An exploration into the role of the teacher/lecturer in practice: findings from a case study in adult nursing

Liz Aston, Maggie Mallik, Christopher Day, Diane Fraser with Collaborative Research Group

Against a background of increasing concern over the widening theory practice gap and research evidence of problems in providing quality practice education, the English National Board (ENB) commissioned an 18 month study into the role of the teacher/lecturer in practice. This article, after providing a brief overview of the background, literature and methods, outlines the results from the Adult Case Study stage of the research. Documents, individual and focus group interviews of lecturers (n=76), practitioners (n=46) and students (n=131) in five schools of nursing and midwifery provided data for analysis. A role labeled as ‘link lecturer’ was the most common approach acknowledged by all respondent groups. Despite overt commitment to the practice role by schools of nursing and midwifery, findings indicate that lecturers are unprepared, unsupported and unmonitored. Students and practitioners had very variable experiences and expressed a strong need for a better-organized approach which would provide them with consistent and sustained support in the practice setting. Overall the study highlighted a lack of strategic management of the practice role by university schools of nursing and midwifery. Convergence of findings from midwifery and the other branches of nursing provides strong research evidence for recommendations for more active management of the practice curriculum to be implemented as part of any future proposed reforms for nurse education in the UK. © 2000 Harcourt Publishers Ltd

Background

Although it is recommended by the English National Board (ENB) (ENB 1989, 1995, 1997) that lecturers spend 20% of their time in practice education, many find this difficult to achieve. Their workload has increased overall; is not reduced for individuals undertaking higher degrees; and many lecturers have difficulty obtaining time to update their clinical experience (Luker et al. 1995). The movement of nursing education into higher education has also, in many cases, resulted in a geographical separation from the service areas used for practice placements. As travelling time to clinical areas has increased there is a concurrent limiting effect on time available for practice. All of these issues, together with the multiplicity of roles that lecturers are required to fulfil, make for conflicting demands on their time. As a result, they have had to prioritize and this has led to certain aspects of the lecturer’s role being neglected. One such neglected aspect is the attention given to the supervision of students in the practice setting. As travelling time to clinical areas has increased there is a concurrent limiting effect on time available for practice.
be considered. Advancing technology, increasing specialization and role changes imposed as a result of the reduction in junior doctors hours in the UK, have all impacted on their roles (NHS Management Executive 1991). The need for National Vocational Qualification NVQ assessors for Health Care Assistant roles, preceptors for newly qualified registered nurses and clinical supervision requirements for all staff, has resulted in practitioners having to cope with increasing demands on their time (UKCC 1992, 1994, Butterworth & Faugier 1992). Little time remains for supervising and teaching nursing students. Paradoxically, students are required to become ‘fit for purpose’ at the point of registration (DOH 1994, ENB 1994). As newly qualified practitioners are expected to be able to deliver high quality and effective health care, the quality of the practice component of nursing programmes has become central to their preparation for professional registration (Nicklin & Lankshear 1990).

Because of these changes in the conditions of work for practitioners, the additional demands upon the lecturer and increasing expectations of newly qualified practitioners, the role of the lecturer in practice needs to be clarified as the responsibility for both theoretical and practice education is placed upon the university sector. In 1995, the English National Board for Nursing, Midwifery and Health Visiting ENB commissioned a national study into the role of the teacher/lecturer in practice. The research was completed over an 18 month period between March 1996 and September 1997 and focused upon all specialized fields to include midwifery and all of the branches of nursing within multiple contexts. The final report (Day et al. 1998, 1998a) of the research project was constructed using the material presented in the field specific reports (Aston & Mallik 1998, Cooper 1998, Hall 1998, Hallawell 1998, Narayanasamy 1998). These field specific reports need to be read as a key part of the research as they contain more detailed evidence from the data and can also be used to judge the validity of the conclusions drawn in the main report (Day et al. 1998a). This article will focus on the results of data and issues arising from research into adult nursing, the main emphasis being placed on findings of the case study (Stage Two).

### Summary of the Literature

Historically nurse education and training in the UK was delivered primarily through an apprenticeship model (Dingwall et al. 1988, UKCC 1986) with practice education provided mainly by the ward sister (McGuire 1969, Lamond 1974, Long 1976, Fretwell 1978, Pembrey 1980, Ogier 1980, Orton 1981, Jacka & Lewin 1987). The ‘clinical teacher’ role was instigated in the early 1960s to provide additional support to the ward sister’s teaching role. However, problems with providing adequate role description, lack of promotion opportunities within the role itself and conflicts between service and educational needs led to its subsequent demise in the mid 1980s (Kirkwood 1979, Robertson 1987, Martin 1989). Following the phasing out of the clinical teacher, nurse teachers/tutors incorporated a practice teaching component into their overall role. Many studies, however, have highlighted the perceived and actual difficulties of teachers in fulfilling this practice role (Jones 1985, Crotty 1993, Clifford 1993, 1996, Mallik 1993, Owen 1993, Baillie 1994). Nevertheless, recent assimilation of nurse education into higher education has again highlighted the need for lecturers to incorporate a practice role (White et al. 1993, Phillips et al. 1993, Luker et al. 1995, Thompson et al. 1996). Still, however, difficulties remain.

### Methods

The principal aims for the research study were to:

- Map the national range and variations in the roles and responsibilities of the lecturer in practice in the UK
- Explore the range of factors promoting or inhibiting the practice role from multiple perspectives
- Identify the most effective models used in practice.

The study was undertaken in three stages (see Table 1). A mixed approach was used incorporating both quantitative and qualitative methodology. A more detailed outline and rationale for the methodology is reported in the ENB publication of the study (Day et al. 1998a).

After a preliminary meeting with the head of each selected school, a practice specific field
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Table 1  Stages of the research process

| STAGE ONE | A national questionnaire survey of Deans of Faculty (n=24), Heads of School and Program Leaders for midwifery and all branches of nursing (n=300) and Heads of Service Units (n=49) was undertaken in order to achieve the first two aims of the study. Five University Schools of Nursing and Midwifery were selected for stage two. A collaborative research group (CRG) was instigated and preparations made to undertake stage two. |
| STAGE TWO | Using a matrix case study design, the CRG team obtained data from the key respondents: lecturers, practitioners and students from midwifery and all branches of nursing within each of the five university schools. Transcription of tapes and analysis of the key issues for all respondents was undertaken by the CRG |
| STAGE THREE | Interviews with members of Educational Consortia for the five schools. Validation focus groups with a sixth School of Nursing and Midwifery. Synthesis of results to provide a conceptual model for the future role of the lecturer in practice. |

Table 2  Main themes within the interview schedule

| Role preparation, transition and development |
| The context of support |
| The nature of the practice role |
| Qualities needed |
| Measuring effectiveness |
| Alternatives and reflections |
| Value perceptions |

researcher from the collaborative research group (CRG) collected data from their particular field/branch from each school over a period of five months.

Collaborative research group (CRG)

Reason (1988) outlines the underlying principle of a CRG as being a group of people who pursue an investigation or topic where no one person dictates the process of the research activity. Collaborative inquiry demands even participation of all group members with shared decision making and healthy discussion and/or disagreements (Reason and Rowan 1981). With this aim in mind, during stage one, workshops concentrated on team building and establishing ways of working together. Activities that helped to develop the group as a team related to the preparation of the interview schedules and examined the interactive processes of the actual interviews. The interview schedule (see Table 2) was piloted with lecturers from a local institution. Shared experiences from this activity helped to refine the interview schedule for lecturers and to adapt the same schedule for use with students and practitioners in both individual interviews and focus groups. In addition, issues of consent, confidentiality, sampling of respondents, transcribing, analyzing and validating the data were the focus of much discussion at this stage. During stage two, monthly meetings of the CRG continued in order to facilitate feedback from all field researchers, to share experiences and to give continued support during the case study work.

Sampling

A contact person was identified at each of the five sites chosen for the study, usually the Program Leader (PL) for the adult field. Convenience sampling (Polit & Hungler 1994) was inevitable as it was up to the PL to arrange the interviews and focus groups for the time of the researcher’s visit. Researchers also interviewed respondents who were available, willing and able to ‘take part on the day’. Written consent was obtained from each respondent and confidentiality and anonymity for both individuals and the case study site was affirmed.

Four days were allocated at each site for data collection. Because of the greater number of potential respondents within the adult field, an additional researcher (the lead researcher) was involved in the data collection for this group, giving an equivalent of eight days on each case study site (see Table 3).

Lecturers interviewed were involved in pre and post registration courses, had links with both hospital based and community groups and had varying lengths of experience in adult nursing education. The majority of students interviewed were undertaking the Adult Branch of the Diploma in Higher Education Nursing (Project
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2000) course, but Common Foundation Program (CFP) students and post-registration students were also included. Students often preferred to take part in the study as a member of a focus group interview. From the total of 131 students, there were 10 individual interviews and 8 focus group interviews. Practitioner interviews were mainly conducted in the practice areas as individual interviews. Three focus group interviews were conducted which facilitated data collection from a community team of health visitors/district nurses and school nurses; a group of enrolled nurses from many clinical sites; and a group of staff nurses from multiple clinical contexts. All grades of qualified staff were included and practice areas encompassed the broad range of placements for students to include both community and institutional sites (for more detail on sampling see Aston & Mallik 1998).

Analysis of the data

Data obtained through interviews of the respondents, observation and relevant document analysis from each site were analyzed and validated through the activities of the CRG. Tapes of interviews were transcribed and summarized by the researchers and, for focus groups, written experiences from the respondents were summarized. For cross validation purposes, a second member of the CRG cross-checked a random 10% of the tapes from each respondent group (Tripp-Reimer et al. 1994).

Findings

During the data collection phase of the study, as the CRG meetings progressed, it became clear to the research team that, to a large extent, there was convergence of issues for all fields/branches and, to some extent, all sites. This convergence was confirmed during the analysis phases. The large amount of data collected for the adult field is edited and presented here under the key themes identified in the interview schedule (see Table 3) It should be noted that all case study schools had been recently subjected to major changes through the processes involved in amalgamations and subsequent integration within the university sector. Of the five schools visited, three had been re-sited in university accommodation separate from National Health Service (NHS) institutions.

There did, however, appear to be an implicit assumption in all schools that lecturers did have a role in practice, the minimum requirement being that this role was linked to the need for practice placement support in all areas of student allocation for practice experience. Only one school placed emphasis on the need for practice development partnerships with collaborative arrangements for research activity.

Role preparation, development and support

Over half (55%) of the lecturers stated that they had no preparation for their practice role; 30% had been clinical teachers which was considered by respondents to be an excellent grounding for the practice role. Remaining respondents either had no preparation at all or had had, as a newly qualified lecturer, support from a more experienced lecturer/mentor. Concerns were expressed about this lack of formal preparation as it was stated that certificate/diploma in education courses did not specifically include preparation for practice teaching. It was assumed that being a qualified nurse enables the lecturer to function as a teacher in practice. Some lecturers referred to the difficulties they encountered in dealing with the practice role:

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Sample numbers per respondent group and school site</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>SCHOOL</td>
</tr>
<tr>
<td>School A</td>
<td>12</td>
</tr>
<tr>
<td>School B</td>
<td>19</td>
</tr>
<tr>
<td>School C</td>
<td>18</td>
</tr>
<tr>
<td>School D</td>
<td>17</td>
</tr>
<tr>
<td>School E</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>76</td>
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The aspects of diplomacy and the politics weren’t focused on and I didn’t feel prepared for that and made all sorts of mistakes at first (AdL).

In addition to inadequate preparation for the practice role, data from all schools revealed a perceived lack of guidance. Even where specific guidelines were available, it was felt that they were vague, unachievable and open to individual interpretation. Although a few lecturers had generated their own guidelines, made informal contracts with their practice areas and subsequently attempted to measure what they had achieved within the practice role, they represented only a small minority.

Most students were not aware of guidelines and did not know what to expect from lecturers in the practice setting. They stated that lecturers were unclear about their practice role and that they would welcome an active role in practice from lecturers as:

I would value someone whom I met at the outset of the placement, who gave me an introduction to the ward and someone I could discuss and approach with problems as they arose (AdS).

Practitioners also were not aware of any guidelines for the role and noted that patterns of visiting placement areas and the input given by lecturers varied considerably.

A significant factor was whether time spent in practice was regular, pre-planned and structured or whether it was completed on an ad hoc basis. It was noted that those lecturers who visited their areas on an ad hoc basis tended to allow their practice role to get ‘pushed aside because of other commitments’. The practice role received little formal value and classroom teaching and other commitments seemed to take precedence:

…the practice role is very hard and there is tension between priorities here and out there … you have to be very strong to keep time blocked out.

Clinical visits tend to take second place but I give out my home telephone number and people contact me there (AdL).

The number of practice areas allocated very much affected how the individual lecturer developed their role in practice. Allocation varied from none to 50 placements per lecturer, often with multiple areas being spread over large geographical distances. All respondent groups identified the problem of geographical spread as a deterrent to developing an effective role.

Interpretation of what was required within the role became reactive with the emphasis being on immediate problem solving or responding to an expressed need from a particular practice area. Students and practitioners stated that a more consistent approach with advance planning of visits and longer time to be spent in practice support was required. Table 4 illustrates the minimum and desirable expectations of students.

Practitioners also had minimal and desirable expectations from the lecturers. For some, telephone contact was sufficient but most felt that the presence of the lecturer in the practice setting was extremely important, especially as they themselves have had increasing demands made upon their time:

trained staff on this ward are so busy delivering care but on top of that they also have many other things to do … I do think that the learners are suffering … it would be nice to have that extra support on the educational side (AdP).

Other practitioners would like the practice role to be given a higher profile and would welcome the return of the ‘clinical teacher’:

Table 4 Students expectations of the practice role of lecturers

<table>
<thead>
<tr>
<th>MINIMUM EXPECTATIONS</th>
<th>DESIRABLE EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the name of link lecturer</td>
<td>Prepare the students for the practice experience</td>
</tr>
<tr>
<td>See the lecturer in placements</td>
<td>Orientation of the student to the clinical area</td>
</tr>
<tr>
<td>Offer, in privacy, support to students</td>
<td>Work alongside students with a caseload</td>
</tr>
<tr>
<td>Deliver support to practitioners</td>
<td>Follow up the student after the experience</td>
</tr>
<tr>
<td>Deliver support using appropriate interpersonal skills</td>
<td>Provide tutorials in the placement</td>
</tr>
<tr>
<td></td>
<td>Help with students’ profiling</td>
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</tbody>
</table>
I gained an awful lot from my clinical teacher on the wards and I think there is a lot to be said for someone who is academically and practically sound actually working with students (AdP).

Data from lecturers revealed that there appears to be little formal in-house support for the practice role. Almost 60% of adult lecturers stated that they received no formal support, 7% received support from an identified person responsible for practice, with 33% receiving support through building good relationships with managers and/or trained staff in the practice area. Informal peer support was the most common form of support cited. The current individualistic culture in nurse education is illustrated by the comment of one adult nurse lecturer:

The onus is on you the individual lecturer to sort yourself out … be innovative, be dynamic or sink (AdL).

Students perceived that lecturers see the practice support of students as a low priority because of other work pressure. Such a situation for them implied little formal university support for the role. Practitioners acknowledged the pressures put upon lecturers to be academically credible through obtaining higher degrees, which inevitably took time away from their practice role. It was also noted by practitioners that, far from receiving formal support, the lecturer’s role in practice ultimately came down to individual choice:

The one who actually did come and work, I think she’s about the only one who does, it was a decision she made, she felt it was an important use of her time but there is supposed to be so many clinical hours within their time, but obviously how they spend their time, how they are audited, I’m not sure. She felt it was a good use of her time, but she was unique in that (AdP).

Nature of the practice role

Although the main foci of the practice role varied considerably, it was possible to discern common approaches within the various descriptions from respondents. These descriptions included an emphasis on one, some or all of the following:

- Student support
- Practitioner support and development
- Communication between practice and university
- Participation in the practice assessment process
- Development of the learning environment
- Research and practice development
- Personal development
- Lecturer Practitioner (LP).

A direct teaching role through taking on a patient/client case load was a relatively rare phenomenon across all schools and where it did exist tended to be linked with the LP role or with post-registration students in specialist practice areas. There were isolated examples of lecturers providing skills teaching sessions and structured tutorials in practice that included reflection on practice experiences.

Involvement with practice assessment focused mainly on preparation and support of the practitioner. Reference was made to new assessment strategies where it was proposed that the lecturer needed to be more directly involved in validating the practitioner’s assessment of the student. When focusing on developing the learning environment, lecturers offered support primarily to the clinical manager. For community staff, the most appropriate model was for the lecturer to attend formal lunchtime meetings when many practitioners were available together rather than meeting on a one to one basis.

Personal development was interpreted as spending time in practice in order to be current and clinically credible in classroom teaching, to be perceived as ‘nurses’ as well as lecturers. Most respondents confirmed that practice time for personal updating was in direct competition with ‘scholarly time’, that is time available to them for academic development.

All the adult lecturer practitioners interviewed (n=4) indicated that they found it quite stressful managing their practice and education roles. However, their role was perceived positively by students and practitioners because they consistently had structured and longer time within the practice setting.

Qualities of the lecturer

All groups cited good interpersonal skills as being the most important qualities that lecturers need in order to function well in the practice setting. Offering support, whilst respecting others as individuals, helped to facilitate acceptance of
the lecturer and the growth of a partnership in which nursing and education could be developed. This fostered an environment that was secure for students:

You need to respect a lecturer. They need to be unbiased and professional. Being friendly is not necessary but there needs to be some respect – very much a professional footing. Our lecturer is a nice person but she’s very professional, she will maintain your confidence – you know she’s trustworthy and you don’t feel silly saying you don’t know. You’ve got to feel confident and trust the person (AdS).

Other qualities highlighted by all respondents related to the clinical competence and clinical credibility of lecturers. All groups felt that the lecturers should have a degree of clinical competence but not to the same level as practice staff. Students commented that lecturers should be able to ‘practice what they preach’ but also identified that:

Levels of competence can vary with specific roles. For example, the lecturer could demonstrate taking blood pressures competently but not be expected to manage the ward (AdS).

All groups stated that clinical credibility was of great importance for lecturers as this was necessary in order to be realistic within teaching roles:

I think you only have to talk to students to get the real justification – they will say the lecturers are not credible if the person does not know what is happening in practice (AdS).

Practitioners and lecturers also felt that clinical credibility was a broader term that meant an awareness of current issues and changes in the practice setting and that:

... if you don’t perceive them (lecturers) as credible you’re not going to pay any attention to what they are saying (AdP).

Effectiveness of the role

All respondents were concerned that the organization appeared to attribute little value to the practice role of lecturers. Although there was some active monitoring of lecturers fulfilling the time allocated to practice activities by two of the schools, what was achieved in that time was not evaluated. Lecturers were concerned that there was no universal measure of effectiveness as ‘perceived effectiveness may not equal actual effectiveness’ (AdL).

A number of ways of evaluating effectiveness, both formal and informal, were cited by lecturers. The most common methods included:

- Student evaluation forms
- Educational audits
- Personal perceptions of relations with staff and students
- Verbal feedback from practice staff
- Requests from practitioners and/or students for practice input.

At an organizational level, only one site sought feedback regarding the effectiveness of the practice role through measuring outputs:

We’re trying to correlate whether people that have passed have benefited from having more clinical support, I’m not sure it’s a valid tool – just been working through that (AdL).

Analysis of educational audits and student evaluation forms, which were common to all fields, revealed some standard statements related to the role. However some respondents commented on the lack of action taken when difficulties were highlighted:

We always fail that part of the audit … and other wards fail because one of the questions is something like, how often does the link lecturer visit? and the ward actually fails that question because the link lecturer doesn’t visit the ward (AdP).

Most practitioners stated that there were no formal ways of evaluating lecturer effectiveness. Their list of measures matched those cited by the lecturers. Concern was expressed by practitioners that the organization did not appear to value the role:

It’s almost a ‘Cinderella’ or secondary to the academic teaching. I think that’s true, so we need to bring up the clinical teaching experience to be on a par with experience on the academic side (AdP).

Alternatives, reflections and values

All respondents saw the need for an increased involvement of lecturers in practice. In addition,
lecturers saw practice roles as vital to the viability of the teaching role. Five themes for alternatives to the present link role emerged from their responses. These included:

- A need to increase formalized involvement in practice
- The development of both practice and academic roles, perhaps through research or developing the learning environment
- Individuals to develop one strand of the role, either classroom teaching or practice, to reduce conflict between roles
- A form of ‘clinical teacher’ role to be developed
- Further development of the lecturer practitioner role.

Students stated unequivocally that they would welcome an increased practice role from lecturers in order to be reassured that the university attached importance to the practice experience, to clinical as well as academic credibility because they needed assistance in making sense of their practical experiences. Students who had received practice support from the lecturer had found it to be beneficial:

She the lecturer spent two to three hours with me, which although intimidating at the time, on reflection, it was a confidence-gaining experience (AdS).

In considering alternatives for the role, whilst practitioners saw themselves as ideal people to be directly involved in practice education they also recognized that the multiple demands on their time were increasing. Most reflected that the loss of the clinical teacher role was detrimental for both practice and education:

I would like to go back to the old system where the clinical teacher worked on the unit with you. I feel that the practical skills can be enhanced easier with a clinical teacher on the ward (AdP).

Discussion

The research provides empirical evidence of competition between achieving time out for higher degree studies, lecturing, administration, pastoral workload and the demands of the practice role. It could be argued that, with a large proportion of lecturers now undertaking higher degrees (ENB 1997a), tensions will continue to exist between the need to attain ‘academic credibility’ and the need to retain ‘clinical credibility’. This situation will impact on lecturers making choices regarding the appropriate use of the limited amount of scholarly time available annually. There was failure of teacher preparation courses (Certificates/Diplomas in Education) to address the specific requirements of practice education. This equates with Luker et al’s (1995) findings and respondents in that study used the strategy of ‘on the job learning’ to correct deficits in preparation and development of the practice role.

Written guidelines for the practice role, provided by all case study sites, appeared to have relatively little impact. In the USA, Robillard (1991) found that guidelines were significant in supporting an increased number of faculty staff engaging in practice. Lecturers referred to a lack of equity in the distribution of practice area responsibilities. Clifford (1993, 1996) also found variability in the allocation of practice areas and indicated that there was a positive correlation between length of time spent in practice and having a smaller number of link areas. The realization of a contract which allowed 20% of an individual lecturer’s time in practice was variable (ENB 1995, 1997). Because of difficulties in funding, when calculating staff student ratios, full time lecturers had not been counted as 0.80 WTE. Monitoring of time spent and evaluating the quality of practice role activities was minimal. Finally, in the majority of schools, it became apparent that active strategic management of the role was absent.

At CRG meetings when findings from all fields/branches were discussed, it was revealed that the sheer volume of numbers of students and placements utilized for the adult field is a major issue when considering the lecturer’s practice role. The specialist and varied nature of potential learning to be gained in the large range of practice placements in adult nursing demands a broad range of specialist theoretical knowledge and practice area support. Because the profile of practice knowledge of lecturers could not match this vast range of specialisms, many lecturers were linking with practice areas in which they had no expertise. Consequently there was potential difficulty in being regarded as clinically credible in these areas by practitioners and students.
Variety in the frequency, pattern of visits and multiple interpretations of the content of such ‘visits’ or ‘links’ in this research add to the difficulties in defining a purpose for the role. In previous studies Payne et al. (1991), Crotty (1993) and Clifford (1993) described the role as predominantly that of ‘visiting’. It should be noted that research and development work was minimal as was actual teaching of students through working alongside them in practice. Lecturers were not considered the prime practice assessor of students but facilitated and monitored the practice assessment process. Although other studies (Phillips et al. 1993, Fraser et al. 1997) have recommended regular dialogue between practice assessors and lecturers there is still considerable confusion as to how this might be organised within the present time constraints and workload of the lecturer.

Recent proposals from the UKCC (1997) for a ‘Practice Educator’ role may add to the confusion or alternatively provide some clarity in role definition and a more encompassing framework for the development of the future role of the Lecturer Practitioner (LP). However, as acknowledged by Fairbrother & Ford (1996) and Hollingworth (1997), funding for such roles is a serious issue. Although LP numbers are increasing (ENB 1997a), there is still lack of clarity in role interpretation which will make evaluation of their effectiveness difficult to achieve (Fairbrother & Ford 1996).

In the present study, lecturers and community practitioners had more difficulty in maintaining links with the exception of one school where these were well organised by a specialist community team of lecturers who held regular updating meetings and also endeavoured to see individual practitioners with their respective students. This model follows the regular ‘surgeries’ approach recommended by Thompson et al. (1996). Although practitioners expressed tolerance of lecturer workloads and professional development needs, students considered that lecturers should give higher priority to their need for support in the practice area. They viewed the lecturer’s role as vital in linking theory to practice and in briefing practice staff regarding their stage within the course.

Conclusion

This article has focused on the results of an investigation into the adult field/branch of nursing within a matrix case study of midwifery, mental health, learning disabilities and the child. The case study formed stage two (see Table 1) in a national research investigation commissioned by the ENB into the role of the teacher/lecturer in practice (Day et al. 1998a).

Details of the recommendations arising from the final report to the ENB are published elsewhere (Day et al. 1998a). Broadly they fall within the following key areas:

- Strategies are recommended for the active management of the practice role of lecturers with suggestions for possible structures that should be established within universities in order to facilitate these changes
- For lecturers, there should be educational preparation, induction programmes, ongoing support and development of the role
- Educational support for the practice curriculum should be developed within a partnership framework with clearly described practice roles for lecturers which are transparent to all stakeholders
- Universities should recognize and have professional systems in place to enable the special need for nurse and midwife lecturers to maintain clinical credibility.

This study was commissioned and conducted at a time when a major review of the role and function of professional organizations for nursing, midwifery and health visiting was being undertaken by the government in the UK. A special commission on education is at present being undertaken by the UKCC and is due to report in the summer of 1999 (Roques 1998). It is hoped that the results and recommendations from the present study will have an impact on decisions made regarding future provision of quality practice education for nurses, midwives and health visitors.

Acknowledgements

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