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UNIVERSITY OF SOUTHAMPTON

School of Health Sciences

**Implementing and enacting placement learning precepts in UK
Pre-registration nurse education - A case study perspective
by**

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Thesis for the degree of Doctor of Clinical Practice

July 2009

Abstract

This study focuses on the practice component of United Kingdom (UK) pre-registration nurse education. In particular, the research has concentrated on one school of health - part of a larger higher education institution, in the UK and has explored how the institution ensures the quality of the practice component of two of its pre-registration nurse education programmes, the Adult and Mental Health branch programmes.

A 'Major Review' inspection of these programmes was undertaken in 2005 as part of the requirement of the Quality Assurance Agency (QAA) (2001). The research analysed whether the precepts that relate to the practice component of the school's pre-registration programmes were being implemented, enacted and experienced by those engaged in them. To achieve this Yin's (2003) qualitative case study approach was adopted, involving interviewing senior lecturers (n=9), mentors (n=7) and student nurses (n=8) and undertaking in depth analysis of relevant documentation.

The findings identified that the precepts themselves did not directly influence what the link tutors and mentors did. As a result, the student nurses experienced different levels of support from link tutors and mentors. This prevented students from experiencing a standardised approach to the practice component of the programmes studied. From this it has been concluded that the ethos of the Major Review process has had no long term impact with regards to standardising and quality assuring the practice component of the programmes studied, a finding that has not been formally reported elsewhere. Instead individual values, beliefs and practices dominated the way in which the players studied operated.

The study also highlights how broad and non-descript the precepts themselves are in guiding the school towards a standardised approach to the practice component of the programmes in question. All but one of the

precepts 'Staff Development' were evidenced as being implemented and/or experienced.

Having researched the placement learning precepts (QAA 2001) in their entirety, which has never been done before, it became evident that whilst the content of all of the precepts had been included in the documentary data studied (Clinical Assessment of Practice Documents, School Plan and Pathway Guide), this did not guarantee that all of the precepts were fully implemented and enacted by relevant players. This was because the instruction and guidance within the documents studied were often broad and non specific, to which the design of the precepts allowed. The outcome of this enabled a) link tutors to interpret their roles and responsibilities in different ways; b) theory practice gaps to emerge, which ranged from weak partnership relationships between link tutors and practice placement managers; c) mentors and link tutors interpreting the CAPD differently and d) mentors mentoring and assessing students in different ways. This resulted in students nursing experiencing different types of learning opportunities and assessment practices that did not always match the learning and development that may be needed in order to practice as a competent and confident registered nurse, at the point of registration.

Additionally, there was a lack of understanding by all players about local quality assurance systems and processes. This ranged from none of the participants being familiar with the complaints procedures, or being clear about how placement learning experiences were monitored and evaluated.

As a result of these findings the competence of the personnel (link tutors and mentors) studied has been questioned. A phenomenon that highlighted that precept 6 'Staff Development' (which required institutions to ensure that staff who are involved in placement learning are competent to fulfil their role), was not being demonstrably implemented or enacted.

A series of recommendations have been designed to meet both the needs of the school studied and others similar. Some of the recommendations

relating to the school studied have already been implemented with positive effect. This was evidenced when the researched school was confirmed as having an 'Outstanding Level of Achievement' for practice learning following a more recent quality assurance inspection by HLSP on behalf of the Nursing and Midwifery Council.

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DECLARATION OF AUTHORSHIP

I, LISA MARIE BAYLISS-PRATT declare that this thesis entitled

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and the work presented in it are my own. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I contributed myself;
- none of this work has been published before submission.

Signed

Date: July 1st 2009

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Abbreviations

CAPD	Clinical Assessment of Practice Documents
CFP	Common Foundation Programme
CINAHL	Cumulative Index to Nursing and Allied Health
DH	Department of Health
ENB	English National Board
HEI	Higher Education Institution
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NMC	Nursing & Midwifery Council
NSF	National Service Framework
PPM	Practice Placement Manager
QAA	Quality Assurance Agency
RCN	Royal College of Nursing
UK	United Kingdom
TSL	Technology Supported Learning
UKCC	United Kingdom Central Council
USA	United States of America

Chapter 1

Setting the scene

1.1 Introduction

This research is located in one school of health, part of a large university in the West Midlands of the United Kingdom (UK). The school in question provides pre-registration nurse education programmes. This study focuses specifically on the quality measures that the school may, or may not have in place, in relation to the practice component of its pre-registration nurse programmes, nearly three years on from a successful external inspection formally known as a Major Review. Chapter 1 of the thesis will introduce the following areas:

- the process of Major Review
- how I became interested in the topic
- the research questions that this study intends to answer
- an introduction into some of the issues around quality, precepts and benchmarks
- an explanation of how the current pre-registration nurse programme philosophy came into being.

1.2 Overview of the Major Review process

The Quality Assurance Agency (QAA) has developed the Major Review for Higher Education in partnership with the Department of Health (DH) in England, the Workforce Development Confederations, the Health Professions Council, the allied professions bodies, the Nursing and Midwifery Council (NMC) and a reported number of representative bodies, practitioners and academics (QAA 2001). It was envisaged that by these different parties working together there should be minimal duplication, reduced overlap between organisations and the promotion of appropriate links with different quality assurance procedures (QAA 2001).

The activity of a Major Review is undertaken by peer reviewers, who ultimately make judgements on the standards and quality of National Health Service (NHS) funded health care programmes. The process examines the learning opportunities in theory and practice, however and wherever delivered. It also focuses on the establishment, maintenance

and enhancement of academic and practitioner standards. Whilst the predominant responsibility lies with higher education institutions, there is an expectation of partnership between higher education institutions and its practice placement providers (QAA 2001).

This streamlined partnership approach to quality assurance was instigated by the DH, which currently funds the provision of higher education programmes to many of the health professions, including pre-registration nursing. The DH envisaged the Major Review process as central to bringing together key stakeholders, to provide assurance that programmes produce practitioners who are safe and competent to practice, and well equipped to work in a patient-centred NHS (QAA 2001).

The key stakeholders included;

1. The professional and regulatory body that have a statutory responsibility for ensuring that programmes are adequate to prepare newly qualified practitioners as fit for practice.
2. The Workforce Development Confederations, who are responsible for judging whether programmes are suitable preparation for staff to be fit for purpose.
3. Higher education institutions with degree-awarding powers that are responsible for ensuring that programmes produce diplomats/graduates who are fit for award.

Although the Major Review process has been founded upon collaboration and partnership (QAA 2001), the implications of an unsuccessful Major Review would be catastrophic for all concerned. It is therefore important that this does not become the case, which is where my curiosity in the topic began.

1.3 Background interest in the topic under study

When I first became engrossed in the topic under study (January 2005), I was a senior lecturer in pre-registration nursing, in a school which is part of a higher education institution. I had two predominant roles, one of which related to teaching theoretical aspects of nursing in classroom settings, and the second was to support student nurses and registered nurses who mentor, support and assess student nurses in practice settings: a role which is formally known as a link tutor. The practice settings that I would have visited in my capacity as a link tutor included; NHS hospitals, nursing homes and primary care trusts. For me, the role of link tutor was to liaise, troubleshoot and promote good public relations, in an attempt to ensure that student nurses experienced quality, clinical learning experiences. Since then (July 2007) I have been appointed as the Principal Lecturer for practice and innovation, with a specific emphasis on ensuring the quality and standard of all pre-registration nurse placements, which has made the topic of interest directly relevant to my day-to-day work.

My interest in both the practice component of the school's pre-registration programmes and the Major Review process was conceived in January 2005, when the senior management of the school invited me to become a member of a newly formed clinical learning environment group. The membership of the group consisted of the then principal lecturer for practice and innovation; senior lecturers that were also link tutors, one nominated practice placement manager, two associate deans and the Head of Undergraduate Studies for Nursing and Midwifery.

The clinical learning environment group was instigated by the senior management of the school, in preparation for its Major Review inspection of July that year (2005). Highlighted were a number of areas within the practice component of the programme that did not fully comply with the QAA's (2001) set of precepts (Table 1.1). This was of concern, as the precepts (QAA 2001) identify those key matters that the QAA reviewers would expect the school to be compliant to.

Table 1.1 QAA (2001) Placement learning precepts

1. General Principles Where placement learning is an intended part of a programme of study institutions should ensure that; <ul style="list-style-type: none">• Their responsibilities for placement learning are clearly defined• The intended learning outcomes contribute to the overall aims of the programme• Any assessment of placement learning is part of a coherent assessment strategy.
2. Institutional Policies and Procedures Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during clinical placements are appropriate.
3. Placement Providers Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.
4. Student Responsibilities and Rights Institutions should ensure that students are made aware of their rights and responsibilities, prior to clinical placements.
5. Student Support and Information Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their clinical placement.
6. Staff Development Institutions should ensure that staff who are involved in placement learning are competent to fulfil their role.
7. Dealing with Complaints Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (Higher Education Institutions, students and placement providers) are aware of, and can make use of them.
8. Monitoring and Evaluation of Placement Learning Opportunities Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.

1.4 Aims of the clinical learning environment group

The overall aim of the clinical learning environment group was to secure a successful Major Review inspection. The way in which we set out to achieve this was to ensure that the key players, who were contributing to the clinical practice aspect of the school's pre-registration nurse programmes, were demonstrably employing the precepts (Table 1.1). The work that the clinical learning environment group engaged in included;

- undertaking clinical educational audits to ensure that designated clinical placement settings were appropriate for student nurses learning outcomes
- undertaking mentor workshops focusing on the role and responsibilities of the mentor
- encouraging link tutors to identify when and how they were engaging with their designated clinical link areas
- improving procedures for evaluating student nurses clinical placement experiences, ensuring that the information was fed back to clinical areas and acted upon
- improving communications between the school and clinical placement settings. For example developing resource folders which held information such as a brief overview of the curriculum, who to contact, what to expect, roles and responsibilities and the complaints procedure of the school.

Nearly three years on, this study set out to ascertain whether or not the key players (identified below) in the school continue to engage and use these precepts, in order to sustain quality clinical placements for successive student nurses.

1.5 The research questions

The key research questions this study sought to answer are:

1. What documentary evidence is there to demonstrate that the school under study has included the placement learning precepts (QAA 2001) in the practice component of its pre-registration nurse programmes?
2. How and why have the key players implemented and enacted them?

The key players under study that are directly involved in the practice component of the school's pre-registration nurse programme include; student nurses themselves, clinical nurse mentors who are first level registered nurses that support and assess student nurses, and link tutors, who are also senior lecturers. In essence, this study inwardly sought to

ascertain how and why these key players may, or may not, implement and enact the set of precepts, nearly three years after a successful external inspection, when precept employment was confirmed to be evident. In order to achieve this, a qualitative case study approach was adopted, which enabled the researcher to gain a deep understanding of the factors that affected the ways in which the key players in the school employed the placement precepts (specific information to the study design is discussed in chapter 3) (QAA 2001). There was also a search to understand how, why, and whether or not, the pre-determined precepts (QAA 2001) are, or have been, a reliable mechanism in assuring the quality of the practice component of the school's pre-registration nurse programmes, as this research reviewed the precepts themselves, not the school *per se*.

1.6 Quality, precepts and benchmarks

The notion of quality and its associated terminology is fraught with obscurities, as the term quality itself is notoriously difficult to define. Ovreitveit (1992) understands that quality is an umbrella term for a coordinated set of staff and organisational development activities. Quality should build on existing strengths and good practices, but it should also enable staff to use new methods in a systematic way to control and resolve organisational problems. While, Parasuurraman (1985) defines quality in terms of customer satisfaction. For the practice component of pre-registration nursing, all of the above definitions are relevant. However, the precepts set out by the QAA (2001) would be the ultimate drivers, by which the school under study could achieve quality in the practice component of the programmes.

It is of interest that the QAA (2001) has chosen the term 'precept' for the practice component of pre-registration health care programmes. The Oxford Dictionary (2007 p.803) defines a precept as:

"A general rule regulating behaviour or thought" alternatively, "a writ or warrant"

This suggests that the placement precepts are non-negotiable rules, which is not necessarily in the spirit of collaboration and partnership, which the QAA (2001) emphasise is central to the ethos of Major Review. It is also in contrast to the theoretical aspect of pre-registration programmes, where the QAA (2001) expects higher education institutions to demonstrate their quality through subject benchmark statements. These differ from precepts in that they represent general expectations, not rules, about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate (QAA 2001).

The incongruity of terminology supplicates the question, as to whether the process of Major Review really does place equal weighting on both the theoretical and practical aspects of pre-registration health care programmes. It is suggested that the reason for this may pertain to earlier findings, where student nurses were not considered to experience quality clinical learning, perhaps due to the lack of external inspection and ongoing quality monitoring, which ultimately questioned whether their pre-registration preparation enabled them to be fit for practice, purpose or award (UKCC 1999). The literature review in chapter 2 provides a greater bearing on this issue. Before moving on to the literature review, an overview of how the current pre-registration nurse philosophy came into being is provided.

1.7 How the current pre-registration nurse education philosophy came to being

During the mid 1980s, the need for a policy review and nurse education reform came about as a result of a number of factors. Educationally, it was acknowledged that existing curricula content and clinical experiences were failing to meet the learners' needs (Nolan *et al* 1998). For example, it was common for students to be used as an extra pair of hands and therefore, their clinical development became secondary to the priorities of health care service. Not surprisingly, many new registered nurses felt ill equipped to cope with the demands of an evolving health care system (the detail of which will be discussed in chapter 2). In reaction to this,

high levels of stress and low morale were experienced by student nurses while on placements, and a large number of students failed to complete their course, or left the profession upon qualification (Lindop 1989, Kendrick and Simpson 1992). From a demographic viewpoint, it was speculated that the proportion of 18-year old female recruits available to enter the world of nursing, would fall by the mid 1980s, and that the shortfall would be insufficient to sustain the staffing levels required in the clinical areas (Kendrick and Simpson 1992, Nolan *et al* 1998). Compounded by an anticipation that the elderly population in the UK would rise, this in itself would impact on the organisation and provision of health care (Macleod Clark *et al* 1996). Finally, there was to be a much greater emphasis on 'cost-effectiveness and value for money' across all aspects of health care and education (UKCC 1986).

The Royal College of Nursing (RCN) also expressed its concerns, regarding the standards of education and practice preparation of newly qualified registered nurses in 'The Education of Nurses; a New Dispensation' (RCN 1985). The document went on to offer detailed proposals for the future of training nurses. Many of these proposals were to be taken up in the following year by the UKCC, who published 'Project 2000 – A New Preparation for Practice' (UKCC 1986), which was approved and resulted in a transformation of pre-registration nurse education. The key revolutions, and their anticipated outcomes, are identified in Table 1.2. By all accounts, these changes were a major exercise in policy reform, considered to challenge and change the status quo of the nursing profession (Lathlean 1989). It is worth noting Fretwell's (1985) point that, in the main, nurses have become adroit at producing a veneer of change through documentation, whilst leaving underlying practices untouched. As the profession comes into view as having an inbuilt desire for routine, order and conformity, which mitigates against change.

Table 1.2 Key transformations to UK pre-registration nurse education and their anticipated outcomes

Key transformations (UKCC 1986)	Anticipated outcomes (UKCC 1986)
<ul style="list-style-type: none"> • The adoption of adult learning approaches to teaching and learning • The promotion of a holistic health model, for the Common Foundation Programme, and the progression to one of four branches of nursing (Adult, Mental Health, Learning Disability and Child) • Students to be granted supernumerary status and under education control • The espousal of mentorship, as a means of supporting and assessing students, when in practice • Student nurses prepared to either degree or diploma level 	<ul style="list-style-type: none"> • Critically analyse and synthesise material • Engage in congruent argument • Understand the research process • Apply research to practice • Demonstrate professional accountability • Possess a commitment to continuing professional education • Give safe competent care, which acknowledges individuality and choice • Demonstrate confidence and competence in communication • Delegate and supervise work appropriately

In summary

The aim of setting the scene has been to introduce how the topic has become of personal interest. It has also identified the research questions and study design, in addition to setting the context of study, which identified some of the tensions surrounding notions of quality and precepts.

1.8 Layout of thesis

The thesis consists of six chapters, chapter 1 has set the scene of the study, chapter 2 discusses and critiques the pertinent literature to the topic in question, which identifies the conception of the placement learning precepts (QAA 2001), and some of the contemporaneous challenges that impact upon how the precepts themselves may, or may not, be utilised. Chapter 3 concentrates on the study design and the ways

in which the researcher intended to answer the posed research questions. Chapter 4 provides detailed findings from the data collected, whilst chapter 5 compares and contrasts the findings from this research within the wider literature that relates to the topic in question, this not only highlights similarities, but differences too, which identifies the unique contribution that this research has made. Finally, chapter 6 concludes this study and makes a series recommendations including the progress that has been made on implementing and disseminating the content of this thesis.

Chapter 2.

Literature review

2.1 Introduction

The aims of this chapter are to firstly provide readers with a background to the development of the Placement Learning Precepts (Quality Assurance Agency (QAA) 2001) and then to answer two specific questions:

1. What factors led to the development of the placement learning precepts?
2. What is known about the ways in which key players in the UK (student nurses, registered nurses that mentor and assess students¹ and senior lecturers who are involved in the practice learning component of pre-registration nurse education²) implement and enact them?

The Placement Learning Precepts underpin the delivery of the practice component of UK pre-registration nurse education programmes. It has been recognised that student nurses' practice experience is one of the most important facets of their educational preparation (Department of Health (DH) 2001). However, since Project 2000 began it was clear from cumulative research findings (to be subsequently discussed) that until the development of the placement learning precepts (QAA 2001) there was no nationally agreed framework for reviewing the quality and standard of the practice component of pre-registration nurse programmes for those organisations that provided such programmes. This omission came to the fore as a result of a change in government (from Conservative to Labour) in the late 1990s, who amongst other things promised to modernise the National Health Service (NHS), which was considered to be at an all time low due the publicising of a series of catastrophes³. The way in which the then new Labour government envisaged to reverse this situation was

¹ From here onwards registered nurse mentors will be referred to as mentors

² Where senior/nurse lecturers are discussed in relation to their link role with practice they will be referred to as link tutors

³ Patients experiencing inequalities in waiting times for operations, clinical practice and outcomes, failings in screening services (i.e. breast and cervical cancer), a public inquiry into an excessive number of deaths of babies treated for heart problems, and a General Practitioner (Dr Shipman) who was found to murder a large number of his patients over many years (Wright and Hill 2003).

through the setting of a series of standards in which practices could be benchmarked. Within clinical practice this resulted in an initiative called 'Clinical Governance' which was defined by the DH as:

"a system through which National Health Service organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (DH 1997 p.3).

Within educational practice, the QAA was tasked with developing a framework for reviewing the quality and standards of educational programmes and awards in UK higher education. Central to this work would also include the development of benchmark standards that would make explicit the intended purposes and outcomes of educational programmes and on qualification frameworks that would clarify the nature of Higher Educational qualifications (DH 2001). The QAA also developed a number of codes of practice relating to academic matters and their operation and management. These included a code of practice on student placements, from which the placement learning precepts were derived. The purpose of the precepts was to identify a comprehensive series of system-wide principles that could be used as a reference point for institutions to consciously, actively and systematically assure the quality and standards of the practice component of their programmes (QAA 2001). Table 2.1 identifies what the content of the precepts.

Table 2.1 Placement learning precepts (QAA 2001)

General Principles Where placement learning is an intended part of a programme of study institutions should ensure that; <ul style="list-style-type: none">• Their responsibilities for placement learning are clearly defined• The intended learning outcomes contribute to the overall aims of the programme• Any assessment of placement learning is part of a coherent assessment strategy.
Institutional Policies and Procedures Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during clinical placements are appropriate.
Placement Providers Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.
Student Responsibilities and Rights Institutions should ensure that students are made aware of their rights and responsibilities prior to clinical placements.
Student Support and Information Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their clinical placement.
Staff Development Institutions should ensure that staff who are involved in placement learning are competent to fulfil their role.
Dealing with Complaints Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (Higher Education Institutions, students and placement providers) are aware of and can make use of them.
Monitoring and Evaluation of Placement Learning Opportunities Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.

Finding out whether these precepts have enabled relevant personnel in higher education institutions to consciously, actively and systematically quality assure the practice component of their programmes is central to the aims of this literature review and the present study. Before embarking on a review of the literature, it must be recognised that the practice component of UK pre-registration nurse education, to which the precepts relate to, is a complex phenomenon as it does not operate in isolation; it is closely related to four other entities, namely the government, the Department of Health, Nursing's professional body the United Kingdom Central Council (UKCC)/ Nursing Midwifery Council (NMC) and public

expectations. Furthermore, when the Labour government came to power they set out to devolve parliament. Following referendums in Scotland and Wales in 1997 and in both parts of Ireland in 1998, the UK Parliament transferred a range of powers to national parliaments or assemblies (www.direct.gov.uk accessed 20 July 2010).

A number of commentators (White 1985, Crow *et al* 2002) believe that the delivery of nursing care (and thereby education) is structured to workforce planning models which reflect the financial, political and social context within which the NHS functions. As a result of this situation, key players, including student nurses, mentors and link tutors must respond to numerous policy requirements, which will be demonstrated as the review progresses.

To complicate the issue further, the four entities are not always synergistic with the requirements and expectations that they impose on UK pre-registration nurse education. An example in point is provided by Humphreys (1996), who analysed policy developments in nurse education between 1985 and 1996, an undertaking that led him to ask whether the adoption of Project 2000 was a result of the desire for educational reform (i.e. upgrading the basic qualification of nurse), or the desire to distance the profession of nursing from direct government control through the NHS, by drawing itself into the higher education sector. The implementation of Project 2000 certainly distanced nurse education from the influence of the then District Health Authorities within which professional power bases had been eroded by the introduction of general managers (Department of Health and Social Security (DHSS) 1983).

2.2 Design of the chapter

For ease of reading, the review is split into two time bound sections. The first section takes account of the relevant literature from when Project 2000 began up until the point in which the precepts were published (1987-2001). This will enable the reader to gain a clear understanding as to why the precepts were developed, which addresses the first question

that this literature review has set.

The second time bound section concentrates on relevant literature following the publication of the precepts (2001), up to the point at which the data for the study in question was collected (2007). This enables the reader to understand the ways in which key players in the UK (student nurses, mentors, link tutors) implement and enact them, thus addressing the second question that this literature review set out to answer.

At the beginning of both time-bound sections relevant health and educational policy directives are presented to enable the reader to understand the political context of the time-frames included.

Having read and reviewed all of the relevant literature, it is clear that throughout the two decades studied there are three common themes that have been either researched, debated or subject to change as a result of professional body and/or policy directives. These were:

- The role and function of the link tutor
- The role and function of the student nurse in practice
- The role and function of the mentor

These have been used within each time-bound section to structure the literature presented.

2.3 Search strategy

To determine which literature to collect and review, a search strategy was developed and inclusion and exclusion criteria were set. The search for relevant literature was undertaken by using the Cumulative Index for Nursing and Allied Health Literature (CINAHL). CINAHL is a large comprehensive, international resource and covers all aspects of nursing and allied health disciplines (Gomm *et al* 2000). Table 2.2 identifies the key words and descriptors used for the literature search; alternative terms were used to describe the same concept. Each key word was searched independently and then combined with the descriptor.

Table 2.2 Key words and descriptors

Key words	Descriptors
Student nurses	Student Nursing, Baccalaureate Students, Nursing Students
Mentors	Mentoring
Quality improvement	Benchmarking, Quality Improvement, Quality Assurance
Assessment	Assessing, assessment of practice
Nurse education	Nurse teachers, educators, senior lecturers, link teachers
Standards	Standardising, Benchmarking
Quality Assurance Agency	Non Applicable
Placements	Student Placements, Clinical Education
Clinical placements	Clinical Education, Clinical Learning Environment, Clinical learning

2.3.1 Setting an inclusion and exclusion criteria

Establishing inclusion and exclusion criteria to determine the literature to be included is essential (Grimshaw *et al* 2003). Table 2.3 identifies the inclusion criteria and rationale for decisions taken, whilst Table 2.4 notes the exclusions set, and a rationale.

Table 2.3 Inclusion criteria

Included	Rationale
Years 1987 to 2007	To capture the literature from when Project 2000 was first initiated, to the point of data collection for the study
UK literature	This review aims to understand the context and impact, if any regarding the development and implementation of the placement learning precepts (QAA 2001), which are a UK initiative
Commentary and debate	To gain a picture of the views and perceptions that UK nurse educators have in light of policy/professional body directives
Key NHS policies	These reflect the changes that were occurring in the NHS at relevant times, and therefore may have an impact on the studies undertaken
NMC professional body requirements that affect the practice component of the programme	These reflect the changes that were occurring in the from a professional body perspective and therefore may have an impact on the studies undertaken

Table 2.4 Exclusion criteria

Excluded	Rationale
Pre Project 2000	Not relevant to the study as Project 2000 provided a new approach to UK pre-registration nurse education
International literature	The delivery of pre-registration nurse education is significantly different when compared with UK programmes. Key reasons include: <ol style="list-style-type: none"> 1. Different professional body requirements 2. Different healthcare infrastructures that do not resonate with the concept of the NHS
Quality assurance literature	Quality assurance per se is the not driver to this study. The placement learning precepts (QAA 2001) are the linchpin to this study and therefore this literature would was not considered relevant
Published literature reviews	None of the literature reviews identified were considered to be systematic in their approach, as a result original sources are accessed
Lecturer practitioner literature	This role was not in place at the school under study, nor is it part of the precepts (QAA 2001)

2.3.2 Critiquing the literature

The research literature included has been reviewed for methodological quality and critically appraised using a series of checklists. The qualitative checklist from the Critical Appraisal Skills Programme (www.casp-birmingham.org) was used for the qualitative research studies, whilst the quantitative studies, and non-research papers were appraised against Depoy and Gitlin's (1994) relevant checklists cited in *Le May* (1999).

Examples of the appraisal process can be found in Appendix 1. Details of the number and types of literature included are identified in Table 2.5.

Table 2.5 Number and types of literature included in the review

Qualitative studies	Quantitative and mixed methodology studies	Non research papers (commentary and debate)
20	18	8

2.4 Time Frame 1987 to 2000

2.4.1 Changes to UK health care and pre-registration nurse education

When Project 2000 began, UK health care was undergoing significant change. There had been a re-grading exercise within nursing as a result of the two Griffiths reports (DH 1983, DH 1989) which led to a re-shaping of the workforce in the NHS with fewer qualified personnel (Clarke *et al* 1993). The country was reported to be in an economic recession, which was believed to influence developments in the NHS (Le Var 1997) as this period has gone down in NHS history as an era of gross underfunding (Baggot 2004).

Changes in social and health trends were also evident. There had been two reorganisations in the NHS since 1972. This had resulted in a reorientation towards health promotion, community care and services for priority care groups (DHSS cited in UKCC 1986). These reorientations reflected an anticipated trend in health care, which included: reducing spending on acute care in hospitals; patients in hospitals being more ill than before; increasing local services and supporting people in their own homes; developing services for client groups such as the elderly, the mentally ill, the mentally handicapped and children; placing a greater emphasis on primary health care (Le Var 1997). However, there was and continues to be a European Directive that requires higher education institutions and their partners to include particular theoretical study and clinical instruction in their Adult branch pre-registration programmes (Professional Services Directive 2005/36/EC).

With regards to the NHS it underwent another considerable change in 1997, as a result in a change of government from Conservative to Labour. The new ethos of the NHS was to have a much greater focus on quality, which was to be achieved through clinical governance. Along with clinical governance came the promise of a significant investment in the nursing workforce through 'Making a Difference' (DH 1999). Key areas that should have affected the NHS nursing workforce included:

- Developing new roles to enable greater career opportunities and autonomy
- Attracting diverse individuals into the profession
- A stronger practical orientation to pre-registration education
- Ensuring access to lifelong learning opportunities
- Reviewing the grading system to advance careers and earnings
- Strengthening professional regulation and accountability

The above were all anticipated to ensure that NHS practitioners would be fit for purpose with excellent skills and the knowledge and ability to provide the best care possible in a modern NHS (DH 1999). However, this was not where the investment ceased. A year later the 'NHS Plan' (DH 2000) was published which identified that there would be a sustained increase in funding for the NHS and perhaps most relevant to the nursing profession was a commitment to increase the nursing workforce by 20,000.

What impact these policy directives had on UK pre-registration nurse education will be interesting to see from the research that has been undertaken in this time frame (1987-2000).

From an educational perspective, policy changes were prevalent here too. In the later part of this era (1990s), UK pre-registration nurse education underwent an independent review (UKCC 1999), which resulted in a number of alterations to the design and content of Project 2000 programmes.

The key change that was relevant to the practice component of pre-

registration nurse education was a requirement to ensure that students and mentors knew what was expected of them through specified practice outcomes. This suggests that the practice assessment aspect of UK pre-registration nurse education had been weak. Again, it will be interesting to see if the research evidence that is presented in this timeframe (1987-2000) identifies the same issue.

2.4.2 The role and function of the link tutor

When Project 2000 was launched, it was evident that link tutors were not clear about their roles and responsibilities for the practice component of the programme (Leonard and Jowett 1990, Jowett *et al*, 1994, Crotty 1993). The lack of clarity was the result of the role and responsibilities of the link tutor in practice never having been made explicit, when the concept of Project 2000 was determined. Whilst the professional body (UKCC 1986) and government (DH 1989) articulated that link tutors would be allowed to regain their clinical skills and that they must be clinically credible in the area of practice that they teach, they did not provide details of how this could be achieved. Therefore, when programme planners were developing Project 2000 curricula, they did not factor in the time link tutors would need to regain clinical skills or maintain/develop their clinical credibility. This was evident in a number of ways. For example, Leonard and Jowett (1990) and Crotty (1993) found that link tutors were too busy to make frequent visits to placement areas because they were under pressure to deliver the theoretical element of the curriculum with insufficient time and resources.

Crotty (1993), also articulated that link tutors (n=12) were perplexed as to what their role in clinical practice was. When they did have the time to visit students and mentors most were not aware that this led them to be clinically credible, as they did not provide direct patient care. Instead they focused on building relationships with clinical personnel and students on these visits. Furthermore, staff development for link tutors at this time did not focus on them developing or regaining clinical skills. Instead they were being encouraged to undertake higher education degrees to meet the expectations (i.e. academic credibility) of their future employing

organisations (higher education institutions) (Leonard and Jowett 1990, Jowett *et al* 1994).

Luker *et al* (1995) who collected a combination of data (interviews, questionnaires, documentary data) from link tutors concluded that whilst there were different opinions regarding the role and future of link tutors (i.e. clinical or academic), there was a high level of concern over the way that Project 2000 students acquired clinical skills. This may be the reason that some tutors considered that they had a role to play in assessing the clinical practice abilities of student nurses (Clifford 1993). It was also felt that the teaching of students in clinical areas did not receive priority within the curriculum generally. Despite the fact that it was considered to be important in helping students to develop a better understanding of nursing and their ability to utilise theory within the practice setting (Dale 1994).

Clifford published a series of articles (1993, 1996a 1996b, 1999) as a result of undertaking a PhD titled 'The clinical role of the nurse teacher' (Clifford 1995). The studies involved surveying tutors (Clifford 1995) from four colleges of nursing in England of which two had begun to deliver Diploma in Nursing programmes (i.e. Project 2000), and undertaking interviews with link tutors ($n=10$) who had links with a variety of clinical settings (Clifford 1999).

The findings from the survey exercise identified how differently these tutors ($n=126$) conducted their link tutor role. This reflected the different education management models and contracts that were in place in schools that delivered Project 2000/Diploma programmes. For example, one college had developed a contractual arrangement with clinical areas, specifying the amount of time the teacher spent in the clinical area. In this instance, tutors linked with one or two wards. In other areas, Clifford (1995) found that tutors could have links with anything from one to seventy-five practice areas. This therefore questions how could a link tutor with thirteen to seventy five clinical areas provide the same level of support as a tutor who only had two or three wards? Clifford (1995) did not undertake this analysis at this time, but did note that further research

would be required to monitor any patterns occurring between the number of wards that teachers link with and the frequency of visits. Despite this, it was evident that differences were apparent. For example, some tutors ($n=20$) visited weekly or more frequently, others ($n=12$) rarely visited and twenty nine respondents chose not to answer this question. The time spent in clinical areas varied from five to seven hours ($n=23$) to less than one hour per visit ($n=18$). The main constraint that these tutors cited for not frequently visiting link areas related to workload with specific reference to classroom teaching, other committees and meetings (Clifford 1995).

What was illuminating about this study (Clifford 1995), was that a modest number of tutors (the number is not known) stated that they worked 'hands on' with students and patients when they went into their link areas. This is different to the findings from earlier studies, that noted that teachers did not work 'hands on' (i.e. Jowett *et al* 1994). A later publication by Clifford (1999) highlighted key reasons why some link tutors did not work 'hands on' with students and patients, a phenomenon that relates to the lack of clarity about their role in practice. Clifford (1999) found that where tutors linked with a clinical setting that reflected their clinical background, (which was a minority ($n=2$)), role clarity was high and the tutors had a clear focus on their link work. In this instance, the role meant working with a designated number of students to develop their competence, which involved hands on care. Although the theory could be criticised as the sample of tutors who did link with the areas that reflected their background was quite small (i.e. 2). The theory is strengthened from the findings of those who did not link ($n=8$) with areas that they had a clinical background. In these instances, role clarity was low, and tutors were reported to lack confidence in clinical skills and did not work frequently with students (Clifford 1999).

Where link tutors lacked role clarity, they appeared to adopt a somewhat subservient position in the clinical areas in an attempt to fit in. For example, some commented that they made beds and helped out by collecting coffee cups, as they thought that clinical staff would appreciate

these initiatives. Furthermore, they were dubious about their abilities to influence standards of care in the clinical areas. Instead they tried to demonstrate credibility by seeing themselves as a resource with the knowledge about current educational programmes (Clifford 1999).

As a result of these challenges, the tutors identified justifications for not working directly with students in clinical settings, or scheduling dedicated time to their link tutor role. The reasons ranged from workload in college, which was reported to have increased since the diploma course had commenced, it not being feasible to work with all students, to not all students wanting them to work with them, as the situation could be considered artificial (Clifford 1999).

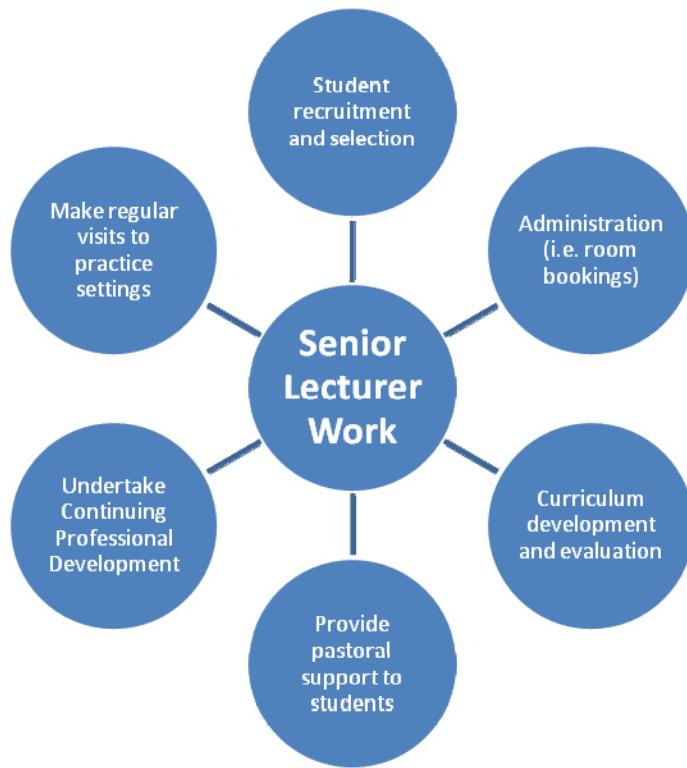
From this it is surmised that many link tutors had to some extent disenfranchised themselves from developing and/or maintaining clinical practice skills and competences. Whether this was because they felt uncomfortable in practice settings, genuinely lacked time, or was it that they no longer wanted to work 'hands on' with students, patients and mentors? These questions remain largely unanswered, although we do know that the way in which the infrastructure that link tutors operate in, does not make it simple for them to either maintain or develop clinical skills and abilities in practice settings.

Clifford (1999) suggested that one way tutors could develop a more equal footing with their clinical counterparts would be to take advantage of their knowledge and skills of nursing practice, and develop these abilities through undertaking research on issues that relate to clinical practice. This may not only offer credibility to such personnel as link tutors, who would hold knowledge about 'practice', but the information gained could be used to improve patient care, which would, no doubt benefit the clinical staff that work directly in practice settings. However, this idea could be seen as extraordinary, as Clifford (1995) points out in an earlier study that both clinical practice and research take a low priority. Elsewhere, it was suggested that that many tutors from colleges of nursing did not possess the research skills and abilities (Draper 1996) findings that were further

supported by other studies on the topic.

Cahill (1997), who undertook focus groups and interviews with a number of different agents that included; link tutors (n=16), college managers (n=6), pre (n=8) pre and post registration students (n=9), mentors (n=8), higher education staff (n=8), education commissioners (n=5) and education officers (n=1), found that research and clinical practice responsibilities were only two of many other expectations. This study demonstrates the different expectations that a variety of individuals considered tutors should undertake, which has been depicted in Figure 2.2. How link tutors prioritise these different functions was not overtly explored, but it was suggested that the theoretical aspect of their work receives the greatest priority (Cahill 1997). It is noted that the activity of research was not specifically identified, but undertaking Continuing Professional Development (CPD) was, which could include research.

Figure 2.2 Multifaceted role and expectations of nurse teachers (Cahill 1997)



Wilson-Barnett *et al* (1995) also highlighted that the role and responsibilities of the link tutor were abundant and this was clear from the student and the mentor viewpoints. Students (n=37) and mentors (n=37) thought that link tutors should liaise, give support, listen, deal with problems, monitor placements, review assessment of practice documents, clarify roles, help students to achieve objectives and finally provide anything they need help on. In contrast, link tutors (n=25) reported that they were most occupied with delivering the theoretical component of the programme and could only provide ad hoc support as and when time allowed. This would make it unlikely, if not impossible for them to meet all the expectations that these students and mentors held with regard to their link tutor role thus highlighting a mismatch in expectations between link tutors, mentors and students.

However, link tutors only dedicating ad hoc support to this role may not have been acceptable, if they had been challenged by their professional body. The ENB in 1995 published a standard that stated link tutors should

be involved in teaching in practice settings for the equivalent of one day per week and that their role must be timetabled hours dedicated to practice (ENB 1995). Whether this standard was developed as a result of the professional body becoming aware that link tutors were not involved directly in teaching in practice settings is not known. From the studies reported on here, it was evident that nurse teachers did not commonly spend one day per week in practice settings. Whether this was because they were not familiar with the requirement, or they chose to ignore it also not known.

Project 2000 did bring about a change with regard to who was responsible for determining suitable placement learning environments for student nurses. As pre-registration nurse education was now under the control of the higher education sector, higher education institutions held the overall responsibility for ensuring that students undertook suitable placement learning experiences that enabled them sufficient opportunities to meet the requirements of the programme (UKCC 1986). A responsibility that was expected to be upheld without any agreed framework, up until the publication of the placement learning precepts (QAA 2001), which was twelve years following the introduction of Project 2000.

Within the literature there were only two articles (Callaghan and McLafferty 1997, Fritz 1997) that described how two schools that had amalgamated with higher education institutions set out to develop audit tools that would measure specific practice learning standards. The key findings highlighted that all concerned (link tutors and practice personnel) had found it challenging to develop a tool for quality assuring practice learning for student nurses, because service and educational personnel seemed to hold different views about what should be measured. Furthermore, when they tried to attach measurable standards against particular criteria (i.e. skill mix, nursing establishment, clinical activity) they realised there were no established proven criteria to work from, thus indicating the need for an agreed quality assurance framework, such as the placement learning precepts (QAA 2001).

To understand more about the development and benefits/challenges of

audit tools the reader may be interested to visit the quality assurance literature. This review does not delve into that topic area, as the focus here is on understanding the development and usage of the placement learning precepts (QAA 2001).

Finally, Aston *et al* (2000) who interviewed seventy six link tutors from five different schools that provided Diploma in Higher Education programmes found that over half (55%) had no preparation for their link tutor role when they joined the higher education institution as employees. In addition, a significant amount (60%) considered that there was a lack of support, guidance or absence of any evaluative mechanisms from the higher education institution leaders about the value and effectiveness of their link tutor functions. Another key finding that highlights the need for a nationally agreed approach to not only supporting the practice component of UK pre-registration educational, but link tutor work too.

2.4.3 The role and function of the student nurse in practice

Project 2000, in principle, changed the role of the student nurse in practice as they should have been seen and treated as learners and not workers (UKCC 1986). This was intended to be achieved through granting them supernumerary status. Early studies (Leonard and Jowett 1990, Jowett *et al* 1994) highlighted that the concept and practice of supernumerary status was difficult to achieve for a number of reasons. In the first instance, the professional body (UKCC 1986) did not provide clear guidance as to how Project 2000 programme planners could practically implement and monitor it therefore, supernumerary status for students was implemented disparately. Many students stated that they were merely 'extra pairs of hands' when staffing levels were low or, at the other extreme, 'left standing like statues', as some practitioners had interpreted supernumerary to mean that Project 2000 students could only observe (Leonard and Jowett 1990, Jowett *et al* 1994).

Secondly, students were not frequently reported to be viewed as learners, but instead treated like workers (i.e. providing hands on care without being supervised by a registered nurse) due to the changes that were

occurring in the NHS as a result of a re-grading exercise (DH 1989b). High proportions of unqualified personnel were working in clinical settings, this left fewer qualified personnel available to support the learning needs of the supernumerary student nurse (Jowett *et al* 1994, Wakefield 2000).

Thirdly, students themselves held mixed views with regard to supernumerary status. Many expressed that they wanted to function as part of the team (Leonard and Jowett 1990, Jowett *et al* 1994). The best way that they could achieve this was through getting involved in the work that was required, which nearly always compromised their learner status. Students frequently reported that they often undertook tasks, such as bed and tea making, due to short staffing levels (Leonard and Jowett 1990, Jowett *et al* 1994), although this did not necessarily detract the student from learning. Goad (1992) reported that when staffing levels were low it could help students to learn to prioritise care. At the other end of the spectrum other students considered that supernumerary status meant that they should observe, listen, do what they wanted and not get involved in providing direct patient care (Wilson-Barnett *et al* 1995).

Another barrier, that impeded students from achieving supernumerary status, was that the mentors who were responsible for mentoring and assessing them, were not clear about their role and responsibilities either. A degree of confusion occurred with regard to mentorship, Wilson-Barnett *et al* (1995), Earnshaw (1995) and Gray and Smith (2000) made a series of discoveries about where this confusion lay. For example, whilst the term mentorship was used by most students, the term assessor, supervisor and key worker were also reported to be frequently used by clinical personnel. Busy clinical areas hindered student learning experiences. Students experienced mentors postponing specific time with them in order to deal with patient care requirements (Wilson-Barnett *et al* 1995, Gray and Smith 2000).

The same studies (Wilson Barnett *et al* 1995, Earnshaw 1995, Gray and Smith 2000) also highlighted that students had begun to identify in their view what elements led a mentor to be either 'good' or 'bad'. 'Good' mentors were those that were enthusiastic about their role as a nurse,

provided good care, shared their knowledge and planned a 'menu' of learning opportunities. 'Bad' mentors were those that were viewed as being unhappy with their role and/or felt over burdened by having a student.

The assessment element of the mentor role was not extensively discussed in any of these studies, although Wilson-Barnett *et al* (1995), Earnshaw (1995) and Gray and Smith (2000) identified that students reported that their mentors often told them that they did not understand their assessment documents. On a slightly different note, Macleod Clark *et al* (1996) who studied two schools of nursing at different ends of the country with significant student sample sizes (i.e. 498 student nurses completed a survey at three different points during their programme, and in depth interviews were undertaken with 20 students) found similarities and differences in the effect that the philosophy of Project 2000 was having on the nursing profession. Macleod Clark *et al* (1996) found that whilst students were able to define holistic care and considered that they should treat patients/clients as individuals; in practice this was not frequently experienced. However, research was deemed as important to nursing practice by over 90% of students at all the different points through their course. Perhaps more encouragingly, over 80%, by the end of their course, stated that they had been given opportunities to relate research findings to practice. Examples included infection control, pre-operative care and pressure area care. This does suggest that the intentions of the Project 2000 ethos were to a degree infiltrating conventional nursing practices.

This finding further corroborate the findings of Watson (1999) who conducted interviews with first year students (n=35) to ascertain from their perspective what it was like to be mentored and assessed. Whilst some of the findings support other studies (i.e. Wilson Barnett *et al* 1995, Earnshaw 1995), in that students viewed supportive mentors as 'good' if they planned a 'menu' of learning opportunities for them (Watson 1999). The students in Watson's (1999) study could also be considered to be insightful about what they perceived mentors required in order to

effectively mentor them. When these first year students were asked to explain how they perceived the mentoring process, they stated that mentors needed to have protected time and be specifically trained prior to being mentors (Watson 1999). Whilst they were not in a position to state what the training should include, the views of these novices would ultimately be supported by the professional body (NMC), but not for nearly another decade.

2.4.4 The role and function of the mentor

As already identified the success of adopting a mentorship approach to support and assess student nurses in practice was challenging to achieve when the concept was implemented (Leonard and Jowett 1990, Jowett *et al* 1994). A key reason for this was that clinical staff had not been fully informed or prepared for the Project 2000 programmes. As with the case of supernumerary status, the professional body at the time provided very little guidance. Initially, they defined mentors as 'counsellors' or 'advisors' (ENB 1987), with an emphasis later being placed on them being 'assessors' and 'supervisors' (ENB 1988). There were no specific criteria to dictate which registered nurses could become mentors and no regulatory requirement for them to have dedicated training and education on the role and its responsibilities. Therefore, some schools of nursing provided mentors with five days preparation, others provided one day and one college had provided no formal preparation at all (Jowett *et al* 1994). The outcome of this was that in general, mentors were not familiar with the design and content of Project 2000 programmes, which led them to lack both confidence and competence when mentoring Project 2000 student nurses (Leonard and Jowett 1990, Jowett *et al* 1994).

Establishing what preparation mentors required to feel confident and competent to mentor and assess Project 2000 students has been difficult to determine. This was highlighted by Jinks and Williams (1994) who surveyed (n=61) and interviewed (n=10) registered nurses who had mentored and assessed Project 2000 students. Whilst the survey data suggested that most would be confident and competent to mentor and assess Project 2000 students, as 61% had undertaken formal teaching

and assessing courses (i.e. ENB 998, City and Guilds 730) and 90% (n=55) had attended information sessions/workshops that related to the Project 2000 curriculum, this did not adequately prepare them.

The findings from the interview data highlighted that they had found the assessment documents confusing (Jinks and Williams 1994). This was despite attending a workshop delivered by school of nursing personnel. These findings question the appropriateness of the content and delivery of mentor preparation both formally (i.e. 998) and informally (i.e. in house workshops). It also challenges the validity of student nurse support and their practice assessments.

Wilson-Barnett *et al's* (1995) study also found that many mentors did not feel confident about mentoring Project 2000 student nurses and therefore felt nervous about what was expected of them. The evidence found was limited as the study did not identify what exactly it was that led mentors to be nervous, and so it remained difficult to determine what preparation they may have required.

Rogers (1995) explored the preparation needs of a significant number of mentors (n=124). Whilst the study was two phased, involving focus groups and a questionnaire, only the questionnaire aspect of the study was published. In the sample that responded (n=124) all had undergone preparation for their mentor role, which had been provided by link tutors. Whether this preparation met their needs was another matter. Whilst 86% reported that they were happy with this preparation, 73% felt that their knowledge about Project 2000 was insufficient. Furthermore, many (n=56) did not agree that teaching student nurses what was then labelled 'basic nursing skills' was their responsibility. These findings question both what they viewed their role to be, and what the content of the preparation consisted of.

Rogers (1995) suggested that a possible reason why a significant proportion (73%) did not feel that they were knowledgeable about Project 2000, could be as a result of them not being frequently supported by link

tutors. 78% considered that they did not experience effective/frequent liaison with link tutors and less than half (40%) could identify who their link tutor was.

Another study published a year later was by Cutherbertson (1996). The sample size was marginally greater than that of Rogers (1995), in that one hundred and seventy nine responded to a survey that was distributed to three hundred and fifty qualified nurses. Cutherbertson (1996) also found that the majority of them did not know the detail of the programme. For example, 90% of respondents did not know how long students spent in clinical practice settings.

These studies to some degree highlight that registered nurses working in practice settings seem to lack interest in the student nurse population, given that they were not familiar with their programmes. Why some registered nurses chose not to develop an understanding of the programme, or considered that it would not be their responsibility to teach student nurses essential nursing skills is perplexing. On the other hand, it is acknowledged that registered nurses in general were in the midst of other changes to their working practices at this time (mid 1990s). A state of flux had emerged due to a changing government agenda with regard to the ways in which they considered the NHS should operate. This in most cases seemed to result in less registered nurses being available to mentor and assess students in clinical settings. This assumption is strengthened by a DH funded study undertaken by Phillips *et al* (1996).

Phillips *et al* (1996) found that the change in skill mixes as a result of DH policy directives (i.e. DH 1983, 1989) had been a significant reason that mentors were not prepared or specifically chosen to mentor Project 2000 students. The outcome of the policy directives (i.e. DH 1983, 1989) had led to short staffing levels, and fewer qualified personnel in clinical areas. This had resulted in the selection of any/all staff (registered nurses) as mentors. Criteria to determine who mentored a student were that of 'turn taking' (Phillips *et al* 1996).

Furthermore, the role of the ward sister/manager had changed. Instead of them providing both direct patient care and mentorship to students, they now had increased management functions, which prevented them from providing direct patient care; hence Phillips *et al* (1996) found that their contact with students was minimal. Whilst these logistical challenges highlight the difficulties that mentors can experience, not all viewed mentoring student nurses as negative, if the role was viewed from a different perspective.

Atkins and Williams (1995) who interviewed mentors (n=12) that had experiences of mentoring Project 2000 students, found that whilst the familiar constraint of a lack of time was reported to challenge mentoring student nurses, all spoke of the personal satisfaction that was gained from facilitating the development of another person. These mentors considered that their own learning and professional practice had been enhanced. When they experienced student nurses questioning their practice they did not see this as a hindrance; instead they found it to be refreshing and helpful in clarifying their own work. As a result they viewed students as learning resources, who could help keep them in touch with current nursing educational developments (Atkins and Williams 1995).

There was also tangible evidence that these mentors were compelled to undertake continuing professional development due to mentoring Project 2000 students. Several said that since acting as a mentor they were reading more literature in relation to their practice. Three had enrolled on the then ENB course in teaching and assessing and one mentor was negotiating undertaking a degree with her manager (Atkins and Williams 1995).

Atkins and Williams (1995) also identified other factors that possibly resulted in these mentors' positive attitudes to mentoring. These included, feeling supported by colleagues when they mentored a student, having access to a mentor support group which frequently met to informally discuss mentor issues, and having contact with a designated lecturer practitioner. The author is aware that there is a body of literature

surrounding the lecturer practitioner role, which the reader may be interested to visit. As lecturer practitioners were not a feature in either the placement learning precepts (QAA 2001) or the school that is under investigation people with these roles have not been consulted in the present study.

The only concern that arises from these findings (Atkins and Williams 1995) is that they did not discuss the assessment aspect of their role, instead they explained how they adopted a nurturing approach. Whilst we know that students appreciate feeling supported (Wilson Barnett *et al* 1995, Earnshaw 1995), how objective nurturing mentors would be, when assessing the practice of their mentee (student) is in doubt.

The final study to be reported on in this first section is the mentor interviews ($n=15$) that Watson (1999) presented as part of investigating student and mentors experiences of mentoring CFP students. The findings largely corroborate those of the earlier studies, in that these mentors considered that they lacked clarity and preparation for the role, but what does come to light, is just how junior some mentors were. Watson (1999) identified that some mentors had been qualified as registered nurses for less than six months. Whether such novice registered nurses are able to adequately support, mentor and assess student nurses is suspect, and we do now know with hindsight that this would not be considered as acceptable under the professional body requirement of today (NMC 2008).

In summary

The key findings that have been presented from this period of time (1987-2001) highlight that the practice component of UK pre-registration nurse education operated in an ad hoc fashion. It was evident that the key players (link tutors, mentors and students) all lacked clarity about what they should be doing and there were different contractual arrangements and management models evident within the early adopters of Project 2000. The upshot of this was that the key intentions of Project 2000 (supernumerary status, mentorship) were implemented disparately. Those responsible for this could be seen to include the profession's (UKCC, NMC)

body, the government and perhaps the higher education institutions themselves for not making explicit how such initiatives as supernumerary status and mentorship should be implemented and quality assured. It is suggested that the factors identified within this section of the review underpinned the development of the placement learning precepts (QAA 2001). Whether, the precepts have changed the situation that has been identified here will be found in the following section of the review.

Before moving on to the next section, it is noted that the studies reported on have not overtly identified the issues and changes that faced the NHS within this timeframe, the most pertinent being the belief that there was a need for clinical governance. None of the studies suggest that patient/client/service user care was sub optimal. However, the majority of the research did repeatedly highlight that clinical areas were short of staff, which does resonate with the policy changes that were implemented in the early to mid 1990s. It also indicates that the content of the health care policy directives in the latter part of the 1990s were correct, in particular the pledge to increase the number of registered nurses (DH 2000).

From an educational policy perspective, the UKCC (1999) recommendation that stated that higher education institutions and practice placement personnel must ensure that students, mentors/assessors know what is expected of them through specified practice outcomes does resonate with the findings from this section of the review. Whether this UKCC (1999) requirement enabled both students and mentors/assessors to know what was expected of them, will be identified in the next section. It will also be interesting to see if the placement learning precepts (QAA 2001) aided this requirement too.

2.5 Time-frame 2001-2007

2.5.1 Changes to UK health care and pre-registration nurse education

In principle, one would expect that there would be significant improvements to the delivery of the practice component of UK pre-registration nurse education within this time-frame. This assumption has been made based on three key health and education policy changes that include: the government's commitment to significantly (20,000) increase the number of registered nurses (DH 1999, DH 2000). This should address the staffing level shortages that were reported to compromise mentorship and supernumerary status for student nurses.

The professional body requirement that stated that students, mentors/assessors must know what is expected of them through specified practice outcomes (UKCC 1999) and a number of other initiative that include:

- Increasing student exposure/experience to practise skills
- Improving student support in practice settings
- Establishing clearer responsibilities for registered nurse mentors
- Introducing competency assessments
- Improving partnerships between clinical practice and higher education institution personnel

(UKCC 1999)

Thirdly, and most important to the present study, was the introduction of the placement learning precepts (QAA 2001), that were defined as a series of system-wide principles that could be used as a reference point for higher education institutions to consciously, actively and systematically assure the quality and standard of the practice component of their programmes (QAA 2001).

As a reminder to the reader, this section therefore focuses on finding out how such players as student nurses, mentors and link tutors have implemented and enacted these placement learning precepts (QAA 2001). The introduction of the placement learning precepts (QAA 2001) did have

an effect on the role of the link tutor, as another player was introduced into the practice component of pre-registration nurse education, namely practice placement managers⁴. These players were a government initiative; they were introduced as a result of the anticipated increase in the nursing workforce (i.e. 20,000 DH 2000). This was perceived to put pressure on the NHS and threaten the ability of the systems to provide enough placements for the anticipated increase in nursing students (DH 2001). Whether, this role achieved this aim has been difficult to determine as it has been implemented in different ways.

There were four key studies (Clarke *et al* 2003, Ellis and Hogard 2003, Randle *et al* 2005, Magnusson *et al* 2005) that looked to evaluate the role of the practice placement manager within this time-frame. From this information it was evident that their main focus was to bolster the support mechanisms for student nurses and mentors. Activities ranged from:

- Assisting the professional development needs of mentors by providing training on how to use the assessment documentation (Clarke *et al* 2003, Ellis and Hogard 2003, Randle *et al* 2005).
- Working alongside students when in practice settings (Ellis and Hogard 2003).
- Developing placement audit criteria, placement profiles and placement guidelines (Randle *et al* 2005).
- Increasing the number of placements for student nurses (Randle *et al* 2005, Magnusson *et al* 2007).
- Developing communication links between the education and service (Randle *et al* 2005).

On reviewing the above activities, collectively they could be seen to demonstrate implementation of a number of the placement learning precepts (QAA 2001) such as the assessment element of 'General Principles' Student Support and Information' and 'Staff Development' (QAA 2001). However, the authors of these studies did not focus on how these individuals developed ways to demonstrate that the QAA (2001)

⁴ The researcher is aware that the term practice placement manager is one of a number of titles that these personnel have been called but for the purpose of consistency throughout the review, they will be known as practice placement managers.

rules for placement learning were being implemented and enacted. Instead they highlighted the number of the challenges that these players faced when attempting to undertake the activities just mentioned, some of which have been prevalent throughout the findings of this review. They include:

- A lack of information about the number of appropriate placements that an organisation has available to the student nurse population.
- Too many students and not enough placements.
- Link tutors providing ad hoc support to students and mentors.
- Different opinions between link tutor and practice placement managers about what constituted appropriate placement learning opportunities and support mechanisms for student nurses.

It is perhaps disappointing that this role was not developed through utilising the QAA (2001) placement learning precepts as a framework, as if it had, perhaps the above problems, would by now, have been resolved. Instead, what these studies further highlight is the absence of a conscious awareness of the mandatory rules for placement learning (QAA 2001). This in effect enabled link tutors, student nurses and mentors to continue to operate in disparate ways, as will be seen.

2.5.2 The role and function of the link tutor

A grounded theory study by Ramage (2004) who interviewed twenty eight link tutors found that those who worked 'hands on' with students in practice settings, lacked clarity about what this actually achieved. Whilst working 'hands on' with students could have enabled them to implement and enact a number of precepts that relate to student assessment and support and staff development, they did not seem to be aware of this. Instead, they were more concerned as to whether working 'hands on' led them to be seen as clinically credible by students and their clinical counterparts.

Similarly, Fisher (2005) who held focus groups and interviewed a small number (n=6) of link tutors to find out whether they worked 'hands on' in order to maintain up to date working knowledge of clinical practice, found

that the majority did not. Instead, they said that they maintained a currency of nursing knowledge by analysing health policy and where appropriate they applied it to their teaching. This practice could be considered to demonstrate implementation of the precept 'Staff Development' (QAA 2001), as being cognisant of, and teaching contemporary health care policy could demonstrate that an individual is competent at undertaking their role. Yet this was not the main findings from Fisher's (2005) study, instead she concluded that these tutors generally felt unable to influence change in the nursing profession, as they did not have a clear role within practice settings and therefore felt vulnerable to being criticised for not having regular contact with direct patient care, and thus not being seen as 'clinically credible'.

On a comparable note, Carr (2007), who looked into what it was like to be a lecturer in UK pre-registration nurse education, found that a number of them felt unable to influence positive change. In this instance it did not directly relate to the practice component of UK pre-registration nurse education, but it was the effect that the policies of this time had on these individuals. They perceived that the government, the workforce confederations now subsumed within strategic health authorities, NHS Trusts, universities and the NMC all had a negative impact upon pre-registration nurse education. (Carr 2007) found that government influences were the most significant force. A number of lecturers considered that health care was a political tool and, because of this, the ethos of traditional nursing was of little consequence, when set against the business model of the NHS. What they viewed the ethos of traditional nursing to be was not reported, but the business model of the NHS was explained to be a managerial style that was based on tight control of financial resources. This was understood to be at odds with the desires of the health care professionals it employs. This opinion, led these lecturers to feel like they lacked any significant control over nurse education and its direction. Despite, this it could be evidenced that they were, perhaps unknowingly implementing and enacting a number of the placement learning precepts (QAA 2001). All of them stated that it was important for them to work in partnership with the NHS, especially in relationship to

placement and the supervision of students, practices that directly relate to the precepts (QAA 2001) regarding assessment and student support.

A possible reason that could lead some lecturers to feel disempowered about influencing change in nursing practice/education could have been perpetuated by the introduction of practice placement managers. This role created a number of tensions for some link tutors, as practice placement managers put the spotlight on the disparate ways in which link tutors operated.

2.5.3 The role and function of the student nurse in practice

Throughout this time-period there appeared to be little research interest in the role and function of the student nurse in practice; a finding that further suggests that the placement learning precepts (QAA 2001) were not being actively implemented and enacted by all those that worked in UK pre-registration nurse education.

There were four research studies that were identified as relevant to this section of the review. The first study was undertaken by Fulbrook *et al* (2002) from Portsmouth University, which was one of the first to develop and deliver Project 2000 programmes. As a result it was monitored by the Kings Fund, who amongst other things concluded that Project 2000 student nurses lacked confidence in clinical skills at the point of registration (Jowett *et al* 1994). A finding that was also cited by the UKCC (1999) although, neither report identified which particular clinical skills these included. However, both (Jowett *et al* 1994, UKCC 1999) did consider that the content of Project 2000 programmes was too theoretical and did not focus enough on preparing students for practice. A fact that was also recognised by the QAA, as in 2001 they articulated that institutions must ensure that students are appropriately prepared for clinical placement (QAA 2001).

Fulbrook *et al* (2002) decided that when they re-validated their pre-registration nurse programme they would endeavour to ensure that the content had a greater focus on the clinical practice aspect of nursing. The

main changes included exposing students to practice learning within their first term and developing what was considered to be detailed practice competencies that specifically related to clinical skills. However, these initiatives only marginally improved the preparation of students for practice.

Fulbrook *et al* (2002) surveyed students from the new course (n=39) and compared it with students who were on the original programme (n=55).

The key themes within the survey included asking;

- Were you adequately prepared for your first placement?
- Were your expectations of your first placement met?
- Did you have adequate practical skills to cope?

In relation to the first question whilst 78% of the old cohort felt that they were not adequately prepared for clinical practice, 50% of the new cohort felt they were. Similarly, 69% of the old cohort felt their expectations of clinical practice were met, but 84% of the new cohort considered they were. Finally, 55% of the old cohort felt they had inadequate practical skills whereas 61% of the new course felt they did have adequate practical skills. Fulbrook *et al* (2002) explained that when the survey data underwent statistical analysis, whilst most differences between the cohorts were found to be statistically significant, the actual numerical differences between the 'old' and 'new' cohort were fairly small. The mean score for all the themes fell within 0.48 of the mid-point of the Likert-type scale (2.22 and 2.98), which indicated that the mean score for both groups lay somewhere between 'not very' prepared and 'quite' prepared. For this, Fulbrook *et al* (2002) concluded that more work was required if student were to feel adequately prepared for their first placement. However, no reference of the national requirement (QAA 2001) for developing improved ways of preparing students for practice was mentioned. A finding that further highlights that the placement learning precepts (QAA 2001) were not consciously being implemented and enacted by relevant players within that organisation at that time.

The following study, which took place some four years later, was that of McGowan (2006), whose focus was not specifically on student preparation, but instead that of student nurses' supernumerary status, when in practice settings. Focus group interviews were carried out with a number of student nurses (n=60). From what was found, it appeared that little had changed, since supernumerary status was first instigated some twenty years earlier. The common themes from McGowan's (2006) study included; they often felt like 'extra pairs of hands' when clinical areas were busy, they frequently had to compete with other learners (i.e. health care assistants who were undertaking NVQs), and mentors continued to not understand what supernumerary meant. Therefore some students experienced mentors who allowed them to undertake a number of nursing skills (i.e. wound dressing, vital signs, patient assessments), whilst other students found that mentors only let them make beds and cups of tea.

Finally, a number of the students in McGowan's (2006) study commented that their mentors frequently told them that they did not understand their assessment documents. Another finding which demonstrates that the placement learning precepts (QAA 2001) were not being actively implemented and enacted. If they had, then it is quite possible that mentors would have been trained and educated to use the assessment documents, as there is a designated QAA (2001) rule that requires institutions to ensure that any assessment of placement learning must be part of a coherent assessment strategy. The fact that mentors did not understand the assessment significantly compromises the logic of any assessment.

Another study within the same year indicates further that the placement learning precepts (QAA 2001) were not at the forefront of the minds of those that work within the practice component of UK pre-registration nurse education. Midgley (2006) used a validated questionnaire tool that was originally developed in Australia (Chan 2001) to survey second year Adult branch student nurses (n=67) who were undertaking a high dependency placement. The questionnaire required the students to score personalisation, student involvement, task orientation, innovation,

satisfaction and individualisation, on a Likert type scale (i.e. 1 strongly agree, 5 strongly disagree) based on their preferred and actual experiences of how they would like to be treated. The findings from this exercise found that students would prefer a clinical placement within which mentors individualised their learning more and demonstrated innovation in teaching. Whilst this data could have been used as a conduit for recommending a number of tangible innovative ways of implementing and enacting the precepts such as 'Student Support' and 'Staff Development' this was not the case. Instead Midgley (2006) suggested two broad familiar recommendations that suggested that mentors required more effective training and support. How this should be achieved, along with any reference to the placement learning precepts (QAA 2001) was absent from the paper.

The last study to be discussed in this section is that of Andrews *et al* (2006) who undertook focus groups with students (n=7) and surveyed ex-students (n=30). The aim of this study was to gain knowledge about student nurses' experiences of roles and communications between link tutors and clinical personnel. Similar to all of the studies that have been reported in this review, it was clear that these students had not experienced link tutors or mentors who were consciously implementing and enacting the placement learning precepts (QAA 2001). For example, these students reported that they were frequently treated as workers and some felt they had been 'looked down on' and not appreciated by clinical personnel. Furthermore, a number of students had experienced mentors who were not prepared for their role, which had a detrimental effect on these students in terms of them achieving their learning outcomes. Students experienced mentors who refused to sign their assessment documents because they said they did not understand it.

Finally, most students said that they rarely received a visit from link tutors and therefore did not feel that they had been well supported by the higher education institution when they were undertaking the practice component of their programme. Again, whilst all of these short comings may have been addressed if such players as mentors and link tutors had

implemented and enacted the placement learning precepts (QAA 2001), this was not what Andrews *et al* (2006) overtly recommended. Instead a broad recommendation was suggested, which stated that to truly achieve the goals outlined in Project 2000 with regard to integrating nursing knowledge into practice both academic (link tutors) and clinical personnel (mentors) must work together to plan and implement every step of training. Whilst this recommendation is not dismissed, it is unfortunate that Andrews *et al* (2006) did not consider that the placement learning precepts (QAA 2001) could be used as the linchpin in which to implement each step of the practice component of pre-registration nurse education/training to ensure that nursing knowledge was properly integrated within the programmes.

2.5.4 The role and function of the mentor

With regards to the role and function of the registered nurse in practice within this time-frame (2001-2007), it could be suggested that this was where the greatest developments were made with regards to the practice component of UK preregistration. This was not directly as a result of the placement learning precepts (QAA 2001), instead it related to the introduction of a mandatory set of mentor standards (NMC 2008⁵) (see Table 2.2). A framework that could be used as a conduit to demonstrate mentor competence, which is a QAA (2001) requirement that falls under the jurisdiction of 'Staff Development'.

⁵ The initial mentor standards were introduced in 2007, but the document was re-published in 2008 as a result of the need for a number of minor changes, which did not affect the content of the above standards, therefore this is the reference that has been used.

Table 2.6 Mandatory standards for mentors and mentorship (NMC 2008)

Communication and working relationship enabling:
<ul style="list-style-type: none"> • The development of effective relationships based on mutual trust and respect • An understanding of how students integrate into practice settings and assisting with this process • The provision of ongoing and constructive support for students
Facilitation of learning in order to:
<ul style="list-style-type: none"> • Demonstrate sufficient knowledge of the student's programme to identify current learning needs • Demonstrate strategies that will assist with the integration of learning from practice and educational settings • Create and develop opportunities for students to identify and undertake experiences to meet their learning needs
Assessment in order to:
<ul style="list-style-type: none"> • Demonstrate a good understanding of assessment and the ability to assess • Implement approved assessment procedures
Role modelling in order to:
<ul style="list-style-type: none"> • Demonstrate effective relationships with patients and clients • Contribute to the development of an environment in which effective practice is fostered, implemented and evaluated and disseminated • Assess and manage clinical developments to ensure safe and effective care
Create an environment for learning in order to:
<ul style="list-style-type: none"> • Ensure effective learning experiences and the opportunity to achieve learning outcomes for students by contributing to the development and maintenance of a learning environment • Implement strategies for quality assurance and quality audit
Improving practice in order to:
<ul style="list-style-type: none"> • Contribute to the creation of an environment which change can be initiated and supported
A knowledge base in order to:
<ul style="list-style-type: none"> • Identify apply and disseminate research findings within the area of practice
Course development that:
<ul style="list-style-type: none"> • Contributes to the development and/or review of courses

From the research that was undertaken on mentors within this time period (2001-2007), it was evident that the above mandatory requirements (NMC 2008) were required.

A survey undertaken by Pulsford *et al* (2002), focused on finding out how supported mentors felt by their respective higher education institutions, their colleagues and service managers, as well as finding out what their experiences were of undertaking annual mentor updates. Questionnaires were sent to a significant number of registered nurses (n = 400), with just

under half responding (n=198). The demographics of the participants were comparable. For example, 60% had been a mentor for more than five years, and the majority of them worked frequently with two or three students per year. However, the findings were mixed.

Some (n=42) considered that they had no support from the higher education institution, their colleagues or service managers, whilst others (n=67) stated they had sufficient support. Although a slightly higher number (n=36) than those that said they had sufficient support, desired more from all three parties. Increased support from the higher education institution scored the highest (n=36).

In terms of mentor updates, fewer than half (35%) had undertaken an update within that year, and nearly a quarter (20%) had never attended an annual update. The single biggest reason for this was reported to be staff shortages, which often meant that they could not leave the clinical areas to attend the training. However, there was a subsidiary reason that did relate to the higher education institution, 41% stated that they received minimal information about when local mentor training was scheduled to take place, and when they did find out the dates and times many considered that the times were not convenient. A phenomenon that would need addressing if the mentor standards (NMC 2008) were to be properly implemented, as by 2007, all mentors that mentor and assess students would be required to undertake an annual mentor update. Whether this would fulfil the 'Staff Development' precept (QAA 2001) identified at the outset of this section of the review, is another matter, but pertinent to the work discussed in this thesis. At the stage of data collection for my study, the mentor standards (NMC 2008) had been a mandatory requirement for over six months. It will be interesting to see if the mentors interviewed had undertaken an annual mentor update, and whether this led them to be competent, thus demonstrating implementation and enactment of the 'Staff Development' precept (QAA 2001).

The second study to be reported on relates to the formal accredited

teaching and assessing programme that a number of mentors undertake, which is intended to enable them to develop the necessary competence in order to effectively mentor and assess student nurses. However, it did not appear that all registered nurses undertook this programme with that in mind.

Watson (2004) surveyed two cohorts of students (n=115) who had just commenced a teaching and assessing programme asking them to identify why they wanted to undertake an accredited mentor and assessment course. The demographics of the sample were diverse. Some had been qualified as registered nurses for under a year, whilst others had been practising for up to thirty years. As divergent, were the number of years spent in their current post ranging from three weeks to twenty years. Despite these differences there was a common agreement that the main reason for undertaking the programme was related to professional development. 66% viewed that the course was an investment in their future and 57% considered it improved their chances of promotion in the future. As can be seen their primary motivation was not to develop or improve their competence and perhaps confidence with regards to mentoring student nurses.

Whether being primarily motivated to undertake such a programme for professional development purposes is the right reason, is questionable, as one would expect that the main desire to undertake a teaching and assessing course would be to improve individual teaching and assessing skills and abilities. A view that is further strengthened as Watson (2004) found that some (n=13) did not want to teach students, and others (n=16) were not interested in assessing student nurses practice abilities. Although, the limitations of the study that must be taken into account, includes those that participated in the survey had just commenced the programme (their first week). It is quite likely that the opinions that they held about undertaking the programme may change once they had learnt more about the topic. This too may motivate and change the minds of those that initially said that they did not want to mentor and/or assess student nurses.

The final survey to be reported on is that of Bray and Nettleton (2007) who set out to gain an understanding of how mentoring students was conceptualised in UK health care. This survey did not collect demographic data, but instead focused on what mentors ($n=100$) perceived their role to be. The findings are both similar and divergent to what has already been identified. A relatively small number (20%) considered that the role of teacher was more important than being a supporter (19%), which is dissimilar to previous studies (i.e. Jowett *et al* 2004, Rogers 1995) that have highlighted that mentors in general focus more on the support element of the role.

With regard to perceptions of student assessment, many of the mentors were comfortable with this aspect of the role. Only 14% considered it was difficult to fulfil, which is different to other studies, in both eras (Wilson-Barnett *et al* 1995, Rogers 1995, Cutherbertson 1996, Watson 1999, Pulsford *et al* 2002) who all found that mentors find student assessment difficult. The reasons for which include, a lack of time, not working frequently with mentees, not understanding assessment documentation and not feeling or being adequately prepared or supported in the role. This finding posed the question; did these mentors not experience these problems? Or had they found ways to overcome them? Bray and Nettleton (2007) do not provide specific answers to these questions, but the answer may lie in the finding that only a small percent (14%) of mentors viewed assessing students as important. A finding that one would suspect would compromise the effective implementation of a number, if not all of the placement learning precepts (QAA 2001), and the mandatory mentor standards too (NMC 2008).

The last study to be reported on is not a survey but a grounded theory study undertaken by Duffy (2004). It involved mentors ($n=26$) and lecturers ($n=14$) associated with three higher education institutions in Scotland. The aim of the study was to understand the reasons why some mentors fail to fail students. The key reasons that Duffy (2004) found resonates with the findings of this review. They include;

1. mentors having insufficient time to work with their students
2. mentors not understanding the assessment documentation
3. placements not being long enough to allow students to gain competence
4. mentors not considering it is their role to fail students, assuming that it was ultimately the decision of the higher education institution
5. weak partnership arrangements between higher education institutions and placement setting personnel.

Furthermore, the above findings continue to highlight that the placement learning precepts (QAA 2001) have not been demonstrably implemented and enacted by relevant key players. However, on inspection of the above information and perhaps the way it has serendipitously been presented, it does appear that it might be difficult if not impossible for registered nurse mentors to wholeheartedly implement and enact the precepts (QAA 2001). For example, if mentors are not allocated sufficient time to mentor and assess students, and students are not allocated to placement settings for long enough periods to become familiar with both the nursing practices and their mentors, how can their practice assessment be part of a coherent assessment strategy (precept 1)? Similarly, if mentors are not provided with training and support from link tutors due to weak partnership arrangements between service and education, how can mentors know their responsibilities and be able to ensure that student nurses' practice assessments are part of a coherent strategy documentation (Precepts 1, 2, 3, and 6)? On the other hand, could it be that the content of the placement learning precepts are broad enough to enable key players such as link tutors and mentors to evidence the rules (QAA 2001), whilst continuing to operate in an ad hoc fashion? A question that is central to study presented in this thesis.

In summary

The aim of this section of the review was to find out more about how such players as student nurses, registered nurses that mentor and assess students and senior lecturers who are involved in the practice component of pre-registration nurse education have implemented and enacted the

placement learning precepts (QAA 2001). From the evidence that has been presented it is clear that the precepts were not consciously implemented and enacted as reference points for higher education institutions to consciously, actively and systematically assure the quality and standard of the practice component of their programmes (QAA 2001). Furthermore, the other policy directives, such as the increase in the number of registered nurses (DH 2000) and the professional body requirement that required higher education institutions to develop curricula that ensured that students and mentors must know what is expected of them (UKCC 1999), also appears to have had little impact. The only key difference to the findings from this time-bound section (2001-2007) when compared with the previous time-bound (1987-2000) section was the introduction of practice placement managers. Whilst some of their activities could be mapped to a few of the placement learning precepts (QAA 2001) (i.e. Staff Development, Student Support,) it was evident that the precepts were not being consciously used as a reference point to actively and systematically assure the quality and standard of the practice component of their programmes. Yet this may not be the case per se, through reading, reviewing and critiquing the literature on the topic in question it was evident that there are a number of gaps within this body of knowledge that is probably a reflection of where the nursing profession is as in terms of research and development, as will be seen.

2.6 A critique on the body on knowledge

As a result of reviewing the studies that have been cited within this review, it can be seen that the knowledge base has developed sporadically. At the beginning, a number of studies were funded by the NMC/ENB/UKCC and the DH that endeavoured to elicit knowledge about the impact that Project 2000 was having on education, service and the student nurse population. As time progressed, it would appear that these funding streams largely ceased. Many of the studies that have been reported on in the second time bound section do not indicate that they have been funded by public/professional body monies (i.e. NMC, DH). In the absence of continued large scale studies on the topic, there have been a number of small to medium scale projects that have been generally

undertaken by lecturers who deliver pre-registration nurse programmes. The limitation of this is that the topics researched have been chosen based on a personal curiosity, and/or a need to complete a higher degree. Therefore, there has not been a cumulative interest in any one area, but a number of published papers that generally confirm the findings of other studies. This in itself although not widening our knowledge does give us confidence in some key aspects of it.

Through the critiquing process (see Appendix A), it was also evident that it would not be possible to replicate a number of the studies due to the lack of information about sample selection criteria, ethical and analytical processes, all of which threaten the validity and trustworthiness of data. This is coupled with the fact that many of the studies consist of small sample sizes and rarely capture the views of all relevant key players within one study (i.e. student nurses, mentors, link tutors) – something that the present study seeks to address.

2.7 Conclusions

This aims of chapter were to answer the following questions:

1. What factors led to the development of the placement learning precepts (QAA 2001)
2. What is known about the ways in which key players in the UK (student nurses, mentors and link tutors) implement and enact them (placement learning precepts (QAA 2001)

In answer to the first question, it was a change in government (from Conservative to Labour) that led to the development of the placement learning precepts (QAA 2001), who were keen to clarify what the nature of higher educational qualifications demonstrated. As a result, the Quality Assurance Agency, who was tasked with this exercise, developed a series of benchmark standards that related to the academic component of higher educational qualifications and a code of practice for those programmes that had a placement learning component. This is where the placement learning precepts (QAA 2001) derive from thus addressing the first question that this review posed.

With regards to the second question, throughout the 2001-2007 time-frame it was evident that the practices of the key players studied had not significantly changed, when compared to the previous era (1987-2000). It was evident that the placement learning precepts (QAA 2001) were not being consciously utilised/experienced by relevant key players (student nurses, link tutors and mentors), as a comprehensive series of system-wide principles that could be used as a reference point for institutions to consciously, actively and systematically assure the quality and standards of the practice component of their programmes, which is what was intended by the QAA (2001). Was this because the leaders within UK higher educational institutions that provided pre-registration nurse programmes considered that the QAA (2001) precepts did not need to be brought to the attention of such personnel as link tutors, students and mentors, because the content of them already existed with the culture and practices of such players? Alternatively, was it that when they (higher education leaders) reviewed the content of the precepts (QAA 2001), they considered that the rules were lenient and therefore simple to demonstrate, as and when required? Certainly, the school under investigation did not take this view. As a reminder, they invested significant amounts of time through instigating the Clinical Learning Environment (CLE) group who did successfully demonstrate implementation and enactment of the placement learning precepts (QAA 2001) when they underwent the Major Review process. Whether this group's work enabled such players as link tutors, mentors and student nurses to sustain implementation and enactment of them (QAA 2001) now that the group no longer exists is central to the aims of the present study. The way in which this aim is to be achieved is demonstrated in the following chapter. Please note, the student cohort that the present study will be focusing on is post Project 2000 and prior to the introduction of the Essential Skills Clusters (NMC 2008).

Chapter 3.

Research design

3.1 Introduction

This chapter considers the justification for the chosen research method and explains the design for the study.

3.2 Purpose of the investigation

The purpose of this study is to answer the following questions:

1. What documentary evidence is there to demonstrate that the school under study has included the placement learning precepts (QAA 2001) in the practice component of its pre-registration nurse programmes?
2. How and why have the key players, who include senior lecturers/link tutors⁶, student nurses and registered nurse mentors⁷ implemented and enacted them?

In order to answer these questions, Yin's (2003) qualitative case study approach has been adopted.

3.3 Rationale for selecting Yin's (2003) qualitative case study approach

The rationale for selecting this method was multifaceted. This approach was seen as a flexible one that would enable me to design the study specifically around the precepts (QAA 2001), the key players and the school in question, as Yin (2003) values holism within context. The case study approach advocates participant engagement and that enabled me to select and focus on specific key players who may or may not have implemented and/or enacted the precepts (QAA 2001) and to determine why this might be so. Taking a case study approach allowed me to collect both interview and documentary data, as Yin (2003) suggests that more

⁶ Senior lecturers within the School studied are also known as link tutors when undertaking the practice element of their role, to ensure consistency from here onwards they will only be referred to as link tutors.

⁷ From here onwards for ease of reading registered nurse mentors will be referred to as mentors.

than one source of information should be collected if the desire is to ascertain a wide, in-depth assessment of the situation in question.

Whilst this study only focused on one school that provides pre-registration nurse programmes, it is possible that the findings will provide an insight into what may be happening elsewhere. Being able to design the study around the precepts (QAA 2001), which are a set of mandatory rules that apply to all those that provide pre-registration nurse programmes, it is likely that the findings from my study will provide a strong indication of what has happened elsewhere. This adds value to the work, as, whilst the findings from this study could not be viewed generalisable in the statistical sense (Polit and Beck 2006), these findings will provide key players in other schools with new insights and an enhanced understanding of the contemporaneous issues surrounding how and why the precepts (QAA 2001) may, or may not, continue to be implemented and enacted.

Finally, Yin (2003) advocates that a qualitative case study approach is preferred when 'how' and 'why' questions are being posed, when the investigator has little control over events and when the focus is on a contemporary phenomenon within a real-life context. As already identified, the boundaries between the phenomenon and context are not clearly evident. Some of the precepts are not new requirements and therefore, how and why the key players implement and enact them may relate to existing individual and organisational culture and practices. Yin's (2003) approach has allowed me to deliberately cover these contextual conditions, which is why it has been accepted that a case study is not a methodological choice, but rather a choice as to what to study (Yin 2003). Furthermore, case studies have been proved to be valuable where policy change is occurring in messy, real-world settings and where it is important to understand why such interventions succeed or fail.

As the literature review highlighted, the practice component of UK pre-registration nursing was certainly a complex phenomenon. A key aim of this research was to find out whether the placement learning precepts (QAA 2001) had been successful in enabling key players such as link

tutors, mentors and student nurses to consciously, actively and systematically assure the quality and standards of the practice component of their programmes (QAA 2001). This fact was another justification for choosing Yin's (2003) qualitative case study approach.

3.4 Research context

This research has been conducted in one school within a higher education institution that provides pre-registration nursing programmes. The school in question has been chosen for the following reasons;

- The school underwent a Major Review, which confirmed (from an inspection perspective) that the placement precepts were being employed. It is therefore an appropriate site to investigate the extent to which, and in what ways these placement learning precepts (QAA 2001) have continued to be utilised, especially as the school had newly validated pre-registration nurse programmes since the Major Review inspection.
- I worked in the school and have a professional interest in the placement learning environment for student nurses. However for ethical reasons (discussed later in the chapter) the site, in which I worked at the time of data collection, was not under scrutiny.

There are three sites associated with the school under study, all of which deliver the same pre-registration nurse curriculum. For the purpose of this thesis they have been labelled, Mary, Florence and Blackfriars. I chose to focus on the Florence site. The reason for this was my close working relationship with many of the staff at Mary and Blackfriars, which could have biased my views and the interpretation of my findings. This issue is expanded upon later in the chapter when the ethical processes are explained. Given that there are three different sites, there is the potential of a 'case within a case' occurring and therefore this has been taken into account.

3.4.1 The implications of a potential 'case within a case'

Considering the key characteristics of the three sites (See Table 3.1) it is evident that there are some differences. The Blackfriars site has the most differences, whilst Mary and Florence sites are very much alike. Therefore, it is possible that the practices within the Blackfriars site would differ from what happens on a day- to-day basis at the Mary and Florence sites. However, there are a number of linchpin factors that demonstrate the homogeneity of the key players in each of the sites, which ensures a degree of uniformity as to what they do. These are identified in Table 3.2. Furthermore, all students regardless of the site in which they are located, have the opportunity to visit all three sites for optional lectures and to make use of university wide facilities.

Table 3.1 Different characteristics of the sites

Characteristics	Blackfriars	Mary	Florence
Geographical location	Semi rural setting	Town setting	City setting
Type of students	Local ⁸ individuals predominantly Caucasian. Age ranges from 18-55	Local and non local ⁹ individuals, who are of a mixed race. Age ranges from 18-55	Local and non local individuals, who are of a mixed race. Age ranges from 18-55
Student intakes	Two per year approximately 30-35 individuals	Two per year approximately 70-90 individuals	Two per year approximately 120-150 individuals
Building type	A traditional school building that is situated within an Acute NHS Trust setting	A modern building that is situated on a university campus	A modern building that is situated on a university campus
Demographics of the link tutors	Majority aged over 45 and have been in nurse education for more than 15 years	Varied ages from 30-65, some have been in nurse education for less than three years, whilst others have been in the discipline for over 20 years	Varied ages from 30-65, some have been in nurse education for less than three years, whilst others have been in the discipline for over 20 years

Table 3.2 Factors that promote uniform practices for the key players across sites

Link tutors	Student nurses	Mentors
<ul style="list-style-type: none"> Strategically led by the same Dean Deliver the same pre-registration nurse curriculum Provided with the same Major Review inspection information Undertake the same roles (i.e. lecturers, module leaders, link tutors, personal tutors, group tutors) 	<ul style="list-style-type: none"> Meet the same entry criteria prior to being accepted in the programme Undertake the same curriculum Experience different placement settings Mentored and assessed by registered nurses 	<ul style="list-style-type: none"> Required to adhere to the 'Code' (NMC 2008) Work in patient/client/service/ user environments Employed by the NHS or employers that hold an interest in providing health care services

⁸ The term 'local' refers to individuals who have lived within the area for the majority of their lives.

⁹ The term 'non local' refers to individuals who have not lived within the area for the majority of their lives.

As can be seen, there are a number of practices that all three key players undertake/experience regardless of where they are located. Whether they share the same or similar values is another matter. However that could be said of any sample that is selected, regardless of where they are geographically located. It is not anticipated that all of the players within the sample selected would share entirely the same values, despite the fact that they were geographically located within the same site. Given these factors, the potential issue of a 'case within a case', was not considered to be a substantial threat to the study in question.

3.5 Contextualising the case through theory development

The other area that I considered when designing this qualitative case study, was to ensure that there was a systematic process in place to demonstrate how and why the study was designed in the way that is presented here. Yin (1994, 2003) points out that the case study investigator is vulnerable to criticism as being 'sloppy' and/or biased, if they do not demonstrate systematic processes when designing a qualitative case study approach (Yin 2003). Yin (2003) therefore advocates that investigators conceptualise the case, prior to data collection through 'theory development'. The theory should not be considered as rigid or formal, rather the goal is to have sufficient 'blueprint' for the study (Yin 2003). This, in the early days proved to be a weakness of my research design, as the initial 'blueprint', that is identified in Diagram 3.1 was not specific enough.

Diagram 3.1 First conceptual framework

Roles and Responsibilities
Preparation
Support
Mentorship
Assessment of Clinical Practice
Learning Opportunities
Competence and Confidence
Quality Assurance Mechanisms
Evaluation and Feedback
Management of Complaints

The above framework did not capture the detail of the precepts as can be seen, as I chose to theme the eight precepts (QAA 2001), into eight simple themes from reading the content of them. However, when I tested this 'blueprint' out through interviewing one student and one link tutor from the site where I worked, which is acceptable for the purposes of a pilot study (Yin 2003), it became evident that this tool was too blunt. It did not enable me to fully understand whether those particular players (link tutor, student nurse) were implementing and enacting the content of the placement learning precepts (QAA 2001). Therefore I decided that the precepts (QAA 2001) in their entirety would be a framework against which I would systematically analyse the data. Firstly, I developed a matrix system (see Table 3.3) to ensure that I knew which data collection method I would use to gain information about the implementation and enactment of each of the precepts.

Table 3.3 Matrix system for data collection and analysis

Precept (QAA 2001)	Documents read and analysed	Interviews with key players
General Principles Where placement learning is an intended part of a programme of study institutions should ensure that;		
<ul style="list-style-type: none"> o Their responsibilities for placement learning are clearly defined o The intended learning outcomes contribute to the overall aims of the programme o Any assessment of placement learning is part of a coherent assessment strategy 	CAPD Pathway Guide CAPD Pathway Guide CAPD	Link tutors Student nurses, Link tutors Mentors Student nurses
Institutional Policies and Procedures Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met, and that learning opportunities during clinical placements are appropriate.	CAPD, Pathway Guide	Link tutors Mentors Student nurses
Placement Providers Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.	CAPD	Link tutors
Student Responsibilities and Rights Institutions should ensure that students are made aware of their rights and responsibilities, prior to clinical placements.	CAPD Pathway Guide	Student nurses Link tutors
Student Support and Information Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their clinical placement.	CAPD Pathway Guide	Link tutors Student nurses
Staff Development Institutions should ensure that staff who are involved in placement learning are competent to fulfil their role.	School Plan	None
Dealing with Complaints Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (Higher Education Institutions, students and placement providers) are aware of, and can make use of them.	CAPD Pathway guide School Plan	Link tutors Student nurses Mentors
Monitoring and Evaluation of Placement Learning Opportunities Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.	CAPD Pathway guide	Link tutors Mentors Student nurses

Developing and using the matrix system has enabled me to:

1. Identify which questions to ask particular players (see Table 3.4)
2. Identify which documents to review to ascertain whether the content of the precepts were evident within them
3. Have a meaningful framework against which to analyse the data
4. Have a guide for setting out the findings from the data
5. Demonstrate the systematic way in which I had undertaken the research study

Secondly, I maintained a reflective diary. This has enabled me to be able to demonstrate an audit trail of the reasons behind my decision making (see Appendix B), which has also contributed towards demonstrating the systematic ways in which I have undertaken the research study.

3.6 Research design an data collection

Characteristically, case study design allows for multiple methods of data collection to provide an in-depth perspective on the case under scrutiny (Yin 2003). I decided to collect both documentary and interview data, as this information would provide me with the breadth and depth that I would need in order to answer the research questions set. In addition, I could have collected observational data, however this was not considered feasible within the time and resource constraints of the research. Yin (2003) advocates that more than one type of data should be collected if the aim of the study is to ascertain a wide, in-depth assessment of the situation in question. Therefore, collecting both interview and documentary data was considered to be acceptable within Yin's (2003) qualitative case study approach.

3.6.1 Documentary data

Yin (2003) explains that documentary data is relevant to every case study topic with the exception of studies of preliterate societies. From my perspective collecting and analysing a purposeful set of documents that related to the practice component of the pre-registration programmes under study was fundamental to answering the questions that this study set out to answer. I wanted to understand whether the content of the

precepts (QAA 2001) had been considered from an organisational perspective, in terms of implementing them within policies, procedures and guidance for the key players in question. This would provide an insight into what priority the precepts (QAA 2001) held from an organisational perspective. Furthermore, I was interested to find out if the precepts (QAA 2001) were within relevant policies, procedures and guidance and would this mean that the relevant key players would adhere to them and if they did not, why was this? Did it relate to their cultures and practices, or was it that the precepts themselves were ambiguous? These questions were where my curiosity in the topic began and hence are central the study in question. I identified a series of documents (see section 3.6.10) and systematically searched them for reference to the precepts (QAA 2001). This search was guided by the matrix system which identified which particular document would most likely include particular precepts (QA 2001). An example of this process and actual statements from the relevant documentation is provided in Appendix F (point 3 page 225).

3.6.2 Interview data

Yin (2003) also articulates that interviews are an essential source for qualitative case studies but their design can vary in terms of a prior structure and in the latitude the interviewee has in responding to questions (Marshall and Rossman 1999). There are three categories of interview that include:

1. The informal conversation
2. The general interview guide approach, also known as semi-structured
3. The standardised open-ended interview (Patton 1990)

Yin (2003) recommends that interviews should mostly be carried out with structure, but in an open-ended nature, in which you can ask respondents for the facts of the matter, as well as obtaining their opinions about the events.

The approach adopted includes a general interview guide/semi-structured approach. Throughout the interviews, I asked open-ended questions, but

also allowed for the order of the key topics to be changed if necessary. One of the most important aspects of the interviewer's approach is to convey an attitude that enables the participant's to feel that their views are valuable and useful (Patton 1990). I attempted to do this by not inhibiting the way in which the participants framed and structured their responses. All interviews were tape-recorded and transcribed verbatim.

As a result of developing the matrix system (see Table 3.3), the interview guides were developed specifically around the precepts (see Table 3.4). This also allowed for a degree of systemisation in my questioning (Patton 1990, Yin 2003).

Table 3.4 Interview questions: Link tutors (LT) Student nurses (ST) Mentors (M)

General Principles
<ul style="list-style-type: none"> • What are your responsibilities for supporting student nurses when they go into clinical practice? (LT) • Are your link tutor responsibilities clearly defined? (LT) • Do the learning outcomes in the CAPD help you to develop your nursing knowledge and skills? (ST) • Do you think that the learning outcomes in the CAPD are logical to the programme? (LT) • What are your experiences of being assessed in clinical practice? (ST) • Do you think you have always been assessed fairly? (ST) • Do you find their clinical assessment documents useful for assessing clinical competence? (M) • What experiences have you had at assessing student nurses? (M) • Have you had any training to use the CAPD? (M) • Have you had to refer a student? What happened? (M)
Institutional Policies and Procedures
<ul style="list-style-type: none"> • What policies and procedures are there that relate to learning opportunities for student nurses? (LT) • Do you think all clinical placements offer appropriate learning opportunities? (LT) • Have you experiences where there have not been appropriate learning opportunities? (LT) • What learning opportunities are available for student nurses in your clinical area? (M) • Are there any policies and procedures that help you with your mentoring role? • If so, have you used them? (M) • Have your mentors helped you identify learning opportunities in the clinical areas? (ST)
Placement Providers
<ul style="list-style-type: none"> • Do you think that placements know what their responsibilities are for mentoring student nurses? (LT) • Do you offer mentors any kind of support? (LT)
Student Responsibilities and Rights
<ul style="list-style-type: none"> • Do you know what your rights are when you are in placement? (ST) • Do you know if students are made aware of their rights prior to going into placement? (LT) • What do you think your responsibilities are as a student nurse in the clinical area? (ST)
Student Support and Information
<ul style="list-style-type: none"> • Do you receive guidance and support from the university in preparation for your placement? (ST) • What preparation are students provided with to guide and support them in preparation for their placements? (LT)
Staff Development
<ul style="list-style-type: none"> • Questions asked within other precepts
Dealing with Complaints
<ul style="list-style-type: none"> • Is there a complaints procedure at the university that students and mentors can access? (LT) • Have you ever been involved in a complaint that related to clinical practice? (LT) • If so what happened? (LT) • Have you ever had to complain about a placement and if so what happened? (ST) • Do you know if there are any policies and procedures in place for you to make a complaint about your placement learning experience? (ST) • Do you know of any policies and procedures for making a complaint? (M) • Have you ever made a complaint? If so, would you mind sharing it with me? (M)
Monitoring and Evaluation of Placement Learning Opportunities
<ul style="list-style-type: none"> • How do students evaluate their placement learning experiences? (LT) • What happens to the information? (LT) • How do mentors evaluate their experiences of mentoring student nurses? (LT) • What happens to the information? (LT) • Do you know if student nurses evaluate their placement learning experiences and if so, do you receive feedback and/or information relating to this? (M) • Do you think feedback from student nurses affects your clinical areas in any way? (M) • Do you evaluate your placement learning experiences? (ST) • If so, what do you think happens to the information? (ST)

3.6.3 Sampling

A purposeful sampling approach was applied, by the setting of criteria for the student nurses, senior lecturers/link tutors and registered nurse mentors and the key documentary data. Patton (1990) and Yin (2003) state that the logic and power of purposeful sampling, lies in the selection of information-rich cases for study, from which one can learn a great deal (Patton 1990). As for the sample size, in qualitative research there are no rules for sample size. Miles and Huberman (1994) and Lincoln and Guba (1985, p.2002) recommend:

"You should sample to the point of redundancy when no new information is forthcoming".

Therefore this would be the approach that I took.

3.6.4 Interview criteria for student nurses

- Student nurses who were not personally known to the investigator. (This resulted in the selection of Adult and Mental Health Branch students from Florence site (identified in Table 3.5)
- Student nurses who have experienced a variety of clinical placements. (This resulted in the selection of third year students)

Table 3.5 Student nurse code and branch of nursing

Student nurse code	Branch of Nursing
ST01	Adult
ST02	Mental Health
ST03	Mental Health
ST04	Adult
ST05	Adult
ST06	Adult
ST07	Adult
ST08	Mental Health

3.6.5 Interview criteria for link tutors

- Link tutors who did not work directly with the investigator.
- Link tutors who had responsibilities for pre-registration nursing programmes. (As a result the selection included link tutors from the Adult and Mental Health branches of pre-registration nursing. Table 3.6 identifies the codes and branch of nursing.)

Table 3.6 Link tutor code and branch of nursing

Link tutor code	Branch of nursing
LT01	Mental Health
LT02	WITHDREW FROM STUDY
LT03	Adult
LT04	Adult
LT05	Mental Health
LT06	Adult
LT07	Mental Health
LT08	Adult
LT09	Mental Health
LT10	Adult

3.6.6 Interview criteria for mentors

- Mentors who were not personally known to the investigator
- Mentors who were on the school's 'live' mentor database
- Mentors who have roles and responsibilities for mentoring and assessing student nurses
- Mentors from both adult and mental health branches of nursing (see Table 3.7)

Table 3.7 Mentor code and branch of nursing

Mentor code	Branch of nursing
M1	Adult
M2	Mental Health
M3	Mental Health
M4	WITHDREW
M5	Adult Branch
M6	Mental Health
M7	Adult
M8	Adult

3.6.7 Criteria for the selection of key documents

- School wide documentary data that link tutors, student nurses and mentors could access which included strategic information about the pre-registration nurse programmes. This resulted in the selection of one key document - The School Plan.
- School wide documentary data that could be used on a frequent basis by link tutors, mentors and student nurses that identify the operational functions/requirements of the practice component of the pre-registration nurse programmes. This resulted in the selection of two documents: the Pathway guide for the 'Registered Nurse Diploma in Higher Education Programmes' and the 'Clinical Assessment Practice Documentation' (CAPD).

3.7 Ethical considerations and approval

Ethical considerations form an important and fundamental aspect of research. Care must be taken to avoid doing harm (Bassett 2004) and the investigator has ensured this in the following ways. Whilst it was not necessary to undergo clearance from the Central Office Research Ethics Committee (now known as National Research Ethics Service), the research has been approved by the school's local ethical committee and approval was granted from the Dean of School. The university supporting this post-

graduate research also approved the study under its local research governance arrangements (see Appendix D).

The school under study has three sites providing pre-registration nursing programmes; at the time of data collection I worked at one of these. Therefore, the sample accessed was purposely selected because it was furthest from my everyday place of work at that time. This ensured that none of the participants felt coerced or obliged to be involved. All participants were invited to take part via letter. Those that did agree had time to read an information sheet and gave written consent prior to being interviewed (see Appendix E). The participants also received a copy of the transcribed interview to confirm whether or not it was what was said and meant at the time. This enabled a further opportunity to withdraw from the study, which one link tutor did.

In terms of data management, all data has been stored securely in accordance with the Data Protection Act (Great Britain Parliament 1998). Confidentiality has been maintained by not divulging information to other personnel, except those directly involved in the study and participant names have been changed to numbers. Other names of places and/or people have also been altered to guarantee confidentiality and anonymity.

3.8 Analysis of data

There are few fixed formulas to guide the analysis of qualitative data (Yin 2003): the strategy adopted in this study has been to use the placement learning precepts (QAA 2001) as the backbone for the analysis. This uses the theoretical propositions that resulted in the case study design and led me to develop the matrix system (see Table 3.3). However, in order to provide an explanation about why the precepts were or were not implemented and enacted it was necessary to interrogate the interview data further and conduct a thematic analysis of these data. I used the work of Miles and Huberman (2007) to guide this element of the analysis (see 3.8.1 below). In relation to the documentary analysis I reviewed the content of each precept to determine which document would/should refer to particular precepts. This exercise formed part of the development of the

matrix system (see Table 3.3), which identifies which document was reviewed in relation to specific precepts (QAA 2001). Once I had established which documents were relevant to particular precepts, I examined each page to see if any of the content related to, or specifically included, the relevant placement learning precepts (QAA 2001).

3.8.1 Maintaining an audit trail

In addition I kept a reflective diary from which I summarised an audit trail to show how my decisions were reached, this was written up and is presented in Appendix B. This helped me to reflect on and consider issues of credibility, transferability and dependability.

3.8.2 Induction and deduction

For the analysis of the interview data I adopted an inductive and deductive approach (Miles and Huberman 2007). The inductive element of the process required me to read and re-read all of the transcripts until I felt fully immersed and completely familiar with the data. This process involved cutting and pasting each of the transcript sections into the precept categories so that I could read each category in its entirety. Once I had achieved this, I then deduced the data, in order to identify common themes. I then displayed this information in a diagrammatic fashion to evidence what I had found.

3.8.3 Credibility

I have tried to present my case study data in such a way that readers can see sufficient depth to allow them to recognise it. Guba and Lincoln (1989) state that a study is credible when it presents such faithful interpretations that people having that experience would instantly recognise it 'as their own'. I did ask participants to read their interview transcripts to check that it was what they said and meant at the time of the interview. This therefore allowed them to recognise their own data. They all did this and no changes were made.

Patton (1990) articulates that credibility is also dependent on the credibility of the researchers because the researcher is seen as the

instrument of data collection and therefore at the centre of the analysis process. In order to enhance their 'credibility' researchers should make explicit what they bring in terms of qualifications, experience and perspective (Patton 1990). I have been a registered nurse for over ten years and within the last five years, I have worked as a lecturer in a higher education institution that provides pre-registration nurse programmes. As a result I have acquired a good degree of expertise with regards to both the theoretical and working knowledge about pre-registration nurse programmes. I also have firsthand experience of trying to establish a meaningful link tutor role that meets the needs of student nurses and mentors. This was imperative so that I could feel 'in touch' with the day-to-day practices in clinical settings, now that I do not directly work within that arena. Also of course, I was committed to meeting the needs of the students and mentors that I linked with. Finally, at the data collection stage of this study, I was appointed as a principal lecturer, with a specific responsibility for ensuring that the practice component of the School's pre-registration nurse programmes met the necessary requirements. This ranged from working with the Quality Assurance Agency, the Nursing Midwifery Council, the Strategic Health Authority to other key stakeholders that included the Dean of the School, directors of nursing, practice placement managers, students to registered nurse mentors. Bowling (1997) suggests that the researcher should be honest about the perspective that they are approaching the study from, through sharing this information. I hope that this has been achieved.

3.8.4 Transferability

Seale (1999) articulates that transferability relates to whether the findings of a qualitative study are applicable in situations other than the one studied. An important aspect of my study was whether the findings were applicable to other schools that provide pre-registration nurse programmes. The precepts relate to the practice component of the programmes, around which there are many unresolved issues. This was highlighted throughout the literature review in Chapter 2. In order to make the study worthwhile, it was important to ensure that the

recommendations that would emerge from the study would be useful to both the school in question and others similar.

3.8.5 Dependability

Within qualitative research dependability is significant as its purpose is to show that the findings are consistent and could be repeated (Guba and Lincoln (1989). One way in which investigators can demonstrate dependability is to involve their participants (Sandelowski 1986). I shared with my participants their transcribed interview data and asked them to confirm it was what they said and meant at the time of the interview. No participants altered the data. Bowling (1997) suggests that another method of achieving dependability is to have another member of the research team independently review the findings to check against any individual biases. I had readily available access to a supervisory team. Following my initial analysis, both supervisors reviewed the data and provided useful comments, thus enhancing the rigor of the analysis.

To ensure that I utilised all of the analytical processes explained here, I developed a protocol for analysis to ensure that I was systematic in analysing the data. This protocol is demonstrated in Appendix F where I provide an example of the process of my analysis.

3.8.6 Conclusion

This chapter has explained and justified the design of the study and detailed the methods of data collection and analysis. The following chapter will present the findings following the analysis of the data that has been collected.

Chapter 4.

The findings

4.1 Introduction

This chapter presents the findings of the study, identifying how and why the school's key players (link tutors, student nurses, mentors) have implemented and enacted the placement learning precepts (Quality Assurance Agency (QAA) 2001). As a reminder, each precept identifies the key matters the QAA (2001) expect an institution to be able to demonstrate through its own quality assurance mechanisms. In addition to the placement learning precepts themselves, the QAA (2001) presents accompanying guidance, which is intended to provide institutions with a framework for quality assurance. Whilst the QAA (2004) states that its guidance is intended to be neither exhaustive nor prescriptive, where institutions demonstrate that these activities are in place (Accompanying Guidance QAA 2001) they will be considered as having good practice examples. Not only will this highlight how and why the key players implement and enact the placement learning precepts, it will show whether the school's key players work within a recognised good practice framework, and if it is possible to do so. Appendix G provides evidence to demonstrate where the school's policies and practices synchronise or not with the QAA (2001) good practice framework.

4.2 Research questions

The aim of this study is to address the following questions:

- What documentary evidence is there to demonstrate that the school under study has included the placement learning precepts (QAA 2001) in the practice component of its pre-registration nurse programmes?
- How and why have the key players implemented and enacted them?

4.3 Layout of the chapter

This chapter has been designed to reflect the eight placement learning precepts and therefore contains eight key sections that include the precept itself, the relevant documentary data reviewed and responses/themes from the relevant key players.

4.4 Placement learning precept 1 – General Principles

Precept 1 states:

"Where placement learning is an intended part of a programme of study, institutions should ensure that:

- a. Their responsibilities for placement learning are clearly defined*
- b. The intended learning outcomes contribute to the overall aims of the programme*
- c. Any assessment of placement learning is part of a coherent assessment strategy" (QAA 2001 p.5).*

As there are three components to precept 1, each component is addressed individually and will be referred to as 1a, 1b and 1c.

Documentary evidence to support precept inclusion for 1a

The CAPD and Pathway Guide both identify that the school will support the placement learning component of the programme through designated link tutors who are responsible for:

- supporting
- monitoring
- engaging in placement assessments where there are concerns with a student's progress and/or satisfactory completion of a placement.

Implementing and enacting the above directives proved less clear when the link tutors explained their viewpoints and experiences of their link tutor position.

Key player responses – link tutors (LT)

The majority of link tutors considered their link responsibilities far from

straightforward, most sharing the viewpoint that the school leaders provided them with no specific guidelines. Whilst all concurred that the role encompassed supporting and monitoring students and mentors in their designated link areas, the interpretation of how they achieved this was disparate. The only activity all tutors interpreted in the same way was their responsibility to engage in practice assessments, where concerns were raised with a student's progress and/or satisfactory completion of a placement. All had experienced these situations, although some identified a limitation to this responsibility, in that they only enacted it, when contact was initiated by a mentor or student, therefore not guaranteeing that all struggling students were addressed, as identified by the following quote:

"I know we are required to get involved if a mentor or student informs us that there are issues [with a student's progress], but I am not sure they all tell us" (LT04).

It was also evident that these link tutors approached their responsibilities in different ways. Some considered that they supported students and mentors by providing them with their work contact details, anticipating that they would contact them when they required support. For others, in addition to providing their work contact details, they supported and monitored students and mentors by making ad-hoc visits when time allowed. These tutors admitted they did not know their entire link areas well, but felt that it was the best that they could do, as their link responsibilities were not their main priority on a day-to-day basis.

For a few, they viewed their link tutor responsibilities as a significant priority and integral to their everyday work. These tutors explained that they were in frequent contact with their link areas, physically visiting at least once a week. Not only did they provide their areas with work contact details, but also encouraged relevant link personnel (mentor/clinical manager, student nurses) to contact them on their personal telephone number and email address outside of normal working hours (09.00-17.00 hrs and weekends) if they felt they needed to. These tutors spoke

enthusiastically about their link role and, although they agreed it was not the bulk of their work, they considered that the practice component of the programme needed significant attention and therefore made the time, even if it fell outside of their normal working hours/remit.

From this information it is possible to identify three themes of link tutor types, these included:

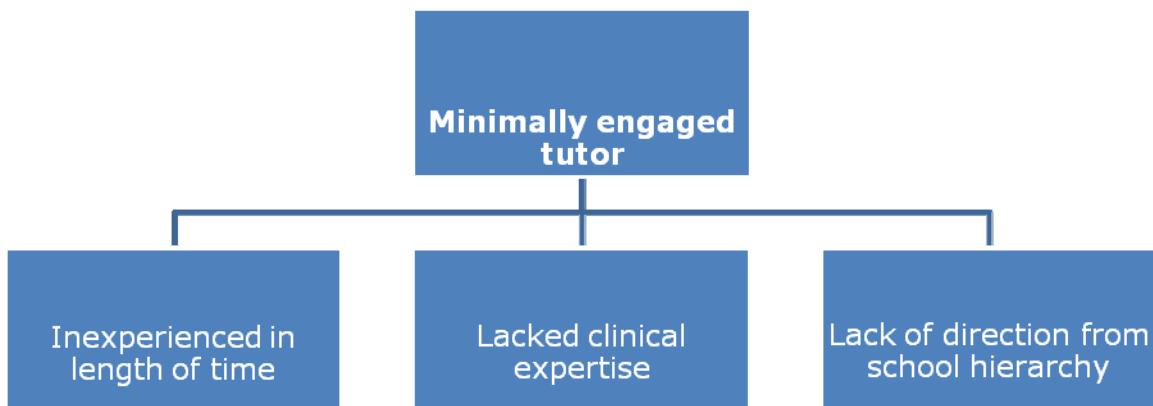
- Minimally engaged tutors
- Partially engaged tutors
- Fully engaged tutors.

Analysing these link tutor types there were a number of contributing factors that resulted in their given approach as will be seen.

Minimally engaged link tutors

For the minimally engaged link tutors, three factors were evident when they explained the ways in which they enacted their link tutor role and responsibilities which Diagram 4.1 identifies.

Diagram 4.1 Factors influencing minimal link tutor engagement



For the minimally engaged tutors, it was evident that moving into higher education was not proving to be a successful/satisfying career move for them at that time. The main reason for this, related to the organisational management within the school which they considered provided them with little direction and clarity as to what they should be doing not only as a link tutor, but to some degree as a senior lecturer. The following quote identifies this view:

"Things aren't explained here... there is a lack of set responsibilities and very few audit systems to check what we are actually doing" (LT03).

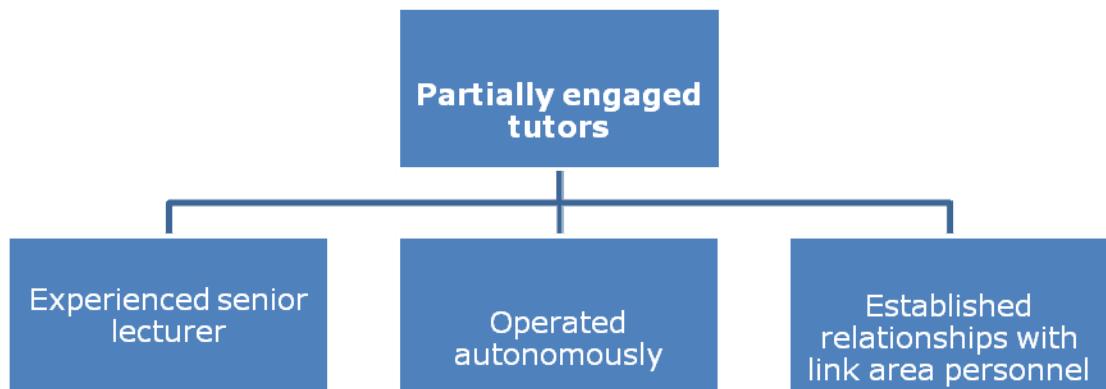
Minimally engaged tutors also explained that their clinical background and expertise was not taken into consideration, nor were they consulted as to what their link area would be, when they joined the school. Instead, they were allocated link areas based on where there were gaps, which (perhaps coincidentally) did not mirror the specialities that they had worked in as senior registered nurses. This negatively impacted on how they viewed their link tutor role because they were not familiar or confident in their own knowledge base of what happened in their assigned link areas, evidenced by the following quote:

“... they [the School] told me you will be linking here, and my speciality never got taken into account. I find it very hard to walk onto different medical wards and monitor or even understand what is going on. I spent my entire time in surgical wards and departments. In some ways I almost feel like a fraud, it’s terrible” (LT04).

Partially engaged link tutors

For the partially engaged link tutors, three contrasting factors to the minimal engaged link tutors emerged when they explained how they enacted this role, which Diagram 4.2 identifies.

Diagram 4.2 Factors influencing partial link tutor engagement



A key difference between partially engaged tutors compared to those that were minimally engaged, was that they were experienced senior lecturers (held the role for over a decade), who understood the way that the school operated with both the theoretical and practical aspects of the pre-registration nurse programmes. This enabled them to avoid feeling continually consumed with teaching or linking. The following quote evidences this view:

“I have worked in the school for fifteen years, looking back we have always managed things very well, I mean there may not be specific

guidelines for some things, but we always manage to sort things out between us" (LT07).

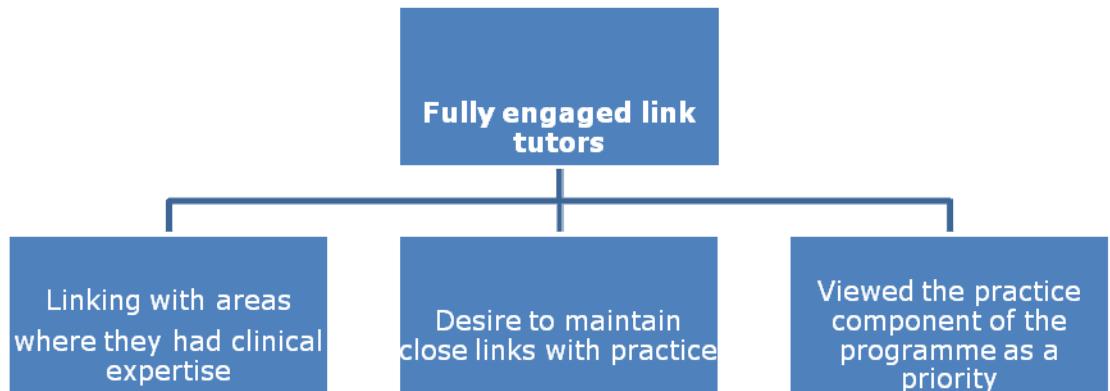
Another advantage that partially engaged link tutors had was well established relationships with their link area colleagues, as a number of them had worked within their link hospital/ building as a registered nurse prior to them coming into the school as senior lecturers. When they visited their link areas, it was likely that they met up with former colleagues and in some instances, existing friends.

The fact that there were no specific guidelines from the school informing them of exactly what they should do was viewed as a strength. It meant that they could develop their own systems of monitoring and supporting their link areas, which made them, feel like autonomous employees.

Fully engaged link tutors

For the fully engaged link tutors, two new themes emerged, as well as a similar theme to that of the partially engaged tutors, namely familiarity with the practice areas in which they linked. Diagram 4.3 identifies the factors that influence their approach.

Diagram 4.3 Factors influencing full link tutor engagement



All fully engaged tutors, expressed how much they enjoyed their link tutor responsibilities as it held tangible benefits for them that included:

- maintaining relationships with former clinical colleagues
- enabling them to keep up to date with their clinical sphere of practice.

They all spoke passionately about the placement learning component of the programme, considering it more important than its theoretical constituent, as they believed that this was where the students really learnt how to become registered nurses, demonstrated by the following:

“...to me the practice is the most important...I mean the classroom stuff you can get that out of a book...but I think it's supporting them [students] in the clinical areas and that's a big part for me” (LT01).

These tutors did not identify that their link work lacked formal quality assurance, or that the school adopted a laissez-faire approach to monitoring their activities. They believed that they personally quality assured their link role through their own satisfaction and that they were fully informed about the practices in their designated link environments.

In summary

The findings from precept 1a identify that from a documentary perspective both the CAPD and Pathway Guide identify what the higher education institution's responsibilities are for placement learning, responsibilities that had been allocated to link tutors. However, because their responsibilities were broadly set, link tutors implemented and enacted them based on individual interpretations. The approach they adopted depended on a number of individual characteristics, which has been identified in diagrams 4.1, 4.2, and 4.3. The reason that it was possible for them to operate in such a disparate fashion was due to a lack of monitoring of them in their role as link tutor from the school hierarchy.

General principles precept 1b

Precept 1b relates to the overall aims and learning outcomes of placement related programmes. The QAA (2001) states:

"Where placement learning is an intended part of a programme of study, institutions should ensure that the intended learning outcomes contribute to the overall aims of the programme." (QAA 2001 p.5)

Documentary evidence to support precept inclusion for 1b

There was strong documentary evidence to suggest that the school had embraced precept 1b. Both documents (CAPD and Pathway Guide) provide three suppositions to demonstrate that the learning outcomes for placement learning contribute to the overall aims of the programme. The first relates to the placement learning outcomes themselves; all directly relate to the Nursing Midwifery Council (NMC) 'Standards of Proficiency' (NMC 2004a), defined as:

"The overarching principles of being able to practise as a nurse" (NMC 2004a p.4)

This makes them most relevant, as the overall aim of the programme is to produce registered nurses who are able to practice as nurses. The second relates to the programme design, the Pathway Guide explains that each placement learning outcome (Standard of Proficiency NMC 2004a) is

specifically linked to particular theoretical modules, which students will be summatively assessed against. The rationale is to enable students to relate what they had been taught in the classroom setting to the 'Standards of Proficiency' (NMC 2004a) that they would be required to undertake and demonstrate in designated placement settings. Furthermore, students were required to complete both components to progress and ultimately receive their award (Registered Nurse Diploma in Higher Education/ Registered Nurse Bachelor of Science in Nursing Studies) to be eligible for professional registration. Thirdly, the CAPD and the Pathway Guide highlight that the practice component of the programme, and its accompanying learning outcomes, are a major component of the programme, as it is where all students will spend half of their three-year programme equating to 2300 hours.

Key player responses – student nurses (ST)

For the student nurses there were two predominant themes showing how they viewed the CAPD learning outcomes. These included:

- those that enjoyed undertaking the learning outcomes
- those that felt they 'got in the way'

Those that enjoyed undertaking the learning outcomes

These students enjoyed undertaking the CAPD learning outcomes as they were a useful driver that encouraged their mentors to teach and assess their theoretical knowledge and practical competence. They also appreciated the relevance of what they had been taught in the classroom setting, although one admitted it had taken her some time, as she commented:

"When I was a first year I thought why are we being taught self awareness? What has that got to do with learning to become a nurse? But now that I am in my third year and soon to qualify, I see where they [the senior lecturers] were coming from" (ST01).

Those that felt they 'got in the way'

These students commented that the CAPD learning outcomes were complicated and difficult to understand. In their opinion, they did not reflect what they were learning or practising on a day-to-day basis when in placement settings. Some of the reasons behind these views related to their experiences of being mentored and assessed, which will be discussed later in the chapter. For these students the CAPD learning outcomes 'got in the way' because they prevented them from caring for patients, mainly because there was so much writing to do in order to fulfil them.

Key player responses – link tutors (LT)

All tutors considered that the learning outcomes in the CAPD related to the overall programme. Many applauded the principle of the programme design, in that both theory and practice were inextricably linked through the 'Standards of Proficiency' (NMC 2004a) being attached to specific modules within the programme. However, this tenet transferred into practice had created two organisational problems that has been categorised into the following themes:

- student progression
- increased workload.

Student progression

With regard to student progression, if a student was referred on an academic module, they automatically referred on the related 'Standard of Proficiency' (NMC 2004a) and vice versa. The link tutors, in their other role as personal tutor, noticed that this system made students who referred on either component feel disillusioned. This was especially so, when they had received an 'A-grade' in their academic piece of work and had been overall referred on the module because a mentor had 'missed' (usually unintentionally) signing off a particular 'Standard of Proficiency' (NMC 2004a), which was only identified at the point of the personal tutor verifying the document. By this time, it was too late for the student to rectify the situation and most were referred overall for the 'Standard of Proficiency' (NMC 2004a) that was related to the particular module in which they may have achieved a high grade. The tutors commented that

this scenario had been commonplace and led to a number of student appeals, especially if they did not retrieve their referral on the second attempt (two referrals resulted in students being discontinued from the programme).

Where student appeals were successful, they were required to be 'back-grouped' to re-take the module. This would mean that they repeated a complete academic year, (all modules were a year in length). Tutors who had experienced their own personal students in this position commented that it was problematic. The reasons included a reluctance to join a different group, and a dissonance to repeating the whole year when they may have only referred on one module. Some tutors knew students who could not face that situation and therefore decided to leave instead. This predicament was considered to be affecting the school's student attrition rates as one tutor explained:

"... I started with six personal students in 105 [the first group on the curriculum in question] and I am down to two" (LT04).

Increased workloads

All link tutors identified that linking the practice learning outcomes to particular modules increased their workloads in their other role as a personal tutor, as they had become responsible for quality assuring their personal student's practice learning outcome evidence. They did this by verifying/second marking (the mentor had initially marked it) the CAPD and the supporting evidence that the students had completed to demonstrate to their mentor that they had understood a particular 'Standard of Proficiency' (NMC 2004a). The tutors commented that this task was time consuming (most had between twenty-five and thirty personal students) and ill thought out, because the CAPD outcomes had no specific marking criteria with which to grade the practice assessments. As a result, some students produced very little supporting evidence, whilst others provided vast amounts. In both instances, a mentor could decide that the student had satisfactorily met a particular outcome. This scenario was inequitable for students, especially those that had spent substantial

time developing detailed information. Some tutors explained that where their personal students provided very little supportive evidence, they overrode the mentor's 'satisfactory' judgement and told their personal students that they had to produce additional evidence to 'satisfactorily' achieve a particular outcome.

Another reason that led tutors to overturn a mentor's judgement related to mentor competence. Some tutors explained that they had verified a number of CAPDs in which a mentor had signed a student as being satisfactory for calculating a drug, when in fact the calculation had been incorrect. They would overturn the judgement, require the student to undertake additional drug calculations and inform the relevant practice placement manager, who had responsibility for quality assuring the mentors in the placement settings. This led the tutors to question mentor competence, which could have a detrimental effect on the safety of patients and the education and training of student nurses. Despite these possible travesties, they felt relatively helpless to influence the practice settings; while they passed the information on to the practice placement manager, none followed it up. It was neither a link nor personal tutor responsibility, despite the fact that all parties have a duty to protect the public as registered nurses (NMC 2008a).

In summary

From these findings it was evident that from a documentary perspective the design of the curriculum had ensured that the intended learning outcomes for the practice component of the programme did contribute to the overall aims of the programme. However, when the curriculum was implemented into practice, it was clear that some students could see the relevance of how the practice learning outcomes linked with the overall programme, whilst others could not, thus evidencing a gap between theory and practice.

From the perspective of the link tutors, theory practice gaps were prevalent there too, which was largely due to the design of the CAPD and how the students' work was assessed/second marked. As link tutors, in

their other role as personal tutors had a responsibility to second mark their personal students' CAPD, they on occasions disagreed with a mentor's judgement. Sometimes that was justified (i.e. noticing an incorrect drug calculation that had been signed off by the mentor as correct), and at other times it could perhaps be seen as unfair. Personal tutors relied solely on the written evidence (theoretical knowledge) to determine whether their personal students were competent, whereas the mentors may have arrived at their decision based on observing, and discussing a student's practical nursing knowledge and abilities. The reasons why these different link tutor and mentor assessment practices were allowed to continue were due to the absence of marking criteria for the CAPD, and a lack of independent moderation from external examiners.

General principles precept 1c

Precept 1c focuses on the assessment of practice, which states:

"Where placement learning is an intended part of a programme of study institutions should ensure that any assessment of placement learning is part of a coherent assessment strategy". (QAA 2001 p.5).

Documentary evidence to support precept inclusion for 1c

The CAPD was the key document to analyse in order to address precept 1c. Reviewing the content, it could be considered coherent for five reasons identified in Table 4.1.

Table 4.1 Five reasons to demonstrate the coherence of the CAPD

1.	Contains the professional requirements relating to the 'Standards of Proficiency' (NMC 2004a).
2.	All practice outcomes are linked to specific modules to which theoretical underpinning should have been provided with modular context.
3.	The design has three sections in which the student is required to present evidence in the form of a self-assessment, and be assessed through an interview with their mentor. These include: initial interview – by the end of week 1, intermediate interview – at 3.5 weeks (half way through each 7 week placement) and a final interview – in the last week of the students placement.
4.	A professional conduct form, which mirrors the 'Code of Professional Conduct' (NMC 2004a) values, attitudes and practices ¹⁰ .
5.	Whilst the professional conduct form is not attached to practice or modular learning outcomes, students must demonstrate its content throughout the whole placement. Failure to do this would result in them being referred on the whole placement, even if they had achieved any/all of their practice learning outcomes.

Reviewing table 4.1, points 1 and 2 have already been discussed. Points 3, 4 and 5 will now be reviewed to see if these principles enable students and mentors to undertake coherent assessments of placement learning.

Key player responses - mentors (M)

When the mentors were asked about the CAPD design and its usefulness for mentoring and assessing student nurses, their views could be categorised into three themes that included:

- finding the CAPD useful
- not finding the CAPD useful
- not understanding how to use the CAPD.

¹⁰ Please note: At the time of data collection, the Code of Conduct that was used by the School was the "Code of Professional Conduct" (2004). This has been superseded by the "Code" (2008a)

Finding the CAPD useful

For some the CAPD was logical and made sense because they:

- had undertaken training sessions on how to use it
- likened its design to the 'Knowledge and Skills Framework' (DH 2004) with which they were familiar
- valued mentoring and assessing students as they viewed it was one way of continuing their own professional development
- had been qualified as nurses from between five and eight years and familiar with competency driven approaches to assessment.

The following quote encapsulated these mentors' views about assessing students:

"I enjoy having students as they offer new insights and make you think about your own practice" (M05).

Not finding the CAPD useful

Although all of these mentors had received training on how to use the CAPD, they did not find it useful because they:

- considered the CAPD to be lengthy paper exercise to complete
- focused on applying their practice expertise as a registered nurse to judge whether a student should pass or not, not the learning outcomes in the CAPD.

Mentors who held these views had been qualified for over a decade. The following quote sums up the opinion of how they assessed student nurses:

"I have been qualified 20 years, and I can tell within 48 hours of working with a student, if they are going to make it or not" (M01).

Not understanding how to use the CAPD

Those that admitted to not understanding the CAPD provided two reasons that included:

- they had not undertaken any training on how to use it

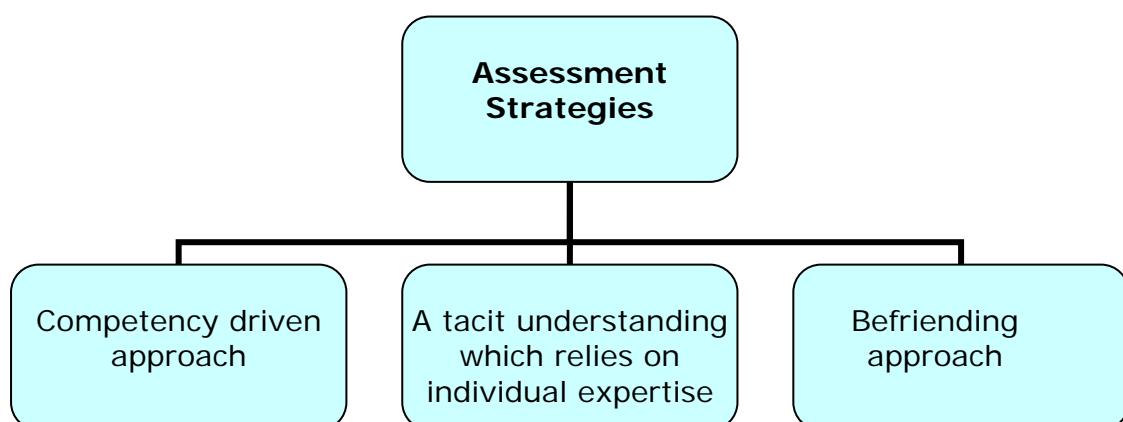
- they considered themselves inexperienced registered nurses having been qualified between eighteen months and two years, and therefore had not got to grips with their registered nurse role, let alone ready to take on mentor responsibilities.

Despite their vulnerable position they did agree to mentor students and commented that the students were useful resources, not in terms of questioning or offering new insights, but instead helping them to deliver patient care, especially when the clinical areas were busy. They made no apology and did not seem concerned that they lacked knowledge of the CAPD, for them the most important aspect of being a mentor was to be friendly and supportive. The following quote emphasises these mentors attitude to the CAPD:

"I often say to my students, just tell me what to write and where to sign [in the CAPD]" (M08).

From this analysis, the three mentor types focus on different assessment strategies identified in Diagram 4.4.

Diagram 4.4 Different assessment strategies



The only approach that could be considered logical from an assessment framework perspective is the competency driven approach, however as

the learning outcomes in the CAPD are the 'Standards of Proficiency' (NMC 2004) which are the overarching principles of being able to practice as a nurse, the second approach could also be logical. The greatest concern rests with the third approach, which became apparent when these mentor types discussed the challenges that they had experienced when considering to refer students, as the following quote demonstrates;

"...it is difficult when mentoring a student that is not getting on as you would expect, but often when this happens you usually find there are lots of problems that the student is having personally...by referring them it will only make things worse... so I must admit it's a difficult one" (M02).

When this mentor was asked what sort of issues made him consider that a student was not progressing as expected, the concerns raised did not relate to the CAPD learning outcomes specifically, instead they focused upon interpersonal aspects such as:

- not being friendly to the mentor and/or clinical team
- turning up late
- appearing disinterested in the work.

All the above issues could be measured and assessed against the professional conduct form yet no reference was made to this. Instead, this mentor, similar to the other mentors that adopted a befriending approach provided the following additional reasons, as to why they did not refer student nurses. These included:

- not working enough times with the student due to different shift patterns
- not completing the relevant sections of the CAPD at the right times
- failing to 'gel', resulting in a clash of personality between themselves and their student.

This finding was not evident amongst the competency and tacit driven approaches that the other mentor types adopted. One competency driven mentor commented:

"It's important to adhere to the CAPD requirements, my link tutor explained if you don't then the student will appeal. She told me about one instance where a mentor wanted to fail a student, but because she did not complete the initial and intermediate interview at the right times she couldn't. I thought I am never going to let that happen to me" (M06).

Whilst another mentor who adopted a more tacit approach commented;

"....to me being mentor is no different to caring for patients, in both instances you need to be confident in your decisions and of course document your actions" (M05).

Key player responses - student nurses (ST)

The student nurses were different to the mentors. They all said that they understood the principles of the CAPD as they had had numerous lessons in the classroom on how to use it. However, when it came to them being assessed by mentors, how they had been taught it would work rarely happened. The main reason was a lack of mentor commitment to assessing them through them, not showing an interest and continually telling them they were too busy. The students studied did not let this stop them from completing their CAPD. They knew the design of the programme meant that they had to pass it to progress and ultimately become a registered nurse. When they explained how they had managed to get non-committed mentors to complete their placement assessments, there were two predominant approaches that have been themed 'unplanned' and 'planned'.

Unplanned approach

Those that adopted an unplanned approach shared a key objective:

- making themselves useful to the clinical team.

These students found that once they were viewed as useful to the clinical area, their mentors always favourably signed off their CAPD, usually without any questioning. The advantage of being useful also made them

feel 'liked', despite the fact that this could mean doing anything and everything that they were asked. One student went as far to ensure she got to the ward much earlier than the shift started, to make the team a cup of tea.

Planned approaches

These students did not focus specifically on making themselves useful, instead they had made a point of telling the clinical personnel and their mentors that they were there to learn and therefore needed specific opportunities, so that they could be assessed against their CAPD. These students were adamant that they were not there to be used as an extra pair of hands. One student informed (slightly tongue in cheek):

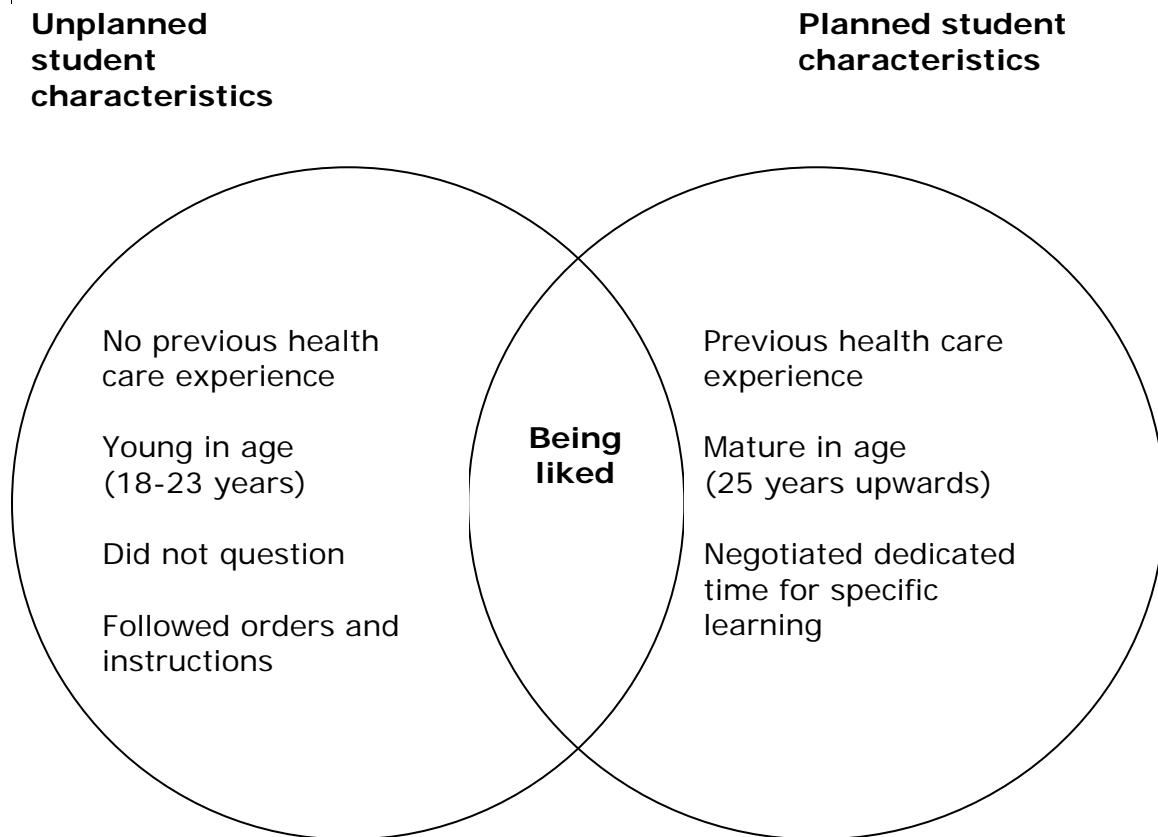
"I've told all my mentors, I ain't here to make cups of tea, I am here to learn to be a nurse, I can already make tea thanks" (ST03).

On further analysis, the 'planned approach' students were similar to their unplanned counterparts as both types made it their business to be liked. However, for the planned approach students instead of completely relying on chance and good will to get their learning outcomes signed, they possessed a confidence which encompassed a persistent but humoured (i.e. the above quote from ST03) tactic, that also involved negotiation skills. The following quote demonstrates this point:

"I have often said to my mentors, I will help do the HCA [health care assistants] work, you know, make beds, do the washes, go to pharmacy, things like that, if you promise me that I can do the medicine round with you later" (ST02).

Behind each student type, different and similar characteristics shaped their approaches as identified in Diagram 4.5.

Diagram 4.5 Different and shared student nurse characteristics



The logic of the professional conduct form - the student perspective (point 5 from Table 4.1 five reasons to demonstrate the coherence of the CAPD)

Whilst the mentors made very little reference to the professional conduct form, nearly all students spoke about it at length. In many ways, they seemed more concerned to fulfil this CAPD requirement than the actual learning outcomes as all commented on how important it was to them. Those that possessed the confidence (i.e. planned approach students) implied that they also monitored the professional conduct of others and would have no hesitation in reporting any behaviour to their link tutor or personal tutor that fell outside of the professional conduct form. Their reason was to ensure patients were safe, which is a laudable motive.

In summary

This precept required the school to ensure that student nurses' placement learning assessments were part of a coherent assessment strategy. From a documentary perspective the CAPD could be considered to be logical. However, we already know that the coherence of the students' placement learning assessment has been questioned due to the theory practice gap that related to the design of the CAPD (no marking grid), and the absence of any independent monitoring (no external examiner input). From what both mentors and students said in relation to this precept, theory practice gaps were also evident in how mentors operated, as they mentored and assessed students in different ways, as identified in diagram 4.4. The reason that this occurred was due to their different levels of preparation, which highlighted that the mentor standard (NMC 2008), had had little impact on improving the quality and standard of mentorship and assessment for student nurses.

4.5 Placement learning precept 2 – Institutional policies and procedures

This precept states:

"Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate" (QAA 2001 p.5).

Some elements of this precept have already been addressed, for example the discussion on link tutor responsibilities demonstrated that the school's policies and procedures were imprecise in relation to how they are met by link tutors. What will be discussed here, are the systems that the school has in place to ensure that learning opportunities during a student's placement are appropriate.

Documentary evidence to support precept inclusion for precept 2

Neither the CAPD nor the Pathway Guide offer much explanation with regard to the school's approach to ensuring that students experience appropriate learning opportunities in their designated placement learning

environments. The CAPD provides suggested activities that are intended to provide guidance to students and mentors to which Table 4.2 provides an example.

Table 4.2 CAPD activities to guide students and mentors

Standard of Proficiency (NMC 2004)	<ul style="list-style-type: none">• Demonstrate respect for patient and client confidentiality.• Identify ethical issues in day-to-day practice.• Identify key issues in relevant legislation relating to professional practice.
CAPD Activities to guide students and mentors	<p>Ask a registered practitioner if you could spend approximately ten minutes discussing ethical aspects of care. Consider the following:</p> <ol style="list-style-type: none">1. What factors do they consider when making ethical judgements/decisions?2. How do they try to promote patient autonomy?3. What type of ethical dilemmas do they face? <p><i>(Students must write an account of these activities)</i></p>

The Pathway Guide states that the university will allocate student nurses suitable placements. However, in another guise, both documents state that the mentor is responsible for student nurses' learning in placement settings and that they must ensure their students experience appropriate learning opportunities that enable them to be assessed against the CAPD learning outcomes. How this mentor responsibility translated into practice was far from straightforward as will be seen.

Key player responses—link tutors (LT)

When the link tutors were asked about what learning opportunities were available in their link areas for student nurses, they all considered that there were many, but none were explicit about the exact policies and procedures that related to learning opportunities. The knowledge most link tutors relied upon to ensure that their clinical areas provided appropriate learning opportunities was the educational audit, which they are required

to undertake on an annual basis, in collaboration with the clinical manager who has overall responsibility for that particular placement. Within the audit documentation, link tutors had to note down the key learning opportunities available. If any tutor considered that a clinical area did not have appropriate learning opportunities, they theoretically had the power to inform the clinical manager that their area was not an appropriate placement for students, which would result in students not being placed there. None had done this, as all believed 'where there are patients, there are learning opportunities', although most commented that some placements offered more learning opportunities than others. Analysing what the link tutors said it was possible to identify two key themes that influenced their opinions:

- the wrong type of placement setting in relation to the experience of the student
- inappropriate skill mix.

The wrong type of placement setting

Two link tutors stood out as having different views as to what type of placement settings enabled students to access appropriate learning opportunities. One tutor, whose background and link areas were critical care, considered that the appropriateness of learning opportunities should be related to the year of the student. In her view, whilst nursing homes provided suitable learning opportunities for first year student nurses to "*learn the basics*" (LT08), they were not appropriate for senior (third year) students. She believed that they should be accessing learning opportunities that provided more than the 'basics'. The basics, in the eyes of this tutor, included washing, dressing and feeding elderly patients whose main health care problems related to their age. More than the 'basics' involved caring for acutely ill patients in critical care settings, which she believed nursing homes could not provide. She explained;

"...I couldn't believe it when one of my personal students told me she had spent a whole placement in a nursing home...It's ridiculous, she was in her third year, what was the PPM [practice placement manager] thinking?" (LT08).

In contrast another tutor, whose background was primary care, could not understand why students spent a whole placement (7 weeks) in critical care settings, when they could do little more than observe due to the skills nurses usually developed post qualification. She believed:

"...primary care placements should be increased...they offer so many learning opportunities, for example health promotion, chronic disease management and multidisciplinary team working. To me that is so much more valuable compared to spending seven weeks in a high-tech environment like ITU" (LT10).

Inappropriate skill mix

All tutors explained that the issue was not necessarily the appropriateness of the learning opportunities in the placement setting itself, but the lack of staff appropriately qualified and available to point them out. Most explained that the staffing complement of many clinical areas consisted of too few qualified nurses, who were often relatively inexperienced (qualified from between six months and two years), and being supported by unqualified personnel such as health care assistants. In these situations, neither party (registered nurses nor health care assistants) had the time, to ensure that students experienced appropriate learning opportunities. Three discrete views and approaches were identified when these link tutors were faced with this situation. These include:

- felt helpless to initiate change
- engaged in a communication exchange with their practice placement manager
- took the situation into their own hands.

Felt helpless to initiate change

Some tutors considered that inappropriate skill mixes was beyond anything that they could do as link tutors. One tutor explained how some mental health settings had a culture of promoting registered nurses, who in her opinion were not adequately experienced to fulfil the elevated position. She explained:

"The problem is people tend to get promoted quickly, so we have a service that's being run by...when I say young I don't mean in age, I mean in maturity, staff nurses that have only been qualified 18- months and they have been made up to an F-grade. I've even got someone [in the link area] who went up to a G after two years of qualifying... they haven't the expertise... most of them are struggling to fulfil their role" (LT01).

Engaged in a communication exchange with their practice placement manager

Other tutors explained how they informed their practice placement manager who had been responsible for allocating them to that placement. The way that these tutors described how they felt about their practice placement manager did not resonate with effective partnership working, as the following quote indicates:

"...a student contacted me because the ward was so busy and many of the staff had gone off sick, including her mentor, so she couldn't get any of her CAPD learning outcomes achieved. I contacted the PPM [practice placement manager], but all she did was move the student to another area that was just as bad, if not worse... that is typical of this PPM" (LT04).

Another tutor held a similar viewpoint with regard to the effectiveness of her practice placement manager, she explained:

"I get so fed up. I either find myself apologising to mentors because they can't cope with the numbers of students allocated to them, and then I go to visit another area, where there haven't been students in ages and they are worried that they might have done something wrong. Whilst I tell them, it's not my fault, it's the PPM [practice placement manager], It's me who has to deal with it when I visit and I get to dread going, to be honest" (LT03).

Took the situation into their own hands

Two 'fully engaged' tutors explained how they had developed a mechanism called a C.A.S.E (Consolidation Application Support Enhancement) week to ensure that students experienced appropriate placement learning opportunities. This initiative involved removing students from the placement setting itself. They explained initially, that when they visited their busy link areas they took the students from the placement setting (i.e. to the local library or café) for a few hours, to discuss the dynamics of the clinical team, specific patient conditions, their care requirements and treatment options. They also encouraged the students to share and reflect on their experiences. After some time of doing this, these tutors decided that they would formalise the approach and develop a whole week (five days) dedicated to these activities, when they had students in their link areas.

These tutors believed that their C.A.S.E. week helped to provide students with appropriate learning opportunities because it allowed them time and space to develop their reflective practice abilities, thus helping them not only to realise what they had learnt, but also to relate their placement experiences to their CAPD. The only weakness that they highlighted to the C.A.S.E week was the absence of mentors; they did invite them but none took up the offer, due to short staffing levels and busy workloads.

Key player responses – mentors (M)

When mentors were asked about the learning opportunities available for student nurses in their own clinical areas all provided examples of activities and opportunities that students could access and experience. Within these examples, the three different approaches to assessment became apparent. For those that adopted the befriending approach, they recounted the day-to-day activities on the ward, such as washing patients, preparing them for theatre, partaking in medicine rounds, care planning and discharging patients. A common theme that emerged with these mentors was 'how busy they were' and that sometimes they asked students to help with the work on the ward. The quote below sums up this theme:

"...there's loads they can do like go to theatre, do drugs rounds. And the third years, they can fetch patients back from theatre, but sometimes we are so overworked and short of staff, I ask them to help the HCA [health care assistants] with the washes" (M7).

For those that adopted a competency driven approach, in addition to recounting some of the day-to-day activities in their clinical areas, they also elaborated on other exposures that students could learn from, which provided them with the spectrum of the patient conditions in their areas. These mentors were also very organised as they had developed a 'learning resource pack' which provided students with the key learning opportunities available in their areas.

Whilst the tacit mentor types (who relied on years of clinical expertise) did not comment on being too busy or having learning resource folders in place, instead they talked holistically about the nursing care that students could learn from. The following quote demonstrates their expertise as practitioners and mentors:

"My area is cancer care... it is so important to explain, to the students, the context of care, as well as the practical skills that they also need to practise...I always make sure I find the time to discuss with them some of the ethical dilemmas they may see. For example the moral decision with regard to feeding patients via a nasogastric tube, when they are palliative, and whether or not to commence it..." (M01).

Key player responses – student nurses (ST)

Of the students, regardless of their approach (unplanned and planned), none referred to the day-to-day activities of the placement settings such as planning and implementing direct patient care. They did not relate direct patient care learning opportunities to the CAPD outcomes, as many of the 'Standards of Proficiency' (NMC 2004a) do not identify core-nursing activities. Whilst the leaders of the school had developed a series of

activities that were intended to guide students and mentors (see Table 4.2), this was not how it translated into practice. All complained that the CAPD activities hindered not helped them because there was too much writing to do.

However, there was a distinction between where and when the two student types completed the activities. The 'planned approach' students had negotiated time with their mentors to complete them in the placement setting (but not directly with their mentor). This did cost them in terms of time spent being with the patients as the following quote illustrates:

"My last ward was brilliant, there was so much to learn, but I was too busy writing up the activities in the CAPD...trying to complete the CAPD and take on the nursing role is a difficult balance because I want to be with the patients, but I have to get on with the CAPD" (ST01).

Whereas the 'unplanned students' did not possess the confidence or desire to negotiate time with their mentors to complete the CAPD activities, for some this was costing them in terms of work-life balance. One student in particular explained:

"I really enjoy going on placement; the only down side is I am so tired and my family are fed up with me. When I get home, once I have fed my children and put them to bed...I have to start a whole days work again on the CAPD...I don't sometimes go to bed until really late. I would never get the chance to do all the writing in the placement, it's just too busy" (ST05).

In summary

This precept required the school to have policies and procedures in place to ensure that their responsibilities were met and that learning opportunities during a placement were appropriate. Neither the CAPD nor Pathway Guide provided explicit detail about how the school ensured that students' would access appropriate learning opportunities. Whilst, the

CAPD did provide a guide through suggested activities, the impact of this approach was dependent on the students' levels of understanding about how the activities link theory with practice and the mentors' abilities to accurately use the document. This led to variable expectations, which was perhaps unfair on students, as some had to spent more time on the CAPD than others. This precept also highlighted further theory practice differences, which reflected the earlier findings that demonstrated the individual interpretations that link tutors placed on their role and responsibilities. This was seen in how they differed in what constituted an appropriate placement and when students did point out to them that they were not experiencing the learning opportunities that they needed to complete their CAPD, they acted differently. In this instance it related to weak partnerships between the practice placement managers and link tutors, which demonstrates another theory practice gap.

4.6 Placement learning precept 3 – Placement providers

This precept states:

"Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning" (QAA 2001 p. 6).

What will be addressed here is the way in which the link tutors support mentors in terms of training and education. The delivery and uptake of this was variable for a number of reasons, as will be seen.

Documentary evidence to support precept inclusion

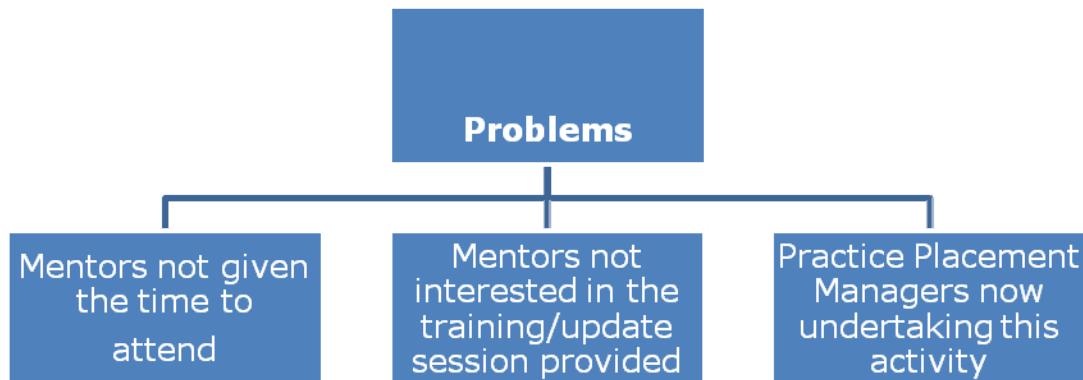
The CAPD offers minimal guidance as to how the school ensures that placement providers know what their responsibilities are for placement learning. The only statement referring to this, is a sentence at the bottom of the intermediate interview section which highlights that the mentor must contact the link tutor if the student is not progressing as expected. The Pathway Guide states that the school must ensure that placements know what their responsibilities are by:

- having well established link tutor and practice mentor support systems
- offering students the opportunity to perform a variety of nursing interventions that are broad enough to support students in their ongoing development, with appropriate levels of supervision.

Well established link tutor and practice mentor support practices have been apparent, but are variable as identified earlier. Similarly, it has been questioned whether student nurses always get the opportunity to perform a variety of nursing interventions that actually support their ongoing development, with appropriate levels of supervision. Reflecting on the above statements, particularly the second, it is an ambitious pledge. The only way to fully implement this directive would be for designated personnel from the school to be within the placement settings all of the time that the students are present. As link tutor work should only consist of 20% of a lecturer's work-load/time allocation (NMC 2008), this is not possible. It is therefore of little surprise that none of the link tutors fully implemented this directive.

Instead, they provided scheduled mentor training dates throughout the year to inform the mentors of the support that they (link tutors) offered, the design and learning outcomes of the curriculum, and the assessment process, which included instructions on how to use the CAPD. If all mentors attended these training sessions, it would be likely that they would be able to demonstrate the requirements of this precept. However, these tutors encountered three key problems in delivering mentor training sessions identified in Diagram 4.6.

Diagram 4.6 Problems with mentor training



Mentors not being given the time to attend

All link tutors identified that they had scheduled mentor training sessions throughout the year. Some arranged for the training sessions to take place in the school, whilst others delivered them in the placement settings themselves (i.e. the nurse's office in the clinical area).

Despite the different locations, all concurred that too few mentors attended because their managers in the clinical areas were not releasing them. The link tutors believed one explanation was because there would not be enough staff left to look after the patients if the mentors were to leave the clinical areas to attend the training session.

Mentors not being interested in the training/update session provided

A number of tutors also explained that they had experienced mentors who did not appear to be interested in the training sessions that they provided. They concluded that many registered nurses did not value their mentor role to which they considered the NHS as an organisation and the professional body (NMC) was responsible as these organisations had failed to reward registered nurse for undertaking the role of a mentor. This view is denoted by this tutor's point;

"...mentors they get a raw deal. It's not an easy job, a lot of them have

been forced into taking the responsibility and they have not necessarily got the time, support or training from their clinical colleagues or managers. As well, they have never been financially rewarded" (LT09).

Whilst all tutors were deflated about mentors not being interested, not all were pessimistic that the situation would remain unchanged. Some believed optimistically, that the then pending 'Standards to Support Learning and Assessment in Practice' (NMC 2008) would encourage mentors to attend and be interested in the training sessions. They understood that these new standards were linked to the 'Knowledge and Skills Framework' (DH 2004), by which registered nurses, who are mentors, were appraised.

Practice placement managers undertaking this activity

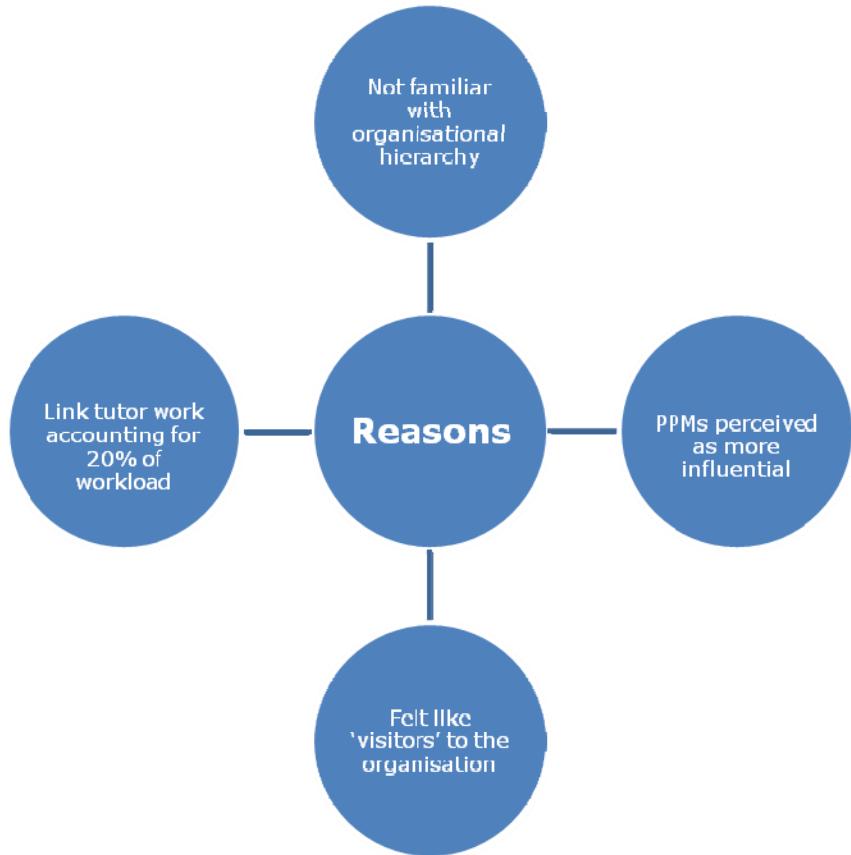
Another partnership tension came to light when some tutors talked about the support they offered mentors, which directly related to mentor training. Those tutors who scheduled mentor training sessions in the placement settings, had discovered that some of their practice placement manager colleagues were also providing mentor training, as part of the mandatory training that all registered nurses (who were also mentors) had to undertake each year (i.e. moving and handling, fire lecture etc.). This situation had angered some as it made them feel undermined as link tutors. There was also evidence of poor communication and collaboration between the two parties. One tutor said that the practice placement manager was undertaking these sessions without informing her, resulting in her experiencing poor attendance. This not only frustrated her, but also led her to consider that she was losing control of her link tutor role. She commented:

"I am not only cross, but sad because I enjoy linking and I think we [the school] are losing it to the PPMs [Practice Placement Managers], but then we [the school] have let it happen" (LT07).

When the tutors were asked what action they took with regard to practice placement managers not informing them when and why they had began to

undertake mentor training sessions, they did nothing, other than to grudgingly accept it. The reasons for this are identified in Diagram 4.7.

Diagram 4.7 Reasons link tutors took no action



In summary

This precept required the school to be able to assure themselves that placement providers (mentors) know what their responsibilities are during the period of placement learning. The documentary evidence for this precept related to the role and responsibilities of the link tutor, which we know was interpreted in different ways by them. However, all link tutors did state that they scheduled mentor training sessions throughout the year in an attempt to ensure that mentors understood their responsibilities. Although by now, we know that not all mentors were clear of their responsibilities, as a result of the findings from precept 1c, which identified that mentors mentored and assessed students in different ways, which led to theory practice gaps. These facts were further evidenced in this precept, when the link tutors explained the problems that they had in

delivering mentor training sessions, which has been depicted in diagram 4.6. However, instead of the link tutors finding ways to resolve these problems they took no action. The reasons for this (see diagram 4.7) related to the limited impact that they considered that they had as link tutors, thus demonstrating another gap between theory and practice.

4.7 Placement learning precept 4 – Student responsibilities and rights

The QAA (2004 p.6) states:

"Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights".

This precept has two components; student responsibilities and student rights.

Documentary evidence to support the inclusion of precept 4 - student responsibilities

The CAPD and Pathway Guide identify two key student responsibilities that include them:

1. taking responsibility for their own learning and completion of the CAPD (already discussed)
2. behaving in accordance with the Code of Professional Conduct (NMC 2004a), which they will also be assessed against by their mentor.

If students do not demonstrate the second responsibility, they will be referred on the whole placement, regardless of them achieving any, or all of, the 'Standards of Proficiency' (NMC 2004a). This will therefore be focused on here.

Key player response: student nurses (ST) - student responsibilities

When students were asked about their placement learning responsibilities, it was possible to identify three predominant themes:

- responsible for adhering to the professional conduct form requirements
- felt proud to be learning the behaviours of a registered nurse

- felt privileged with the title of university student nurse

Responsible for adhering to the professional conduct form

All students talked about the professional conduct form and emphasised how important it was for them to adhere to it. When asked how they had come to know about the form and its requirements, there were two key reasons:

1. School personnel (i.e. module leaders, personal tutors) had highlighted and discussed it with them.
2. Adhering to it was central to passing both components of the programme.

It was apparent that the behaviours of the professional conduct form were entrenched in the student nurses programmes. They said they always made reference to it:

- in their modular assignments
- during the activities in the CAPD
- when discussing practice related scenarios with mentors and personal tutors.

A thorough knowledge of the professional conduct form requirements/responsibilities was unavoidable if they wanted to progress and complete the course. The following quote sums up how the students came to know it so well:

“...they [senior lecturers] drummed the professional conduct form into us right from the very first day of the programme” (ST01).

Felt proud to be learning the behaviours of a registered nurse

Many students spoke proudly about studying to be a registered nurse and said they valued the professional conduct responsibilities as it made them feel like they were becoming registered nurses. One of the quests in knowing this was recognising behaviours that fell outside of those responsibilities. One student had mastered this as she explained disapprovingly the following instance:

"One of my mentors told me how a student nurse had called her a 'fat cow'. Now that is unprofessional and not how we [students] have been taught to act" (ST05).

Felt privileged with the title of university student nurse

Others commented how they felt privileged to be a university student nurse. Some talked about their uniform and/or identity badge and how it not only highlighted their names, but also showed that they were university student nurses. This view was particularly evident in those students who had always lived within, or nearby the city in which the university was geographically located. The following quote denotes this point:

"First and foremost you have got to turn up when you say you will, as you are a representative from the university... I feel very privileged about that because I have always lived in [name of City] and I still can't believe I am studying here, I never thought I would be able to... you know, be clever enough" (ST04).

In summary

From a student responsibility perspective it was clear that both the CAPD and Pathway Guide enabled them to be clear about their responsibilities, to which they seemingly implemented and enacted because they wanted to pass the programme and become registered nurses.

Precept 4 component 2 – student rights

To recap, the QAA (2001) states:

"Prior to placement, institutions should ensure that students are made aware of their responsibilities and rights" (QAA 2001 p.6)

Documentary evidence to support the inclusion of precept 4, component 2 – student rights

The CAPD offers no specific information to inform students of what their rights are when in placement learning settings. The Pathway Guide does

refer to the legislation regarding 'Equality of Opportunity'. It highlights that the school is committed to the practice and principles inherent in 'Equality of Opportunity' explaining that the aim of the school is to ensure that no student receives less favourable treatment on the grounds of gender, marital status, sexual orientation, disability, medical conditions, special needs, religion, creed, colour, race, nationality, ethnic or national origins or social background. How this information is shared and understood by the key players studied was variable as will be seen.

Key player responses link tutors (LT) – student rights

When the link tutors were asked if students were informed of their rights prior to placements there were three predominant responses that included; 'Not my responsibility', 'I think they are' and 'Yes, they do'.

Not my responsibility

Those that said it was not their responsibility were the 'minimally engaged tutors'. They did not know who told the students this information and did not view their lack of knowledge as a personal omission. Instead they held the school leaders responsible because no one had ever informed them of who should tell the students this sort of information. The following quote highlights this opinion:

"I have never been informed about who, or where students should get to know what their rights are, but I have had personal students who come back from practice who are a bit shocked about the way they were treated" (LT04).

I think they are

Those that thought students were informed of their rights, considered it was a group tutor responsibility, a role that some of them had, or were currently undertaking, as part of their senior lecturer role. A number of these tutors also thought that information relating to student rights would be available in either the Pathway Guide or the school's virtual learning environment. Similar to those that viewed it not their responsibility, these

tutors did consider the information on this topic was perhaps sketchy, as indicated by the following quote:

"When I was last a group tutor, I did spend some time with them telling them about their rights, but whether all group tutors do, I am not sure" (LT01).

Yes, they do

These tutors were confident that students knew their rights, as through their long standing experience of working as a senior lecturer (over a decade) they had come across students who had challenged situations where they had considered that their rights had been violated. However, the view that these tutors held about such students challenging instances that compromised their rights, did not mirror the 'Equality and Diversity' values of the school, as the following quote suggests;

"...I have had a few [students] who do know their rights very well and use them. Thank god we don't have too many of them" (LT09).

Key player responses – student nurses (ST)

For the students, no key themes emerged in relation to them knowing their rights whereas, there were a number of reasons that related to them not knowing their rights.

Students not knowing their rights

The majority of students said that if they considered that either their own health and safety or that of the patients/clients was being compromised, they would report it. On further analysis, it became evident that this was because it was a professional conduct responsibility and not related to their rights.

From a patient safety perspective, it was reassuring that all students confirmed that they would never undertake any clinical activity unsupervised that they did not feel confident to fulfil. Yet, they did not consider that they had a right to be taught a particular clinical activity,

or be supervised. Instead, they wished that they had more practice in the clinical skills centre within the school. One student explained;

"Sometimes on placement I find myself doing the basics like making beds, and that is because many mentors are too busy to show me more complex stuff. It would be so much better if we did more skills in uni, then I would be able to do more in placement" (ST06).

In summary

In terms of students being aware of their rights, it was evident that this precept was not being implemented and enacted by either the students or the link tutors. The fact that the Pathway Guide only referred to 'Equality of Opportunity' legislation may have perpetuated the situation. For the student nurses they did not know what their rights were as learners in practice because they were too focused on ensuring that they fulfilled their CAPD requirements, as they were keen to pass the programme and become registered nurses. A fact that relates to both mentors mentoring and assessing students in different ways. A theory practice gap has also been evidenced here too. The fact that students did not always undertake the learning activities that would help them fulfil their CAPD requirements, but instead undertook tasks that enabled them to fit in, indicated that they did not perceive themselves as supernumerary learners in practice, but workers instead.

From the link tutor perspective, it was evident that they were not clear about student rights, which further supports the notion that they interpreted their link tutor role and responsibilities in different ways.

4.8 Placement learning precept 5 – student support and information

For this precept the QAA (2001 p.7) articulates:

"Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements".

This precept consists of three components that the school should ensure students are provided with for appropriate guidance and support:

- a. in preparation for placement
- b. during placement
- c. after placement.

This section will focus on components a, and b. Component c. will be deferred to later in the chapter when precept 8 (monitoring and evaluation) is discussed.

Documentary evidence to support the inclusion of precept 5a

The CAPD provides no information regarding what support and information students should receive prior to the placement. The Pathway Guide does provide information with regard to key personnel that students can contact prior to their placements and at any other time throughout the programme.

From this information (Table 4.3) it is evident that there are a number of personnel available to guide and support students, yet not all of these services were accessed as will be seen.

Table 4.3 Student support systems identified in the Pathway Guide

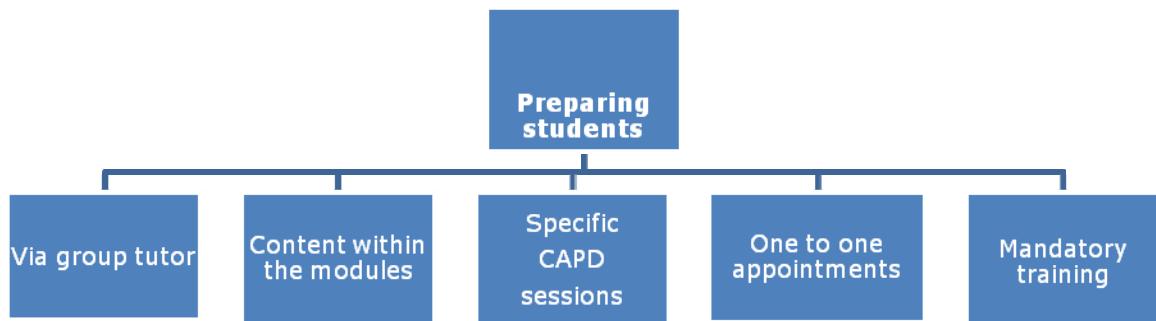
Support personnel	Summary of support roles
Group tutor	Responsible for supporting and liaising with dedicated cohorts of students on matters of organisation and planning of both the theory and practice component of the students programme.
Personal tutor	Provides students with support throughout the whole programme by monitoring their overall progress and initiates remedial actions where required.
Practice Placement Manager	Quality monitors the clinical placements in liaison with link tutors. Provides ongoing support and guidance to both students and mentors.

Link tutor	Provides support to students in the placements by having well established relationships with placement personnel.
Learner council	Consists of representatives from each student group and educational and clinical personnel. Meets every two months. It is the forum for student support and a place to formally initiate discussions pertaining to the programmes.
Student services gateway	A 'one stop' shop answer to student concerns and queries. There is also a counselling service which students can access.

Key player responses for precept 5 – link tutors (LT) - preparation for placement

The link tutors provided numerous ways in which students were prepared for practice, which are identified in Diagram 4.8.

Diagram 4.8 Mechanisms in which students are prepared



No reference to the practice placement managers or the wider university support services was made. Despite this, most tutors considered that students were well prepared for practice.

Key player responses – student nurses (ST) - preparation for placement

When the students were asked what support and guidance they had been provided with prior to them going to placement, they reiterated all of the items identified in Diagram 4.8. They did not refer to practice placement managers, or the wider university support services. The main theme that emerged from this question was 'dissatisfaction with registry', (known as 'Student Office') who informed them of their pending placement.

Dissatisfaction with registry

The students were dissatisfied with registry for two reasons:

1. They found them unfriendly in comparison to the school personnel
2. They sometimes informed them of where their pending placement was at short notice.

When the students compared how friendly and supportive the school personnel were to registry staff they concluded that they were distant and unhelpful, as the following quote indicates:

"... they just turn up and dish out envelopes with our names on and they say; 'Before you open it, don't ask to change [their placement allocation] it's not possible", they just don't seem to care" (ST04).

Some students said that the registry personnel had informed them of their pending placement at short notice. For those that had childcare arrangements to organise, this was not considered acceptable as the following quote indicates:

"It's ridiculous, I got told on the Friday where my placement would be for the following Monday, and I have so much to sort out what with child care and transport...it's no good" (ST07).

The students did not hold the school responsible for their dissatisfaction; they blamed the university, for not having a more organised system.

In summary

On establishing if the school had evidenced from a documentary perspective how student were prepared for practice, whilst there was no explicit information, it was apparent that there were a number of university wide support mechanisms that students could access (Table 4.3). However, from what the students said, they did not access these services, instead they recounted the ways (see diagram 4.8) that school personnel (senior lecturers) prepared them, which did not include practice personnel (i.e. practice placement managers). Both of these findings could be seen as another gap between theory and practice. The students not accessing or even mentioning the wider university services suggests that in practice they did not act like university students. This is despite the fact that they spent approximately half of their programme (2300hrs) undertaking the theoretical component on a university campus. Furthermore, although it was evidenced that they were not satisfied with the registry, they did not formally complain about university systems and processes, a finding that resonates with students not being aware of their rights, which was identified in an earlier precept (4).

Similarly, the students not making any reference to practice placement managers in terms of helping to prepare and support their practice learning needs, suggested that there was little liaison/joint teaching between lecturers and practice placement managers, thus evidencing another gap between theoretical and practice staff.

In relation to component b of this precept (student support and information) what will now be discussed is the support that students receive when they are in placement.

Key player responses – link tutors (LT) – b. during placement

The majority of link tutors identified that when students commenced their placement, all were required to attend a Trust induction, which was organised by the practice placement managers. Those tutors who were fully engaged attended this day too. One tutor explained;

"It is very important for us [link tutor from the school] to be there. It shows the students that we don't just abandon them and that we are there to support them". (LT10).

Many tutors praised the fact that students underwent a formal induction. The only weakness that they identified was that the students rarely met their mentor on this day. It is from this point onwards, when students began to settle into the placement settings itself (i.e. specific ward or department), that nearly all tutors considered that appropriate support information and guidance diminished.

Key player responses - student nurses (ST) – b. during placement

For the students, they too explained that they had undergone a Trust induction, whilst most said that they enjoyed the day, all were glad once they had settled into the placement and had got to know the staff. Nearly all considered that their mentors and other placement personnel (i.e. health care assistants) had appropriately supported them. The reason they held this view was because they did not hold the mentors personally responsible for instances where they may not have felt supported. They apportioned shortcomings in placement support to the organisation for not employing enough qualified nurses. This view is demonstrated by the following quote;

"One of my mentors said she would be glad when I was gone, but to be honest I couldn't blame her, she was so busy, there was no way she had time for me. I felt sorry for her because that ward just didn't have enough nurses, so it's not her fault is it" (ST03).

The picture was similar with regard to the support that students received from link tutors. The students collectively had experienced a variety of minimally, partially and fully engaged tutors. This would lead us to expect that some students would not feel appropriately supported by all of their link tutors, when they were in placement. On the contrary, they did as highlighted by the following:

"I get the impression they [link tutors] would always support and encourage you. To be fair, I saw two link tutors in my first year, and [name of tutor] took me off the ward for a coffee, which was nice. I didn't see any in my second year, but yeah they would support us if we needed it. I am happy and enjoying the course" (ST02).

In summary

As can be seen these students appeared to be sanguine about the support that they received when in placement. This was despite the fact that there have been many instances throughout the findings thus far that have demonstrated that they have received different levels of support from both mentors and link tutors. A finding that continued to demonstrate how link tutors and mentors operate in different ways. The conclusion that can be drawn from this finding is that these students do not expect standardised support mechanisms from either mentors or link tutors. This further highlights that they are not aware of their rights to fair and equitable levels of support as a university student nurse.

4.9 Placement learning precept 6 – Staff development

This precept articulates:

"Institutions should ensure that their staff who are involved in placement learning are competent to fulfil their role" (QAA 2001 p.8).

The documentary data accessed to identify whether the school had invested in any of its staff to ensure that they were competent to fulfil the practice element of their role was the 'School Plan', for the year in which this data was collected (2005/6). This document should identify the staff development investment for the year in question.

However, before embarking upon a review of the 'School Plan', there was an inherent weakness that the hierarchy of the school found itself in, making it difficult, if not unattainable, for them to be completely confident that all of the key players central to the placement component of the pre-registration programmes are competent to fulfil the role. The reason for

this is that they do not employ all key players, (i.e. mentors) and therefore the school has limited control, in knowing or making sure that they are competent.

To address this precept a slightly different tact has been taken in comparison to the format of the previous precepts. Whilst the analytical protocol was used (Appendix F), it was clear that the issue of competence has been a reoccurring theme within the discussion of most of the precepts so far in this chapter. Therefore, all of the transcripts were read and re-read, to look for the common themes that led to competency concerns. This information was deduced and is presented in Table 4.4.

Table 4.4 Findings thus far – competency concerns¹¹

Precept	Summary of findings
1a. General principles - responsibilities	<p>Unclear responsibilities of link tutors led to;</p> <ul style="list-style-type: none"> - individual interpretations of the role - lack of clinical expertise - lack of quality assurance and monitoring - ineffective partnership working
1b. General principles – learning outcomes and their contribution to the overall programme	<p>The design of the curriculum had the following impact;</p> <ul style="list-style-type: none"> - what students were taught in theory did not always reflect what they experienced in placement - burdensome for academics as they were assessing both theory and practice - not enabling students to be rewarded for what they had achieved, (i.e. refer one component and automatically refer the other) - students spending lots of their placement time/home time writing up CAPD requirements
1c. General principles - assessment of placement learning as part of a coherent assessment strategy	<p>Coherence of assessment was compromised because;</p> <ul style="list-style-type: none"> - not all had mentor training - some were inexperienced as registered nurses - not all were committed to mentoring - some abandoned the CAPD criteria - lack of external engagement to check processes - students allowed to adopt different approaches - personal tutors not taking appropriate actions when they identify unsafe practice - weak partnerships between link tutors and practice placement managers
2. Institutional policies and procedures	<p>These were breached because;</p> <ul style="list-style-type: none"> - some students complained that they spend most of their time undertaking tasks that did not reflect the CAPD
3. Placement	<p>Not all were aware of their responsibilities because;</p> <ul style="list-style-type: none"> - inconsistent link tutor systems and expectations

¹¹ Data that has emerged from the interview transcripts

Precept	Summary of findings
providers	<ul style="list-style-type: none"> - mentors not attending the mentor training - overlap of roles between link tutors and practice placement managers
4a. Student responsibilities	Students may not be aware of their responsibilities because; <ul style="list-style-type: none"> • they were not being truly assessed against them
4b. Student rights	Student rights were compromised because; <ul style="list-style-type: none"> • they did not know them • not promoted by the school personnel
5a. Student support and information	Students may not have been provided with appropriate support and guidance because; <ul style="list-style-type: none"> • not introduced to the wider university support services available

Review of the School Plan

The issue of competence and staff development did feature on the School Plan with regard to the pre-registration nurse programmes, under the guise of high rates of student nurse attrition. The author of the School Plan (Dean) did not conclude that the high attrition rate was due to the theoretical component of the programme. Instead, it was because students were not well supported in its practical component. As a result, staff development for this particular year (2005/6) would focus on developing and improving the competence of link tutors and mentors. The vehicle for this included the establishment of a new group, formally named the 'Clinical Learning Environment' (CLE) group. The aim of this group was to improve the student learning experience in placement settings by addressing mentor preparation, enhancement of the clinical learning environment and link tutor activities. The membership consisted of:

- one member of academic staff released from each geographical health economy (this equated to five senior lecturers in total)
- two associate deans
- one practice placement manager released from their respective trust
- head of undergraduate studies for nursing and midwifery.

On reviewing this initiative, the players involved demonstrated a significant commitment from the school. It also demonstrated a degree of partnership between the school hierarchy personnel and one trust

hierarchy personnel, by allowing one practice placement manager to be released. However, only releasing one practice placement manager highlights the lack of credence/commitment that such leaders (i.e. directors of nursing) put on the placement learning agreement, given that the school places its students within ten Trusts across five geographical economies. This perhaps hints at an incompetent strategic partnership relationship between the school and placement setting leaders. Other than this information no other staff development was noted within this document, which was disappointing.

In summary

This precept identified and collated a number of competency concerns which have arisen because of the following overarching issues that include:

- individual interpretations of the link tutor role and their responsibilities
- theory and practice gaps as a result of weak partnerships between link tutors and practice placement managers
- mentors mentoring and assessing students in different ways

Whether these particular issues had been identified by the leaders of the school was not known, although it was evident that they were not confident with regards to the way in which the practice component was operating, hence the instigation of the CLE group.

4.10 Placement learning precept 7 – dealing with complaints

For this penultimate precept, the QAA (2001 p.8) states that:

"Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (higher education institutions, students and placement providers) are aware of them and can make use of them"

Documentary evidence to support the inclusion of precept 7

The 'School Plan', Pathway Guide and CAPD were reviewed for this precept. The 'School Plan' identified how many complaints there had been within each division of the School. The breakdown is provided in Table 4.5.

Table 4.5 Complaints within divisions

Division	Number of Complaints
Continuing, Professional Development Division	3
Primary Care Division	5
Undergraduate Division	5
Research	0
Total	13

No further information was provided, other than the following excerpt:

"The school investigates all complaints thoroughly, utilising a school specific investigation record and is committed to learning lessons from complaints to continually improve the student learning experience" (School Plan p.8).

The Pathway Guide did state that the school is committed to providing a high quality service and a client centred culture and that students should feel like clients who are able to express dissatisfaction and have the confidence that, if they do complain, the complaint will receive timely and appropriate attention from the associate dean for undergraduate studies. It also identifies that there is a University wide complaints procedure that students, staff and other clients can register any dissatisfaction that they may have.

The CAPD offered no formal guidance as to what students should do in the event of a complaint, apart from, in the first instance they should inform their mentor. How the link tutors, student nurses and mentors dealt with complaints fell outside the majority of documentary guidance presented here as will be seen.

Key player responses – precept 7 link tutors (LT)

Whilst all link tutors had experiences of dealing with complaints, it was evident from what they said, that they addressed them by: 'doing things differently'.

Doing things differently

The different approaches that these link tutors adopted to dealing with complaints mirrored their inconsistent levels of commitment to their link tutor role. One link tutor, whose overall attitude to the role is one of minimal engagement, shared a complaint that he had been involved in which required him to make a visit to one of his link areas during the Christmas holidays. When asked how they had been able to contact him, it came to light that it was one of his personal students that had contacted him. The following quote identifies what happened:

"...we ended up meeting in a pub she [the student] was very distressed...she described a series of abuse to patients, so I went to the area, pulled the student out and had to speak to the Matron and all sorts... I found it really stressful...there were no support systems or guidance from the university" (LT04).

Another tutor, who has thus far been described as a fully engaged tutor, shared an instance which could be considered as a dereliction of duty on behalf of the school hierarchy, the placement learning setting personnel and to some degree, the NMC. She explained how she had identified (through reviewing her personal student's CAPD) that this student had forged a mentor signature in her CAPD. Her first port of call was to inform her line manager, who passed it on to the associate dean. It was at this stage that this tutor began to lose all confidence in the confidentiality of the school's complaints procedure, she explained;

"... it got round like wild fire, when it was being investigated they [the investigators of the complaint] went round the ward and said [to the

mentor] "are these your signatures?" All the staff knew what the student had done, and she wasn't protected in anyway, and that's bad" (LT01).

This tutor went on to explain that the mentor had confirmed that it was not her signature. Therefore, the tutor was confident that the student would be discontinued from the programme. This was not the case; instead, the student was offered a further placement with a new CAPD. The tutor (LT01) felt so aggrieved by the situation that she contacted the NMC, yet in her opinion, her own professional body let her down too as she said that they offered her no real advice. They informed her that situations like these needed to be dealt with at local levels.

Two other tutors explained how they had investigated complaints through written assignments where students had written about poor practices in particular clinical areas. The processes that were followed were down to the individual, as can be seen in the following quote;

"I am the module leader for developing professional practice... I tell the students if they bring up unsafe practices it will be investigated. One student did write about a case of abuse in the clinical area... staff, being racist to a foreign national... I saw the student to ask if it was true. He said "yes" and then I followed it through, only to find that it was not true..." (LT08).

Key player responses – student nurses (ST)

When the students were asked about complaints, there was evidence that they had not read or understood the Pathway Guide information. The main theme here was they did 'not consider themselves clients of the school' and thus they did not make formal complaints.

Not considered clients of the school

The main reason that students did not feel like they were clients, was because they spent most of the time making sure that the placement staff 'liked' them in order to get their CAPD signed. The following quote exemplifies this:

"I would be very worried about going down the lines of complaining...I think they could make it very hard for you... Sometimes the only thing to do is get on with it" (ST02).

Further analysis showed that there was confusion amongst the students as to what 'complaining' actually meant. Most demonstrated confusion between their responsibilities to adhere to the 'Code of Professional Conduct' (NMC 2004) form, than their rights as a student nurse to quality placement learning experiences. Even when students had legitimate grounds to complain they decided not to as this quote highlights:

"I had this care plan book... It was an expensive book and it went missing. My friend [a fellow student] said she saw my mentor take it, but I daren't say anything because, I mean, she was my mentor and it could affect how she felt about me" (ST03).

Key player responses – mentors (M)

None of the mentors interviewed knew what the university procedure was for complaining. Those mentors who were inexperienced were most likely to avoid complaining, as the following quote demonstrates:

"With complaints, I think, you know, it should be avoided, as once you go down that road things can spiral out of control (M2).

In summary

The findings from this precept highlight that whilst the documentary data states that the school investigates all complaints thoroughly by using a dedicated approach that should enable students to feel like they are part of a client centred culture, in practice, this was not what was implemented and enacted. From the link tutors' perspective they did not implement and enact this policy because they operated and interpreted their roles and responsibilities in different ways. From the mentor perspective, they were not even aware of the university complaints procedure. Taking these factors together suggests that the issue of complaints and how they can be used to learn lessons to continually improve the students' learning

experience, was not prevalent in the minds of these players, thus highlighting ineffective quality assurance systems in relation to the programmes studied.

4.11 Placement learning precept 8 – monitoring and evaluation of placement learning opportunities

For this final precept the QAA (2001 P. 8) state that:

"Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities".

This precept contains three elements: the monitoring of placement learning opportunities, the reviewing of placement learning opportunities and securing placement learning opportunities. Two of these elements have already been addressed, including the monitoring aspect, which has been fully explored when the roles and responsibilities of link tutors have been debated. The securing of placement learning opportunities was also discussed, when the link tutors explained that they all had to undertake an educational audit of their clinical link environments. This precept will concentrate on the reviewing mechanisms that the school may, or may not have in place. It will also address the deferred element of precept 5, which required the school to have in place appropriate guidance and support for students after their placement learning experience.

Documentary evidence to support the inclusion of precept 8

Neither the CAPD nor the Pathway Guide identified what the policies and/or procedures were to enable the school to review effective placement learning opportunities. From what all key players said there did appear to be a mechanism in place, but not necessarily within quality assurance framework, as will be seen.

Key player responses –link tutors (LT)

All tutors were aware that students should evaluate their placement learning experiences, but none of them knew who should organise the event or what happened to the information. Some thought it was a group

tutor's responsibility; others considered that it was the responsibility of the practice placement managers. For those tutors who have been considered 'fully engaged', they made sure that the students evaluated their link areas with them when they frequently visited. They used the information to quality assure their link role, as the following quote highlights:

"When I think of my link role, I have forged the role very much and introduced new things that weren't being done before, but when I do try something new out, I always get the students to evaluate. I base what I do very much on the feedback that I receive" (LT10).

This opinion was in contrast to her minimally engaged counterpart, as the following quote shows;

"I've been here over 18-months and I've never had an evaluation form [of this link tutor's areas] land on my desk... (LT03).

These findings support the fact that there was no documentary evidence to explain how placements were evaluated and what should happen to the information. Apart from the fully engaged link tutor example (LT10 above), the common finding was that the link tutors were unsure about how students evaluated their placement learning experiences and therefore did not know what happened to the information.

Key player responses – mentors (M)

All mentors believed that the school did arrange some form of student evaluation. Some recalled that their link tutor occasionally left a carbonated evaluation sheet for them to peruse, which had anonymous student comments on it. There was a distinct difference between those mentors

that adopted a befriending approach to assessment, compared to those mentors that applied competency driven approach to student assessment (see diagram 4.4). Whilst, the mentors that applied a tacit driven approach to assessment had very little to say about how they utilised

student evaluation information, other than to say that they continually evaluated their students through informal discussions and ongoing observation. Therefore, examples from the inexperienced and competency driven mentors are provided.

Mentors that adopted a befriending approach to assessment

None of these mentors had received any formal student evaluation information from the school. However some who saw their link tutors frequently (i.e. once a month) did comment that the link tutors often informally told them that students who had recently finished their placement with them had enjoyed it.

Others said that, on occasion their link tutor might informally comment that some students had not fully enjoyed their placement. When this occurred it was not usually because of their mentoring skills and abilities. Rather, it was because their clinical area had been short staffed and busy, as the following quote denotes:

"I remember one occasion when [name of link tutor] told us that a particular student did not enjoy their time with us, but when we looked at it, the ward had been crazy... lots of staff sickness and some really ill patients, and there is nothing you can do about that sort of thing" (M02).

The other barometer that these mentors used to know whether students had enjoyed their placement regarded the gifts that the students gave to them when they left. This feedback confirmed both the effectiveness of the placement learning opportunities and the relationship between them and their mentee, as the following quote shows:

"We can't be that bad; nearly all my students buy me cards and chocolates... I love having students and the chocolates are nice too!" (M03).

Mentors that adopted a competency driven approach to assessment

These mentors had devised their own student evaluation forms, as it was important for them to get immediate feedback so if necessary, they could change or adapt the way in which they mentored and assessed student nurses. They also explained that they would ask their students at least once a week how they felt they were progressing. In their opinion, this feedback was central to their mentor role. One mentor explained how she would collate student evaluation information, and raise the key themes at quarterly clinical team meetings. This mentor considered that her clinical colleagues could learn from it. She informed:

"It is important for us to know what the students think.... students highlight those staff that work in a regimental old fashioned way, some of them don't want to involve them [students], whereas I get them into the team and listen to their opinions" (M7).

Key player responses – student nurses (ST)

All students had evaluated their placement learning experiences, although they had not always undertaken this activity after each placement, until recently. It became known that their group tutor had forgotten to schedule the sessions, one student commented:

"Well I think they [evaluation sessions] just slipped through the net for some reason in our first year, as we didn't do any" (ST01).

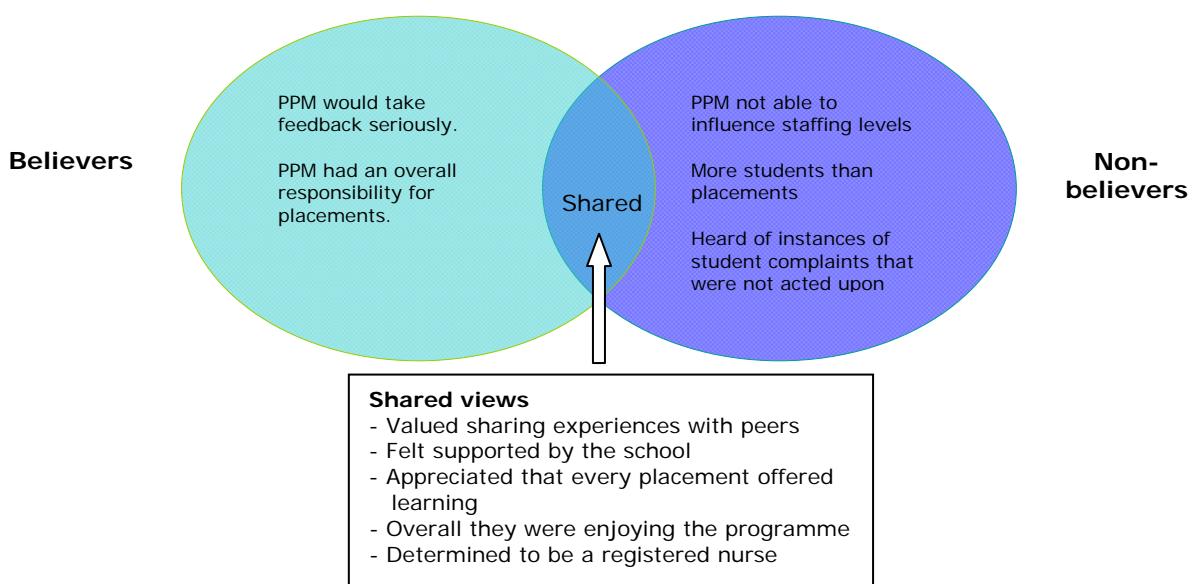
Since then, the system had changed. The new system did not involve the group tutor role, instead the practice placement managers were now responsible for arranging and facilitating the evaluation of placement sessions, which they undertook in the placement settings. Some students that had experienced this commented positively, as the following quote demonstrates:

"The PPM [practice placement manager] arranged for us all to meet up on the last Friday of the placement...she got us to identify the good and not

so good aspects of the placement and talk about them, I quite enjoyed it" (ST02).

These students considered that if they did make a negative comment, the practice placement manager was in a good position to investigate and act on it. Others considered that because their evaluations would be taken back to the settings and reviewed by the personnel there, this could have negative ramifications for them. Both views had specific reasons for their opinions, and have been identified as 'the believers' and the 'non-believers'. However, there were a number of positive comments that all students made, which suggested that overall they were satisfied with their programmes. These findings have been depicted in Diagram 4.9.

Diagram 4.9 Characteristics of the believers and non-believers



In summary

The findings from this precept have identified from both a documentary and practice perspective that the school did not have an established system in place for reviewing the effectiveness of placement learning opportunities for student nurses. As a result, some link tutors and mentors utilised student nurse's evaluation when they received it and others did not, or could not use such information because they never saw it. For a few (link tutor and mentors), they devised their own ways of receiving student feedback to both improve and/or confirm that their practices were meeting the learning needs of the students. With regards to the students, this precept further evidences that they were familiar with experiencing different practices. On a positive note, this had seemed to have been resolved from their perspective, as the practice placement managers had now taken control of this situation. Whether this would mean that both link tutors and mentors would receive and utilise the information is perhaps another question for another time. What was illuminating from what the students said with regards to this precept, was that despite not all of them believing that if they raised concerns they would be addressed, all of the students shared a number of views that demonstrated that they were enjoying the programme. Perhaps it was unfortunate that there was not a QAA (2001) precept which this could have been measured, as one would expect student satisfaction to be a core quality indicator.

4.12 Conclusion

The findings have identified that the school, from a documentary perspective, has included the entire placement learning precepts (QAA 2001) of its pre-registration nurse programmes. However, the level of specific detail and instruction within the documents analysed, was frequently broad and non-specific, which has resulted in the key players studied implementing the placement learning precepts in different ways. The greatest concern with this is that it has prevented a standardised approach, which has resulted in the questioning of key players' competence overall, as seen when precept 6 was discussed. The themes that have led to this outcome include:

- individual interpretations of the link tutor role and their responsibilities
- theory practice gaps
- mentors mentoring and assessing students in different ways
- ineffective quality assurance systems.

The way in which I have arrived at these themes from the data is identified in Appendix H.

At the beginning of this chapter, I explained that as well as identifying how and why the school's key players (link tutors, student nurses, mentors) have implemented and enacted the placement learning precepts (Quality Assurance Agency (QAA) 2001), I would appraise my findings against the QAA (2001) accompanying guidance, which was intended to provide institutions with a framework for quality assurance. Whilst the QAA (2001) stated that its guidance was intended to be neither exhaustive nor prescriptive, where institutions demonstrate that these activities were in place (Accompanying Guidance QAA 2001) they will be considered as having good practice examples. Having undertaken this exercise, it was evident that the school could be seen to demonstrate a number of the QAA (2001) good practice recommendations, the evidence of which is presented in Appendix G).

This formally brings the chapter to a close. The following chapter focuses upon discussing what this study has found in relation to what is already known about the practice component of UK pre-registration nurse education. This next phase complements and challenges the empirical knowledge on the topic in question, which enables new and exciting phenomena to be uncovered, as will be seen.

Chapter 5.

Discussion

5.1 Introduction

This penultimate chapter discusses the findings from chapter 4 within the context of what is already known. Through this process new phenomena came to light, which identifies the unique contribution that this research has made to the empirical evidence surrounding the quality and standard of the practice component of United Kingdom (UK) pre-registration nurse education.

There were a number of interconnected factors that affected the ways in which the precepts (Quality Assurance Agency (QAA) 2001) were being implemented by the key players studied. These included:

- individual interpretations of the link tutor role and their responsibilities
- theory practice gaps
- mentors mentoring and assessing students in different ways
- ineffective quality assurance systems.

Each of these themes will now be discussed.

5.2 Individual interpretations of the link tutor role

The reasons behind the different approaches to link tutor work depended upon how well individual tutors considered they could support and monitor their link areas. For some, little could be achieved because they lacked organisational and clinical knowledge of their link areas, which was further perpetuated by a perceived lack of time, a finding that has been found elsewhere, for example Jowett *et al* (1994), Wilson-Barnett *et al* (1995). Others felt they achieved more, mainly because they possessed organisational and clinical knowledge of their link areas, which has also been cited elsewhere (Clifford 1999). As a result these tutors committed substantial amounts of time, aided by them enjoying link tutor work – this is not evident in the published literature. A key reason was that they believed that link tutoring kept them close to the 'real world' of nursing, which made them feel clinically credible as senior nurse lecturers.

Whether they would be considered 'clinically credible' by the profession *per se* is questionable, when referring to the literature. A number of commentators, for example, Dale (1994), Jowett *et al* (1994), Luker *et al* (1995), have suggested that clinical credibility is demonstrated by practicing direct patient care, something that these tutors did not undertake. On the other hand others such as Clifford (1999) argue that personnel such as university nurse lecturers should gain credibility by undertaking research and publishing the findings, activities which none of the lecturers studied appeared to achieve.

It is apparent that the link tutor role has become bound up in issues relating to how registered nurses working in higher education institutions (HEI) can maintain currency of practice, when they are not practising the day to day activities of 'hands on' nursing. However, this is not the function of the link tutor role, which is to assist the HEI to quality assure the practice component of pre and post registration nurse programmes. This highlights the need for systems that enable lecturers and university personnel to quality assure practice.

5.3 Theory practice gaps

Theory practice gaps were evident when the lecturers and students talked about what was taught in the university and how it differed from what occurred in their respective placement settings. Central to this was the expertise of the mentors. Other elements to be discussed relate to the role and behaviour students assume when in placement settings.

All students spoke enthusiastically about the theoretical component of their programme, stating that they enjoyed learning new concepts, debating, questioning and analysing theoretical content – attributes that the profession anticipated student nurse would acquire through being trained and educated under the auspices of a HEI (UKCC 1986), which has been reinforced in subsequent documentation (i.e. DH 2006, NMC 2008). However, when the students went into their respective placements, whilst many said they enjoyed these experiences, they did not appear to continue to develop some of the skills that they reported they enjoyed

learning in the university, such as debating, questioning and analysing the theoretical content that they had learnt in the university and how it might relate to the clinical practice that they were undertaking. Instead, most students got on with the work that was required and followed instructions. They reported that for most of the time they were unable to be supernumerary, which was intended to enable them to be considered as extra to, not integral to, the workforce (UKCC 1986, UKCC 1999, Nursing Midwifery Council (NMC) 2008). This finding is not new having been indicated for example by Jowett *et al* (1994), Gray and Smith (2000) and McGowan (2006). Reasons that have been provided include perceived short staffing levels (McGowan 2006, Andrews *et al* 2006) and clinical staff not understanding and/or valuing student nurses as learners (Jowett *et al* 1994, Duffy 2004 Cutherberson 1996,).

A key incentive that led all students to assume the role of a worker, rather than that of a supernumerary student, was that it made them feel that they were useful, which in turn made them popular with the clinical team. Given that the need to belong is considered to be fundamental to driving human activity and thinking (Maslow 1987, Baumeister and Leary 1995, Hagerty and Patusky 1995), this was not surprising.

These factors resulted in a gap between what the university and the professional body had agreed students should be assessed against (NMC 2004a). This concerned a number of lecturers in their other role as a personal tutor, when they were required to verify that their students were developing the necessary competencies to complete the programme and become registered nurses. Some lecturers overturned mentor decisions, and asked students to undertake additional work. This not only undermined the mentor's role, but highlighted another theory practice gap, as they required students to produce additional written evidence, not practise or demonstrate clinical skills acquisition, which is a central tenant of the practice component of pre-registration nurse programmes (UKCC 1986, UKCC 1999, NMC 2004, NMC 2008).

Concrete reasons behind this finding are complex, but if students are not being assessed against the knowledge and skills that they need to acquire by the point of registration, they may not be fit for practice, a phenomenon that came to light a decade ago resulting in a re-focusing of pre-registration nurse programmes to a competency based framework (UKCC 1999). Whether this has addressed the problem remains to be seen; some critics are sceptical because the competencies themselves are broad and subjective (Bradshaw 2000).

These findings suggest that further investigations are required to determine what knowledge and skills student nurses need to acquire, and whether or not they can be acquired if supernumerary status is not upheld by either students or mentors. The timing for this work is pertinent given that UK pre-registration nursing will become an all graduate profession by 2011 (<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3396> (accessed: 23 July 2009), the modernisation of nursing careers is firmly under way (DH 2006), there is a national review by the NMC of the content and format of pre-registration nurse education and finally the outcome of the Darzi (DH 2008) review and subsequent publication of 'High Quality Care for All' (DH 2008) has far reaching implications for all those that work within UK health care.

5.4 Mentors mentoring and assessing students in different ways

The way in which mentors supported and assessed students varied according to their expertise and years qualified as a registered nurse, and their experiences of education/training. Those that had been qualified as registered nurses for less than five years demonstrated many of the negative connotations attached to UK mentorship for student nurses. They complained that they did not have the time, a factor identified by many authors previously (e.g. Atkins and Williams 1995, Gray and Smith 2000, Andrews *et al* 2006). They focused on befriending students as opposed to developing and assessing their clinical competence, noted by Watson (1999) and Andrews and Wallis (1999). A factor that perpetuated their befriending approach appeared to be their lack of education and training on how to mentor and assess student nurses in accordance with both the

university (i.e. correct use of the CAPD) and professional body requirements (NMC 2008). This shortcoming is known to compromise effective mentorship and assessment for UK student nurses (Crotty 1993, Jinks and Williams 1994, Jowett *et al* 1994, Rogers 1995, Pulsford *et al* 2002).

Finally, the inexperienced mentors also expressed a reluctance to refer, or contact their designated link tutor if they were faced with concerns regarding a student nurse's professional and/or clinical development. This finding is not new (see for example Duffy 2004), but the requirement to undergo formal mentor training and education has recently become a statutory requirement for mentors (NMC 2008) which, given the findings of this research appears to be fitting.

Prior to registered nurses being able and/or nominated to formally mentor students they must have been qualified for one year (NMC 2008). They are also required to undertake an approved educational programme. If the 'befriending' mentor types identified here had undertaken such preparation, perhaps their approach would have been less *laissez faire*? However, the Standards (NMC 2008) had been a mandatory requirement for over six months when these mentors were interviewed. This highlights that the policy in question (NMC 2008) has not influenced all those that mentor and assess UK student nurses.

Not all of the mentors within this study behaved in this way. The more experienced mentors (i.e. those qualified as registered nurses for over five years), who had undertaken mentorship training, and were familiar with a competency based approach to assessment and appraisal (i.e. Knowledge and Skills Framework DH 2004), demonstrated that they undertook their mentor role in accordance with the Standards (NMC 2008). These mentors valued mentoring students and did not consider them as burdensome to their work. Some also viewed that student nurses could positively influence hierarchical and traditional clinical practices, which was another aspiration set by the profession (UKCC 1986) over two decades ago.

A recent UK study (Myall *et al* 2008) reported that student nurses (n=161) had generally positive and productive mentoring experiences with an allocated mentor, who they worked with on a regular basis and who had provided opportunities to discuss their learning needs. Such findings are encouraging; they support the positive findings regarding experienced mentors in my research and confirm that mentorship standards are possible to implement (NMC 2008). Knowing whether or not they are properly implemented requires robust quality assurance mechanisms between placement setting and higher education institution personnel.

5.5 Ineffective quality assurance systems between the school and placement settings

Ineffective quality assurance arrangements resulted in different practices, expectations and experiences. Despite this, all but one of the precepts (QAA 2001) were considered to have been implemented, which highlights how flexible, and/or non prescriptive the rules (QAA 2001) actually were, a phenomenon which appears not reported or debated within UK pre-registration nurse education.

Reasons behind the insubstantial quality assurance arrangements included a lack of hierarchical monitoring of the senior lecturers, and fragmented communication/feedback mechanisms between link tutors and practice placement managers. This in turn led to partnership tensions, and a general non adherence to or absence of policies and procedures. As a result, individual viewpoints and experiences dominated. The more experienced senior lecturers based what they did on their understanding of how the school and their link areas operated, whilst the inexperienced lecturers, who had not gained the organisational knowledge that their more experienced counterpart had accumulated over the years, felt frustrated and misinformed.

There is a relative lack of contemporary evidence regarding ways in which schools such as the one studied operate to ensure that they do have robust quality assurance systems in place. This is surprising given that all

UK higher education institutions have had to prepare for and undergo the 'Major Review' process studied here. However, the sparse evidence that is published on quality assuring placement learning for student nurses highlights complex tensions between higher education institutions and placement settings. Reasons for the complexity include the dynamic nature of practice settings which makes it difficult to measure and maintain specific standards that could be considered crucial to quality clinical placements for student nurses. Reported examples include not having accurate systems to inform relevant HEI personnel (e.g. link tutors) as to know how many qualified nurses there are available to mentor students, and/or the dependency and/or nursing needs of patients/clients (Callaghan and McLafferty 1997, Fritz 1997). These factors make it difficult to know what specific learning outcomes student nurses can achieve in such fluid clinical settings.

Furthermore, there is some evidence that clinical practice personnel do not always welcome the notion of being quality assured by higher education institutions, as they do not believe such personnel have the appropriate knowledge and expertise (Callaghan and McLafferty 1997, Fritz 1997). Whilst this was not overtly found in my study, tensions between some link tutors and practice placement managers were prevalent in terms of different expectations of what an appropriate clinical placement should consist of for student nurses, a conflict that both Clarke *et al* (2003) and Magnusson *et al* (2005) found when they investigated the relationship between link tutors and practice placement managers.

Considering these factors it is clear that quality assuring the practice component of pre-registration nurse programmes is far from straight forward, which goes someway to account for the ineffective systems identified in chapter 4. Yet if these environments are to be considered suitable for student nurses, as well as other learners, quality assurance systems and processes have to be established. The lack of quality assurance mechanisms is somewhat surprising given that the process of 'Major Review' was intended by the Department of Health (DH) (2001) to provide assurance that programmes produce practitioners who are safe

and competent to practice, and well equipped to work in a patient-centred NHS (QAA 2001). From the findings of my research, such assurance could not be guaranteed, which suggests that the Major Review process was not as comprehensive as the DH intended.

5.6 Conclusion

This chapter has identified a number of factors which both resonate and contrast with the literature. The aspects that have been identified in other research relate to the variable link tutoring viewpoints and experiences, student nurses not being supernumerary, students not always being mentored and assessed in accordance with professional body (NMC) or university requirements and ineffective quality assurance systems between higher education institutions and placement settings. The new insights gained from this research which are absent within the empirical literature, include the discussion of the robustness of the precepts (QAA 2001) studied and the 'Major Review' process, and the lack of information with regards to finding solutions to effectively quality assure the dynamic nature of practice learning for UK student nurses. These elements identify the unique contribution that this research has made to UK pre-registration nurse education.

The final chapter draws together the work of this thesis and includes a series of recommendations which are designed to influence or have a positive impact upon the practice component of UK pre-registration nurse education programmes.

Chapter 6.

Conclusion and recommendations

6.1. Introduction

This chapter will close the work of this thesis by drawing conclusions and offering a series of recommendations drawn from the four themes that emerged from the study. These are then followed by a critique of the research methods and process, which identifies the strengths and weaknesses of the study and the personal learning and development that has been experienced through undertaking this work. This is followed by a final section which briefly comments on the changes that occurred since this study began and their impact on the recommendations made.

6.2 Conclusions and contribution of knowledge

This study contributes to the knowledge base of UK nurse education in several ways. Firstly, by examining the ways in which the link tutors and mentors implemented the placement learning precepts (Quality Assurance Agency (QAA) (2001), it was clear that the precepts themselves did not directly influence what the link tutors and mentors did. As a result, the student nurses experienced different levels of support from these players. This prevented students from experiencing a standardised approach to the practice component of their programmes. From this it can be concluded that, at the time of the study, the precepts (QAA 2001) and the ethos of the Major Review process that related to the practice component of the programmes studied had no long term impact with regard to standardising and quality assuring the practice component of its pre-registration programmes. This finding has not been formally reported elsewhere. Instead individual values, beliefs and practices dominated the way in which the players studied, operated.

Secondly, the study highlights how broad and non-descript the precepts themselves are in guiding the school towards a standardised approach to the practice component of the programmes in question. All but one of the precepts 'Staff Development' were evidenced as being implemented and/or experienced despite the lack of consistency seen with regard to their implementation.

Thirdly, the placement learning precepts (QAA 2001) have never been researched before in their entirety. In doing this, new information came to light. Whilst the content of all of the precepts had been included in the documentary data (Clinical Assessment of Practice Document (CAPD), School Plan, and Pathway Guide) analysed, this did not guarantee that all of the precepts were fully implemented and enacted by the relevant players. This was because the instruction and guidance within the documents studied were often broad and not specific, which the design of the precepts allowed. The outcome of this enabled a) link tutors (n=9) to interpret their role and responsibilities in different ways; b) theory practice gaps to emerge, which included weak partnership relationships between link tutors and practice placement managers; c) mentors (n=7) and link tutors (n=9) interpreting the Clinical Assessment of Practice Documents (CAPD) differently; and d) mentors mentoring and assessing students in different ways.

This resulted in student nurses experiencing different types of learning opportunities and assessment practices. These did not always match the learning and development that the student nurses may need in order to ultimately practise as a competent and confident registered nurse, at the point of registration.

Additionally, there was also a lack of understanding by all players about local quality assurance systems and processes. This ranged from none of the participants (link tutors, student nurses, mentors) being familiar with the complaints procedure, or being clear about how placement learning experiences were monitored and evaluated.

As a result of these findings the working practices of the personnel (link tutors and mentors) studied has been questioned. Within the study large variations in practices were evident. A phenomenon that highlighted this was that precept 6 'Staff Development' (which required institutions to ensure that staff who are involved in placement learning are competent to fulfil their role), was not being demonstrably implemented or enacted. To

enable this school and others similar to demonstrate better implementation and enactment of precept 6 and all other precepts (QAA 2001), the following recommendations are made.

6.3 Recommendations

The following recommendations have been designed to meet both the needs of the school under study and other schools who, although they may not have the exact same practices in place that the school under study was seen to have, are offering similar programmes in similar circumstances. I have presented the recommendations related to each of the themes that emerged from the analysis of the data (see Appendix H for details of the generation of the themes).

6.3.1 Overcoming individual interpretations of the link tutor role and their responsibilities

Throughout the literature review and in reviewing the findings from this study it is clear that the link tutor role in its current format results in ad hoc systems and practices and does not always promote partnership working between link tutors and practice placement managers. It was also clear from my study that the more influential link tutors were those that enjoyed having a close interface with practice settings. To address these issues the following recommendations are made.

6.3.2. Recommendations for the school studied

- The link tutor role should be disbanded and replaced with a dedicated team of lecturers who are allocated specific time to undertake the role.
- The main functions of a dedicated team must centre on effective quality assurance of the practice component of the programmes studied in line with local (i.e. CAPD) and national policies (NMC 2008), and establishing ways of working collaboratively with practice partners.
- The dedicated team should be supported and monitored by a specific line manager who holds the overall responsibility for practice learning within the school.

6.3.3 Recommendations for other schools

- Given that the most influential link tutors were those that specifically enjoyed being a link tutor, it is suggested that other schools identify whether there is a link between link tutor enjoyment and the impact that they have on quality assuring the practice component of the programme. If this is the case, then they too may consider developing a specific team of link tutors that might not include all of the current link tutors who work within the institution.
- Whatever model the schools adopt, link tutor activities must centre on effective quality assurance of the practice component of the programmes studied in line with local (i.e. practice assessment documents) and national policies (NMC 2008) and establishing ways of working collaboratively with practice partners.
- Institutions should ensure that link tutor activities are supported and monitored by a manager who holds the overall responsibility for practice learning within the school. If schools choose to continue the traditional link tutor model (i.e. all lecturers having a link tutor function), then a dedicated manager should be identified to oversee link tutor activities.

6.3.4 Overcoming theory practice gaps

Theory practice gaps were evident in both the literature review and the findings from my study. The aim of this study was not to generate findings that could solve all of the problems that are known about the gaps between theory and practice. I have made pragmatic recommendations, which should help to make practice assessment documents more relevant to practical skill acquisition, to instigate a degree of externality with regard to assessment processes and to help students to be aware of relevant learning opportunities in clinical areas, which should help them realise their supernumerary status.

6.3.5 Recommendations for the school studied

- The CAPD should focus on practical skills acquisition.

- Guidelines should be developed to standardise the personal tutor role in verifying/moderating personal students practice assessment documents.
- Students should practise in a simulated environment the development of skills that enable them to feel confident to articulate their learning needs when in real clinical settings.

6.3.6 Recommendations for other schools

- Practice assessment documents should focus on practical skills acquisition.
- Guidelines should be developed if personal tutors have a role in verifying/moderating personal students' practice assessment documents.
- Designated university personnel (i.e. dedicated link tutors) should be tasked with monitoring and reporting on the types of activities student nurses undertake in practice settings, to ensure that they are treated as supernumerary.
- Students should practise in a simulated environment the development of skills that enable them to feel confident to articulate their learning needs when in real clinical settings.

6.3.7 Overcoming mentors mentoring and assessing students in different ways

The findings from this study highlighted that the majority of mentors were not aware of contemporary mentor standards (NMC 2008), which by this time have become mandatory requirements. To overcome this I recommend that the standards (NMC 2008) are actively marketed and monitored in the following ways.

6.3.8 Recommendations for the school studied

- School personnel and practice placement managers should actively disseminate the mentor standards (NMC 2008) to the practice setting through leaflets, intranet sites and face to face contact, as well as via the annual mentor updates.

- Student nurses should be appraised of the 'Standards' (NMC 2008), to inform them of what to expect from designated mentors.
- The 'Standards' (NMC 2008) should be included in the CAPD. For example, the mentor is required to confirm the date of their last mentor update (NMC 2008) and sign a timesheet to confirm that they have worked 40% (NMC 2008) of the time with their student.

6.3.9 Recommendations for other schools

- School personnel and practice placement managers should actively disseminate the mentor standards (NMC 2008) to the practice setting through leaflets, intranet sites and face to face contact, as well as via the annual mentor updates.
- Student nurses should be appraised of the 'Standards' (NMC 2008), to inform them of what to expect from designated mentors.
- The 'Standards' (NMC 2008) should be included in practice assessment documents. For example, the mentor is required to confirm the date of their last mentor update (NMC 2008) and sign a timesheet to confirm that they have worked 40% (NMC 2008) of the time with their student.

6.3.10 Strengthening ineffective quality assurance arrangements

The overarching findings within both the literature review and my study highlighted that there are weak quality assurance systems and processes in place with regards to the practice component of UK pre-registration nursing. This was perpetuated by partnerships tensions between some link tutors and practice placement managers, which was also evident in the literature review in Chapter 2. It is not anticipated that these issues will be addressed overnight, as some of the issues relate to the way in which rules and standards have been written by both the Government and the professional body. The following recommendations have been developed as a starting point from which schools can begin to strengthen current quality assurance arrangements.

6.3.11 Recommendations for the school studied

- A dedicated team of link tutors should focus on quality assuring pre-registration practice learning for student nurses by utilising the content of the QAA (2001) precepts and the NMC (2008) Standards as a framework. To be developed in collaboration with practice placement managers. This will enable the development of consistent practices for all concerned.
- Clear reporting mechanisms should be in place to ensure that student nurses, school personnel, mentors and any other relevant practice placement personnel know who to report their concern/query to and how their concern/query will be acted upon.
- Clear systems should be in place to enable all students to evaluate their practice learning experiences, with this information being reported back to relevant practice areas/staff (this may be achieved through an electronic system), within specific timeframes.
- An on call rota staffed by university and practice placement managers should be organised and advertised to students and mentors to enable urgent concerns to be dealt with.
- Practice related issues should become a standard agenda item on the relevant programme award committees.

6.3.12 Recommendations for other schools

- Link tutors should focus on quality assuring pre-registration practice learning for student nurses by utilising the content of the QAA (2001) precepts and the NMC (2008) Standards as a framework. This will enable the development of consistent practices. To be developed in collaboration with practice placement managers. This will enable the development of consistent practices for all concerned.
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reported back to relevant practice areas (this may be achieved through an electronic system), within specific timeframes.

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- Practice related issues should become a standard agenda item on the relevant programme award committees.

6.4 A critique of the research methods and process

Denscombe's (2008) ten point guide for social researchers has been adopted as a framework in which to write this final section within my thesis, which is a critique of the strengths and weaknesses of the study in question.

The first point that Denscombe (2008) asks researchers to consider when embarking upon an investigation is what is the researcher attempting to achieve, and how will they know it will be worthwhile? Reflecting on this question, my study ultimately set out to find out how the key players (student nurses, registered nurse mentors, link tutors) that engaged in the practice component of the School's pre-registration nurse programme operated, and whether their practices reflected the content of a set of pre-determined precepts (QAA 2001). This I considered to be worthwhile for a number of reasons. It would provide organisational knowledge about what such players do, and why, in terms of supporting and experiencing the practice component of the pre-registration nurse programmes within the school studied. This information could be utilised by the school's leaders and possibly others who deliver similar pre-registration nurse programmes to assist them to understand why certain players operate in a particular way, and whether or not their actions are as a result of organisational systems and processes, or individual values and beliefs. The benefit of ascertaining this knowledge is that it can be utilised as either an agent for necessary change or, it could facilitate the identification and development of good practices.

I was also keen to understand the content of the precepts (QAA 2001) to understand whether they do provide a robust set of rules that not only guide practice learning for pre-registration nurse programmes, but also promote equitable and standardised ways of working. The benefit of knowing this information was that it would identify if it was possible to implement and sustain this particular policy in practice within the organisational structure studied. Given that the QAA (2001) at the outset of this study was a key agent that higher education institutions in the UK had to demonstrate the quality and standard of their programmes to, understanding the content and nature of such a policy (QAA 2001) was considered to be worthwhile not only to the school studied, but for others who work within higher education settings and deliver pre-registration nurse programmes.

Denscombe (2008) also states that the other key factor that relates to knowing whether a study will be worthwhile relates the vision that investigators have of the purpose of the research. From the outset of this work I was clear that the precepts (QAA 2001) were central to the study. However, critiquing my research journey now that I am at the end, I realise that this was an ambitious project due to the number (eight) and complexity of precepts (some had more than one component). Looking back it was evident that in the early days I had fallen into some of the following pitfalls:

1. biting off more than I could chew
2. floundering in a sea of vast quantities of issues and data
3. wasting time collecting unnecessary information (Denscombe 2008)

I did overcome these challenges by developing a matrix system that I discussed when I explained the design of my study (Chapter 3), which guided the specific research activities within the study. The key benefits to the matrix system included:

1. identifying which questions to ask to particular players
2. identifying which documents to review to ascertain whether the content of the precepts were evident within them

3. providing a framework in which to analyse the data against
4. guiding the layout of the findings chapter

Due to not developing the matrix system at the outset, the timelines of the study did slip, which could be seen as a weakness to the study in question. However, on reflection the personal learning that I have experienced as a result of this weakness could yield benefits for the future. For example, when I undertake further research, the development of such a matrix system will be a primary consideration, particularly if the investigation is commissioned as a result of the policy requirements.

Furthermore, having firsthand experience of developing and using a matrix system that has been driven by policy requirements, has provided tangible benefits to other areas of work that could be particularly relevant where organisational leaders need to identify and demonstrate how they are or have implemented mandatory requirements. For example, such leaders could ask designated individuals to identify and self-appraise their practices against key requirements by developing a matrix similar to the one used in my study. This would not only bring particular policy mandates to the attention of individuals, but it would also facilitate their understanding of whether they implement and enact mandatory requirements on a day to day basis. Alternatively, it could highlight that it is not possible to implement certain directives, which would provide a clear signal to organisational leaders of the need for change, which is what this study achieved.

Likewise, a policy driven matrix may also prove to be valuable from a documentary perspective, as this particular approach could be adopted when such documents as pathway guides, manuals and assessment documents to mention a few, are being designed and written. This would ensure that mandatory policy requirements are inherent in such documentation, which in turn, if written explicitly could go some way to standardising the day to day working practices of relevant players and student learning experiences.

The second rule that Descombe (2008) identifies is that of relevance. The question posed includes, 'what is to be gained from the research?' It could be argued that there was little point in studying a set of precepts (QAA 2001) that are, by now nearly a decade old. However, the content of the precepts were, and continue to be, relevant to a significant proportion of the practice component of UK pre-registration nurse education. This has ensured that my findings are relevant to the topic in question, a factor that has enabled the research to contribute to existing knowledge.

This study has also proved to be relevant to the organisation where the case study took place, as it has been possible to make recommendations, to initiate change and improve practice at a local level. Being able to demonstrate change is a factor that Denscombe (2008) considers as fundamental to the relevance of any investigation. However, the fact that the study proved to be particularly relevant to my (then) professional role and the school under study could be seen as a weakness, as the work was vulnerable to criticism in terms of its objectivity.

This weakness has been overcome through the design of the study. I have been open and honest about my background, identified my personal thoughts and assumptions through an audit trail (Appendix A), and shared my findings with those studied and a supervisory team. Descombe (2008) warns it can be controversial to include specific reasons to justify why your research is worthwhile. In defence of this, from a practical perspective I chose the topic because it was particularly relevant to me. Given the amount of personal effort and commitment that I have had to commit to undertaking the work, seeing it as personally relevant has been essential, in terms of maintaining the momentum in order to complete the work.

The final area that ensured that the study was relevant included the findings from the literature review. This not only contextualised the research in question, but also identified the gaps in the knowledge base on the topic that my study would fill, thus ensuring that the investigation was worthwhile.

The third rule considered includes that of resources (Denscombe 2008). The issue in relation to this rule relates to the feasibility of the study being completed in time. As already identified there have been time slippages, largely due to me being a novice at the outset. However, the personal learning and development that I have experienced as a result of undertaking and completing such a detailed project cannot be underestimated. This I have evidenced through changing practice which has resulted in the school studied being judged as having an 'Outstanding Level of Achievement'¹² for practice learning (Appendix I). I have also been able to disseminate my findings at a national level (Appendix J) and have recently secured a regional post as the Education Lead for NHS West Midlands where I will be able to further develop and disseminate the knowledge and skills that this research journey has equipped me with. I would recommend such an undertaking to others who have similar ambitions as me. However, the caveat that I would emphasise relates to time and personal tenacity, which must be a primary consideration to any individual that is considering undertaking a project similar to the one described here. To emphasise this point, as a rule of thumb, Denscombe (2008) articulates that full time career researchers might plan on over 40 hours a week as a full working-week commitment; therefore part-time researchers need to set time lines realistically to allow for other work, domestic and leisure commitments that need to be crammed into a busy lifestyle. In hindsight, I was not completely realistic about my timelines, which has been costly from a personal perspective. This could have been prevented if more attention to timelines had been factored in at the outset of the study.

The fourth rule is that of originality (Denscombe 2008). From the beginning, I was aware that the Major Review process was a new concept to UK pre-registration nurse education and therefore so were the precepts

¹²The definition of outstanding includes: exceptional and consistently high performance. Good risk controls must be in place across the provision and in addition reviewers must identify specific features within the risk control system that are worthy of disseminating and emulating by other programme providers (HLSP 2008 p.33)

(QAA 2001). Although the content of the precepts was not entirely original, the way in which they had been presented (i.e. a set of rules) was new. Whilst there is a debate regarding originality, which depends upon which philosophical stance a particular study is placed within (i.e. positivist, naturalistic enquiry) (Denscombe 2008), the study in question can further defend its originality through the findings from the literature review that highlighted no definitive approach to identifying how and why relevant key players might implement and/or enact the precepts in question. This was a key reason for adopting Yin's (2003) qualitative case study approach. It was clear from the literature review that there were a number of contextual factors that could only be identified through adopting a flexible approach such as Yin's (2003). Furthermore, I set out to gain a deep understanding of how and why the precepts (QAA 2001), may or may not be implemented and enacted by relevant players, which was achieved.

The fifth rule is that of accuracy. This includes questioning the following:

1. Has the research asked the right questions?
2. Are the data sufficiently precise and detailed?
3. Do the data depict the reality of the situation?
4. Has the process of research itself distorted the findings?

(Denscombe 2008)

Much of the above has already been identified. The key strength that has militated against me not being able to answer the above questions relates to study design. For example the matrix system ensured that the right questions were posed to the relevant players, this led to the data being sufficient, precise and relevant to finding out about how and why the precepts (QAA 2001) were being implemented and enacted by the relevant players in the way that there were. In terms of ensuring that the process of the research did not distort the findings, this was overcome by developing a protocol for analysis (see Appendix F). This demonstrated how I used Miles and Huberman's (2007) process of induction and deduction, an audit trail to show how my decisions were reached, Seale's (1999) considerations for transferability of the findings and Denscombe

(2008) and Sandelowski's (1986) recommendations for ensuring dependability of the analysis process.

I have also considered the issue of credibility, in that I have tried to present my case study in such a way that readers can see sufficient depth to allow them to recognise it. Guba and Lincoln (1989) state that a study is credible when it presents such faithful interpretations that people having that experience will recognise it as their own. I did ask participants to read their interview transcripts to check that it was what they said and meant at the time of the interview. This therefore allowed them to recognise their own data. They all did and no changes were made. Furthermore, Patton (1990) suggests that credibility is also dependent on the credibility of the researcher because the researcher is central to the analysis process. In order to enhance their 'credibility' Patton (1990) suggests that researchers should make explicit what they bring in terms of qualifications, experience and perspective. This I have included within the chapter 3 of this thesis.

Further evidence that demonstrates the credibility of this research is the fact that I have been able to implement a number of recommendations from the findings of the study, this led the school studied to be externally validated as 'outstanding' from independent experts (i.e. HLSP reviewers).

The sixth rule is that of accountability, which is closely linked with accuracy. Denscombe (2008) suggests that investigators should ask; why should the reader believe the research results? The answer to this question can be found in the fact that I have provided a full account of how I have undertaken the study, from collecting the data, analysing the data to the decisions that I have made through an audit trail, which led to the conclusions and recommendations some of which I have been able to implement. These factors taken together have enabled the findings from the study to produce generalisations, which is the seventh Descombe (2008) rule.

A generalisation in this instance involves there being sufficient information about the characteristics of the sample or the cases used in the research for judgements to be made about the extent to which the findings can be expected to apply more widely (Denscombe 2008). Whilst I acknowledge that a potential limitation to the study includes the use of only one site and the sample size in terms of numbers of participants ($n=24$) and documents analysed ($n=3$). I did continue to sample until the point of data redundancy, which Lincoln and Guba (1985) advocate and I developed specific criteria in order to select particular participants and documents. These factors ensured that my sample provided rich in-depth data of the case study, which I consider to be another key strength of the research method (Yin 2003) selected.

The eighth rule could be seen as the most difficult to prove, as it relates to objectivity. Denscombe (2008, p.157) asserts:

"How can research ever really hope to be completely impartial and unbiased? Aren't the findings inevitably biased by the researcher's prior attitudes and conceptions?"

The way that I have endeavoured to maintain an open mind, relates to the development of and usage of a protocol for analysis, which I have already explained in addition to the audit tool. Furthermore, I underwent frequent (every six weeks) supervision with two research experts, who continually questioned and challenged my assumptions, draft reports and research practices. This is considered to be a strength of the overall research approach. It is therefore recommended that a form of supervision/peer review is factored in to any study design, which could take the form of an independent panel/reference group.

The ninth rule relates to that of ethics, which must ensure that the rights and interests of those affected by the research have been taken into account (Denscombe 2008). A key strength in guiding me as a novice researcher included the development of a research proposal, which was formally approved by a local ethics committee (Appendix D). This set the

parameters of the study and reiterated my professional integrity as both a registered nurse and researcher, which includes being open, honest and trustworthy (NMC 2008a). Due to my professional background, I was familiar with practicing and adhering to professional codes, and found this aspect of the research, the least challenging.

The tenth and final rule is that of proof. The question that Denscombe (2008) poses for this includes: how can you prove you are right? I am aware that there are many debates that surround the notion of 'proof', but in terms of social research is refers to something that is achieved rather than something that is 'given' (Patton 1990). Proof in this instance does not depend on edicts – truths handed down from higher authorities or religious law for example, instead proof is the product of enquiry (Polit and Beck 2006).

There are two predominant ways in which I can 'prove' the findings from my study. Firstly, it was evident from the discussions in chapter 5 that much of what I had found resonated with the findings from others' studies. This supports the notion that proving or disproving something depends on what empirical evidence there is to support what has been found (Denscombe 2008). Secondly, due to the design of the study and the development and usage of a protocol for analysis, I have attempted to demonstrate that the evidence collected has been done so in a rigorous, systematic and accountable fashion. This is another key factor that demonstrates proof from a social research perspective (Koch 1994).

However, there is a caveat to 'proof' that Denscombe (2008) refers to that is attributed to Sir Karl Popper, who argued that the available evidence can only confirm that the theory/phenomenon is right so far. It is always possible that new evidence might be found that contradicts the theory/phenomenon in question, a factor that I am acutely aware of. To explain, whilst I have been able to demonstrate an improvement in practice through implementing a number of the recommendations set, the long term success of these is not known, the school may not remain 'outstanding' if certain situations change, such as a change to the

leadership of the school and/or if certain individuals who made up the 'practice team' leave. As a result, I have devised two sets of recommendations, one that relates to the school as it was structured at the time of completion of the research, and a second set of recommendations that could be considered by other schools that may have divergent systems and processes compared to the school studied.

To know what the longevity of these recommendations could be based on Popper's argument (cited in Denscombe 2008) requires the recommendations to be widely disseminated to those who work and experience UK pre-registration nurse education. This I anticipate to achieve through continuing to disseminate this work in relevant journals and conferences such as *Nurse Education Today*. Ironically, this may 'disprove' the 'proof' on which my recommendations have been based. However, this is the only way the findings and recommendations from this study can truly be tested out. It is therefore a strategy that I am prepared to adopt.

6.5 Current developments since the completion of this study

Since this research has been undertaken there have been a number of developments within UK pre-registration nurse education. The most significant to this piece of work relates to the 'Standards to support learning and assessment in practice' (NMC 2008). When all of the data for this study was collected and analysed, UK higher education institutions and placement providers had only been formally required to implement them (NMC 2008) for six months. The Standards (NMC 2008) have now been in place for nearly two years. All UK higher education institutions and their practice partners will have undergone at least one professional body (NMC) Annual Monitoring Review. These reviews would have significantly focused on exploring ways in which schools such as the one studied have implemented and enacted the Standards (NMC 2008). I therefore acknowledge that some of my recommendations may have been serendipitously implemented and enacted by some schools that currently provide pre-registration nurse programmes. However, whilst my recommendations suggest practices that could and in some instances

should already be in place, I do believe that my recommendations provide tangible, and in some instances alternative approaches to implementing the Standards (NMC 2008), which other schools may not have considered.

Furthermore, the dissemination of this work will provide the audience/readers (which, for the majority are likely to be personnel who work in UK pre-registration nurse education) with an opportunity to reflect on how they may, or may not be demonstrably implementing the Standards (2008) within their organisations. I therefore consider that the findings from this research along with my recommendations remain contemporary and worthy of consideration for all those that are engaged in UK pre-registration nurse education.

Reference list

Andrews, G.J., Brodie, D.A., Andrews, J.P., Hillan, B., Thomas, G., Wong, J. and Rixon. (2006) Professional roles and communication in clinical placements: A qualitative study of nursing students` perceptions and some models for practice. *International Journal of Nursing Studies* **43** pp. 861-864.

Atkins, S. and Williams, A. (1995) Registered nurses experiences of mentoring undergraduate nursing students. *Journal of Advanced Nursing* **21** pp. 1006-1015.

Baggot, R. (2004) *Health and Health Care in Britain* Third Edition Basingstoke, Palgrave.

Bassett, C. (2004) *Qualitative Research in Health Care*. London, WHURR Publications.

Baumeister, R. and Leary, M. (1995) The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin* **117** pp. 497-529.

Bowling, A. (1997) Research Methods in Health: Investing Health and Health Services. Buckinghamshire, Open University Press.

Bradshaw, A. (2000) Competence and British nursing: a view from history. *Journal of Clinical Nursing* **9** (3) pp. 321-329.

Bray, L. and Nettleton, L. (2007) Assessor or mentor? Role confusion in professional education. *Nurse Education Today* **27** pp. 848-855.

Cahill, H.A. (1997) What should nurse teachers be doing? A preliminary study. *Journal of Advanced Nursing* **26** pp. 146-153.

Callaghan, I.H. and McLafferty, I.H. (1997) An audit tool for assessing the learning environment for Project 2000. *Nurse Education Today* **17** pp. 338-342.

Carr, G. (2007) Changes in nurse education: Being a nurse teacher. *Nurse Education Today* **27** pp. 893-899.

Chan, D. (2001) Development of an innovative tool to assess hospital learning environments. *Nurse Education Today* **21** pp. 624-631.

Clarke, A., McKee, M. and Appleby, J. (1993) Efficient Purchasing. *British Medical Journal* **307** pp. 1436-1437.

Clarke, C., Gibb, C.G. and Rampros, V. (2003) Clinical learning environments: an evaluation of an innovative role to support pre-registration nursing placements. *Learning in Health and Social Care* **2** (2) pp. 105-115.

Clifford, C. (1993) The clinical role of the nurse teacher in the United Kingdom. *Journal of Advanced Nursing* **18** (2) pp. 281-289.

Clifford, C. (1995) *The clinical role of the nurse teacher*. PhD thesis, University of Birmingham, School of Education, Birmingham.

Clifford, C. (1996a) Nurse teacher's clinical work: a survey report. *Journal of Advanced Nursing* **23** pp. 603-611

Clifford, C. (1996b) Role – a concept explored. *Journal of Advanced Nursing* **23** pp. 1135-1141.

Clifford, C. (1999) The clinical role of the nurse teacher: a conceptual framework. *Journal of Advanced Nursing* **30** (1) pp. 179-185.

Cresswell, J. (1998) *Qualitative Inquiry and Research Design; Choosing The Five Traditions* Sage Publications London.

Crotty, M. (1993) Clinical role activities of nurse teachers in P2000 programmes. *Journal of Advanced Nursing* **18** pp. 460-464.

Crow, S. and Pope, R. (2002) *A decade of educational research and development in nursing and midwifery: analysis and meta-synthesis of the evidence commissioned by the ENB 1990-2001*. English National Board for Nursing, Midwifery and Health Visiting, London.

Cutherberson, P. (1996) Attitudes to Project 2000. A survey of qualified nurses. *Nursing Standard* **11** (11) pp. 38-41.

Dale, A.E. (1994) The theory-practice gap: the challenge for nurse teachers. *Journal of Advanced Nursing* **20** pp. 521-524.

Denscombe, M. (2008) *Ground Rules for Good Research: a 10 point guide for social researchers*. Buckingham Open University Press.

Denzin, N.K. and Lincoln, Y.S. (2005) *The Sage Handbook of Qualitative Research*. Third Edition London Sage Publications Thousand Oaks.

Department of Health and Social Security (1983) *The Griffiths Report, NHS Management Inquiry*. London, HMSO.

Department of Health (1989) *Community Care Agenda for Action*. London, HMSO.

Department of Health (1989a) *A Strategy for Nursing*. London, HMSO.

Department of Health and Social Security (1989b) *Working for Patients*. London, HMSO.

Department of Health (1997) *The New NHS Modern, Dependable*. London, The Stationery Office.

Department of Health (1998) *A First Class Service: A Quality Service*. London, The Stationery Office

Department of Health (1999) *Making a Difference Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care*. London, The Stationery Office.

Department of Health (2000) *The NHS Plan: A Plan for Investment: A Plan for Reform*. London, The Stationery Office.

Department of Health (2001) *Placements in Focus. Guidance for education in practice for health care professions*. English National Board and Department of Health Cambridge Jill Rogers Associates.

Department of Health (2003) *Streamlining Quality Assurance in Healthcare Education: Purpose and Action*. London, The Stationery Office.

Department of Health (2004) The Knowledge and Skills Framework (NHS KSF) and the Development Review Process. [Online] Available at <http://www.dh.gov.uk/> (Accessed December 20th 2007).

Department of Health (2006) *Modernising Nursing Careers – Setting the Direction*. London Department of Health.

Department of Health (2008) High quality care for all: NHS Next Stage Review. London Crown Copyright.

Depoy and Gitlin (1994) sited in le May, A. (1999) Evidence-based practice. *Nursing Times Clinical Monographs No 1*. London, NTBOOKS, Emap Healthcare Ltd.

Draper, P. (1995) The merger of the United Kingdom colleges of nursing with university departments of nursing; prospects, problems and promises. *Journal of Advanced Nursing* **23** (3) pp. 215-216.

Duffy, K. (2004) Failing Students report. London Nursing and Midwifery Council.

Dunn, S.V. and Hansford, B. (1997) Undergraduate nursing students`

Earnshaw, G. (1995) Mentorship: the students view. *Nurse Education Today* **15** (13) pp. 274-279.

Ellis, R. and Hogard, E. (2003) Two deficits and a solution? Explicating and evaluating the clinical facilitation using consultative methods and multiple stakeholders` perspectives. *Learning in Health and Social Care* **2** pp. 18-27.

English National Board For Nursing, Midwifery and Health Visiting (1987) Circular 1987/28/MAT. Institutional and Course Approval Process. Information Required Criteria and Guidelines. ENB, London.

English National Board For Nursing, Midwifery and Health Visiting (1988) Circular 1988/39/MAT. Institutional and Course Approval Process. Information Required Criteria and Guidelines. ENB, London.

English National Board (1989) *Preparation of teachers, practitioners / teachers, mentors and supervisors in the context of Project 2000*. London, English National Board.

English National Board (1993) *Standards for Approval of Higher Education Institutions and Programmes*. London, ENB.

English National Board for Nursing, Midwifery and Health Visiting (1995) *Regulations and guidelines for the approval of institutions and courses*. ENB, London.

English National Board (1998) *The Role of the Teacher/Lecturer in Practice*. ENB, England.

English National Board (2000) *Education in Focus; Strengthening Pre-registration Nursing and Midwifery Education*. London, ENB.

English National Board and Department of Health (2001) *Placements in Focus: Guidance for education in practice for health care professions*. ENB and DH, London.

Fisher, M.T. (2005) Exploring how nurse lecturers maintain clinical credibility. *Nurse Education in Practice* 5 (1) pp. 21-29.

Fretwell, J.E (1985) *Freedom to Change – The Creation of a Ward Learning Environment*. London, Royal College of Nursing.

Fritz, K. (1997) Compiling a placement audit tool; a case study of one college's approach use of the Qualcube Model in developing an audit tool for student placement areas. *Nurse Education Today* 17 pp. 403-407.

Fulbrook, P., Rolfe, G., Albaran, J. And Boxall, F. (2000) Fit for practice: Project 2000 student nurses' views on how well the curriculum prepares them for clinical practice. *Nurse Education Today* 20 pp. 350-357.

Goad, N. (1992) Growing pains and gains. *Nursing Standard* 6 (36) pp. 46-47.

Gomm, R., Needham, G. and Bullman, A. (2000) *Evaluating Research in Health and Social Care*. London, SAGE Publications.

Gray, M.A. and Smith L.N. (2000) The qualities of an effective mentor from the students nurses` perspective: findings from a longitudinal qualitative study. *Journal of Advanced Nursing*. 32 6 pp. 1542-1549.

Great Britain Parliament (1998) *Data Protection Act 1998*. London: HMSO.

Grimshaw, J., McAuley, L.M., Bero, L.A., Grilli, R., Oxman, A.D., Ramsay, C., Vale, L. and Zwarenstein, M. (2003) Systematic reviews of the

effectiveness of quality improvement strategies and programmes. *Quality Safe Health Care* **12** pp. 298-303.

Guba, E. and Lincoln, Y. (1989) Fourth Generation Evaluation. California: SAGE Publications.

Hagerty, B. and Patusky, K. (1995) Developing a measure of sense of belonging. *Nursing Research* **44** pp1-4.

Health and Life Sciences Partnership (2008) Quality Assurance Handbook. [Online] 1st January 2009, <http://www.hlsp.org/files/page/116720> (Accessed: 20 February 2009).

Humphreys, J. (1996) English nurse education and the reform of the National Health Service. *Journal of Education Policy* **11** pp. 655-679.

Jinks, A.M and Williams, R.H. (1994) Evaluation of a community staff preparation strategy for teaching, assessing and mentorship of Project 2000 diploma students. *Nurse Education Today* **14** (1) pp. 44-51.

Jowett, S., Walton, I. and Payne, S. (1994) *Challenges and Changes in Nurse Education – A study of the implementation of Project 2000*. Slough, National Foundation for Research in England and Wales.

Kendrick, K. and Simpson, A. (1992) *The nurses` reformation: philosophy and pragmatics of Project 2000*. In Soothill, K., Henry, C and Kendrick, K. (eds) *Themes and perspectives in nursing*. London, Chapman and Hall.

Lankshear, A. (1990) Failure to fail: the teacher's dilemma. *Nursing Standard* **4** (20) pp.35-37.

Koch, T. (1994) Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing* **Vol 19** pp. 976-986.

Lathlean, J. (1989) *Policy Making in Nurse Education*. Oxford, Ashdale Press.

Le Var, R.M.H. (1997) Project 2000; a new preparation for practice- has policy been realised. *Nurse Education Today* **17** pp. 263-273.

Leonard, A. and Jowett, S. (1992) *Charting the Course*: a study of six ENB pilot schemes in pre-registration nurse education. Slough, National Foundation for Educational Research in England and Wales.

Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. Newbury Park and London Sage Publications.

Lindop, E. (1989) Individual stress and its relationship to termination of nurse training. *Nurse Education Today* **9** (3) pp. 172-179.

Lindop, E. (1999) A comparative study of stress between pre- and post- Project 2000 students. *Journal of Advanced Nursing* **29** (4) pp. 967-973.

Luker, K., Carlisle, C. and Kirk, S. (1995) *The Evolving Role of the Nurse Teacher in Light of Educational Reforms*. English National Board, London.

Macleod Clark, J., Maben, J. and Jones, K. (1996) *Project 2000: Perceptions of the Philosophy and Practice of Nursing*. London, English National Board for Nursing Midwifery and Health Visiting.

Macleod Clark, J., Maben, J. and Jones, K. (1996) *Project 2000: Perceptions of the Philosophy and Practice of Nursing*. London, English National Board for Nursing Midwifery and Health Visiting.

Magnusson, C., O'Driscoll, M. and Smith, P. (2005) New roles to support practice learning – can they facilitate expansion of placement capacity? *Nurse Education Today* **27** pp. 643-650

Marshall, C. and Rossman, G.B. (1999) *Designing Qualitative Research* Third Edition Sage Publications Thousand Oaks London.

Maslow, A. (1987) Motivation and Personality, third edition, New York Harper Row.

McGowan, B. (2006) Who do they think they are? Undergraduate perceptions of the definition of supernumerary status and how it works in practice. *Journal of Clinical Nursing* **15** pp. 1099-1105.

Midgley, K. (2006) Pre-registration student nurses perception of the hospital-learning environment during clinical placements. *Nurse Education Today* **26** pp. 338-345.

Miles, M.B. and Huberman, A.M. (1994) An Expanded Sourcebook Qualitative Data Analysis Second Edition London SAGE Publications

Miles, M.B. and Huberman, A.M. (2007) An Expanded Sourcebook. Qualitative Data Analysis. Second Edition SAGE London Publications.

Myall, M., Levett-Jones, T. and Lathlean, J. (2008) Mentorship in contemporary practice: the experiences of nursing students and practice mentors. *Journal of Clinical Nursing* **17** pp. 1834-1842.

Nolan, M., Morgan, L., Curran, M., Clayton, J., Gerrish, K. and Parker, K. (1998) Evidence- based care: how can we overcome the barriers? *British Journal of Nursing* **7** (20) pp. 1273-1278.

Nursing Midwifery Council (2002) Requirements for Pre-registration Nursing Programmes. London, Nursing Midwifery Council.

Nursing Midwifery Council (2004) Code of Professional Conduct, London Nursing Midwifery Council.

Nursing Midwifery Council (2004a) Standard of Proficiency for Pre-registration Nursing Education. London, NMC.

Nursing Midwifery Council (2008) Standards to support learning and assessment in practice, London Nursing Midwifery Council.

Nursing Midwifery Council (2008a) The Code; Standards of conduct, performance and ethics for nurses and midwives London, Nursing Midwifery Council.

Nursing Midwifery Council (2009) Amendment to Standards of proficiency for pre-registration nursing education (NMC 2004) relating to adult branch programmes and compliance with Directive 2005/36/EC On the recognition of professional qualifications. NMC Circular 04/2009.

Ovreitveit, J. (1992) *Health Service Quality*. An introduction to quality methods for health services Oxford, Blackwell Sciences

Oxford Dictionary and Thesaurus (2007) Oxford, Oxford University Press

Parahoo, K. (2006) *Nursing Research Principles, Process and Issues*. Second Edition Hampshire PALGRAVE MACMILLAN.

Parasuraman, A. (1985) A conceptual model of service quality and its implications for future research. *Journal of Marketing* **4** pp.28-32.

Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods*. Second Edition London Sage Publications.

Phillips, R.M., Davies, W.B. and Neary, M. (1996) The practitioner-teacher: a study in the introduction of mentors in the pre-registration nurse education programmes in Wales: part 2. *Journal of Advanced Nursing*. **23** pp. 1080-1088.

Polit, D.F. and Beck, C. (2006) *Essentials of Nursing Research Methods, Appraisal and Utilisation* Sixth Edition Lippincott Williams and Wilkins.

Popper, K. (1959) *The Logic of Scientific Discovery*. London Hutchinson cited in Denscombe, M. (2008) *Ground Rules for Good Research: a 10 point guide for social researchers*. Buckingham, Open University Press.

Pulsford, D., Boit, K. and Owen, S. (2002) Are mentors ready to make a difference? A survey of mentor's attitudes towards nurse education. *Nurse Education Today* **22** pp. 439-446.

Quality Assurance Agency (2001) Code of practice for the assurance of academic quality and standards in higher education. Section 9 Work-based and placement learning. Gloucester Quality Assurance Agency for Higher Education.

Ramage, C. (2004) Negotiating multiple roles: link tutors in clinical nursing practice. *Journal of Advanced Nursing* **45** (3) pp.287-296

Randle, J., Timmons, S., and Park, J. (2005) Bridging the gap: evaluating the role of clinical placement development facilitators. *Journal of Clinical Nursing* **8** pp. 41-48.

Royal College of Nursing (1985) *The Education of Nurses: A New Dispensation*. The Judge Report. London, RCN.

Rogers, P. (1995) Self-assessment of Project 2000 supervision. *Nursing Times September* **27** Vol 91, No 39 pp. 42-45.

Sandelowski, M. (1986) The problem of rigour in qualitative research. *Advances in Nursing Science*. Vol. 8 (3) pp.27-37

Seale, C. (1999) *The Quality of Qualitative Research*. London: SAGE Publications.

United Kingdom Central Council (1986) *Project 2000 UKCC A New Preparation for Practice*. London UKCC.

United Kingdom Central Council (1999) *Fitness for Practice*. London: UKCC.

Wakefield, A. (2000) Tensions experienced by student nurses in a changed NHS culture. *Nurse Education Today* **20** pp. 571-578.

United Kingdom Central Council (2000) *Standards for the Preparation of teachers of Nursing, Midwifery and Health Visiting*. London, UKCC.

Watson, S. (2004) Mentor Preparation: reasons for undertaking the course and expectations of the candidates. *Nurse Education Today* **24** pp. 30-40.

Watson, N.A. (1999) Mentoring today - the student's view. An investigative case study of pre-registration nursing students' experiences and perceptions of mentoring in one theory/practice module in the Common Foundation Programme on a Project 2000 course. *Journal of Advanced Nursing* **29** (1) pp. 254-262.

Watson, S. (2000) The support that mentors receive in the clinical setting. *Nurse Education Today* **20** pp. 585-592.

Watson, H.E. and Harris, B. (1999) *Supporting Students in Practice Placements in Scotland*. Glasgow Caledonian University: Department of Nursing and Community Health.

Wilson-Barnett, J., Butterworth, T., White, E., Twinn, S., Davies, S. and Riley, L. (1995) Clinical support for Project 2000 nursing students: factors influencing the process. *Journal of Advanced Nursing* **21** (6) pp. 1152-158.

White, R. (1985) *The Effects of the NHS on the Nursing Profession 1948-1961*. King's Fund, London.

Wright, J. and Hill, P. (2003) *Clinical Governance*. London, Churchill Livingstone.

Yin R.K. (1994) *Case Study Research Design and Methods* Second Edition London Sage Publications.

Yin, R.K. (2003) *Case Study Research Design and Methods* Third Edition
London: Sage Publications.

Websites

http://www.direct.gov.uk/en/AdvancedSearch/Searchresults/index.htm?fu_lIText=devolution

<http://www.casp-birmingham.org/>

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3396>

Appendix A Working Paper critiquing the literature – Qualitative studies

Author/s	Andrews <i>et al</i> (2006)	Atkins and Williams (1995)	Cahill (1997)	Carr (2009)	Clifford (1999)
Was there a clear statement of the aims/goal of the research	Yes – the experiences and perceptions of students regarding communication between the HEI and practice setting.	Yes- to explore and analyse RN experiences of mentoring students	Yes- find out what student nurses think about mentoring	Yes- examine the changes in nurse education	Yes – conceptualise how nurse teachers viewed their link tutor role
Why it is important	Adds to the knowledge base	Provides mentor views on the topic	Provides insight into the topic of mentors	Adds to the knowledge base	Provides detail regarding the evolving role of the link tutor
Is a qualitative methodology appropriate	Yes	Yes	Yes	Yes	Yes
If the research seeks to Interpret or illuminate the actions and/or subjective experiences of research participants	Both	Illuminate	Illuminate	Illuminate	Interpret
If the researcher explained how the participants were selected	Advertising	Purposive sampling	No	Email invitation	Reported elsewhere
If they explained why the participants selected were the most appropriate to provide access to the type of knowledge sought by the study	Practical and personal	Purposive sampling	No	No	Reported elsewhere
If there are any discussions around recruitment - why some chose not to take part	Just that it involved advertisements	Yes	No	No	Reported elsewhere
Were the data collected in a way that addressed the research issues	Yes	Yes	Yes	Yes	Yes
If the setting for the data was justified	No	Not discussed	No	Not discussed	Not discussed
If the researcher has justified the method chosen	Yes	Yes	Yes	Yes	No

Author/s	Andrews <i>et al</i> (2006)	Atkins and Williams (1995)	Cahill (1997)	Carr (2009)	Clifford (1999)
If the researcher has made the methods explicit- for interviews how may were conducted, did they use a topic guide	Yes	Yes	Yes	No	Yes – interview guides
If methods were modified during the study	Yes after 7 focus groups – saturation was reported	Not known	Not discussed	Not discussed	Not discussed
Is the form of data clear - i.e. Tape recordings, notes etc.	Yes – notes and tape recording	Yes – tape recording	Yes – notes and tape recording	Yes – tape recording	Yes – tape recording
Has the relationship between researcher and participant been adequately addressed/ their role and in formulation the research questions and data collection	No	Not discussed	Not discussed	No	Not discussed
How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	Yes – method was modified	Not discussed	Not discussed	Not discussed	Not discussed
Have ethical issues been taken into account?	Not discussed	Yes	Yes	Not discussed	Not discussed
If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained.	Not discussed	Yes	Yes – participants had an opportunity to check and validate their transcripts	No	Not discussed
If the researcher discussed issues raised by the study – informed consent, confidentiality	Not discussed	Yes	Yes	No	Not discussed
If approval had been sought from an ethics committee	No	No	No	No	Not discussed

Author/s	Andrews <i>et al</i> (2006)	Atkins and Williams (1995)	Cahill (1997)	Carr (2009)	Clifford (1999)
Was the data analysis sufficiently rigorous	NVIVO and dedicated meetings with other researchers	Not specific	Not discussed	Yes	Theoretical framework applied
If there is an in-depth description of the analysis process	No	No	Not discussed	Yes	Not discussed
If thematic analysis is used – if so is it clear how the categories/themes were derived from the data	NVIVO	Coding and categorisation	Not discussed	Yes	Not discussed
Whether the researcher explains how the data presented was selected from the original sample to demonstrate the analysis process	No	Not discussed	Not discussed	No	Not discussed
If sufficient data are presented to support the findings	Yes	Yes	Yes	Yes	Yes
To what extent contradictorily data are taken into account	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed
Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	No	No	Not discussed	No	Not discussed
Is there a clear statement of findings	Yes	Yes	Yes	Yes	Yes
If the findings are explicit	Yes	Yes	Yes	Yes	Yes
If there is adequate discussion of the evidence both for and against the researcher's argument	No	No	No	No	Yes
If the researcher has discussed the credibility of their findings	Yes a team approach	Reflexivity was used and more than one analyst	Yes	No	Yes
If the findings are discussed in	Yes	Yes	No	Yes	Yes

Author/s	Andrews <i>et al</i> (2006)	Atkins and Williams (1995)	Cahill (1997)	Carr (2009)	Clifford (1999)
relation to the original research questions					
How valuable is the research?	Adds to the knowledge base	New finding – mentoring can be positive	Adds to the knowledge base	Adds to the knowledge base	Adds to the knowledge base
If the researcher discussed the contribution that the study makes to existing knowledge – does it fit with policy?	Yes	Yes	Yes	Yes	Yes – the future role of nurse teacher in clinical practice
If they identify new areas where research is necessary	Yes	Yes	Yes	Yes	Yes
If the researchers have discussed whether or how the findings can be transferred to other populations	Yes	No	No	Yes	No

Author/s	Crotty (1993)	Fisher (2005)	Gray and Smith (2000)	Hutchings <i>et al</i> (2005)	Jowett <i>et al</i> (1994)
Was there a clear statement of the aims/goal of the research	Yes- identify the clinical role activities of the nurse education following the introduction of Project 2000	Ys – explore what is meant by the term clinical credibility	Yes- discover the effects of mentorship on student nurses	Yes- explore how decisions are made on student numbers in practice	Yes - overview of the findings amassed during the research that can be incorporated into future development of UK pre-registration nursing
Why it is important	Views of nurse tutors as link tutors	Adds to the knowledge base	Adds to the knowledge base	Adds to the knowledge base	Seminal work
Is a qualitative methodology appropriate	Yes	Yes	Yes	Yes	Yes
If the research seeks to Interpret or illuminate the actions and/or subjective experiences of research participants	Interpret	Both	Both	Illuminate	Both
If the researcher explained how the participants were selected	Yes	No	Yes	Purposive sampling	Yes
If they explained why the participants selected were the	Based on geographical spread	Purposive sampling	Personal invitation	Yes – considered to be key stakeholders	Yes

Author/s	Crotty (1993)	Fisher (2005)	Gray and Smith (2000)	Hutchings <i>et al</i> (2005)	Jowett <i>et al</i> (1994)
most appropriate to provide access to the type of knowledge sought by the study					
If there are any discussions around recruitment - why some chose not to take part	No	No	Yes	No	Yes
Were the data collected in a way that addressed the research issues	Yes	Yes	Yes	Yes	Yes
If the setting for the data was justified	Not discussed	Not discussed	Convenience	Not discussed	Yes- pilot sites
If the researcher has justified the method chosen	Yes – results from previous Delphi study	Yes	Yes	Yes	Yes
If the researcher has made the methods explicit- for interviews how may were conducted, did they use a topic guide	Yes	Yes	Yes	Yes- standard schedule	Yes – interviews and field notes
If methods were modified during the study	Not discussed	Not known	Not discussed	Not discussed	Not discussed
Is the form of data clear - i.e. Tape recordings, notes etc.	Yes - tape recording	Yes – tape recording and notes	Yes – notes and tape recording	Yes – tape recording and notes	Field notes and tape recordings
Has the relationship between researcher and participant been adequately addressed/ their role and in formulation the research questions and data collection	Not discussed	Yes - discussed	Not discussed	No	Not discussed
How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed
Have ethical issues been taken into account?	Not discussed	Yes	Yes	Yes	Not discussed

Author/s	Crotty (1993)	Fisher (2005)	Gray and Smith (2000)	Hutchings <i>et al</i> (2005)	Jowett <i>et al</i> (1994)
If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained.	Not discussed	Yes	Yes	No	Not discussed
If the researcher discussed issues raised by the study – informed consent, confidentiality or how they handled the effects of the study on the participants	Not discussed	No	Yes	No	Not discussed
If approval had been sought from an ethics committee	Not discussed	No	Yes	No	Not discussed
Was the data analysis sufficiently rigorous	Not discussed	Not specific	NUDIST used	Yes	Not discussed
If there is an in-depth description of the analysis process	No	No	Yes	Yes	Not discussed
If thematic analysis is used – if so is it clear how the categories/themes were derived from the data	Not discussed	Thematic analysis	Yes	Yes	Not discussed
Whether the researcher explains how the data presented was selected from the original sample to demonstrate the analysis process	Not discussed	No	No	No	Not discussed
If sufficient data are presented to support the findings	Yes	Yes	Yes	Yes	Yes
To what extent contradictорily data are taken into account	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed
Whether the researcher critically examined their own role, potential bias and	Not discussed	No	Not discussed	No	Not discussed

Author/s	Crotty (1993)	Fisher (2005)	Gray and Smith (2000)	Hutchings <i>et al</i> (2005)	Jowett <i>et al</i> (1994)
influence during analysis and selection of data for presentation					
Is there a clear statement of findings	Yes	Yes	Yes	Yes	Yes
If the findings are explicit	Yes	Yes	Yes	Yes	Yes
If there is adequate discussion of the evidence both for and against the researcher's argument	No	No	No	No	No
If the researcher has discussed the credibility of their findings	Not discussed	Yes respondent validation	No	Yes	Yes
If the findings are discussed in relation to the original research questions	Yes	Yes	No	Yes	Yes
How valuable is the research?	Provides evidence to demonstrate challenges of being a nurse tutor and having a link tutor role	Adds to existing knowledge base	Only example of a longitudinal study	Adds to what is known	Seminal work
If the researcher discussed the contribution that the study makes to existing knowledge – does it fit with policy?	Yes	Yes	Yes	NO	Yes
If they identify new areas where research is necessary	Yes	Yes	Yes	Yes	Yes
If the researchers have discussed whether or how the findings can be transferred to other populations	No	Yes	Yes	Yes	No

Author/s	Leonard and Jowett (1990)	Macleod Clark <i>et al</i> (1996)	Magnusson <i>et al</i> (2007)	McGowan (2006)	Ramage (2004)
Was there a clear statement of the aims/goal of the research	Yes-independent evaluation of the initial phase of Project 2000	Yes- explore teachers, practitioners and managers perceptions of the philosophy of Project 2000	Yes- experiences and view of practice placement managers	Yes- Ho students define supernumerary status	Yes – gain a better understanding of the experience of lecturers in practice

Author/s	Leonard and Jowett (1990)	Macleod Clark <i>et al</i> (1996)	Magnusson <i>et al</i> (2007)	McGowan (2006)	Ramage (2004)
Why it is important	Early evidence of the impact of Project 2000	Early evaluation evidence	Adds to the knowledge base	Adds to the knowledge base	Adds to the knowledge base
Is a qualitative methodology appropriate	Yes	Yes	Yes	Yes	Yes
If the research seeks to Interpret or illuminate the actions and/or subjective experiences of research participants	Illuminate	Both	Illuminate	Illuminate	Both
If the researcher explained how the participants were selected	No	Yes	Yes	Yes	Yes
If they explained why the participants selected were the most appropriate to provide access to the type of knowledge sought by the study	Yes- pilot sites	Yes	Yes represented three counties	Yes – convenient	Yes
If there are any discussions around recruitment - why some chose not to take part	No	Yes	No	Yes	No
Were the data collected in a way that addressed the research issues	Yes	Yes	Yes	Yes	Yes
If the setting for the data was justified	Yes	Yes	Not discussed	Not discussed	Yes
If the researcher has justified the method chosen	No	Yes	Yes	Yes	Yes
If the researcher has made the methods explicit- for interviews how may were conducted, did they use a topic guide	No	Yes	Yes	Yes- topic guide	Yes – interviews and field notes
If methods were modified during the study	Not discussed	Not known	Not discussed	Not discussed	Not discussed

Author/s	Leonard and Jowett (1990)	Macleod Clark <i>et al</i> (1996)	Magnusson <i>et al</i> (2007)	McGowan (2006)	Ramage (2004)
Is the form of data clear - i.e. Tape recordings, notes etc.	Yes – tape recording and field notes	Yes – tape recording and notes	Yes – notes and tape recording	Yes – tape recording and notes	Yes - tape recordings
Has the relationship between researcher and participant been adequately addressed/ their role and in formulation the research questions and data collection	Not discussed	Yes - discussed	Not discussed	No	Not discussed
How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	Not discussed	Yes	Not discussed	Not discussed	Not discussed
Have ethical issues been taken into account?	Not discussed	Yes	Yes	Yes	Yes
If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained.	Not discussed	Yes	Yes	Yes	Yes
If the researcher discussed issues raised by the study – informed consent, confidentiality or how they handled the effects of the study on the participants	Not discussed	No	Yes	Yes	Not discussed
If approval had been sought from an ethics committee	Not discussed	Not identified	Yes	Yes – local ethics committee	Yes
Was the data analysis sufficiently rigorous	Not discussed	Yes	NUDIST used	No discussed	Yes
If there is an in-depth description of the analysis process	No	Yes	Yes	No	Not discussed

Author/s	Leonard and Jowett (1990)	Macleod Clark <i>et al</i> (1996)	Magnusson <i>et al</i> (2007)	McGowan (2006)	Ramage (2004)
If thematic analysis is used – if so is it clear how the categories/themes were derived from the data	Not discussed	Yes	Yes	Not discussed	Constant comparative method
Whether the researcher explains how the data presented was selected from the original sample to demonstrate the analysis process	Not discussed	Yes	No	No	Not discussed
If sufficient data are presented to support the findings	Yes	Yes	Yes	Yes	Yes
To what extent contradictorily data are taken into account	Not discussed	Not discussed	Not discussed	Not discussed	Not discussed
Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	Not discussed	No	Not discussed	No	Not discussed
Is there a clear statement of findings	Yes	Yes	Yes	Yes	Yes
If the findings are explicit	Yes	Yes	Yes	Yes	Yes
If there is adequate discussion of the evidence both for and against the researcher's argument	No	Yes	No	No	No
If the researcher has discussed the credibility of their findings	No	Yes	No	No	Yes
If the findings are discussed in relation to the original research questions	Yes	Yes	No	Yes	Yes
How valuable is the research?	Seminal evidence	Thorough report with a	Only example of a	Adds to what is known about supernumerar	Adds to what is known about nurse

Author/s	Leonard and Jowett (1990)	Macleod Clark <i>et al</i> (1996)	Magnusson <i>et al</i> (2007)	McGowan (2006)	Ramage (2004)
		substantial sample size that provide more information about Project 2000	longitudinal study	y status	lecturers and their practice role
If the researcher discussed the contribution that the study makes to existing knowledge – does it fit with policy?	Yes	Yes	Yes	Yes	Yes
If they identify new areas where research is necessary	Yes	Yes	Yes	Yes	Yes
If the researchers have discussed whether or how the findings can be transferred to other populations	No	Yes	Yes	Yes	Yes

Author/s	Wakefield (2000)	Watson (1999)	Wilson-Barnett <i>et al</i> (1995)
Was there a clear statement of the aims/goal of the research	Yes - to follow the clinical development of four students and analyse how they managed their role within the ward environment	Yes - To investigate the mentoring from experiences of student nurses during CFP	Yes – to analyse the concept of teacher, supporter, mentor and supervisor and the interpretation of these
Why it is important	Adds to the knowledge base	Adds to the knowledge base	Adds to the knowledge base
Is a qualitative methodology appropriate	Yes	Yes	Yes
If the research seeks to Interpret or illuminate the actions and/or subjective experiences of research participants	Interpret	Illuminate	Both
If the researcher explained how the participants were selected	No	No	Yes
If they explained why the participants selected were the	No	No	Yes – experiences of mentorship

Author/s	Wakefield (2000)	Watson (1999)	Wilson-Barnett <i>et al</i> (1995)
most appropriate to provide access to the type of knowledge sought by the study			
If there are any discussions around recruitment - why some chose not to take part	No	No	Yes
Were the data collected in a way that addressed the research issues	Yes	Yes	Yes
If the setting for the data was justified	No	No	Yes
If the researcher has justified the method chosen	No	No	Yes
If the researcher has made the methods explicit- for interviews how may were conducted, did they use a topic guide	Yes- observation and field notes	Interview schedule	Interview schedule
If methods were modified during the study	Not known	Not known	Not known
Is the form of data clear - i.e. Tape recordings, notes etc.	Yes	Yes	Yes
Has the relationship between researcher and participant been adequately addressed/ their role and in formulation the research questions and data collection	Yes – the underpinnings of ethno methodology was discussed	Not discussed	Not discussed
How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	Not discussed	Not discussed	Not discussed
Have ethical issues been taken into account?	Not discussed	Not discussed	Not discussed
If there are sufficient details of how the research	Not discussed	Not discussed	Not discussed

Author/s	Wakefield (2000)	Watson (1999)	Wilson-Barnett <i>et al</i> (1995)
was explained to participants for the reader to assess whether ethical standards were maintained.			
If the researcher discussed issues raised by the study – informed consent, confidentiality or how they handled the effects of the study on the participants	Not discussed	Not discussed	Not discussed
If approval had been sought from an ethics committee	Not known	Not known	Not known
Was the data analysis sufficiently rigorous	Not discussed	Content analysis used	Not discussed
If there is an in-depth description of the analysis process	No	Emerged categories identified from the research questions	Not discussed
If thematic analysis is used – if so is it clear how the categories/themes were derived from the data	Not discussed	Not discussed	Not discussed
Whether the researcher explains how the data presented was selected from the original sample to demonstrate the analysis process	Not discussed	Not discussed	Not discussed
If sufficient data are presented to support the findings	Unable to make a judgement	Brief findings	Yes
To what extent contradictorily data are taken into account	Not discussed	Not discussed	Not discussed
Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	No	No	No
Is there a clear statement of findings	No	Yes	Yes
If the findings are explicit	No	No	Partial

Author/s	Wakefield (2000)	Watson (1999)	Wilson-Barnett <i>et al</i> (1995)
If there is adequate discussion of the evidence both for and against the researcher's argument	No	No	No
If the researcher has discussed the credibility of their findings	Yes - triangulation	Yes	Yes
If the findings are discussed in relation to the original research questions	Yes	Yes	Yes
How valuable is the research?	Identifies the experiences of a small number (n=4) of students	Adds to what is known about the CFP	Adds to what is known about mentorship
If the researcher discussed the contribution that the study makes to existing knowledge – does it fit with policy?	No	No	Yes
If they identify new areas where research is necessary	No	No	Yes

Appendix 1 Working Paper critiquing the literature – Quantitative studies

Author	Was the study clear?	Were the research questions clearly stated?	What was the purpose?	Did the research design and methods fit the purpose?	Was the literature review relevant?	Was the literature review systematic?	Were threats to reliability and validity acknowledged and controlled?	Was the analysis clear?	Were issues related to the credibility of the researcher considered?	Do the findings address the research questions?	Are implications for practice acknowledged?	Do the conclusions fit with the data presented?	Are ethical considerations discussed?	Who undertook the research	Who funded the work	Is there enough information to repeat the study?
Aston <i>et al</i> (2000)	Yes	Yes	Map national range and variations of the mentor roles and explore factors that inhibit the role	Yes	Summarised	No	Yes – establishment of a collaborative research group	No	No	Yes	Yes	Yes	No	Nurse lecturers	ENB	No
Bray and Nettleton (2007)	Yes	Yes	Investigate mentor and mentee perception of the role	Yes	Yes	Yes	No	Partial	No	Yes	Yes	Yes	No	Nurse lecturers	Not known	No
Clarke <i>et al</i> (2003)	Yes	Yes	Yes -Evaluate the impact of the PPM	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Professor of nursing, research fellow and Associate Dean	Not known	Yes
Clifford (1995)	Yes	Yes	Explore the facets of the nurse teacher role	Yes	Minimal literature on the topic	Yes	Exploratory survey undertaken as a pilot to the survey presented here	No	No	No - Details of the analysis process to be reported later	Yes	Yes	No	Nurse Academic	Not known	No
Crotty (1993)	Yes	Yes	To present the findings related to the clinical role activities of nurse teachers in Project 2000 programmes	Yes	Minimal	Minimal	Not identified	Yes	No	Yes	Yes	Yes	No	Principal from college of nursing	Not known	No
Cuthbertson (1996)	Yes	Not explicit	Investigate RN attitudes to Project 2000	Partial – questions did not ask about specific attitude	Brief	Brief	No	No	Yes	Partial	Yes	Yes	No	Nurse lecturer	Not known	Yes

Author	Was the study clear ?	Were the research questions clearly stated ?	What was the purpose?	Did the research design and methods fit the purpose	Was the literature review relevant?	Was the literature review systematic?	Were threats to reliability and validity acknowledged and controlled ?	Was the analysis clear ?	Were issues related to the credibility of the researcher considered?	Do the findings address the research questions?	Are implications for practice acknowledged?	Do the conclusions fit with the data presented?	Are ethical considerations discussed?	Who undertook the research	Who funded the work	Is there enough information to repeat the study?
Davies <i>et al</i> (1996)	Yes	Yes	Explore how educationalists, managers and clinicians define and understand the role of the practitioner/teacher	Yes – multi method approach	Yes	Yes	Not discussed	No	Yes	Yes	Yes	Yes	Yes	Nurse lecturers	DH	No
Earnshaw (1995)	Yes	Yes	Look at mentorship from student perspective	Yes-survey	Yes	Yes	Survey was piloted	No	Not discussed	Yes	NO	Yes	No	Nurse Tutor	Not known	No
Ellis and Hogard (2003)	Yes	No	Describe an evaluation of the PPM role	Partial	Brief	No	No	No	No	Yes	Yes	Yes	Yes	Nurse lecturers	Not known	No
Fulbrook <i>et al</i> (2000)	Yes	Yes	Examine the perceived effectiveness from a student nurse point of view from two different Project 2000 programmes	Yes – survey	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Nurse lecturers	Not known	Yes
Jinks and Williams (1994)	Yes	Yes	Evaluate the effectiveness of community staff preparation for Project 2000 students	Yes	Yes	Brief	Not discussed	No	No	Yes	Yes	Yes	No	Nurse lecturers	Not known	No
Midgley (2006)	Yes	Yes	To better understand what students prefer from a placement	Yes	Yes	Yes	Yes – validated tool	No	SPSS	Yes	No	Yes	No	Nurse lecturer	Not known	Yes
Pulsford and Owen (2002)	Yes	Yes	Gain a profile of mentors and their views on being supported by fellow mentors	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Nurse lecturers	Not known	Yes

Author	Was the study clear ?	Were the research questions clearly stated ?	What was the purpose?	Did the research design and methods fit the purpose	Was the literature review relevant?	Was the literature review systematic?	Were threats to reliability and validity acknowledged and controlled ?	Was the analysis clear ?	Were issues related to the credibility of the researcher considered?	Do the findings address the research questions?	Are implications for practice acknowledged?	Do the conclusions fit with the data presented?	Are ethical considerations discussed?	Who undertook the research	Who funded the work	Is there enough information to repeat the study?
Randle <i>et al</i> (2005)	Yes	Yes	Evaluate the role of the PPM	Yes – interviews and survey	Yes	Yes	No	No	No	Yes	No	Yes	Nurse lecturers	Not known	No	
Watson (2000)	Yes	Yes	Examine the causes of stress in the CLE to determine the key characteristics of pre-registration students	Yes	Brief	No	Yes survey piloted	No	SPSS and Mann Whitley tests	Yes	Yes	Yes	Yes	Nurse lecturers	Not known	Yes
Watson (2004)	Yes	Yes	Explore why RNs undertake accredited mentor programmes	Yes	Brief	Brief	No	No	Yes	Yes	No	Yes	No	Nurse lecturers	Not known	Yes

Appendix 1 Working Paper critiquing the literature – Commentary and debate

Author	Is the work clearly presented?	What is the purpose of the paper?	Where is the knowledge generated from?	What is the relevance of this paper for you?	Are there other supporting sources of evidence?	What new ideas are presented?	What positive ideas are presented?	What evidence forms the basis of this paper?	What are the strengths of the paper?	What are the weaknesses of the paper?	Do any research questions emerge from the paper?	Do any practice issues emerge from the paper?	Who wrote the paper?	Why do you think they wrote it?
Callaghan and McLafferty (1997)	Yes	Describe the development of an education audit tool	Organisational exercise	Identifies the lack of quality assurance relating to placements	Yes but minimal	The complexity of determining what/how placements should be measured	It is a challenge exercise to bring service and education personnel together	Firsthand experience	New information/insight into the area	Lack of specific detail about the content /validity of the tool	Yes	Yes	Nurse lecturers	Share their experience
Dale (1994)	Yes	Review the nature of the theory practice gap and explore ways in which theory can be integrated in practice to provide students with experiential knowledge	Opinion, research and education theory	Highlights a view that nurse teachers should engage with students in practice	Yes theory and research	Theory that nurse teachers can help students to close the theory practice gap by working with them in practice	Nurse teachers could have a legitimate role in practice settings through delivering patient care	Opinion, education theory and research	Offer a new challenge to nurse teachers	Lack of empirical evidence to support theory	Yes - is it possible and how do you test it?	Yes	Programme Director	Stimulate debate
Draper (1996)	Yes	Stimulate debate about the possible future role of nurse education and research	Personal opinion and policy	Provides a view of thinking at that time	Research studies hint at the challenge	Possible research roles for nurse teachers	The RAE exercise		Well written, argument articulated well	Little supportive evidence from a reference perspective	Yes	Yes	Nurse lecturer	Stimulate debate
Fawcett and McQueen (1994)	Yes	Explore the role of the nurse teacher	Published literature and opinion	Provides insight into the history of the role of the nurse tutor	Published literature including research	The historical background perspective	Ambiguity of the nurse tutor in practice is long standing	Research, policy, opinion	The historical perspective	No solutions suggested	Yes	Yes	Nurse lecturers	Stimulate debate
Fritz (1997)	Yes	Explain how one school implemented an educational audit tool	Organisational exercise	Identifies the lack of quality assurance relating to placements	Brief literature review	A different tool for educational audit	Evidence that it is difficult to develop an audit tool that has measurable standards	Personal experience	Description of the process	Does not capture the view of the practitioners or students	Yes - defining and measuring quality standards for practice	Yes	Nurse lecturers	Share their experience
Goad (1992)	Yes	Explain how it feels to be one of the first Project 2000 students	Personal experience	Insight into the students views	Not within the article	Students may not need to be supernumerary all of the time	This student was enjoying being on the programme	Personal experience	Student viewpoint	Bias and opinion only	Yes	Yes	Student nurse	Stimulate debate

Author	Is the work clearly presented?	What is the purpose of the paper?	Where is the knowledge generated from?	What is the relevance of this paper for you?	Are there other supporting sources of evidence?	What new ideas are presented?	What positive ideas are presented?	What evidence forms the basis of this paper?	What are the strengths of the paper?	What are the weaknesses of the paper?	Do any research questions emerge from the paper?	Do any practice issues emerge from the paper?	Who wrote the paper?	Why do you think they wrote it?
Watson (2002)	Yes	Explore the origins of clinical competence and the problems associated with it	Education theory, research, personal opinion	Highlights problems associated with competency	Yes	Lack of evidence base to support competency assessments	Minimal evidence surrounding competency	Yes	Clear and critical	None identified	Yes	Yes	Professor of Nursing	Stimulate debate

Appendix B

Audit Trail

The purpose of this audit trail is to demonstrate the process of my decisions making and the personal assumptions that I have made throughout each chapter of the study. Lincoln and Guba (1985) consider that the presentations of methodological decisions are an essential pre-requisite for the assessment of study dependability.

Decision trail/personal reflections/actions	Cross reference in thesis
<p>Chapter 1. Setting the scene</p> <p>My interest in the practice component of UK pre-registration nurse programmes began when I first joined the school in March 2004. My roles as a senior lecturer had encompassed two main responsibilities:</p> <ol style="list-style-type: none">1. Linking with designated practice settings, some of which I have a clinical background and others which I do not.2. Teaching the theoretical component of the programme. – This element is well organised due to timetables and having a certain amount of control over the learning environment. <p>I remember at the time often feeling like there was not enough time for the link tutor element of my role as I was frequently busy teaching, but when I did visit my designated link areas, the students and clinical staff seemed to appreciate my visit, but I did feel personally challenged for the following reasons:</p> <ul style="list-style-type: none">• Not really knowing what I should be doing – should I try to work 'hands on'?• I have had to work hard with some of the clinical staff to build relationships as they seemed wary of me• Some clinical staff seem to be negative about the university – for example I often heard them say<ul style="list-style-type: none">- What do the university staff do?- Are they up to date with practice and teaching the right things?- We can never get hold of the university staff when we need them- They only work Monday to Friday- Lots of students seem to lack basic knowledge	<p>1.1 Introduction page 13.</p> <p>1.3 Background page 15.</p>

<p>and skills when they come to practice</p> <ul style="list-style-type: none"> • I sometimes didn't get round to visiting my link areas every week and felt guilty, but nobody seemed to monitor this. • I try to be organised when I visited but often ended up spending lots of time talking to staff and students • The role felt ambiguous and it's difficult to know if the students did receive quality clinical placement experiences. By quality I interpreted that to mean; <ul style="list-style-type: none"> - Working most of the time with registered nurses (RN) - Truly being assessed against the clinical practice documents - Practising nursing skills that they will need to be competent at by the time they qualify - RN being competent and confident at mentoring and assessing student nurses 	<p>1.6 Quality precepts and benchmarks page 18.</p>
<p>I am not sure that students frequently experience what I considered to be quality clinical placements, but there were measures in place, these include:</p> <ul style="list-style-type: none"> • The clinical areas were all audited by myself – although the usefulness of the tool is questionable because; <ul style="list-style-type: none"> - it was not kept up to date regarding staffing levels and patient dependency - it was not a 'live' document (i.e. completed once a year) • Students were told to contact us if they are experiencing difficulties (they are adults) • Students did generally complete an evaluation of their placement and the link tutors and clinical areas got copies, but not sure how the system worked. • Mentors were invited to attend an annual mentor update to ensure that they understood their role –what qualifications and skills do mentors needed I was not sure? • There was also clinical placement facilitators/practice placement managers who were employed by the placements settings (NHS) who I thought were strategically responsible for the quality of the placement experiences from a Trust perspective. But what they really do I was not sure. 	<p>1.4 Aims of the clinical learning</p>

<p>I have discussed these issues with my manager, and expressed my interest in the practice component of the programme. Towards the end of 2004, the Head of Nursing approached me and asked if I would become a member of a new group that has a specific focus on improving the practice component of the pre-registration nurse programmes, as there was a pending external review called Major Review, which I had never heard of. I was delighted, which is when I first came to know about the placement learning precepts (QAA 2001) and decided to study them.</p> <p>Developing the research questions I am keen to find out if the school continues to implement and enact these rules once the Major Review is has been undertaken. On looking at the precepts they seem to be the key aspects of the practice component of the programme, so it will be interesting to see if the rules are within relevant documents and in what student nurses, link tutors and mentors do.</p>	<p>environment group</p> <p>1.2 Overview of the Major Review process page 13.</p> <p>1.5 The research questions page 17.</p>
<p>Chapter 2. - Literature review</p> <p>This aspect of the study proved to be the most challenging for the following reasons:</p> <ol style="list-style-type: none"> 1. The topic turned out to be complex and been subject to a number of policy changes, therefore I had to think carefully about how to present the information 2. As the precepts related to all topics within the practice component of the programme, it is difficult to know where to start, but I did overcome this through developing a search strategy and inclusion/exclusion strategy 	<p>2.1 Introduction page 23.</p> <p>2.2 Design of the chapter page 26.</p> <p>2.3 Search strategy page 27.</p> <p>Table 2.2 Key words and descriptors page 28.</p> <p>2.3.1 Setting an</p>

<p>3. I have a tendency to enjoy reading everything, and sometimes find it difficult to write critically. I overcame this by using critiquing tools, a skill that I had to develop.</p> <p>4. There were numerous studies and published commentary and debate, with not clear direction, the knowledge base has developed sporadically. Some of the reasons for this seem to be due to the professional development of the profession i.e. moving from an apprentice style discipline, to be integrated into higher education – a need for lecturers to undertake research and publish</p> <p>Despite these challenges it was pleasing and reassuring to find out that the research that I had proposed to undertake had not been done before and the literature review also posed key questions that I wanted to answer.</p>	<p>inclusion and exclusion criteria page 28.</p> <p>Table 2.3 Inclusion criteria page 29.</p> <p>Table 2.4 Exclusion criteria page 29.</p> <p>2.3.2 Critiquing the literature page 29. Appendix A.</p> <p>Table 2.5 Number and types of studies included in the review page 30.</p> <p>2.6 A critique of on the body of knowledge page 63.</p> <p>2.7 Conclusions page 64.</p>
<p>Chapter 3 – Research design</p> <p>A number of reasons led me to adopt Yin's (2003) qualitative case study approach. Personal reasons included:</p> <p>1. I used the method when I undertook my MSc, I found the method to be flexible and not overly theoretical: this was important to me because I consider myself to be more of a pragmatist than theorist.</p>	<p>3.3 Rationale for selecting Yin's (2003) qualitative case study approach page 67.</p>

<p>2. I was very interested in learning about how policy gets into practice, and Yin's (2003) approach is advocated when undertaking policy type research</p> <p>3. I was also very interested in learning about organisational and individual value and belief systems, especially in my profession. I was keen to learn about the 'micro politics' of pre-registration nurse education and what the impact of Project 2000 etc. had on senior lecturers. I was a Project 2000 student nurse, training between 1996 and 1999 and can remember many of the tensions that the literature highlighted.</p>	<p>3.2 Purpose of the investigation page 67.</p> <p>3.4 Research context page 69.</p>
<p>From a research design perspective, it was evident that the benefits included:</p> <ol style="list-style-type: none"> 1. Being able to specifically design the study around the precepts although I had to be careful of the implications of a potential case within a case. 2. Being able to collect documentary and interview data 3. Being able to select a purposeful sample 	<p>3.4.1 The implications of a potential case within a case page 70.</p> <p>Table 3.1 Different characteristics of the sites page 71.</p> <p>Table 3.2 Factors that promote uniform practices for the key players across sites page 71.</p> <p>3.6 Research design and data collection page 75.</p> <p>3.6.1 Documentary data page 75.</p> <p>3.6.2 Interview data page 76.</p> <p>Table 3.4 Interview questions page 78.</p> <p>3.6.3 Sampling page 79.</p> <p>3.5 Contextualising</p>

<p>4. Being able to develop a unique (in terms of research) framework that had not been developed before</p> <p>The key weakness of the research design was the lack of guidance and/or prescription regarding analysing the data, which Yin (2003) does warn against.</p> <p>It took me some time to establish just how I was going to address this issue, but I did overcome this by ensuring that I had a systematic approach to analysing all of the data.</p> <p>To ensure that I systematically used all of the analytical tools that I had chosen within the design of my study I developed a protocol for analysis.</p>	<p>the case through theory development page 72.</p> <p>Table 3.3 Matrix system for data collection and analysis page 74.</p> <p>Diagram 3.1 page 73.</p> <p>Table 3.3 Matrix system for data collection and analysis page 74.</p> <p>3.8 Analysis of data page 82.</p> <p>3.8.1 Maintaining an audit trail page 83.</p> <p>3.8.2 Induction and deduction page 83.</p> <p>3.8.3 Credibility page 83.</p> <p>Appendix F page 224.</p>
<p>Chapter 4. – The findings</p> <p>Precept1a:</p> <p>Documents reviewed - Pathway guide and CAPD: themes included</p> <p>Supporting, monitoring and link tutors engaging in placement assessment where there are concerns about a student's progress.</p> <p>Support statement examples</p>	<p>4.4 General principles page 88.</p> <p>Documentary evidence to support precept inclusion page 88.</p>

Link tutors will provide support and guidance to both you and your mentor regarding the process of assessment.

The link tutor's role is to ensure that assessment of practice is undertaken in accordance with university regulations.

Link tutors must ensure that mentors are aware of their roles and responsibilities

Monitoring statement examples

Students must keep a time sheet that is reviewed and signed by their mentor

Link tutor engagement is documented in the:

Intermediate interview section:

If the student is not progressing as expected contact the link tutor

Action Plan paperwork states at the bottom:

The action plan must be developed jointly between the student mentors and link tutor.

Final interview section:

Link tutor must be present at the final interview of the student is to be referred.

Personal note – link tutors will not consider that they can fulfil the expectations that have been identified in the CAPD and Pathway guide.

Summary of what link tutors said:

All engaged in assessing struggling students, but only if they were informed about it. All considered they lacked clarity as to what the role should encompass, this led them to operate differently, and mentors were not the main priority. However there were different approaches to the role, why wash this?

On reading and re-reading the responses to this question, it was clear that certain tutors held particular characteristics, based on:

1. where they linked
2. their experience and length of time as a link tutor

Key player responses page 89.

<p>3. their enthusiasm for the role 4. their individual desire to maintain up to date knowledge about the day to day practices of nursing care 5. None of the link tutors worked directly in practice 'hands on'</p> <p>These findings can be depicted in three diagrams.</p>	<p>Diagram 4.1 Factors influencing minimal link tutor engagement page 91. Diagram 4.2 partial link tutor engagement page 92. Diagram 4.3 Factors influencing full link tutor engagement page 94.</p>
<p>These findings identify ad hoc arrangements and a lack of QA from the HEI that the literature review highlighted (i.e. Crotty 1993, Clifford 1995, 1999, Wilson Barnett <i>et al</i> 1995, Aston <i>et al</i> 2000)</p> <p>Precept 1b: The intended learning outcomes contribute to the overall aims of the programme Both the CAPD and Pathway guide highlight that the learning outcomes contribute to the overall aims of the programme, as the practice learning outcomes are the 'Standards of Proficiency' (NMC 2004). This would be expected, as the programme is designed to ensure that students meet these proficiencies by the end of the programme. The question that needs answering is whether student nurses practised them in placement settings.</p> <p>Personal assumption – not all will realise that the Standards of Proficiency (NMC 2004) are the knowledge and skills required to become a registered nurse.</p> <p>Student data Some were able to make links with what they were practising and how it related to the overall aims of the programmes, whilst others did not. There were not</p>	<p>General principles 1b page 95. Documentary evidence to support precept inclusion page 95.</p> <p>Key player responses page 96.</p>

common themes other than some enjoyed completing the CAPD, whilst others did not. Comments made include:

- The CAPD was good but very large and time consuming to complete
- Not specifically related to clinical skills
- Open to interpretation
- Lots to get signed off
- Sometimes detracts from serendipitously learning
- Have to do lots of writing
- What you learn in school does relate and sometimes it does not
- Need to show initiative
- Learnt a lot about self through the programme

Despite their different views all were enjoying the programme

There is a tentative link here a lack of preparation and realisation of supernumerary status that was identified in the review (i.e. Wilson Barnett *et al* 1995, McGowan 2006, Fulbrook *et al* 2000). Although there is little research on this topic, therefore the diagram offers something slightly new.

Link tutor data

From their point of view this question drew attention to the organisation of the programme, and to some degree the curriculum guide, which I did not anticipate, as I assumed that they would discuss the ways that the theoretical component of the programme linked or not with the practice element from an educational perspective. Instead this question enabled a number of the tutors to complain and express their dissatisfaction about the construct of the programme

The key issues here included:

- Curriculum design
- Issues with student progression
- Lecturer workload

What was interesting was that although the lecturers did not seem to be that happy, the students were - a contradictory finding is. This reminded me of some of the negativity that was evident in the literature review from the senior lecturer perspective (i.e. Ramage 2004, Carr 2007).

Key player responses page 96.

<p>Precept 1c: Where placement learning is an intended part of the programme of study institutions should ensure that any assessment of placement learning is part of a coherent assessments strategy</p> <p>Document reviewed - CAPD</p> <p>As I expected there are a number of reasons as to why the CAPD could be considered to be coherent from a documentary perspective.</p>	<p>Documentary evidence to support precept inclusion page 100.</p> <p>Table 4.1 Five reasons that demonstrate the coherence of the CAPD page 101.</p>
<p>Personal note: I do not think that all the players will think it is logical, some may consider it to be too 'theoretical' and burdensome to complete</p> <p>Mentor data</p> <p>On reading and re-reading the mentor responses, the CAPD was only considered to logical if:</p> <ul style="list-style-type: none"> • They enjoyed mentoring students • They had undertaken training on how to use it • They were familiar with competency assessment documents <p>It did not make sense to those who felt the opposite about the above points. These factors led the mentors to undertake and use the CAPD in different ways.</p> <p>Personal note: In contrast to the literature, the role of the link tutor was not mentioned at all when these mentors talked about assessing students, unless they were reflecting on dealing with a struggling student.</p> <p>Mentors also talked about the difficulties of dealing with students who were not 'fitting in' – what was said resonated with Duffy's (2004) study. Other similar findings include the studies by Rogers (1995), Cuthbertson (1996) in terms of them all not feeling or being properly prepared. Enjoying mentoring was seen to help some keep up to date which is what Atkins and Williams (1995) found.</p> <p>Being trained did seem to have a positive impact on mentor confidence, similar to (Andrews and Chilton 2000).</p>	<p>Key player responses page 101.</p> <p>Diagram 4.4 Different assessment strategies page 104.</p>

<p>Student data</p> <p>All students took the CAPD seriously, as they knew they had to complete it in order to pass the programme. The fact that some said that their mentors had not been interested or understood the document led them to find cunning ways in which to get the document completed. The approach adopted depending on a number of individual characteristics, but being liked was the key driver.</p>	<p>Key player responses page 105.</p> <p>Diagram 4.5 Different and shared student nurse characteristics page 108.</p>
<p>These findings support much of the literature around supernumerary status (i.e. Jowett et al 1994, Wilson-Barnett et al 1995, McGowan 2006). The other factor with these students was their understanding of the professional conduct form, which was hardly mentioned by the mentors.</p>	
<p>Personal note: Students had developed their own strategies in order to get their CAPD signed by their mentors – I don't expect that this would be within university regulations! – Theory practice gap, or just pragmatic students?</p>	
<p>Placement learning precept 2: Institutional policies and procedures:</p> <p>Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during a placement are appropriate.</p>	
<p>Documents reviewed – CAPD, Pathway guide</p> <p>Neither document provided detailed explanation with regard to this precept.</p>	<p>Documentary evidence to support precept inclusion page 110.</p>
<p>The CAPD did have a series of activities to guide learning opportunities.</p>	<p>Table 4.2 CAPD Activities to guide students and mentors page 110.</p>
<p>Link tutor data</p> <p>This question evoked some frustrating responses from the link tutors, it was clear that apart from fully engaged tutors they felt they had little/no control of</p>	<p>Key player responses page 111.</p>

<p>the learning opportunities that students may or may not access in placements.</p> <p>This reminded me further of (Ramage 2004, Clarke <i>et al</i> 2003, Carr 2007) findings, and also correlated with some of the practice placement manager evaluations (Clarke <i>et al</i> 2003, Ellis and Hogard 2003, Randle <i>et al</i> 2005, Magnusson <i>et al</i> 2005).</p> <p>Personal note: lack of collaboration evident between link tutors and practice placement managers – similarities with what was found in the literature review.</p> <p>Mentor data</p> <p>Their views about appropriate learning opportunities depended on the assessment strategy that they adopted which was linked to their expertise as a registered nurse</p> <p>Student data</p> <p>Their views and experiences with regards to learning opportunities related to the approach they adopted although all wanted to be liked.</p> <p>Placement learning precept 3: Placement providers:</p> <p>Institutions should be able to assure themselves that placement providers known what their responsibilities are during the period of placement learning</p> <p>Document reviewed: CAPD</p> <p>There was no clear guidance to demonstrate this precept.</p>	<p>Key player responses page 115.</p> <p>Diagram 4.4 Different assessment strategies page 104.</p> <p>Key player responses page 115.</p> <p>Diagram 4.5 Different and shared student nurse characteristics page 108.</p> <p>Documentary evidence to support precept inclusion page 118.</p>
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Personal note: How would you be able to demonstrate this precept in a document? For placement providers (i.e. mentors) to be clear about their responsibilities they would need to have been prepared, and supported for the role. I consider that this will not be the case, but instead depend on individual relationships between link tutors and mentors.

Link tutor data

They experienced difficulties in delivering mentor training

Diagram 4.6
Problems with
mentor training
page 120.

Link tutors felt helpless to the situation as they felt they had little influence over the practice component of the programme

Diagram 4.7
Reasons link tutors
took no action page
122.

Personal note: ineffective partnerships between service and education practice placement managers and link tutors not communicating

The literature review did not specifically highlight all of these issues. The survey by Pulsford *et al* (2002) did identify that mentors considered mentor update times to be inconsistent. The findings did resonate with the practice placement manager evaluations (Clarke *et al* 2003, Ellis and Hogard 2003, Randle *et al* 2005, Magnusson *et al* 2005).

Placement learning precept 4 – Student responsibilities and rights:

Prior to placements, institutions should ensure that students are made aware of their responsibilities and rights.

Documents reviewed – Student responsibilities and rights

CAPD and Pathway guide highlight the students responsibilities to complete the CAPD and adhere to the Code of Conduct (NMC 2004).

Documentary
evidence to support
precept inclusion
page 123.

<p>The Pathway guide had included relevant legislation</p>	<p>Documentary evidence to support the inclusion of student rights page 126.</p>
<p>Student data – responsibilities</p> <p>Issues relating to widening participation were evident as some 'non traditional students' felt lucky and privileged to be at university and learning to become a nurse. This provided further evidence to suggest that they were satisfied with the programme.</p>	<p>Key player responses students page 125.</p>
<p>Link tutor and student data - student rights</p> <p>The link tutors spoke differently about this, and their knowledge of this area depended on whether they had personal experience of a student expressing their rights. In contrast none of the students identified that they had specific rights, they were more focused on patient safety, which links to them knowing their responsibilities.</p>	<p>Key player responses link tutors page 126.</p>
<p>Personal note: given that students develop cunning ways to get their CAPD signed by their mentors, I do not expect that they will be aware of their rights. I do think they will be aware of their responsibilities as they understood the professional conduct form and knew they had to get the CAPD completed. Link tutors did have different views of student rights dependent on their level of link tutor commitment. The issue of developing professional behaviours was a theme throughout this section of the student data, but it was not driven by mentors, but senior lecturers instead. Do students have to act professionally when in the university setting?</p> <p>This question enabled some lecturers another opportunity to express their dissatisfaction with systems and processes within the school. Links with Ramage (2004) and Carr (2007).</p> <p>The information within the literature reviewed did not make reference to this theme. More often it was about supernumerary status not being implemented (i.e. McGowan 2006).</p>	

Placement learning precept 5: Student support and information – Institutions should ensure that students are provided with appropriate guidance and support in preparation for, during and after their placements

Documents reviewed: CAPD, Pathway guide

No evidence in the CAPD, but the Pathway guide does point out the various university support mechanisms

Documentary evidence to support the inclusion of precept page 139.

Table 4.3 Student support systems identified in the Pathway guide page 130.

Diagram 4.8 Mechanisms in which students are prepared page 131.

Link tutor data

The data identified that there were a number of ways that students can be prepared for practice. No reference was made to the practice placement manager, another partnership tension?

Key player responses page 131.

Student data

Students said the same as the link tutors in terms of what preparation they received, apart from for the first time expressing dissatisfaction about 'registry personnel' who allocated and informed them of pending placements.

Personal note: this is the only occasion that the student did not appear satisfied, yet they did not complain. Cross reference to them not being aware of their rights.

Support for students in practice very much depended on the relationship they had experienced with their mentors. However, in general the students did not say that they had poor mentor experiences, where mentors did not show an interest in them they got on with it, which is similar to what others have found (i.e. Midgley 2006), or blamed the situation on short staffing, not mentors per se.

Personal note: Students felt that support was there if they needed it, which is why overall they felt satisfied with the programme.

<p>Placement learning precept 6: Staff development - Institutions should ensure that their staff who are involved in placement learning are competent to fulfil the role.</p> <p>A slight different approach to the layout of this section is needed</p> <p>Personal assumption: this precept is difficult to answer, as at the time of the study the mandatory mentor standards had only been recently implemented. There are no standards to measure the competence of what link tutors do, other than the QAA 2001 precepts. So far throughout the date there have been lots of competency issues, which I need to collate.</p> <p>Given this situation, I will look to the School Plan, to see if there what the priority/investment there is in ensuring that those that deliver and support the practice component of the programme are competent to do so. I will also list what I see as competency concerns.</p> <p>Document review of the School Plan</p> <p>This document highlighted a number of concerns that the thesis has found, which led to instigation of the CLE group as a result of the then pending Major Review.</p> <p>Personal note: Is it competence or effective systems and processes? Are they two sides of the same coin?</p> <p>Precept 7 – Dealing with complaints: Institutions should ensure that there are procedures in place for dealing with complaints and that all parties are aware of them and can make use of them.</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. School Plan – to see if there is a formal record of the number and type of complaints and how they should be dealt with. 2. Pathway guide – to see how/if students are guided on how to make a complaint 3. CAPD - if there are any specific instructions to guide students and mentors. <p>Personal assumption: given that the students seemed</p>	<p>Precept 6 Staff development page 135.</p> <p>Table 4.4 Findings thus far – competency concerns page 137.</p> <p>Review of the School Plan page 138.</p> <p>Documentary evidence to support the inclusion of the precept page 139.</p>
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<p>satisfied generally I don't think they will be aware of the complaints procedure.</p> <p>On reviewing the documents it was evident that the Pathway guide had a university wide statement about the complaints procedure, it was not personalised to the school and there was nothing specific about how to complain when in placement.</p> <p>Link tutor data</p> <p>This precept was another opportunity for some of the lecturers to express their dissatisfaction about ineffective systems and processes within the school, which resulted in them 'doing things differently'</p> <p>Personal note: issues that emerged related to a lack of professionalism within practice settings (include specific quotes to demonstrate the point)</p> <p>This can be linked with the lack of influence that senior lecturers consider they have (i.e. Clifford 1999, Ramage 2004, Carr 2007)</p> <p>Student data</p> <p>The evidence here can be cross referenced to the assessment section, students didn't want to complain because they needed to be 'liked' in order to get their CAPD signed.</p> <p>Mentor data</p> <p>Not aware of the complaints procedures and did not complain about ad hoc link tutor contact.</p> <p>Personal note: none of the participants were clear about what to do if they wanted to make a formal complaint. Does this say something about the profession of nursing, in that generally nurses do not formally complain? No specific links here to the literature.</p>	<p>Key player response page 140.</p> <p>Specific quotes pages 141, 142, 143.</p> <p>Key player response page 142. Diagram 4.5 Different and shared student nurse characteristics Page 108.</p> <p>Key player response page 143.</p>
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<p>Placement learning precept 8: monitoring and evaluating placement learning opportunities - Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.</p> <p>Three elements to this precept</p> <p>(1) Monitoring (2) securing – cross reference to precept 1a link tutor responsibilities, (3) reviewing – focus on this</p> <p>Personal note: given the ad hoc arrangements and inconsistent practices evident in what all players said, I anticipate that the systems and processes for reviewing placement learning opportunities will be ineffective.</p> <p>Documents reviewed – CAPD and Pathway guide No evidence to explain how this precept is implemented and/or enacted</p> <p>Link tutor data Due to there being no explicit systems link tutors evaluated their link areas in different ways, which depended on their approach – cross reference to minimal, partial and fully engaged characteristics.</p> <p>Mentor data Their understanding of the process depended on the relationship that they had with their link tutor, it also depended on their mentoring approach – cross reference to assessment strategies, as some viewed that the assessment process addressed this issues.</p>	<p>Documentary evidence to support the inclusion of precept 8 page 144.</p> <p>Key player responses page 144. Diagram 4.1 Factors influencing minimal link tutor engagement page 91. Diagram 4.2 partial link tutor engagement page 92. Diagram 4.3 Factors influencing full link tutor engagement page 94.</p> <p>Key player response page 145. Diagram 4.4 Different</p>
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<p>Personal note: mentors did not receive any formal feedback about their abilities as mentors, instead they relied on informal mechanisms such as gifts from students – include quote to demonstrate this point.</p> <p>Student data</p> <p>They had experienced evaluating their placement but it has been ad hoc which correlates with the link tutor findings, as a result it seemed that the PPMs had taken the role over.</p> <p>Personal note: practice placement managers plugging the gaps for link tutors.</p> <p>These findings link with the practice placement manager evaluations from the literature review (Clarke <i>et al</i> 2003, Ellis and Hogard 2003, Randle <i>et al</i> 2005, Magnusson <i>et al</i> 2005).</p> <p>Students held mixed views as to whether their concerns would be acted on, but there were two student types evident when the data was analysed. However, all were generally satisfied, if they were not the data could be different.</p> <p>Personal thoughts about the findings</p> <p>Link tutors operated in three different ways, which was dependent on their individual experiences, values, beliefs and interests and the same can be said for the mentors studied. Whilst it could be demonstrated that the precepts were within the documents analysed, because they were written in broad terms, they were interpreted in different ways.</p> <p>Some link tutors were frustrated about the lack of guidance from the school leaders</p> <p>The students on the whole were satisfied and felt supported, if this was a key quality indicator, then maybe it doesn't matter if individuals operate differently? However this is not fair and equitable for all. Were the students happy because they were able to take advantage of the lenient systems in place? Or was</p>	<p>assessment strategies page 104.</p> <p>Direct quote page 146.</p> <p>Key player response page 146.</p> <p>Diagram 4.9. Characteristics of the believers and non-believers page 149.</p>
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<p>it because they were learning to become registered nurses and therefore motivated to make the situation work for them? I think it may be both.</p> <p>There were numerous gaps between the theory and practice of the programme, many of which resonate with the literature review.</p> <p>Despite these factors, when I judged the findings against the QAA (2001) good practice benchmarks, the school fared relatively well, which was surprising given the shortcomings identified</p> <p>Taking all of these factors into account it was evident that there were four overarching themes that account for the disparate practice. These include:</p> <ol style="list-style-type: none"> 1. Individual interpretations of the link tutor role and their responsibilities 2. Theory practice gaps 3. Mentors mentoring and assessing students in different ways 4. Ineffective quality assurance systems <p>Personal note: I need to develop a table to show how the eight precepts link with these overarching themes</p>	<p>Appendix G page 231.</p> <p>4.12 Conclusions page 150.</p> <p>Appendix H page 223.</p>
<p>Chapter 5 Discussion</p> <p>From analysing the data it was clear that there were interconnected factors that led to the inconsistencies identified, but because the precepts turned out to be broad sets of rules only the competence precept was called into question. Much of what I found could be correlated to the studies that had been identified in the literature review, which was reassuring. What was more pleasing was that it was clear that my study did identify new phenomenon: this included - those that enjoyed link tutor work, felt they had more influence than those that did not.</p> <p>Personal note: to be influential in practice senior</p>	<p>Pages 152-160</p>

lecturers need to enjoy linking with practice.

Personal Implications for practice

I will recommend to the school leaders that senior lecturers should only engage directly with practice learning if they enjoy this aspect of their senior lecturer role. This could mean that not all senior lecturers have link tutor responsibilities. Instead there could be a dedicated team of link tutors that link with geographical patches who would be directly managed by me.

I will also recommend that the school leaders consider new ways of enabling all senior lecturers to feel credible to uncouple the relationship between being a link tutors and whether or not this means a senior lecturer is 'clinically credible' or not. Ways in which senior lecturers could consider themselves credible could include:

- Developing simulated practice learning in skills labs
- Undertaking research that has an impact on practice.

The study supported the requirements that the NMC (2008) Standards to support learning and assessment require in relation being a mentor, as competent mentors, were trained and had undergone mentor education. However, my study highlighted that much work was required if the Standards (NMC 2008) were to be effectively implemented by all registered nurse mentors.

Personal implications for practice

Given that the NMC (2008) Standards had been in place for over six months when I interviewed the mentors in this study, it was clear that they were not all aware or compliant with the mandatory requirements. This concerns me as I am overall responsible for the quality and standard of the practice component of the pre-registration programme and I know when the NMC undertake our Annual Monitoring Review (AMR). This area is likely to be high on their agenda. If they were to interview the mentors that I did, the school would be in breach of the Standards (NMC 2008). This would have serious ramifications for the School and me, as we would not pass our AMR. I will use this finding as a further justification for

developing a dedicated team of link tutors.

The study found that the QAA (2001) practice learning precepts were flexible and non prescriptive, which means that they had little impact on standardising and/or quality assuring the practice learning component of the programmes. This led to inconsistencies which included:

- Link tutor work not being monitored from a hierarchy perspective
- Fragmented communication between practice placement managers and link tutors – weak partnerships
- Lack of knowledge and information about the numbers of placements that clinical settings can offer to students

Personal implications for practice

Whilst these inconsistencies are not new, it is clear that they need addressing and I think I can overcome these by having a dedicated team of link tutors whose work focuses on addressing the above inconsistencies

Chapter 6 Conclusions and recommendations

Conclusion points

1. The Major Review process had not influenced what the key players did instead individual, values, beliefs and practices dominated what they did.
2. All but one precept 'Staff Development' was evidenced as being implemented and/or experienced, which shows how lenient the rules were
3. The one precept that was not evident related to competence – which could be considered to be the linchpin to all the others, but this was not how the precepts had been designed.

Recommendations

I will develop two sets of recommendations one that can be implemented in my school and another set that can be considered for use in other schools that might not have exactly the same issues as my school

Differences many include:

- How the link tutor is practiced and valued in other schools may be different to my school

6.1 Introduction
page 161.

6.3
Recommendations
page 163 -169

<ul style="list-style-type: none"> • Line management responsibilities • Practice assessment documents that are designed differently <p>Similarities will include:</p> <ul style="list-style-type: none"> • Link tutor work needs to focus on quality assuring the practice component of the programme • Link tutor work need strategic direction from relevant leaders • Link tutor work needs to be developed around relevant frameworks • Engaging external examiners in the assessment of practice would help to objectify practice assessments • All schools need to make sure that their mentors are practicing the Standards (NMC 2008) • All students should be provided with an opportunity to evaluate their practice learning experiences and there must be a transparent system to ensure that the information gets acted upon. • Practice learning concerns should be addressed in a timely fashion • The practice learning component of the programme should be seen as integral to the overall programme <p>Personal thoughts:</p> <p>What have I learnt from all of this work?</p> <p>What have been the strengths and weaknesses of the study?</p> <p>What knowledge and skills have I learnt that I can use again?</p> <p>A key text that has helped me pull all of this work together has been Denscombe (2008), therefore I will use his 10 point guide for social researchers as a framework for structuring the final section of my thesis.</p>	
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- Line management responsibilities
- Practice assessment documents that are designed differently

Similarities will include:

- Link tutor work needs to focus on quality assuring the practice component of the programme
- Link tutor work need strategic direction from relevant leaders
- Link tutor work needs to be developed around relevant frameworks
- Engaging external examiners in the assessment of practice would help to objectify practice assessments
- All schools need to make sure that their mentors are practicing the Standards (NMC 2008)
- All students should be provided with an opportunity to evaluate their practice learning experiences and there must be a transparent system to ensure that the information gets acted upon.
- Practice learning concerns should be addressed in a timely fashion
- The practice learning component of the programme should be seen as integral to the overall programme

Personal thoughts:

What have I learnt from all of this work?

What have been the strengths and weaknesses of the study?

What knowledge and skills have I learnt that I can use again?

A key text that has helped me pull all of this work together has been Denscombe (2008), therefore I will use his 10 point guide for social researchers as a framework for structuring the final section of my thesis.

6.4 A critique of the research methods and process page 168.

Letters of Approval

Appendix C



UNIVERSITY OF
WOLVERHAMPTON



Dean & Director of Health Service Provision:
Professor Mel Chevannes CBE FRCN PhD DSc MA BA(Hons)
RCN RM RHV Teachers Cert RHV1

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22 August 2006

Lisa Bayliss-Pratt
Senior Lecturer
School of Health
Burton Campus

Dear Lisa

I am writing to confirm that you have permission from myself as the Dean of School to conduct the research project entitled 'A case study investigating how embedded pre-registration placement benchmarks are in a School of Health in the United Kingdom'. Please note that students and staff will also be required to consent and participate in the study.

I look forward to receiving an executive summary of your findings.

With best wishes,

Yours sincerely,

A handwritten signature in black ink that appears to read 'Mel'.

Professor Mel Chevannes CBE FRCN
Dean/Director of Health Service Provision

Vice-Chancellor
Professor Caroline Gipps MSc PhD AESS FRSB



HP/DW

8th August 2006

Lisa Bayliss-Pratt
Stables Cottage
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Dean & Director of Health Service Provision:
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Dear Lisa

Project: A case study investigating how one university supports student nurses in the clinical learning environment

The School of Health Ethics Sub-Committee Board met on 8th August 2006
2006. Approved your project with Advice and Recommendations. You
may proceed with study following the procedures within your Local Trust/HA.

It was agreed by members for your project to be awarded the following
Codes.

University Category: A

SOH Code: 2

I would like to wish you every success with the project.

Yours sincerely

Professor Mel Chevannes
Dean & Director of Health Service Provision
School of Health

Vice-Chancellor
Professor Caroline Gipps MSc PhD FRCR FRCR



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RGO REF: 4933

Professor Andree Le May
School of Nursing and Midwifery
67/E4011
University of Southampton
University Road
Highfield
Southampton
SO17 1BJ

13 December 2006

Dear Professor Le May

Project Title: A case study investigating how embedded pre registration placement benchmarks are in
A School of Health in the United Kingdom .

I am writing to confirm that the University of Southampton is prepared to act as sponsor for this study
under the terms of the Department of Health Research Governance Framework for Health and Social
Care (2001).

The University of Southampton fulfils the role of research sponsor in ensuring management, monitoring
and reporting arrangements for research.

I understand that you will be acting as the Principal Investigator responsible for the daily management for
this study, and that you will be providing regular reports on the progress of the study to the School on this
basis.

I would like to take this opportunity to remind you of your responsibilities under the terms of the Research
Governance Framework for researchers, principal investigators and research sponsors. These are
included with this letter for your reference. In this regard if your project involves NHS patients or
resources please send us a copy of your NHS REC and Trust approval letters when available.

Please do not hesitate to contact me should you require any additional information or support. May I also
take this opportunity to wish you every success with your research.

Yours sincerely

Dr Martina Dorward
Research Governance Manager

cc: File
Research Secretary/Manager, School Office, Other
Researcher/s:
Dr Lisa Bayliss-Pratt
Senior Lecturer
School of Health
Nurse Education Centre
Burton-upon-Trent DE13 0RB

Appendix D

Information Sheet for Participants

Study title

A case study investigating how a set of placement learning precepts are implemented and enacted by the key players that contribute to pre-registration nurse programmes in one school in the United Kingdom.

Invitation paragraph

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and family. If there is anything that you are not clear about or would like more information, please do not hesitate to contact me. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

The purpose of this study is to investigate how a set of placement learning precepts are implemented and enacted by the key players that contribute to pre-registration nurse programmes in one school in the United Kingdom.

Background Information

There is a substantial amount of literature relating to student nurses experiences, especially following the introduction of Project 2000, which was introduced to move nurse education into universities. Prior to Project 2000 student nurses spent the majority of their training in the hospital setting. Student nurses now spend half their time in clinical placement and half their time in university, providing a 50:50 split between nursing theory and practice (Andrews and Wallis 1999) over a period of three years. Clinical placements provide student nurses with vital 'real life' nursing practice that influences their professional development and attitude (Day *et al* 1995). It also provides opportunities for students to apply theory learned in the classroom to the real world of clinical nursing (Dunn and Hansford 1997).

However, evaluations of Project 2000 identified that whilst newly-qualified nurses possessed many positive qualities such as a good theory and knowledge base (United Kingdom Central Council (UKCC) 1999), there were significant concerns that at the end of their training, newly qualified nurses lacked the necessary skill and ability to function as a qualified practitioner (Fulbrook *et al* 2000). Registered Nurses hold a position of trust within society and have a responsibility to be 'competent'. The term 'competence' describes the skills and ability to practice safely and effectively without the need for direct supervision (UKCC 1999).

The aim of this study is to investigate one School within The University of Wolverhampton that trains pre- registration nurses and has followed a quality

assurance review. The inspection was carried out by the Quality Assurance Agency (QAA) who works in partnership with the Nursing and Midwifery Council (NMC). A key part of the Major Review involves visits to practice areas to ensure that placements are providing 'quality' learning environments. The Major Review inspectors determine the quality of the placements against designated placement learning precepts. This study aims to investigate over approximately 15- months (June 2006 to September 2007) how, and whether or not this set of placement learning precepts (QAA 2001) are implemented and enacted by the key players that contribute to pre-registration nurse programmes in one school in the United Kingdom.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to

take part you are still free to withdraw at any time and without giving reason. This will not affect your present or future studies at the University of ***** in any way.

What will happen to me if I take part?

If you do decide to take part in this study, you will be invited for an interview. The interview would be undertaken in your own time. Unfortunately the researcher is unable to reimburse any costs that you may incur in either time or travel. At the interview, you will be asked informally about your experiences as a student nurse/registered nurse mentor/link tutor. Throughout the interview, a tape recorder will be recording the conversation and notes may be taken. It is anticipated that the interview will take approximately 60 minutes. After the interview the tape-recorded conversation will be transcribed, any names and places mentioned in the interview will be changed to protect confidentiality.

Qualitative case study is the proposed research method, as this approach enables the researcher to develop an in-depth understanding, interviewing is one recommended form of data collection.

What do I have to do?

If you decide to participate in this study, it will take approximately 60 minutes of your time whereby you will be invited for a one off informal interview.

What are the possible benefits of taking part? The benefit of taking part in this study enables you to discuss openly, your personal experiences of the practice component of pre-registration nurse education.

What will happen to the results of the research study?

The results of this study will be submitted as part of the researcher's Doctorate in Clinical Practice degree to the University of *****. The results will be disseminated locally within the University of ***** following submission. The study will also be published in a respectable nursing journal such as Nurse Education Today. You will be able to obtain a copy of the published results by contacting myself via email, telephone or letter.

Who has reviewed the study?

The University of ***** Research Ethics Committee has approved this study. Two Professors of Nursing who have extensive research experience are supervising the study.

Contact for further information

Thank you very much for reading this information and taking part in the study. Please do not hesitate to contact me, if you require any further information.

Lisa Bayliss-Pratt
Email*****
Telephone: *****

Appendix E

General Consent Form and Right to Withdraw

Title of Project: A case study investigating how embedded pre registration placement benchmarks are in a School of Health in the United Kingdom

Name of Researcher: Lisa Bayliss-Pratt

Please tick box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to take part in the above study.

4. If you would like to receive an executive summary of the research findings please tick the box

Name _____ Date _____ Signature _____

Researcher _____ Date _____ Signature _____

Appendix F Protocol for analysing the data worked example

This appendix provides an example of how I used the protocol identified in Chapter 3 to ensure that I systematically analysed the data. The example presented relates to precept 1a this identified that whilst there was documentary evidence to suggest that precept 1a had been disseminated, the link tutors had implemented and enacted their responsibilities in different ways. How and why they operated depended on a number of factors. The example of how I deduced that some link tutors 'minimally engaged' is provided here.

Identify the precept

Precept 1 General principles:

a). Where placement learning is an intended part of a programme of study institutions should ensure that:

Their responsibilities for placement learning are clearly defined (QAA 2001).

Look at the matrix system to identify which documents to examine

In this instance it is the CAPD and the Pathway guide.

Examine the content of the documents (CAPD and Pathway guide) to see if there are any statements that identify what the higher institution's responsibilities are for placement learning. Identify any themes/activities in red.

Example of the actual statements from the documents reviewed in relation to Precept 1 General Principles

If the student is not progressing as expected contact the link tutor and complete the next two sections (CAPD). **Supporting and monitoring activities.**

Link tutor to be present at final interview if student is to be referred.

Engaging in placement assessment where there are concerns with a student's progress and/or satisfactory completion of a placement.

Role of the link tutor in the assessment of practice – the link tutor will provide support and guidance to both you and your practice mentor regarding the process of assessment. The link tutor's role specifically, addresses the need to ensure that assessment of practice is undertaken in accordance university regulations. Link tutors must also be informed if any practice mentor has concerns regarding a students' performance so that they can offer advice and facilitate the implementation of an appropriate action plan. The link tutor must ensure that practice mentors are aware of their roles and responsibilities (Pathway Guide). **Supporting and monitoring activities.**

Each clinical placement area has an allocated link tutor. As well as providing support to you in the clinical area, the link tutor supports staff to provide an environment conducive to learning. When starting a new clinical area it is important you ensure that you know who the link tutor is (Pathway Guide).

Supporting activities.

In this instance both the CAPD and the Pathway guide identified that the school would support the practice learning component of the programme through designated link tutors who are responsible for the following themes:

- **Supporting**
- **Monitoring**
- **Engaging in placement assessments where there are concerns with a student's progress and/or satisfactory completion of a placement.**

Refer to reflective diary to make a personal note of what my views are in relation to the above responsibilities

Personal assumption – link tutors would not consider that they can fulfil the above responsibilities, as they are broad expectations.

In order to identify how and why link tutors have implemented and enacted the responsibilities that the documentary data (CAPD, Pathway, Guide) has identified, read and re-read all of the responses that link tutors made to the question that asked them about their responsibilities which included:

- What are your responsibilities for supporting student nurses when they go into clinical practice?
- Are your link tutor responsibilities clearly defined?

For ease of reading cut and paste all of the link responses to this question into one document, read and re-read what has been said until you are completely familiar with the content (induction) (see examples below).

Well, my understanding of what my responsibilities are for the link areas that I cover is to visit them when I get the time. When I first started [working at the school] two years ago, I only had one or two link areas, but now I have got over seven areas, and they are not clinical areas that I am familiar with, I mean I have a background in medicine, yet I have been allocated surgical area and theatres, which I think is wrong, and sometimes I feel a embarrassed because I can't advise the students on some of the things that happen, for example, how to prep a patient for theatres, and therefore I sometimes question the value of even visiting them. Anyway, it's not for us to teach them those sorts of things, that's up to the mentors, I means it's their responsibility to teach them the practical aspects of nursing (LT03).

I feel there is a lack of set responsibilities of the roles and responsibilities of the link tutor role provided by the university, so I apply a very generic approach, which I think is frustrating for the students. There are also very

few audit systems of what we actually do, so I don't take the role that seriously to be honest, I mean the students are adults and they should contact us if they have got a problem. The other thing that I don't I think is very good about the link tutor role is that you are given areas where you have not expertise: when I started last year I was told, you will be linking with here and your speciality doesn't get taken into account. I find it hard to walk onto different general medical wards when I spent my entire time in general surgical wards and departments as a practitioner, so I find it is very difficult to cross over and that ties into student documentation because I don't know and I find it very hard to tell students where to go to complete certain aspects as I am not familiar with the clinical speciality (LT04).

Once you are fully familiar with the data begin to look for the common themes (deduction) that become evident from what has been said.

Common themes

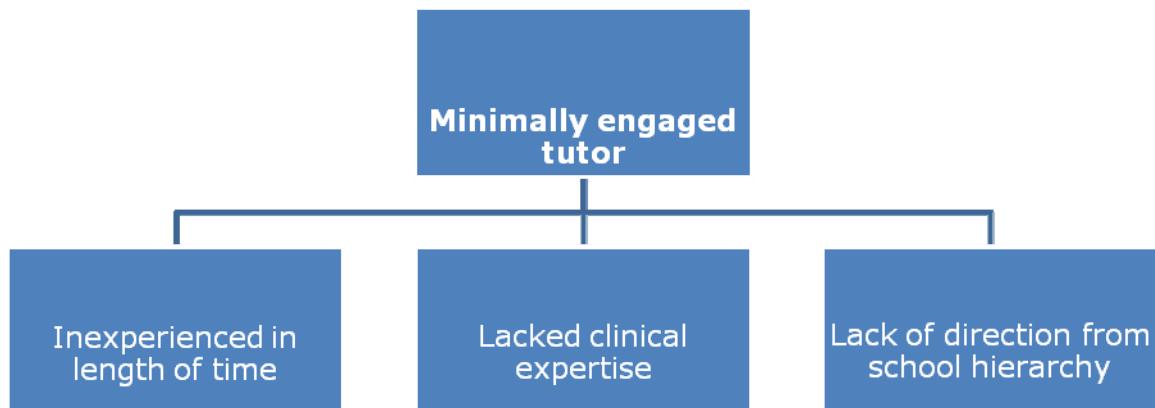
- Both were relatively new to working in the school.
- The fact that the person who allocated them their link areas did not take into account their clinical background seemed to lead them to not view the practice learning component of the programme as important.
- Comments like "my understanding" and "I feel there is a lack of set responsibilities", indicates that they viewed there was no specific direction from their managers/leaders with regards to how they should undertake their link tutor role.
- Both did not feel confident about their clinical knowledge in relation to the areas that they visited, which embarrassed them from a professional perspective.
- The practice component of the programme was not a significant priority to them.
- They did not enjoy undertaking their link tutor role.

From these themes it is possible to deduce the data further. These link tutors are not significantly engaged in the practice component of the programme, their engagement appears to be minimal. The reasons relate to:

- Them being relatively new to working in the school, they do not seem to have established autonomous working practices.
- They have not been allocated link areas that they have a clinical background in, and therefore they feel clinically incompetent when they visit link areas.
- They consider that their line managers do not monitor their link tutor practices.

Once the themes have been established, display the information in a diagrammatic fashion.

Factors influencing minimal link tutor engagement



Consider the transferability of these findings. Did the literature review identify similar issues?

Yes they relate to the following literature review findings:

- Lecturers considering they are too busy to undertake a meaningful link tutor role (Crotty, Clifford 1999)
- Link tutors not being clinically credible (Fisher 2007)
- Link tutors not being inspired about working in higher education (Carr 2007)

Share analysis with supervisors at the next supervision session (dependability).

Appendix G

Good practices identified with the School studied

N.B. Non-applicable accompanying guidance has been removed. These include: The support that they provide to students where the responsibility for securing a placement rests with the student and the need for personal insurance cover.

Accompanying guidance (QAA 2001)	Evidence for decision provided Fully/Partially/Not met
<p>Placement learning precept 1</p> <p>The contribution that placement learning makes to the overall programme must be evident in the:</p> <p>Design, approval, monitoring and reviewing of its programme.</p> <p>Internal and external examining to ensure that the standards which are applied to any placement learning assessment are consistent with available subject benchmarks and/or full professional or regulatory body requirements.</p>	<p>Partially met</p> <p>Placement learning did explicitly contribute to the overall programme and was appropriately approved, but link tutors monitored in different ways.</p> <p>Personal tutors' internally moderated student nurses placement assessments (CAPD) but there was no external examiner involvement.</p>
<p>Placement learning precept 2</p> <p>Institutions should define procedures for:</p> <p>Defining, securing, approving and allocating placements including information in the event of a student failing to secure or complete a placement.</p> <p>Procedures and criteria for the approval of individual placements, health and safety requirements, clear information about the allocation of placements where these involve collaborative agreement between institutions, employers and placement providers.</p> <p>The criteria to be used when approving placement should address placement providers' ability to provide learning opportunities that enable the intended learning outcomes to be achieved and support students on placement. Fulfil their responsibilities under the health and safety legislation in the workplace having regard for the level of skill and experience of placement students.</p>	<p>Partially met</p> <p>Practice placement managers allocate all student nurse placements.</p> <p>All link tutors undertook an educational audit.</p> <p>All students underwent a Trust induction and mandatory training.</p> <p>Practice placement managers were responsible for the allocation of student placements.</p> <p>The School Plan identified a degree of collaboration through the initiation of the CLE group.</p> <p>Some considered that the learning opportunities in placement settings did not always enable the intended learning outcomes to be met. Some placement setting skill mixes were considered to compromise student health and safety.</p>
<p>Placement learning precept 3</p> <p>Placement providers should be aware of their responsibilities for, the provision of learning opportunities, their role, where appropriate in the assessment of students and the health and safety of students.</p>	<p>Partially met</p> <p>The provision of learning opportunities was considered plenty by all.</p> <p>The mentor role in assessment was variable.</p>
<p>Placement learning precept 4</p> <p>Students should be aware of their responsibilities as a representative of the institution, towards the placement provider as its customers, clients, patients and employees, for managing their learning and professional relationships, for recording their progress and achievements and for alerting the placement provider and institution to problems with the placement that might prevent the progress or satisfactory completion of the placement.=</p>	<p>Fully met</p> <p>All students considered that they were a representative from the university.</p> <p>All students demonstrated their responsibilities.</p> <p>All students develop mechanisms for managing their learning and professional relationships.</p> <p>All students were required to record their progress and achievement by completing the CAPD.</p> <p>Link tutor arrangements were variable but all students considered that would contact them if needed.</p>

Accompanying guidance (QAA 2001)	Evidence for decision provided Fully/Partially/Not met
Placement learning precept 5 Institutions should consider providing guidance to students developed wherever possible in conjunction with the placement provider on: appropriate induction to the placement including health and safety, any occupational health considerations or requirements including immunisation, any legal or ethical considerations, the means of recording the achievement of specific learning outcomes and progress, cultural orientation and work expectations and the institutional support services that will remain with the student during placement. Appropriate re-orientation of the student to the institution.	Fully met All students experienced preparation for practice, mandatory training and Trust induction. All students understood their Code of Conduct (NMC 2004) and completed their CAPD. All students experienced preparation for practice and Trust induction. The role of the link tutor although implemented variably was available if required. All students were required to see their personal tutors for profiling after each placement learning experience.
Placement learning precept 6 Institutional placement staff are competent to identify the development of placement learning opportunities. The development needs of institutional placement staff are met.	Partially met Not all mentors were able to develop placement learning opportunities. Some mentors did not attend mentor training. Some mentors did not understand the CAPD. Some link tutors not considered competent to link with designated areas.
Placement learning precept 7 Institutions should consider keeping records of all formal complaints received in connection with a placement and follow up actions taken. Investigate and respond to reasonable causes of complaint about placement learning.	Not met No player was aware of the complaints procedure. Complaints were dealt with in different ways.
Placement learning precept 8 Institutions should consider encouraging placement supervisors and students to provide feedback on progress and communicate any concerns in a timely way to the institution. Periodically review the progress of students. Using feedback from institutional placement staff, placement supervisors/mentors, external examiners and students. Establishing procedures within which feedback on the quality and standards of the placement can be received and appropriate actions taken where necessary. Formal and informal means of gathering feedback from placement providers about the placement arrangements.	Partially met Students had began to evaluate their placements, but feedback mechanisms were unclear. The CAPD enabled periodic review of students. No evidence of feedback from mentors or external examiners. No established feedback procedures evident. Informal feedback from placement providers could be gathered by all link tutor types, but there was no formal mechanism evident.

Appendix H Arriving at the four themes

This table provides a summarised version of how and why the key players (student nurses, mentors and link tutors) implemented and enacted the placement learning precepts (QAA 2001), which led to four overarching themes that included, individual interpretations of the link tutor role and their responsibilities, theory practice gaps, mentors mentoring and assessing students in different ways and ineffective quality assurance systems.

Precept	How and why	Overarching themes
General Principles a) Their responsibilities for placement learning are clearly defined	How Link tutors operated in three different ways, minimal, partial and fully engaged Why No formal monitoring from school leaders Different levels of interest about the role	Individual interpretations of the link tutor role and their responsibilities
b) The intended learning outcomes contribute to the overall aims of the programme	How Students completed their Clinical Assessment of Practice documents (CAPD) in different ways because some enjoyed undertaking the learning outcomes and other felt they got in the way. Why Students held different learning styles Not all students felt able to articulate their learning needs as a supernumerary student nurse. The design of the CAPD meant that: <ul style="list-style-type: none"> - There was more focus on writing than practising nursing skills and abilities - Personal tutors were required to second mark student nurses' CAPD written evidence and frequently disagreed with the decisions that mentors made about the information How Link tutors and mentors held different views about what practices a student had to demonstrate in order to achieve a particular Standard of Proficiency (NMC 2004) Why The design of the CAPD enabled mentors and link tutors to mark the students' evidence based on individual values and beliefs. The tutors focused on how students had underpinned their practice evidence with theory, whilst some mentors concentrated on ascertaining if students were competent at practical nursing skills. Other mentors signed the CAPD, as long as they liked the student.	Theory practice gaps

Precept	How and why	Overarching themes
c) Any assessment of placement learning is part of a coherent assessment strategy	<p>How Students were assessed by mentors in different ways</p> <p>Why They did not mentor students in accordance with the mentor standards (NMC 2008) for example:</p> <ul style="list-style-type: none"> - Some had not attended an annual mentor update - Some did not understand how to assess students in accordance with the CAPD - Some did not value the role of being a mentor. 	Mentors mentoring and assessing students in different ways
<p>Institutional Policies and Procedures Institutions should have in place policies and procedures to ensure that their responsibilities for placement learning are met and that learning opportunities during clinical placements are appropriate.</p>	<p>How Learning opportunities could be identified in the CAPD as it provided specific activities to guide the students' learning. However, some link tutors considered that the activities in the CAPD did not meet the learning needs of the student.</p> <p>Why Students were not always allocated to levels that were appropriate to their learning needs Students were not always properly supported because there were not enough registered nurses available to support their learning needs. Link tutors did not think they could change this situation as they considered that they had no influence over practice. Weak partnership relations between link tutors and practice placement managers. Mentors took it for granted that there were always learning opportunities, but did not use the CAPD activities as a guide. Student just wanted to pass their placement and accepted the situation as long as they got their CAPD signed off.</p>	Theory practice gaps
<p>Placement Providers Institutions should be able to assure themselves that placement providers know what their responsibilities are during the period of placement learning.</p>	<p>How Link tutors scheduled mentor training dates throughout the year.</p> <p>Why Mentors were not given the time to attend. Some mentors were not interested in attending mentor training. Practice placement managers were now undertaking these activities, which led to fewer mentors attending the sessions that the link tutors scheduled.</p>	Mentors mentoring and assessing students in different ways Theory practice gaps

Precept	How and why	Overarching themes
Student Responsibilities and Rights Institutions should ensure that students are made aware of their rights and responsibilities, prior to clinical placements	<p>How – responsibilities Student nurses were aware of the responsibilities and adhered to them.</p> <p>Why – responsibilities Their responsibilities were identified in their CAPD and all were keen to adhere to them because:</p> <ul style="list-style-type: none"> - They knew they were responsible for adhering to professional conduct form requirements (NMC 2004) - Acting in accordance with their responsibilities made them feel link they were becoming a registered nurse - Felt proud to uphold the title of university student nurse <p>How – rights Students were not aware of their rights because they were not explicitly explained to them in the documentary data or from the information that link tutors provided.</p> <p>Why – rights Students did not consider that they had rights, instead they focused on their responsibilities. Link tutors were not aware of the rights of students from neither a university or school perspective. Link tutors were allowed to operate in their own ways which sometimes infringed on the rights of students.</p>	<p>Theory practice gaps</p> <p>Individual interpretations of the link tutor role and their responsibilities</p>
Student Support and Information Institutions should ensure that students are provided with appropriate guidance and support in preparation for placement. During and after their clinical placement (the after component will be addressed in the last precept)	<p>How – in preparation for practice The theoretical component of the programme prepared students for practice, but this did not involve practice personnel. However, students were not prepared in terms of having sufficient notice as to where they had been allocated.</p> <p>Why – in preparation for practice Weak partnerships between link tutors and practice placement managers meant they did not frequently prepare students for practice together. No standard to identify to students what notice they should be given with regards to knowing where their next placement will be.</p>	<p>Theory practice gaps</p> <p>Ineffective quality assurance systems</p>

Precept	How and why	Overarching themes
Staff Development Institutions should ensure that staff who are involved in placement learning are competent to fulfil their role.	<p>How It was not possible within the current construct of UK pre-registration nurse education for the leaders of the school to fulfil this precept, as they do not have a responsibility to ensure that mentors are competent.</p> <p>Why Table 4.4 Competency concerns that has been reproduced from the findings in Chapter 4.</p>	Individual interpretations of the link tutor role and their responsibilities Theory practice gaps Mentors mentoring and assessing students in different ways Ineffective quality assurance systems
Dealing with Complaints Institutions should ensure that there are procedures in place for dealing with complaints and that all parties (Higher Education Institutions, students and placement providers) are aware of, and can make use of them	<p>How None were familiar with the complaints procedure that was identified in the documentary data.</p> <p>Why Link tutors addressed complaints in different ways. Students did not want to complain as they wanted to be 'liked' to ensure that they passed the programmes. Mentors were not aware of the complaints procedures and were not keen to complain.</p>	Ineffective quality assurance systems
Monitoring and Evaluation of Placement Learning Opportunities Institutions should monitor and review the effectiveness of their policies and procedures in securing effective placement learning opportunities.	<p>How No player was clear about how placement learning experiences should be monitored or evaluated.</p> <p>Why Link tutors undertook their role in different ways and their activities were not monitored. The school did not have an established system in place to enable students to evaluate their placement learning experiences and provide feedback to mentors, students and link tutors.</p>	Ineffective quality assurance systems Individual interpretations of the link tutor role and their responsibilities

Appendix I Evidence to demonstrate 'Outstanding Level of Achievement



Working in partnership



The School has a clear AP(E)L process in place which is compliant with University guidelines. The School and clinical staff are utilising the AP(E)L process for mapping against the mentorship standards.

PRACTICE LEARNING	LEVEL OF ACHIEVEMENT: OUTSTANDING
Key Risk 3.1 - Inadequate governance of practice learning	
Risk Indicators	
Record of mentors inaccurate or out of date	<p>Accurate live databases of mentors are maintained by all service provider partners and are updated regularly. Copies of these databases are sent to the University on a monthly basis and summary reports of mentor capacity are produced to facilitate effective monitoring. The University has the capacity to host an online mentor database that is accessible to all service provider partners. All except two service provider partners have expressed interest in this. This is already functional within the independent sector and two NHS Trusts. Other participating Trusts are in the process of having their databases transferred to this online resource, brand named 'SITS'. A task and finish group has been set up to review the interface of placement information with the mentor database to enhance functionality in informing capacity and placement availability. The live registers are maintained by dedicated administrative support and many are equipped with systems that automatically colour code mentors by activity status, clearly identifying those requiring updates. Staff are sent reminders and managers are informed where non attendance occurs.</p>
Evidence that mentors are not properly prepared for their role	<p>Mentors are appropriately prepared for their role. The School has increased the number of mentorship preparation programmes provided and access is facilitated through delivery in local NHS Trusts. Mentor updates are scheduled throughout the year. The University worked in partnership with service provider partners to develop core content for mentor and sign-off mentor preparation to ensure this meets the needs of the provision. Mentor preparation programmes and updates are periodically evaluated. The quality of mentor preparation and update is enhanced by the sharing of practice and partnership working and a web-folio is being used to share effective practice around implementation of the mentorship standards. The external examiner confirms that students on the mentorship course are achieving the NMC outcomes.</p>
Nursing / RTP Nursing	<p>The majority of mentors have either undertaken an NMC approved programme or the University has facilitated them to map to the required standards through the AP(E)L process. In the third sector provision mentors have previously undertaken a non-accredited programme of study provided by the link lecturer and have also mapped to the NMC mentor standards. There is additional link activity for support in these areas. There is evidence of strong satisfaction with all forms of mentor preparation and updating.</p>
SCPHN OH	<p>Due to the diverse placements used for OH students, mentors are often updated individually as and when they are required to support students. Other opportunities are available for</p>

Appendix J

Evidence to demonstrate dissemination of the study at a national level



Working in partnership

12 June 2009

Lisa Bayliss-Pratt
Principal Lecturer – Practice and Innovation
University of Wolverhampton
School of Health
Room WP008 – Boundary House
Gorway Road
Walsall WS1 3BD

Dear Lisa,

Thank you for agreeing that you or a member of your staff will present a poster at our annual joint conference with the NMC. I have attached details of the programme and the conference venue for information.

We look forward to sharing your example of good practice. We would like you to focus on the initial challenge, the solution provided by the innovation and the benefits of this approach. Posters will be displayed during the day and should be handed in at reception during the registration period. Please find attached the criteria for the poster.

A short cameo of your achievements, approximately 500 words will be published in our newsletter. This should follow the format above and include contact details for the author so that colleagues who are facing similar challenges can network and share ideas. The deadline for submission is Friday 25 September 2009.

I would be very grateful if you could confirm the contact details for the person(s) who will make the poster presentation at the conference with me at nmc@hisp.org by Friday 3 July 2009. As the conference is oversubscribed we will need to limit the number of places allocated to each education provider.

Thank you again for agreeing to participate; your input is very much appreciated.

Best wishes