practice educators?

Participants provided an individual answer to these three questions before taking part in a group discussion that generated a written group response to the same three questions. Four groups of ten participated from the first workshop and two groups of ten from the second. Descriptive statistical analysis of quantitative data was undertaken using SPSS. Qualitative data were analysed using thematic analysis (Polit and Hungler 1995).

Secondary source data was obtained for each of the participant professions through accessing professional and statutory body reports. Case study writers used their experience and networks to access relevant HEI and placement-based policies and documents. These secondary sources were used to provide insight into professional expectations and were compared with current practice through triangulation with both questionnaire and focus group data.

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Methodology

Limitations of the chosen approach included poor response rate to the nursing questionnaire. The nursing case study team performed a number of telephone interviews to obtain data for the questionnaire. Furthermore, the poor response rate may be compensated to some extent by the dominance of nursing within the literature. Another limitation was that intercultural issues were not fully explored due to questionnaire design.

References

Polit D F & Hungler B P (1995) *Nursing Research: Principles and Methods*. 5th Edition. J B Lippincott. Philadelphia.

Yin R K (1994) *Case Study Research: Design and Methods*. Sage. Thousand Oaks.

3.4 Literature Review

In keeping with the aims of completing a 'developmental project' rather than systematic research, the project team undertook a literature review that would form part of the Phase One report and which was primarily an appraisal of current issues rather than a systematic review of the literature. A key conclusion of this review was that empirical evidence on issues surrounding practice education yielded results that arose predominantly from small, local, uni-site and uni-professional data gathered from stakeholders such as students, practice educators and HEI lecturers. In addition there was no evidence of a common preparation route for practice educators from the selected disciplines.

Moving from the broader context to key issues, the literature review focused on four main areas:

- The nature and effectiveness of practice education.
- The role and development of the practice educator.
- Interprofessional learning and practice education.
- Intercultural issues in practice education.

Conceptual and research literature highlighted the variables affecting the quality of practice learning. These included:

- The placement context e.g. patient dependency, nature of the illness, staffing levels, skill mix and personalities.
- Competency and capability of clinical teams e.g. staff are up-to-date and comfortable in the area/speciality of care.
- Communication skills of the Practice Educator (PE) and the interpersonal relationship between the learner and the PE.
- Length of time available for the learner e.g. increasing numbers of learners in placement areas and increasing service demands on the PE.
- Clarity of the purpose and intent of practice learning within the curriculum for learners, PE's and academic staff

Literature relating to the preparation for and the role of practice educators revealed some confusion regarding the role and inconsistency in the level, content and length of preparation courses. Key roles frequently included providing support for learners that promoted confidence, facilitating quality reflection on experiences and assessing learner competence. In examining preparation for the role, the literature mainly referred to policy and standards documents issued by relevant registering bodies.

More specific issues include the project team's analysis that, although policy documents advocated the benefits of interprofessional education, the evidence for the effectiveness of interprofessional learning was largely anecdotal. The literature suggested that learners demonstrated signs of identifying with their professional group, but also a strong willingness to engage in interprofessional learning. The literature demonstrated that a major hurdle in implementing interprofessional learning during practice placements was the formidable practical and organisational obstacles to finding and accessing exemplary collaborative practice placements.

Finally the processes of economic & social globalisation and the increased mobility of labour in health care have resulted in an ethnically and culturally diverse workforce. This has implications for practice education. Although there was evidence in the literature of work in preparing health care staff to meet the needs of culturally diverse clients, there was very little evidence of projects examining the processes of meeting the needs of practice educators and their students in multicultural workforces. In order to effectively meet the needs of the whole workforce, intercultural competence as a concept and a behaviour or skilled performance needs to be considered when preparing PE's to facilitate effective practice learning within a multicultural workforce.

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Case Studies

3.5 Case Studies

As previously stated, professionals recruited by the project team produced these case studies. These professionals were members of the particular discipline relevant to each specific case study.

To ensure consistencies between and within the case studies an agreed format was used which considered the nature of the disciplines involved, the context of the current functions, the preparation of the practice educator and areas of good practice and innovation. All institutions in England, Ireland, Scotland and Wales, involved in provision of practice education for the five identified disciplines, were invited to provide information on the nature of practice education, including educator preparation and support, by completing an electronic questionnaire (see Section 3.3).

From the analysis of each case study, comparisons were made and a number of commonalities and differences emerged with regard to the nature of practice education and the preparation of the practice educator.

3.5.1 COMMONALITIES

- All professions had statutory requirements regarding the nature of work-based learning within the curriculum.
- All students were prepared for placement experiences.
- All professions reported being under-resourced in terms of time, staff, and availability of placements.
- All professional groups were required to function within the inter-professional learning and working environment.
- Inter-professional learning was curriculum rather than work-based.
- All practice educators were prepared but content, length and level vary across and within professions and do not necessarily have a statutory agreement.
- No formal career pathway for practice educators existed within the professions.
- All practice educators were involved in formative assessment and some in summative assessment.

- Learning needs of practice educators were similar across the professions.

3.5.2 DIFFERENCES

- Management, organisation and location of placements within the curriculum and between disciplines.
- Methods used to determine placement quality and standards.
- Titles, roles and responsibilities given to the practice educator.
- Criteria for becoming a practice educator.
- Recognition, accreditation and standing of the practice educator and method of reward differed within and between professional groups.
- Volume of students; student to practice educator ratios; and models of working with students.
- Supervision and assessment of work-based learning by practice educators.
- Nature of preparation of practice educator - length, contents, monitoring.
- Support for practice educators was varied and reported to be insufficient in some instances.
- Divergence in student funding and reimbursement for work-based learning.
- Multicultural issues were not fully explored

In addition, areas of good practice, innovation and issues of concern were extracted from the case study data by the project team and grouped into six broad themes:

- Learning and Teaching in Practice.
- Support for Learning in Practice.
- Reflection in Practice.
- Assessment in Practice.
- Interprofessional Learning in Practice.
- Diversity in Practice.

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Conclusion and Recommendations

3.6 Conclusion and Recommendations

The outcomes for Phase One of the project were to identify and document good practice on how practitioners were prepared for their educational role. The project team had used the vehicle of a case study to scope five disciplines to determine the nature of practice education in each profession.

The project team made comparisons to determine commonalities, differences, areas of good practice and innovation as well as issues for concern. From this analysis six themes (see previous section) were identified as central to the effectiveness of preparing practitioners for their role as practice educators.

However a number of areas of concern also emerged from the case study data and confirmed some similar issues that had been raised in the literature review. The issue that was most commented on by all the disciplines concerned the need for recognition of the role of practice educator. A number of case study writers believed that there needed to be more formal and accredited training for practice educators. They felt that there needed to be an element of progression within this training to raise the value of the role of practice educator. The accreditation of these courses and Continuing Professional Development (CPD) recognition by professional bodies and employers would greatly improve the status of the role of practice educator.

The number of available placements was also a central concern raised by all case study writers, although all stated this should not be the case if all those eligible to be practice educators were active in this role. In nursing this was due to the demand for the number of placements, whereas in occupational therapy this was due to an inexplicable lack of available practice educators. Linked to this was the lack of time available to fulfil the role effectively and therefore areas such as reflective practice were difficult to facilitate due to insufficiency of time for practice educators to reflect on their own practice.

There were some issues of frustration related to assessment, such as a lack of clarity in documentation. In addition, a number of the case studies stated that the weighting of practice-based learning in the assessment process needed to be increased. Practice-based learning was mainly accredited as pass or fail and had not been given appropriate recognition in the formal assessment process of many professional courses.

Reflecting the literature, the integration of interprofessional learning into practice was logistically problematic. Interprofessional learning is a new requirement for the five selected healthcare disciplines. Integration of interprofessional learning in the workplace was stated as an aspect that is not happening to any great extent. All case study writers stated that the bulk of interprofessional learning took place within the Higher Education Institution and that to extend this to the workplace, remained logistically challenging to organise.

The area of diversity was poorly covered by the case study data, but none the less some issues emerged. For example the need to address diversity by increasing accessibility by increasing numbers entering the five disciplines from currently under represented groups was promoted in principle by Higher Education Institutions. However, in practice this was not happening. Cultural diversity was stated in all case studies as a government target, yet, in practice, all case study writers presented data indicating that the majority being educated in the five participating disciplines were predominately white and female. The numbers of students with a disability were not always provided by questionnaire respondents, making it difficult for the case study writers to make conclusions on this matter.

Although there was variation in the organisation of practice placements there was a central issue for all five selected disciplines, namely the need to improve the status of the

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Conclusion and Recommendations

role of practice educator. There was an increasing demand for quality placements and that, for this demand to be met, practice educators need to be prepared and supported to carry out this role effectively.

Phase One of the project revealed some important insights into the nature of the preparation of practice educators in five health care disciplines, which informed Phase Two of the project. The project team had originally aimed to:

- Develop and evaluate learning materials for use by practitioners across five health care disciplines.
- Make learning materials available in a number of efficient media, e.g. paper, electronic, CD-ROM and web-based.
- Develop a programme applicable to interprofessional and uniprofessional contexts.
- Widen access for a multicultural workforce.

As the third point suggested, the project team originally intended to develop a cross-curricular practice educator preparation programme. However the case study data had indicated that differences in professional standards and requirements would make this difficult to achieve and embed. Instead the project team responded to data from the case studies by deciding that Phase Two of the project would instead include development of a freely-accessible web-portal of learning materials for use by anyone involved practice education.

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Appendices

Appendix 3.1: Letter and Postal Questionnaire

Dear

As the key person in placement provision you have been approached as the individual in your institution most able to provide information about practice placements in a specific discipline.

The practice placement experience of health care students is key to successful education and training of the health care workforce. This Funding Development in Teaching and Learning (FDTL4) project, funded by Higher Education Funding Council England (HEFCE) and the Department of Employment and Learning (DEL) Northern Ireland aims to help educators/mentors become more effective at supporting and supervising students in the workplace across the following range of healthcare disciplines:

Nursing
Physiotherapy
Occupational Therapy
Radiography
Dietetics

The project will develop generic materials to support practice placement educators/mentors taking healthcare students for their pre-registration practice placements. Prior to developing these materials, we need your views as to what is required. Your experience in this area will form an essential component of this project. For further information you are invited to access the project website <http://www.practicebasedlearning.org/quest.htm>

The aims of the report include:

- a. Auditing the university based preparation of practitioners for their educational role in supporting students during practice placements.
- b. Identifying principles of good practice that emerge from the audit.

We would be grateful if you would complete the audit on behalf of your HEI.

You can complete the audit online at <http://www.practicebasedlearning.org> and submit it directly to the Audit administrator, Chris Turnock.

Alternatively, you can save the document and either:

- complete and save as a word document, which can be emailed to chris.turnock@unn.ac.uk
- print the document and post a completed printed version to

Chris Turnock
H216
Main Building
Northumbria University

Please complete separate audits for each discipline if you are reporting on more than one discipline.

We have a team working on writing the final report for this project and the member of the team working in your discipline will contact you to talk through any issues you may have in/when completing the audit. As a result of completing the questionnaire you will receive a copy of this report and you will be kept informed of developments resulting from the project.

All data will be stored on password-protected computers and will be treated as confidential.

In addition, we are interested in highlighting and sharing good practice in this area. We would be grateful if you would identify any aspects of your institution's approach to practice-based learning that exemplifies good practice and/or innovation.

Yours sincerely

J. Mullholland
Project Director

ALL COMPLETED AUDITS RECEIVED BY 13/10/03 WILL BE ENTERED IN A DRAW FOR £100 BOOK TOKEN

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Appendices - Practice-Based Learning Audit

SECTION A: Institutional Data

1. Institution details

Name of Institution	
Website Details for your courses	

2. Your Contact details

Name	
Telephone	
E-Mail	
Address	
Can we approach you for further information	Yes / No

3. Discipline, tick as appropriate

Discipline	Tick
Nursing	
Physiotherapy	
Dietetics	
Occupational Therapy	
Radiography	

4. Pre-registration courses offered which include practice placements, (Eg Pre Reg Diploma or BSc etc)

a. Undergraduate Pre-registration courses
1.
2.
3.
b. Postgraduate pre-registration courses
1.
2.
3.

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Appendices - Practice-Based Learning Audit

SECTION B: Student Information

5. Please indicate, if possible, the total number and gender of students that enrolled on the first year of your 2002 pre-registration undergraduate and postgraduate course(s)

a. Pre-registration Undergraduate Course	Number	Male	Female
1.			
2.			
3.			
b. Pre-registration Post-graduate Course	Number	Male	Female
1.			
2.			
3.			

6. Please indicate, if possible, the number students with disabilities for the 2002 undergraduate pre-registration intake

a. Undergraduate Course 2002	Physical Disability	Learning Disability
1.		
2.		
3.		
b. Postgraduate Course 2002		
1.		
2.		
3.		

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Appendices - Practice-Based Learning Audit

7. Please indicate, if possible, the ethnic breakdown of students by number on your undergraduate and post-graduate pre-registration course(s)

	UG No.1	UG No.2	UG No. 3	PG No. 1	PG No.2	PG No.3
White						
Black African						
Black Carribean						
Black other						
Indian						
Pakistani						
Bangladeshi						
Chinese						
Asian other						
Other						

8a. Do your undergraduate students and /or postgraduate pre-registration students experience any interprofessional education within the university?

Yes/No

If yes please give details:

Where	
When	
Topics Covered	
With what professions	

8b. If no, please indicate why not:

Comment

8c. Do all pre-registration students receive the same preparation prior to practice placement?

Yes/No/Not applicable

If yes please answer question 8d.

If No please answer question 8d. in relation to preparation of students for the course which has the greatest number of students.

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Appendices - Practice-Based Learning Audit

8d. What preparation do students receive prior to practice placement:

Preparation	
Prepatory Workshops	
Handbook	
Web based material	
Prior Visit	
Induction at workplace	
Other	

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Appendices - Practice-Based Learning Audit

Section C: Roles and Responsibilities

9. Does your university have someone with specific responsibility for managing the links between the University and clinical placements?

YES/NO

10. What criteria does the university set with regards to the qualifications and experience mentors/educators must have for mentoring/educating students on practice placement?

Criteria, Please List

11. To your knowledge are any practice-based staff specifically allocated to fulltime practice placement support?

YES/NO

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Appendices - Practice-Based Learning Audit

Section D: Preparation of clinical educators/mentors

12a. What courses do you offer to prepare clinical practice mentors/educators for their role, where are these courses held and are credits included for these courses?

Course	Where Please Specify	Credits Included Yes/No	Accreditation Please Specify
1			
2			
3			
4			
5			

12b. Is there CPD recognition for attendance at these courses?

YES/NO

12c. Is attendance compulsory on an annual basis before a student is allocated?

YES/NO

13. In the academic year 2002-2003 how many mentors/educators attended these courses

Course	Total
1	
2	
3	
4	
5	

14. Please list who teaches on these courses

Course	Teachers/Trainers
1	
2	
3	
4	
5	

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Appendices - Practice-Based Learning Audit

15a). Please tick what is covered in the courses offered by your HEI?

	Course 1	Course 2	Course 3	Course 4	Course 5
Roles, responsibilities and accountability					
Programme planning					
Learning Contracts					
Setting student tasks					
Portfolios					
Monitoring students progress					
Student Assessment					
Student Absence					
Mentor/educator absence					
Insurance issues					
Communication skills					
Coaching skills					
Counseling skills					
Teaching styles					
Learning styles					
Assignment writing					
Reflective practice					
Special needs					
Cultural diversity					
Report writing					
Mentoring					
Facilitation					
Discipline					
Confidentiality and ethics					
Legal requirements					
Consent					
Rules and Regulations					
Health Professions Council					

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Appendices - Practice-Based Learning Audit

15b. Would you be happy to provide examples of materials covering the above?

YES/NO

15c. If your institution has any standards for clinical placements which includes mentor preparation could you please send them to us?

YES/NO

15d. Have there been any developments or innovations with regards to how you deliver these courses?

YES/NO

Comment

16a. Are there any ongoing support mechanisms for practice educators/mentors?

(EG meetings, Blackboard, WebCT, telephone contact)

YES/NO

Comment

16b. Have there been any developments in the support mechanisms for practice educators/mentors?

YES/NO

Comment

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Appendices - Practice-Based Learning Audit

Section F: Assessment

17a. Please indicate which of the following assessment methods are used to assess student competence on any of your pre-registration practice placement

Method	Yes / No
Portfolio	
Observation of professional practice	
Recording and reporting	
Written reports	
Reflective records	
Case Studies	
Peer discussion	
Oral presentation	
Other (Please Specify)	

17b. Have there been developments in methods used to assess competence?

YES/NO

Comment

18. Please tick which of the following staff are involved in the formative and/or summative assessment process for any of your pre-registration courses.

Staff involved	Formative (ongoing)	Summative (Final)
Manager or deputy		
Named practice supervisor		
Senior clinicians as group		
HEI Placement tutor		
Other (specify)		

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Appendices - Practice-Based Learning Audit

Section G: Concluding comments

(please continue on a separate sheet if required)

19. List up to 3 benefits work-based supervisors have highlighted regarding their experience of supervising students on practice placement

1.

2.

3.

20. List up to 3 problems that practice-based supervisors bring to your attention regarding the supervision of students on practice placement

1.

2.

3.

21. In an ideal world, what measures would help to address these problems? Please list in order of priority

1.

2.

3.

22. Are there any comments you would like to make regarding the support of mentors/educators that you have not covered in the audit?

Thank you for completing this questionnaire.

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Appendices

Appendix 3.2: Focus Group Schedule

Please write down your answers to the following questions. They will be used to inform the workshop discussions. We would also like to collect your individual answers at the end of the conference as your answers may be used in case studies on the nature of practice education in health care.

INSTITUTION:

DISCIPLINE:

What is good practice in preparation of practitioners for educating students on practice placement?

What factors influence the quality of practice education?

What materials could be developed to help make practitioners more effective practice educators?

PROJECT AIMS

The Project aims to make practitioners more effective at supporting & supervising students in the workplace across a range of healthcare disciplines.

The professions involved in the project are:

- Dietetics
- Nursing
- Occupational Therapy
- Physiotherapy
- Radiography

The principal questions to be addressed in this project are:

- What constitutes effective practice in placement education?
- How can effective practice be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement?
- How can this good practice be developed and embedded in the contexts of health and social care within a multicultural workforce?

Project Administrator

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