Focus

Practice learning teams: a partnership approach to supporting students’ clinical learning

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Summary  The importance of clinical learning for students has been acknowledged by both government and nursing regulatory bodies who have called for partnerships and collaborative structures to be developed to facilitate the provision of good quality structured support for all learners in practice placements [Department of Health DOH, Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health Care, Department of Health, London, 1999; DoH, The NHS Plan: A Plan for Investment, A Plan for Reform, Department of Health, London, 2000; United Kingdom Central Council for Nursing, Midwifery and Health Visiting; UKCC, Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education, 1999; United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London; English National Board for Nursing, Midwifery and Health Visiting (ENB)/Department of Health, ENB/DoH, Preparation of Mentors and Teachers, English National Board for Nursing, Midwifery and Health Visiting, Department of Health, London, (2001a); ENB/DoH, Placements in Focus, English National Board for Nursing, Midwifery and Health Visiting, London, (2001b)]. This paper reports the early experiences of developing and implementing one such collaborative approach in one School of Nursing in England. The approach presented is that of practice learning teams (PLTs). The driving forces behind the decision to implement these teams and why the change was thought to be necessary when another approach, namely the link lecturer role was already in existence are considered. The challenges encountered during the implementation process and the perceived benefits that are emerging are discussed. © 2003 Elsevier Ltd. All rights reserved.

Introduction

Fifteen years ago the teaching and support of student nurses in the practice setting was a shared re-

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advocated that nurse lecturers spend 20% of their time in practice (ENB, 1995, 1997; UKCC, 1994, 1998, 1999). However, since the advent of Project 2000 (UKCC, 1986), and the integration of nurse education into higher education nurse lecturers’ workload and function both in academic and practice settings has changed. There is evidence that nurse lecturers place little formal value on their clinical practice role and they have difficulty in fulfilling this role because of the competing demands of classroom teaching, scholarly activities and research (Aston et al., 2000; Carlisle et al., 1997). Thus, almost by default clinical practitioners are increasingly being expected to provide the majority of teaching and support that students receive in practice by taking on the roles of mentorship and preceptorship for student nurses and newly qualified colleagues. There is no doubt that staff nurse mentors are appropriate individuals to teach and support students as they acquire their clinical skills and respond to clinical situations. But the educational remit of their role is not their primary aim (Gerrish, 1990). Also, changes in the health service, a short age of nurses and a high turnover of both staff and patients are making it increasingly difficult for clinical nurses to fulfill this role (Philips et al., 1996). This would seem to suggest that student nurses are not being supported in their clinical learning. Given that half of the pre-registration nursing curriculum in England is delivered in practice this is a fundamental issue of concern.

In 1998 the English National Board for Nurses and Midwives (ENB) published a report on the role of the nurse teacher/lecturer in practice (Day et al., 1998). The literature reviewed identified that one of the most common practice roles a nurse lecturer undertook in England was that of a ‘Link Lecturer’. This role was based upon a model of lecturers being assigned to a NHS Directorate or specific placement of their specialty. The purpose of the role was to provide a link between education and service. When working well, the benefits of the role for both service and the Higher Education Institute were multifaceted. For instance, there was a named person within the institute from whom nurse practitioners could obtain information and advice regarding professional development and educational courses. Pre and post registration students had a named point of contact responsible for monitoring the quality of the learning environment. For nurse lecturers there was continuity of relationship, communication and experience within one clinical area, placement and/or directorate.

However, Day et al. (1998) identified that the link lecturer system was not uniformly effective. Their study identified that the liaison role of the lecturer was inconsistent within the system and expectations of the role were unclear for all stakeholders. In addition there was a lack of guidance for and management of the lecturers’ role in practice, which tended to imply that the role was not valued.

This paper reports how one English School of Nursing is attempting to address some of these issues by working collaboratively with their clinical colleagues.

The need for change

The Link Lecturer System described above had been in operation within this particular School of Nursing for at least 10 years. It was quite apparent that there were pockets of excellence in terms of supporting practice learning, but in many respects it mirrored Day et al.’s (1998) findings outlined above. For instance, the system was not effective or consistent across all areas. This was probably not surprising, as uniform allocation of lecturers to clinical placements was difficult to achieve due to the size and complexity of the School of Nursing (200 lecturers provided support to 2500 placements and 10,000 assessors, across a large and diverse geographical area). Therefore, in order to ensure that all student placements were catered for the number of areas that a lecturer was linked with ranged from 1 to 45. Invariably, lecturers were linked with placements that did not reflect their area of expertise. In addition, it was assumed that as most lecturers had a nursing qualification, they would be able to function in a link lecturer support role. In some instances this was an erroneous assumption (Aston & Mallik, 1998).

Guidelines to support the link lecturers in their role were in existence. But, as these were not accompanied by systems for either managing their implementation or for assisting newly appointed lecturers to develop their liaison role they appear to have had relatively little impact (Aston et al., 2000). So, in many instances the link lecturer’s role was congruent with findings from studies by Crotty (1993); Clifford (1993, 1995), Mallik (1995) and Day et al. (1998).

The School of Nursing realised that in order to address these issues there was a need to develop new initiatives in conjunction with service colleagues. With this in mind a series of three consultative workshops designed to explore student clinical learning and support for assessors were run. The workshops, which were open to all lecturers, practitioners and students from across the School and the NHS Trusts, were well attended and reinforced the shortcomings of the link lecturer system. A key feature to emerge was the desire for an
integrated partnership approach to be developed, with lecturers and practitioners working together to develop the practice learning environment. This decision, which was in line with the Fitness to Practice recommendation that: ‘……service providers and Higher Education Institutions should work together to develop diverse teams of practice and academic staff who will offer students expertise in practice, management, assessment and mentoring and research’ (UKCC, 1999: recommendation 25:p48), led to the development and implementation of practice learning teams (PLTs) across the entire School of Nursing and its associated NHS Trusts.

Practice learning teams

The term Practice Learning Teams (PLT) is used to denote a group of nursing practice staff, and lecturers who work collaboratively to make a significant contribution to supporting student learning and assessment within a designated clinical area or group of clinical areas. This team leads the development and maintenance of the clinical learning environment and provides support and guidance to mentors/assessors, preceptors and others who contribute to enabling students meet their practice learning outcomes and to develop appropriate competencies.

Constitution of practice learning teams

Membership of individual teams differs depending on the Unit/Directorate and/or group of placements that are involved. However, they all comprise a combination of School of Nursing and nursing practice staff. For example in one Medicine/Health Care of the Elderly Team a team of 6 teachers and 17 practitioners covers the learning needs of approximately 60 students on 17 placements.

All School of Nursing staff with a responsibility for teaching and supporting pre and post registration students are expected to participate in at least one team in order to provide advice on teaching and learning issues and to update the team on changes occurring within the curriculum. Practitioner representatives provide advice and support to the team on current practice issues. Clinical placement development facilitators, clinical educators and professional development nurses have an important role to play in supporting the development of the learning environment within placements.

Models of teams

A variety of different models have developed according to the local needs and structures of each Trust or nursing specialty. As a consequence, teams have evolved their own way of working. Many teams favour a shared approach, with practitioners and lecturers taking it in turns to co-ordinate the team's activities, with some of the teams being lecturer-led and others practitioner-led. Each team has worked in partnership to develop new ways of supporting students' learning in practice and the development of their learning environment. For example, one community team has moved away from the “Queen Mother” method of operating which entailed a quick “hello, are you okay?” visit to a more meaningful role which entails the team facilitating reflective group tutorials for both students and mentors within the practice setting.

Other teams are concentrating on the facilitation of practice-based learning for students. This entails practitioners and lecturers jointly teaching students clinical skills in time-tabled sessions within the clinical area, rather than these being taught in the classroom as they were previously. Practitioner team members also participate in objective structured clinical examinations (OSCEs) of the skills that they have taught. The teams are also actively involved with carrying out generic roles relating to updating and supporting mentors within their individual placements. These approaches are all in line with recommendations within the fitness to practice document which highlighted the need for practice and competency-based assessment to be a collaborative effort, involving all stakeholders (UKCC, 1999).

Challenges encountered

Establishing the teams

The report ‘Placements in Focus’ emphasizes the importance of structures and mechanisms for developing the quality of placement learning being valued and owned at the highest level within education and service, as well as being valued by clinical and education staff (ENB/DoH, 2001b). So, one of the major challenges to be faced during the development and implementation of PLTs was obtaining commitment from, and securing motivation for the initiative from all of the stakeholders. Due to the size and complexity of this School of Nursing, which serves 24 NHS Trusts and is situated on 6 individual
NHS sites, this was a mammoth undertaking. To this end, a discussion paper outlining the philosophy, aims and proposed structure of the teams was circulated widely across the School of Nursing, NHS Trusts and the NHS Education Consortium (now the NHS Workforce Confederation). The original proposals were modified after consideration of feedback from all parties.

The consultation process included the identification of the teams required within each trust and directorate. This had the advantage, that although compromises had to be made, the constitution of each team was tailor made to meet the needs of individual trusts and the membership reflected particular nursing specialities.

**Encouraging ownership**

Ownership of PLTs was encouraged by allowing teams to develop their own roles and responsibilities according to local needs and requirements. Whilst one could argue that this might lead to inconsistency between the teams, it was seen to be important for team members to feel free to develop new practice learning initiatives that reflected the needs of their own practice areas. In addition lecturers assigned themselves to those teams that they wished to be involved with or had expertise in rather than being ascribed to a placement as the need arose, irrespective of their interests or expertise, as had happened in the link lecturer system. The rationale for this was to encourage lecturers to become actively involved in adopting a role that would impact on the quality of students' clinical learning. Similarly service managers sought practitioner volunteers who had an interest in developing the learning environment.

These strategies appear to have been effective as 50 teams are now established across six sites, although it has to be acknowledged that some teams are working better than others. The ongoing challenge will be to support and encourage the less effective teams to continue their development, and to maintain the momentum in those established teams, where members are beginning to experience difficulty attending meetings due to ongoing staff shortages, workloads and geographical separation. The management system described below has been established to deal with exactly these issues.

**Developing a managed system**

Day et al. (1998) recommended that a managed system be adopted with support mechanisms in place for those responsible for providing practice education, and within a School of Nursing as large and geographically disparate as this one is, a managed system of support is essential. The communication structure that this school has developed to manage the system of PLTs can be seen in Fig. 1.

A member of the teaching staff has been appointed to co-ordinate the overall activities of all of the teams across the school. Individuals have also been designated to co-ordinate the work of the PLTs within each of the school’s five education centres and to co-ordinate the work of those teams, which due to the complexity of their placements, like learning disability, function across the geographical spread of the school. The PLT School Co-ordinator and the Speciality and Education centre Co-ordinators meet with each other and the teams within their remit on a regular basis to share initiatives, practices and solutions to problems/issues encountered. This provides the vehicle for a two way process of communication between the teams and team members across the school.

The School Co-ordinator reports directly to the Practice Development Committee, a strategic committee within the School of Nursing, and pro-
vides them with an annual progress report from each PLT. The Practice Development Committee monitors the objectives achieved, the problems encountered and reviews each team’s action plans for future development. The Annual Practice Learning Team Report is disseminated to the NHS Trusts, Workforce Confederation, and individual teams. In this way the successes and difficulties encountered by each team are shared with all stakeholders.

Perceived benefits

Formative and summative evaluation of the PLTs activities in terms of process and outcomes have been an integral part of the development and implementation process. So, it is possible to identify several clear benefits that have accrued from their establishment.

Placement environments need to be carefully prepared and continually developed to ensure that students participate in high quality patient/client care, have good role models and see that staff value learning (ENB/DoH, 2001b). Prior to the establishment of PLTs there was a lack of co-ordinated contact between students, their mentors and lecturers, and lecturers were playing an insignificant role in developing the practice environment. Since the establishment of the PLTs the communication between service and education has improved. Sharing responsibility for developing the practice learning environment has provided opportunities for both parties to appreciate the pressures inherent in each other’s roles. In addition, as practitioners lead some of the teams this has emphasized the fact that developing the learning environment is a shared responsibility, rather than being the sole responsibility of the School of Nursing.

Working within a team has allowed the participants to identify educational priorities within their clinical areas and to jointly develop ideas and solutions for addressing these. The development of new induction programs, learning packages, the identification of learning outcomes, and updating of placement data on the School of Nursing website are just a few examples of the work that has been done to date. Another example of shared ownership of the students’ clinical learning can be seen in the way that practitioners are becoming actively involved in the practice-based learning component of the curriculum. This entails lecturers and practitioners working together in the clinical area to prepare students for their placement experience, to develop students’ skills and knowledge, and to help students to reflect on their experiences. The lecturer’s educational expertise is invaluable here, in terms of assisting the practitioners to develop their teaching and facilitating skills and the practitioners’ expertise is invaluable in terms of current clinical expertise. Whilst these may appear to be quite simple and straightforward activities, it is the first time that these have been a truly joint venture within this School of Nursing. As such they are an important step towards the development of common ownership for developing the practice learning environment.

The mentor’s role creates concern and anxiety, particularly if mentors do not receive feedback about the effectiveness of their actions from academic staff. Becoming a mentor can be one of the greatest challenges a registered nurse can face (Aston, 2000) and it has been documented that mentors have fears of failing students (Ilott, 1997; Hopkins, 2000) and so avoid confronting issues. This is a major concern in a practice-based profession where, if self-regulation is to be maintained, the assessment of a student’s clinical practice should be documented and defensible (Searle, 2000). Duffy (2000), White et al. (1993) and Luker et al. (1995) have all identified that effective support from lecturers has an important role to play in supporting mentors and increasing their confidence. Prior to the implementation of PLTs the lack of lecturers’ visible presence within the clinical setting meant that this support could not be relied upon. Increasingly, the teams are providing mentoring updates and support sessions which concentrate on the local placement issues and mentors needs, with practitioners and teachers sharing the responsibility for the organising and contributing to these sessions. This team approach means that lecturers and practitioners are jointly developing their philosophy regarding clinical education as well as identifying the learning opportunities available for differing levels of students within an area. Thus, they are beginning to develop a yardstick against which students’ progress and level of achievement can be measured. This has the advantage of helping to increase consistency within the mentor/assessor roles.

Conclusion

Practice learning teams have only been operational across the School of Nursing for two years, and to date only informal evaluation strategies have been
employed. These have tended to concentrate on the team members' perspectives, rather than exploring the viewpoint of students and their mentors or other stakeholders. So, it is too early to draw any firm conclusions about the effectiveness of PLTs in comparison with the link lecturer scheme that they have replaced. Nevertheless, experience gained so far suggests that because everyone involved recognised that there was a need to provide a more effective mechanism for supporting students' clinical learning than the link lecturer role and because of the inclusive nature of the development and implementation process, PLTs have been received enthusiastically by the majority of lecturers and nursing practice staff.

The importance of clinical nurses supporting, teaching and facilitating student learning in the practice setting has been well recognised and its success depends on the collaboration between the clinical and teaching staff (Corlett, 2000; Gerrish, 1992; Hewison & Wildman, 1996). PLTs appear to be providing a cohesive and synergistic forum for this collaboration to take place. They are also providing opportunities for teachers and clinical nurses to develop their complementary roles for providing educational support within clinical settings. This seems to suggest that as the expertise and confidence of individual PLTs develop, they will have the potential to develop creative new ways of improving the educational environment in the practice setting. Formal evaluative research is now an obvious requirement to enable a longer-term strategic view to be taken of how best to enhance and maintain the role of the PLTs as a mechanism for improving the quality of students' clinical learning through teachers and practitioners working in partnership.

References


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