UNIVERSITY OF DERBY

Assessment of Higher Level Practice in Nursing: an exploration of the support required by practice assessors

Wendy Wesson

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Abstract

Nurse education is continually adapting to meet the requirements of employers to develop increasingly autonomous practitioners who can provide evidence-based, high quality care.

The work-based project examines the support available to mentors, known as practice teachers, in their role as assessors of nursing students in higher level practice. A qualitative study: the project employs a grounded theory approach to the analysis of data elicited from practice teachers and academics. Semi-structured interviews and focus groups alongside regular reviews of the literature are utilised to elicit data, and via an inductive process, categories emerging from the analysis are constructed to present new insights and understanding of the subject under scrutiny.

Whilst it is clear that a degree of support is available to practice teachers in response to a rudimentary understanding of their role in higher level practice, it is also clear that this support is limited by a number of factors.

The product of practice assessment for the employer is a newly-qualified practitioner who is able to carry out a role based on a specified set of competencies. For the educator, whether within the higher education institution or in practice, the process of education is ongoing; producing a practitioner with the capability to utilise higher level practice in ever-changing contexts and situations.

Support for the practice teacher can only be enhanced if recognition of the role is promoted. This requires a shared understanding of the importance of developing both competence and capability for higher level practice. Only then will the vital contribution made by the practice teacher in the student's development be understood by those supporting them.

Converging rather than competing philosophies of training for competence and educating for capability are necessary to maintain the status and commitment of the practice teacher and consequently the rigour required of assessment in practice.

Chapter One: Introducing the Project

1.1 Introduction

1.2 Professional importance of the study

1.3 Rationale for the project

1.4 Personal importance of the study

1.1. Introduction

This chapter is intended to provide a brief overview of the historical context of the project and a rationale for the specific focus chosen. An explanation of the professional and personal importance of the study in the examination of mentorship for student nurses undertaking programmes of preparation leading to qualifications beyond initial registration is also presented.

Over the last two decades, nurse education has undergone profound change and considerable transformation in response to government initiatives, policies and guidance (Department of Health (DH), 2006, 2007, 2008a, 2008b, 2008c), with increasing levels of specialisation and opportunities to advance to higher level practice (Longley et al, 2007). One of the most recent initiatives has been the decision to educate nurses for an all-graduate profession (DH, 2008b), with educational programmes due to commence in 2012. This will in itself raise academic levels across the board for nurse education.

Another example of now established higher level practice is non-medical prescribing, which was originally admitted via the introduction of legislation to enable nurses to prescribe, namely the Medicinal Products: Prescription by nurses, etc Act of 1992. Julia Cumberlege, who presented the initial proposal for the introduction of community nurse independent prescribing in the UK, recognised the potential for subordination of nurses in community settings to the role of handmaiden to the doctor (Cumberlege, 1986, p48), and promoted autonomous practice through this initiative.

Autonomy in practice has become a defining quality of practitioners functioning at higher levels, with nurses playing key roles in leading and co-ordinating care (DH, 2006). The increasing specialisation of nursing roles has been augmented by the rising number of pre-registration degree level nursing programmes. The move towards an all-graduate nursing profession by 2012 (DH, 2008a, 2008b), whilst

acknowledging the complexity of the role and the level of academic input required to meet the challenges of today's health care services, could potentially result in an undervaluing of the practice component of educational programmes (McNamara , 2010).

Traditionally, nursing programmes with professional body approval lead to a registrable or recordable qualification and retain a 50:50 practice to theory split at all levels (Nursing and Midwifery Council (NMC), 2001, 2004a, 2004b); enabling practitioners to develop a theoretical understanding of the profession and apply this knowledge to the practice setting. The importance of retaining this approach is clear, although there has also long been recognition of a theory to practice 'gap': firstly, the perceived discrepancy between what is taught and the experiences of student nurses in practice, and secondly concern regarding the degree to which theory is directly applied in the practice setting (Landers, 2000, Allmark, 2003). Allmark (2003) discusses the Greek origins of theory and practice, and challenges the view that all theory can be translated into practice. In a later paper discussing nursing theory and positivist approaches to research (Allmark, 2003), he states that nursing theory consists of a collection of material that nurses draw upon in their practice, and whether scientific or non-scientific, he defends research into what are traditionally considered non-scientific areas, such as ethics and feelings. Allmark's position (2003) implies the requirement for theory to draw on practice and in a reversal of the above statements; for practice to inform the development of theory through qualitative approaches to research.

There is a clear recognition of the importance of examining the practice experience in shaping the precepts and concepts which underpin the art of nursing. As stated by Florence Nightingale, in recognition of this;

Nursing is an art;
and if it is to be made an art,
it requires as exclusive a devotion,
as hard a preparation,
as any painter's or sculptor's work;

for what is the having to do with
dead canvas or cold marble,
compared with having to do with the
living body - the temple of God's spirit?

It is one of the Fine Arts;
I had almost said
the finest of the Fine Arts

Florence Nightingale (1820-1910, published 1947)

Recognition of the importance of practice in developing nursing expertise is demonstrated by the emphasis on a fifty per cent practice experience and assessment within all nursing programmes that lead to a recordable or registrable qualification with the NMC. Methods of assessing practice have long been debated, not least by the nursing professional bodies (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), 2002, NMC, 2006) and educational programmes, particularly for pre-registration nursing preparation, have developed accordingly. The introduction of the Project 2000 pre-registration programme in 1989 (Crotty, 1993) emphasised the importance of academic knowledge and insight, and appeared to relegate practical skill development to secondary importance. The Project 2000 student assumed supernumerary status in the practice placement and, as identified by Wilson-Barnett et al (1995), placement experiences were often organised at times which did not facilitate integration of theory into practice. Students were able to determine the extent to which they would be involved in practice experiences and ‘hands-on’ care. This in effect resulted in some students experiencing a much greater involvement in practice than others; and enabled students possessing academic aptitude yet somewhat less practical proclivity the opportunity to avoid what they considered to be less inviting practice experiences. Project 2000

nursing programmes were intended to shift the focus towards what Hislop et al (1996) identify as the ‘knowledgeable doer’ (p171), yet in application they often provided little opportunity for the student to recognise and experience the applicability of an academic knowledge base (or theory) to practice.

Nursing programmes were transferred from schools and colleges of nursing to higher education institutions in the early 1990s, which further emphasised the importance of academic credibility and status (Marks-Maran, 1999).

Since then, nursing academic programmes have developed and evolved; adapting to address the needs of practitioners who require greater and increasingly diverse expertise (Thorne, 2006 Carr, 2007), and attempting to meet the government agenda for nursing programmes in preparing practitioners from registration through to specialist and advanced levels of practice (DH, 2006). It is therefore imperative that nurse educators take the initiative in preparing practitioners for the challenges of 21st century health care (Thorne, 2006).

The implementation of government-led developments in nurse education has not always been straightforward. Educationalists and service providers alike have been reliant on guidance from the Department of Health (DH) and standards from the nursing professional body, the Nursing and Midwifery Council (NMC) to enable them to adapt, upgrade, and in some cases, transform pedagogical approaches and assessment techniques. This guidance has often taken a considerable amount of time to develop. An example of this is the development of standards for advanced practice. Although advanced practice was introduced as a concept and examined by the then nursing professional body, the United Kingdom Central Council for Nursing and Midwifery (UKCC) in 2002, and although conceptual

descriptors were offered (UKCC, 2002) clear standards of proficiency to enhance the reliability and validity of the academic and practice assessment are yet to be produced by the NMC (McGee and Castledine, 2003).

1.2 Professional importance of the study

> A great deal of the success of clinical education rests on the shoulders of clinical educators, their own abilities and personal attributes, and the preparation and support they receive.
>
> Higgs & McAllister, 2005, p156

A multitude of changes in primary care practice have taken place since the introduction and roll-out of the NHS Plan (DH, 2000). This ten year plan for reform of the National Health Service (NHS) has resulted in a broadening of the scope of practice for many disciplines within the nursing profession. Prior to and alongside the NHS Plan (DH, 2000), government and professional body guidance for health care organisations and practitioners, such as the UKCC Scope of Practice documents (UKCC, 1992, 1997, 2000), Liberating the Talents (DH, 1999), and Modernising Nursing Careers (DH, 2006) have encouraged the practitioner to embrace new roles and develop innovative ways of working. Further incentives for primary care, such as the Quality and Outcomes Framework (QOF) (DH, 2004a) and the Knowledge and Skills Framework (KSF) (DH, 2004b), directly link clinical outcomes, professional responsibilities and skills to pay structures. The QOF is a scheme offering incentives to GPs within the General Medical Services (GMS) Contract (NHS, 2004); the KSF offers pay enhancement to nursing staff linked to clinical competencies and skills development (DH, 2004). Changes in commissioning arrangements; placing greater emphasis on the requirements of general practice are resulting in a new type of entrepreneurial practitioner; encouraged to market their expertise to commissioning bodies (The Darzi Report, 2008). The aforementioned incentives and increasing specialisation have led to consultation by the Department

of Health with clinicians and educationalists regarding the future framework for post registration nursing careers (DH, 2007, 2008).

The work to date has not so far established the true nature of practice at higher levels. It is therefore imperative that this is clearly articulated, to assist in the development of support for assessment that mentors can utilise to inform their decision-making when appraising the performance of students at higher levels of practice. It will also assist in facilitating the maintenance and development of standards for higher level practice, whilst minimising the likelihood of the emergence of the maverick practitioner; acting beyond and outside of their scope of practice and not giving due regard to their professional accountability for all actions and omissions (NMC, 2008a).

1.3 Rationale for the Project

The focus of this project is the support provided to mentors of nursing students undergoing education for higher levels of practice – the importance of which is emphasised by the nursing professional body in their Standards to Support Learning and Assessment in Practice (NMC, 2006).

The intention is to focus on eliciting the views and experiences of nurse practice assessors within specialist community practice, known as practice teachers (PTs) and of post registration nurse tutors, with the aim of reviewing the support and information available to them and of unpicking the complexities of assessment of higher level practice.

Some key areas came to mind as the impetus for the study. These were:

How specialist and advanced (i.e. higher) levels of practice are assessed. The extent to which the assessment correlates with academic descriptors at degree and masters level.

How practice achievement is measured, and whether attempts should be made to develop this further.

The possibility of illustrating achievement in practice through the medium of practice narrative; using real life examples from practitioners.

An examination of practice assessors' and academics' understanding of the issues related to practice assessment and mentor support.

The effectiveness of the practice portfolio as a vehicle in driving forward and evidencing practice achievement.

An appraisal of the degree of responsibility perceived by the practice teacher in assessing practice at higher levels.

The nature of the relationship between practice teacher and student, and how this might affect the assessment process.

This project presents an opportunity to review assessment of higher level clinical practice; specifically examining experiences of academic and practice assessors.

The key professional purposes of the project are as follows:

The appraisal of current assessment guidance for assessors of higher level practice.

The review of support mechanisms for practice assessors, to include support in portfolio construction.

The dissemination of findings to professional audiences to facilitate recognition and development of guidance and support for practice assessors, and raise the profile of specialist community practice.

1.4 Personal Importance of the Study

As identified by Fitzpatrick (2009), health care courses should be rooted in the reality of the practice situation. This being the case, development of courses in which practice placement provides a considerable contribution should be informed by practitioners who are actively involved in the assessment of the student's practice.

Assessment of practice for specialist practice qualifications (SPQs) is currently evidenced in the form of a critically reflective portfolio of practice (University of Derby, 2011); detailing and reflecting upon practice experiences to meet the specialist practice standards of proficiency set by the NMC (NMC, 2001, 2004b).

The range of portfolio content currently produced by students on clinical programmes is recognised in a study by Endacott et al (2004); and can result in a portfolio which is a bound-together eclectic mix of thoughts and experiences. Mentors of specialist practice students therefore require support and guidance to ensure that the practice portfolio is composed effectively to reflect the student's professional development. This project should offer a means of articulating knowledge through insights into the lived experience of practice assessment derived from interviews and focus groups, which should assist in demystifying the properties of higher level practice. This enhanced understanding should also offer the practice assessor the greater authority, support and direction required to undertake comprehensive practice assessment.

Examination of the starting point of the student in developing practice to a higher level will assist in appraising the practice teacher approach and extent of student support required. Achievement of proximal development (Vygotsky, 1978) is the ultimate goal, in other words, the greatest possible achievement, beyond the anticipated limits of the individual student (Spouse, 1998). A study by Andrews and Roberts of the role of the clinical guide (Andrews and Roberts, 2003) highlights the importance of appraising student potential and of the role of the clinical tutor in unlocking this potential from within the learner in a way which harnesses their strengths and abilities and enables the student to apply them to the new practice arena. Although this questionnaire – based study related to pre-registration nurse mentorship, the qualities of the mentor and the desire to achieve proximal student development are clearly transferable across academic levels and clinical professions.

Watson's work (2000), which will be discussed further later, is one of a few studies related to the support that mentors receive in the clinical setting, and recognises the need for greater assistance for mentors in decision-making regarding appraisal of student competencies. This assistance is identified as limited and insufficient in Watson's study, bolstering the assertion that greater guidance and support is required, particularly for mentors working in and assessing higher level practice.

Canham's exploratory study (2001) evaluated the usefulness of a practice assessment tool in classifying Specialist Practitioner (SP) student practice. This study recognised the need to better equip mentors to assess higher level practice, yet the reliability and appropriateness of generating an assessment tool could be questioned. Canham reported that marks were positively skewed by the summative assessment of the portfolio, and therefore greater

reliance had to be placed on the moderation processes by academics to ensure rigour – which could be construed as undermining the PT role in assessment. Whilst means of developing support for PTs in assessment of SP students will be examined in my study, the Canham study reinforces the stance that assessment tools should be carefully constructed to avoid undermining the PT role, particularly if the academic team make the final decision as to the grade awarded . In carrying out the study, Canham (2001) also unearthed difficulties in retaining the commitment of the sample group in this longitudinal study, and as a result outcomes although generally positive, were limited.

As recognised by the NMC in their Standards to Support Learning and Assessment in Practice (NMC, 2008b), the majority of practical assessment in both pre and post registration nursing is undertaken by nurse mentors and practice teachers (PTs) respectively. Consequently, these practitioners require comprehensive guidance and support to effectively complete the assessments. It is hoped that examination of existing methods and approaches to PT support will assist in the further development of assessment guidance and support mechanisms in the future.

Mentors and PTs are reported as often feeling overwhelmed and vulnerable in their educational roles (Watson, 2000, Canham, 2001, Burns and Paterson, 2005), with little recognition by the employer of the level of commitment required of them to be successful and discerning assessors of practice. However, there is recognition that mentor support is paramount in ensuring rigorous practice assessment (Watson, 2000, Burns and Paterson, 2005).

A study by Orland-Barak (2002) examining mentoring roles suggests that the mentor has ‘three selves’ – the mentor with concern for the student and a desire for them to succeed, the mentor as a custodian

of professional standards with a responsibility to ensure their maintenance, and the mentor as an assessor of practice who appraises whether the student has achieved the set learning outcomes. This combination of roles led to the mentor seeing themselves as a ‘mutant’; reinforcing the need for the mentor to receive support if their role is to be effectively executed.

There is a paucity of research available on the subject of post registration mentor support, yet academic institutions and NHS employers rely on these individuals to guide students through and assess the significant practical elements of the post-registration curriculum. This is the case within specialist practice, whereby fifty per cent of the overall student assessment is practice-based, and assessed by the practice teacher (PT) (NMC, 2001, 2004b, University of Derby, 2011).

Within specialist practice and within the educational role, greater guidance on assessment principles and practice has been requested by PTs allied to the University of Derby who are assessing nursing students on SP programmes. This is partially in response to the introduction by the University of two levels of academic achievement – first degree and masters level - for specialist practice. It is also a result of consideration by the teaching team of grading portfolios of practice in the future, rather than relying on the current pass / fail criteria for practice portfolio assessment. As already mentioned, the shift towards grading has been addressed by other educational institutions (Canham, 2001) with varying degrees of success, resulting in the current as yet unresolved debate within my own educational institution.

The work-based project (WBP) will investigate the complexities of assessment in practice at higher levels. The NMC (2006) states that PTs are responsible for confirming that students have met the

required Standards of Proficiency (NMC, 2001, 2004b) in practice in order to achieve the Specialist Practitioner Qualification (SPQ). With this responsibility comes an expectation that guidance and support will be offered to PTs by the higher education institution (HEI), and at the appropriate academic level.

The WBP explores and critically examines the challenges of assessment in practice, with the ultimate aim of improving mentor - PT support in post-registration practice assessment.

The WBP also seeks to illuminate the practice assessment experience. Incorporation of practice narrative, as recognised by Chambers (2003), Carr (2005) and Wright (2005), through comprehensive use of direct quotations from respondents, will assist the reader in recognising categories and in linking outcomes to real-life examples from practice. Sharing the practice experience, as recognised by Carr (2005), enables practitioners to embrace a greater understanding of strategies for developing expertise and recognising higher levels of practice.

The WBP will therefore be useful and informative to both professional and academic audiences. For the health professional the project will consider the complexities of supporting assessment in practice. For the academic, the WBP will consider support mechanisms to offer insights into the drivers and challenges for PTs and SP students in assessment at different academic levels. The work may also stimulate further debate on the subject of practice assessment, and adds to the body of knowledge in this area; influencing the development of mentor support mechanisms across specialisms and practice levels.

Currently, specialist and advanced nursing practice is undergoing review by the Department of Health (DH, 2008d), and with the

introduction of new roles such as the Community Matron (DH, 2006) and the Family Nurse (DCSF & DH, 2008), the importance of identifying the essence of higher level practice and its uniqueness in relation to patient care delivery in community nursing could not be greater. By raising the subjects of practice assessment and mentor support for debate, the WBP is intended to raise the profile of the Specialist Community Practitioner, and enable clinicians to celebrate the nature and value of their roles; potentially offering a forum to stimulate discussion and articulate capability at higher levels by those who know it best. District nursing services in particular have been described as the invisible workforce (English National Board for Nursing & Queens Nursing Institute (ENB and QNI), 2002), and despite initiatives to raise the profile and acknowledge the specialist skills of these practitioners (Audit Commission, 1999, QNI, 2006, 2009), the specific nature of these roles remains indistinct, and a mystery to most. The WBP seeks to contribute to the de-mystification of specialist practice, thereby assisting in maintaining the credibility and effectiveness of SPQs in facilitating higher level practice development.

The WBP seeks to positively influence the status and morale of community nurses and the knowledge-base and confidence of PTs in these vital practice education roles; consequently impacting on the student experience. As stated by the Department of Health (2006):

> The context of nursing is changing…moving more care outside of acute hospitals into the community and peoples homes.
>
> DH, 2006, p9

The Department of Health (2006) recognise the importance of developing senior and advanced nurses from within the existing workforce to support community care, and state:

> Renewed effort will be needed to have a critical mass of high quality educators supporting academic and practical learning.
>
> DH, 2006, p21

The aim of the project is:

To investigate the support available to practice teachers in their roles as mentors and assessors of specialist practice students.

By addressing the following research question:

What support is required by practice teachers when mentoring and assessing specialist practitioner students?

The objectives of the project are:

To evaluate the support offered to PTs in their role as assessors of higher levels of practice.

To explore the issues, concerns and values of practice assessment; considering guidance for and descriptors of higher levels of practice.

To utilise the lived experience to illuminate the essence of practice-based assessment at higher levels.

The University of Derby currently supports the education of students from three disciplines of community specialist practitioner: district nursing, health visiting and school nursing. The WBP will therefore involve accessing PTs from these three disciplines and the academics who teach on the specialist programmes to elicit their views in relation to practice assessment.

This chapter highlights the rationale for undertaking the project: its personal and professional importance in the development of practice assessment, and the aims and objectives guiding the project.

The following chapter presents the first stage in the research process; the initial literature review. This review provided a basis upon which to build a broader understanding of the subject under scrutiny. Within the grounded theory approach, literature is treated as data, and as such the literature was revisited at regular intervals throughout the project as part of the research cycle.

Chapter Two: The Initial Literature Review

2.1 Introduction

2.2 Standard-setting

2.3 Nursing knowledge

2.4 Experiential learning and reflective practice

2.5 The role of portfolio construction and development in the assessment of higher level practice

2.0 The Initial Literature Review

2.1 Introduction

The following discussion will take the form of an initial literature review of relevant seminal and contemporary sources. This review is produced in order to provide a background to and contextualise the project. It will also present a defence of the project focus and of the research questions formulated. Traditionally in grounded theory studies an initial review of the literature is not advised; Glaser and Strauss advocate delaying this activity to avoid influencing the researcher through greater recognition of extant theories (Glaser and Strauss, 1967). I consider the review to be important in broadening my understanding of the topic under scrutiny and in addressing any gaps in my knowledge base – a rationale supported by Coyne and Cowley (2006) in their grounded theory study. Having worked in the chosen field of study for a number of years, I consider that absence of an examination of literature related to it could limit my study to the realms of my own experience; potentially resulting in researcher bias and restricting insight into and understanding of emerging theory. Assumptions could then be made which would incorrectly interpret data and reach questionable conclusions; a form of conceptual bias as suggested by Bowling (2009).

The initial review revealed a dearth of research and opinion papers related to nurse mentor support, and largely focussed on student nurse views regarding placement support and mentorship. The following key sources, amongst numerous others, were explored:

Electronic searches	Manual searches	Secondary sources
Via Athens: AMED BioMed Central BMJ Journals	Journals: (Learned and Professional) Journal of Advanced	'Grey' literature (not commercially published)

CINAHL Ebsco PsycINFO Sage Science Direct Wiley	Nursing Nurse Education Today Nurse Education in Practice Journal of Research in Nursing Qualitative Health Research	in
Google Scholar	Seminal books	Reference lists
Department of Health (DH) website	White Papers related to clinical education	Conference papers
Nursing and Midwifery (NMC) website	Queen's Nursing Institute Publications	Theses/dissertations
Citation indexes	NMC publications	
	DH publications	

Fig.1. Literature Sources

The paucity of sources related to the field of inquiry, despite use of a range of key words and combinations of these, resulted in the incorporation of text from somewhat dated sources which, despite its age, offered a starting point from which to initiate the research, and suggested a need for further examination of mentor support. In this way, as suggested by Hart (2001), the initial literature review assisted in identifying gaps in the existing knowledge base; thus justifying the inquiry and providing an estimation of the uniqueness of the subject.

In accordance with the ethos of and guidance for grounded theory, literature reviews were also carried out periodically throughout the project; an ongoing process to re-focus and justify the development of categories and theoretical propositions. As suggested by Chenitz (1986), literature is also incorporated into the study as data, and therefore during the course of project development, the purpose of

the literature review evolved to assist in guiding the research process and offer a supplementary data source for constant comparison (Charmaz, 2006). This approach was also applied to ensure the maintenance of relevance and currency of the research focus as the project progressed.

A diagrammatical representation of the form of the initial literature review is included in Fig.2 below:

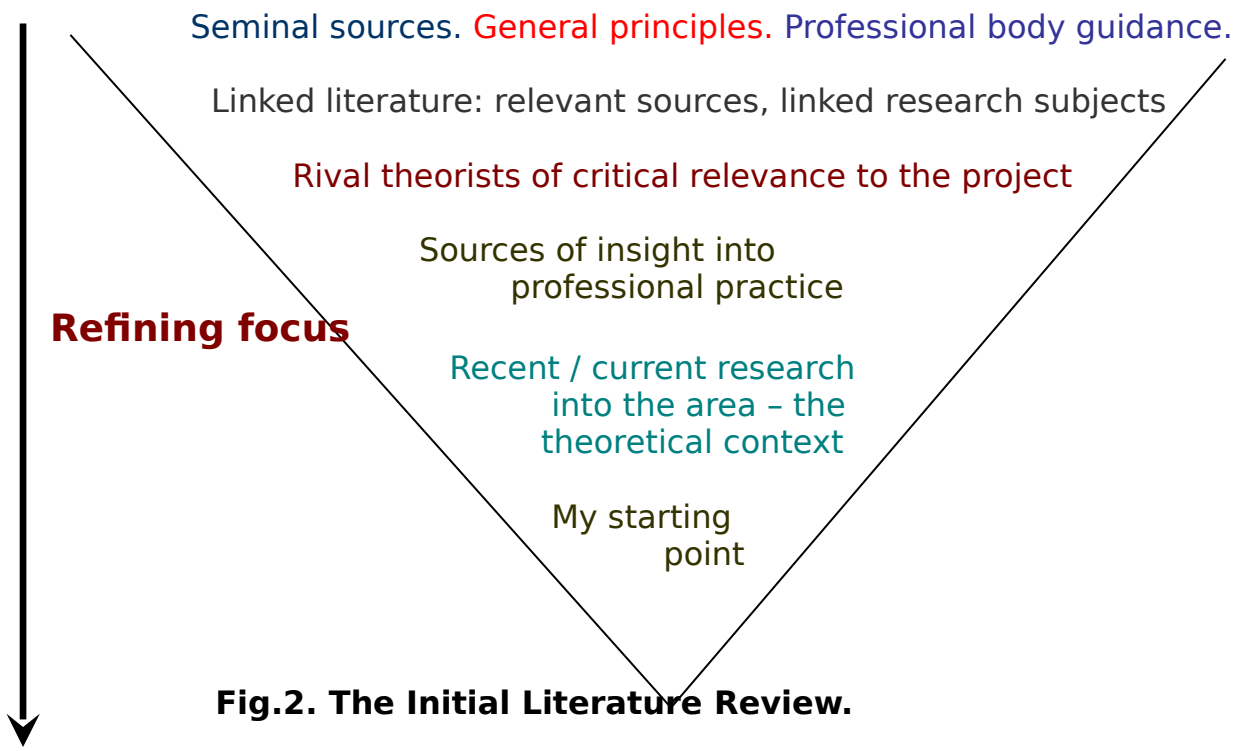


Fig.2. The Initial Literature Review.

2.2 Standard-setting

Nursing knowledge is often tacit in nature, although it is developed initially via educational programmes, incorporating periods of theory and practice. The educational programmes are guided by the nursing governing body, the Nursing and Midwifery Council (NMC), and many are required to be validated by the NMC prior to roll out, such as the pre-registration programmes for initial registration onto the NMC professional register. These programmes, whilst providing clear

evidence of competence to practice, offer limited insight into the intuitive nature of much nursing practice.

The focus of my project relates to the Specialist Community Practice Programmes, which are delivered to registered nurses who wish to develop a higher level of practice within a specialist community nursing discipline at either first degree or masters degree level. These programmes lead to qualifications which are either registrable or recordable with the NMC, and therefore require the graduate to meet specialist standards of proficiency directly related to their practice discipline (NMC, 2001, 2004b).

New standards to support learning and assessment in practice were developed by the NMC in 2008. These standards were produced to clarify the educational level of preparation and support required for mentors, practice teachers and practice educators (NMC, 2008b). Specialist community practice students are required to be supported by practice teachers or practice educators, who have responsibility for assessment of practice competency, which represents fifty per cent of the programme of preparation. For the purpose of this project, these mentors will be referred to throughout as practice teachers (PTs).

Practice teachers are required to have successfully completed a practice teacher preparation programme which has been approved by the NMC and delivered by an NMC approved educational institution (NMC, 2008b).

In relation to student assessment, guidance and support regarding ongoing assessment techniques and practice level descriptors is less overtly represented in the NMC standards of proficiency (NMC, 2001, 2004b). Higher education institutions (HEIs) and PTs are therefore required to develop appropriate practice assessment techniques to

reflect and meet the specialist proficiencies for their specific disciplines (NMC, 2001, 2004b). My own HEI requires a practice portfolio, comprising of a range of evidence intended to address the practice proficiencies for the student's discipline. The contents of the portfolio are negotiated between the student and their PT, with the PT ultimately making the decision to pass or fail the student in practice (NMC, 2008b).

These assessment techniques are appraised periodically as part of the University quality procedures; in validation events attended by the NMC and University quality and learning enhancement representatives and through assessment boards and programme committees. The purpose of these processes is not, however, to offer specific advice and guidance regarding, for example, portfolio content or means of differentiating between the practice of an undergraduate and a Masters level student.

As referred to earlier, models of assessment of practice by portfolio, as recognised by Endacott et al (2004), can vary considerably; and suggested that one way that assessment could be enhanced would be through offering greater guidance and support to PTs in the negotiation of evidence with the SP student for the portfolio.

Taking into account the points made above, in considering how best to support PTs of SP students in their assessment of practice, the literature review commenced with a desire to examine the nature of nursing knowledge.

2.3 Nursing knowledge

A seminal text by Carper (1978) relating to ways of knowing in nursing, offered the following framework upon which to clarify and analyse knowledge acquisition with additions beyond the traditional empirical knowledge base:

Empirics:	Scientific / propositional knowledge consisting of theories and models that can be tested empirically.
Aesthetics:	The artistic component of nursing. Includes the expressive and technical skills of nursing – actions, conduct and interaction of nurses with others.
Personal knowledge:	The 'know how' of every day practice.
Ethical knowledge:	Moral knowledge – what is good and right; based on beliefs and values.

Fig. 3. Ways of Knowing. Carper, 1978

As identified by Wainwright in his critique of Carper's framework (Wainwright, 2000), Carper offers a limited definition of aesthetics in nursing practice; reflecting nursing as an art through demonstration of technique and skill and not taking into account the tacit and intuitive nature of artful nursing practice. Porter (2010), in a re-examination of patterns of knowing and the challenge provided by evidence-based practice, also recognises the limitations of Carper's framework. She claims that empirical knowledge in the form of evidence based practice has eclipsed aesthetic, personal and, to some extent, ethical patterns of knowing due to the inability to accurately describe these forms of knowledge. Porter suggests that in order to illuminate patterns of knowing other than empirics, the outcomes of nurses' interactions with clients should be used as empirical evidence of the importance and impact of aesthetic, personal and ethical knowing; a form of 'practice-based evidence' gained through qualitative inquiry (Porter, 2010, p12). In spite of the recognised challenges and limitations of Carper's framework, much subsequent research related to generating knowledge in clinical nursing practice has developed from it (Carper, 1978). Sharp et al (1995), in their literature review examining competence to practice carried out on behalf of the National Board for Nursing, Midwifery and

Health Visiting for Scotland, considered the distinction in nursing knowledge between ‘knowing-how’ and ‘knowing that’; the former being ontological and the latter epistemological knowledge. The authors asserted in this paper that any assessment intended to be utilised in practice should bridge the gap between theory and practice represented by these two types of knowing. This distinction between theory and practice has already been referred to in the introductory chapter, and the Sharp et al paper (1995) again highlights this issue, yet falls short of finding a clear solution to the most effective format for practice assessment.

Crawford and Kiger (1998) carried out a small research project utilising a grounded theory approach and focussing on interviewing ten mature, experienced nurses undertaking a midwifery programme. The authors acknowledged the importance of students’ self-assessment of knowledge and skills acquisition, which will be discussed further later in this chapter.

A study by Cope et al (2000), examining knowledge articulation of registered nurses reflecting on their pre-registration practice placements, identified a link between their level of confidence and their ability to articulate competence in practice. They explore the concept of knowing and, similarly to the Sharp et al review (1995), differentiate between two types of knowing: ‘knowing how’ and ‘knowing what’. Although a small scale study involving a random sample of twenty Project 2000 student nurses, the authors clearly identify the importance of the socialisation process in the development of confidence; asserting that true and accurate assessment of competence cannot be performed without acceptance of the student into the workplace culture. This study relates to a pre-registration nursing programme, and although it does not address assessment for higher levels of practice, it does raise pertinent points regarding the importance of strong student-mentor and team

relationships in facilitating the articulation of knowledge development, which would be applicable to any level of assessment. This is an area which will be explored within the WBP. The difficulty of expressing understanding and explicitly demonstrating expert behaviour is also examined in the Cope et al study (2000), and concurs with my view that knowledge gained does not automatically result in practical expertise.

As an initial examination of the relevant literature has discovered, minimal research and evidence related to assessment of higher levels of practice is available, which led me to an examination of a study by Carr undertaken in 2005. Carr's study, through a hermeneutic phenomenological approach, focuses on the lived experience of both qualified community nurses and pre-registration nursing students and examines the challenge of articulating knowing in practice. Unfortunately, Carr does not identify the size of her study, however it can be assumed that a small sample group was accessed, due to the detailed, descriptive nature of the findings and the qualitative methodology employed. The paper is considered pertinent as it relates directly to the experiences of community nurses and nurse students; highlighting the frustration experienced by community nurses when attempting to convey the complexity of community nursing to learners. Carr (2005) identifies that this issue had been the rationale for commencing the research, as community nurses felt that, despite exposing the nurse students to a range of experiences, they were often unable to grasp the full meaning of those experiences.

The initial literature review revealed a lack of exploration and resulting identification of the nature of learning in practice, and has prompted my own research in order to support practice assessment. Although this is recognised as a problem by Carr (2005), her means of addressing the issue focuses exclusively on articulation of the lived

experience. Although the lived experience will be incorporated into my own research, the intention is to employ this for illustrative purposes only, once clearer definitions relating to practice assessment have emerged.

The methods employed by Carr (2005) encompassed a combination of approaches. Initially, this involved observation of home visits and follow-on dialoguing with the practitioner, then a two-layer approach was employed consisting of recorded practice narrative and discussion regarding the transcribed narrative. The second approach focussed on both qualified nurses and student nurses involved in the visits undertaken, and enabled Carr to carry out a comparative analysis of the narratives.

The Carr (2005) text, although partly focussing on the student experience, relates directly to my own research as it raises the issue of knowledge transfer and understanding to develop skills: areas which, as recognised by the Quality Assurance Agency for Higher Education (2000), are essential components of assessment. This is not the full picture however, as at higher levels of practice other aspects are also important, such as the process undertaken to acquire knowledge and skills (Hayes and Mackreth, 2009) and the facilitation of self-reflection (Arber, 2006).

A small scale ethnographic study undertaken by Kennedy (2002) specifically focussed on the experiences of eleven district nurses (my own area of practice and therefore one into which I hold some insight). The study consisted of a combination of observation and interviews with qualified specialist practitioners in district nursing. The first interviews were held immediately after observed practice with the second interviews held a year later to enable comprehensive analysis of initial data. The time between interviews appears excessive, and Kennedy acknowledges that this occurred as a result

of undertaking the research on a part-time basis. However, the interval seemed opportunistically to enable the researcher to examine what she describes as:

> …the reflexive character of the assessment process…
>
> Kennedy, 2002, p710

Once again, the study related to nursing knowledge. Kennedy (2002) suggests a clear differentiation between theoretical, 'knowing that' and practice-based, 'knowing how' knowledge. She seeks insight into the knowledge required to carry out first assessment visits, and the relationship between this and subsequent decisions made. As an outcome of the research, Kennedy supports the work of Luker and Kenrick (1992) and MacLeod (1996), who suggested the phrase 'knowing in practice' to describe the ability of the experienced nurse to embed, develop and utilise theoretical knowledge in the practice setting. Although the study does not refer specifically to practice teaching, it does however examine the nature of knowledge possessed by the experienced nurse. How that knowledge might be articulated in practice assessment requires further consideration; and is an area examined within my study by the PT and academic research groups.

Referring back to the Carr paper (2005), this is also influential in relation to the project as it largely discusses the advantages of examining the phenomena and illuminating the articulation of knowledge via the interpretive paradigm. Carr describes the lived experience as a central theme of phenomenology, and recognises it as a dimension of knowing:

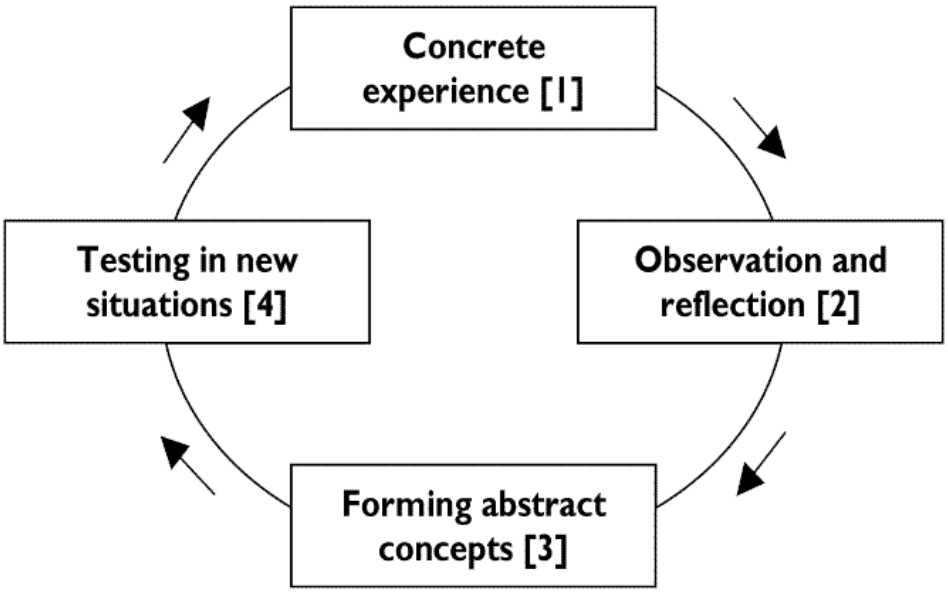
> …an awareness of life without thinking about it.
>
> Carr, 2005,p336

As a strategy to illuminate data and illustrate themes, I also hope to utilise aspects of the lived experience, as described to me by project participants in relation to higher level assessment.

2.4 Experiential learning and reflective practice

Carr (2005) recognises the work of Kolb (1984), who discusses knowledge acquisition as being the transformation of experience. Experiential learning relies on reflexivity, or the ability to reflect on one's personal values and on actions whilst they are taking place, and also on reflective practice, which may occur after the experience has taken place.

This concept can be best illustrated via Kolb's Experiential Learning Cycle:



Source: http://www.infed.org/biblio/b-explrn.htm (accessed 18.04.09)

Fig.4. The Experiential Learning Cycle. Kolb, 1984.

As can be seen by the date of the above diagrammatic representation, reflective practice is a well-established and respected concept, and as such is a fundamental component of the portfolio, used as the focus of practice assessment on the specialist community practice programmes. It is therefore of great interest to me in the literature review.

Major contributors to the development of reflective practice are Schön (1983, 1987) and Benner (1984), who identify the role of reflection in uncovering the tacit, intuitive nature of nursing referred to earlier in this chapter.

Donald Schön, an American philosopher, in his seminal work entitled The Reflective Practitioner (Schön, 1983) asserted that many problems encountered in practice situations are unique and as such cannot easily be solved using traditional scientific method. Although not originally allied to the nursing profession, Schön's work has been extensively applied to education and health in the development of reflective practice. As identified by Smith and Jack (2009), the professional is often required to use their expertise and intuition to assist in identifying the most appropriate forms of action. This requires reflection in, and subsequently on action, and has for many years been identified as an essential component in reducing the perceived gap between theory and practice (Bailey, 1995).

Reflective practice became particularly prominent as a means of assessing performance in the 1990s, following the introduction of the previously mentioned Project 2000 (P2000) nursing programmes, and as confirmed by the review of the assessment of practice carried out by the ENB (ENB, 1997).

Heath (1998), in an examination of reflection and patterns of knowing in nursing, suggests that reflection and clinical supervision could be used in combination to develop knowing in nursing. Teekman (2000), specifically in relation to nursing, takes the appraisal of reflective thinking a stage further; suggesting that the literature presents two distinct types of reflective practice – reflective thinking for learning and reflective thinking for critical inquiry. Reflective thinking for learning, according to Teekman's interpretation, involves making

sense of situations to gain knowledge for application to practice. Teekman (2000) suggests that reflective thinking for critical inquiry contextualises reflection to consider why choices are made in given circumstances, and the impact of ethical and moral issues on health care delivery, such as justice and equality. Following analysis of a series of interviews with ten registered nurses, in which they were asked to reflect upon one clinical situation which they felt lay outside of their usual experiences, Teekman (2000) concluded that critical inquiry cannot be automatically assumed, and that reflection has the potential of reinforcing inappropriate action. Schön (1983) also recognised this danger, and suggested that coaching by an expert in the field would mitigate against this outcome – an approach adopted within specialist practice education through facilitation of learning by the PT. Although much of the literature comprises of critical review rather than primary research, Thorpe (2004), in a qualitative study of fifty-two undergraduate nurses on a management programme, identified participants in three categories: non-reflectors, reflectors and critical reflectors. Thorpe suggests that it is the responsibility of educators to recognise these, and to facilitate the development of skills in reflection (Thorpe, 2004). Teekman (2000) highlights the importance of active involvement in a supportive clinical environment to promote learning from reflective thinking.

Reflection is actively promoted by PTs; often involving the PT and student reflecting together to learn from significant events. The above literature therefore reinforces the importance of guided reflection.

The UKCC (1994, adopted by the NMC) have declared that all registered nurses are required to maintain a portfolio of practice to record and evidence their ongoing professional development. Although this portfolio is separate to that required for specialist

practice qualification (SPQ), evidence therein in both cases is required to demonstrate continuous professional development (CPD).

It is therefore important that the practice portfolio, as the preferred method for assessment of higher levels of practice in specialist community programmes, should contain a considerable amount of reflection in and on practice.

As mentioned earlier in this chapter, Crawford and Kiger (1998) employed a grounded theory approach to qualitative analysis of ten student midwives' experiences of development in placement using self-assessment approaches. The outcomes of and theory developed by this small study, as acknowledged by the researchers, are not generalisable, rather they provide the basis for a broader study. This is often the case in qualitative approaches to research, which tend to facilitate slow yet systematic theory development (Glaser and Strauss, 1967). Crawford and Kiger (1998) recommend the introduction of study days for students to reflect upon experiences and to facilitate self-assessment. This more formal approach to reflection perhaps results from a recognised need for guided reflection to stimulate learning and from the backgrounds of the researchers: both being lecturers in higher education institutions, and diverts the review away from the focus of the paper of practice-based assessment. It does, however, recognise the importance of refining the focus of the grounded theory study as categories emerge; a method I intend to employ in the analysis of data for this project, and one recommended by Corbin (1986), Charmaz (2006) and Crang and Cook (2007).

In considering responsibility for facilitating learning in practice, an appraisal by Andrews and Roberts (2003) regarding the role of the clinical guide asserts that mentors in practice should not hold the responsibility for clinical learning in practice, as in their opinion the

mentor should concentrate on a supportive role and rely on others to develop learning. Whilst I do not share this view, based on a personal belief that the mentor is in the prime position to facilitate learning; a view shared by Watson et al (2002), the authors raise some pertinent points regarding the application of learning theory to the practice situation. The cited seminal work of Vygotsky (1978) in particular, in identifying a zone of proximal development (ZPD) – the gap between the actual and potential development of the individual (the child in Vygotsky's work) has resonance with the professional development of the health care practitioner. This theory of cognitive development will be discussed further later. If applied to the specialist practice nursing student, it signifies the importance of identifying the starting point of the student by the practice teacher, in order to consider their potential development; tailoring experience to need and proximal levels of achievement.

In relation to adult learning theory, Spouse (1998) suggests the possibility of extending the ZPD of the student to achieve maximum potential by facilitating the link between theory and practice. The preceding work of Dr Patricia Benner should be considered here (Benner, 1984); in her development of a continuum of competence for post-qualifying nursing practice: from novice to expert practitioner. This research is well known, and is used as a theoretical framework in many nursing programmes to evidence professional development. It does, however, beg the question as to what constitutes an expert practitioner; an issue widely debated, and considered by Furlong and Smith (2005) in their examination of the evolution of advanced nursing practice roles in Ireland. The authors concluded that policy and educational preparation appropriate to these roles are required to legitimise expert practitioner status. The examination within this project of the impact of educational preparation in the form of facilitated reflective practice evidenced in

the portfolio would therefore complement and extend these findings in relation to higher level practice.

2.5 The role of portfolio construction and development in the assessment of higher level practice

This subject merits examination as the portfolio is a primary means of evidencing professional development.

The work of Endacott et al (2004) considers the role of the portfolio in assessing learning and competence across pre and post registration nursing programmes. This study had been commissioned by the ENB and involved seven researchers from separate HEIs. The study had two stages; the first stage involving a national telephone survey of HEIs which deliver nursing programmes. The second stage consisted of four in-depth case studies based on field work in HEIs. The study employed a range of research methods based on a grounded theory approach. Given the size of the research project and the reported resulting rich data , the study has generated a number of published papers (Endacott et al, 2002, 2004, Mc Mullan et al, 2003, Scholes et al, 2004), and offers an insight into the difference between pre and post registration portfolio construction. The main difference is identified (Endacott et al, 2004) as:

> …the activities required for portfolios of this sort map on to the academic skills found at Honours or Master's level in terms of demonstrating higher levels of critical analysis and evaluation, together with accurate assessment of student's own skills, knowledge and practice acquisition.
>
> Endacott et al, 2004, p255

This provides further credence to my project focus, as it suggests that higher levels of skill acquired by the practitioner can be articulated through portfolio development. However, the role of the practice teacher or mentor is minimally discussed, and the effectiveness of

the role of the lecturer as a facilitator of student self-reflection is critically questioned within the study; implying that facilitation should be adopted by others.

This latter point is borne out in an earlier paper by Gerrish (1993) in a pilot study of the use of portfolios in assessment of nurse teaching practice. Although dated, this study is one of few to concentrate on post-registration nurse education and portfolio assessment, and suggests that methods of self-assessment should be developed to enable the student to largely assess their own competence in practice. Portfolios are used as the main form of assessment in this study, and although I agree with Gerrish (1993) that the requirement for the lecturer to assess the portfolio is questionable, I consider the role of the PT in guiding portfolio construction as of great importance. As previously identified, Andrews and Roberts (2003) appraise the role of the clinical guide employed by a HEI specifically to support students in practice; asserting that the mentor in practice should focus on support and should not have a lead role in student learning. Although this evaluation relates to pre-registration nursing, it does highlight the need for a named individual whose role is to guide and inform professional development throughout the programme of education undertaken by the student. The specialist practice nursing student is allocated a PT on the same principle, and the PT has the added complication of a dual role of mentor and assessor. The majority of literature found relates to the pre-registration level of nurse education (Neary, 2000b, Duffy, 2003, Carr, 2005, for example) and therefore further supports my intention to examine practice assessment at higher levels.

A study undertaken by Canham (2001) investigated the acceptability and feasibility of an assessment tool. This tool had been designed to enable PTs to classify specialist practitioner student practice at first degree level. The classification (and therefore, in terms of the

portfolio; grading) of practice has stimulated much debate amongst the post registration team of which I am a member. As previously mentioned, within the SCP programmes PTs apply a simple pass/fail result to the assessment of the portfolio of practice. I had considered including research on grading of portfolios as part of this investigation, and despite subsequently considering that the two subjects should be approached separately in a staged process to ensure that PTs do not feel overwhelmed by the extent of responsibility they are assuming within the assessor role, the subject of grading spontaneously arose within the PT interviews. Discussion regarding grading, although not the focus of the project and therefore not linked to proposals arising from it, is included in the data analysis section, as an area for further consideration outside of the project remit.

In spite of dissenting views related to quantifying practice and establishing valid, reliable assessment tools, such as Goding (1997) and Chambers (1998), Canham and her colleagues developed a tool for the assessment of specialist practice, the evaluation of which is the focus of the study (Canham, 2001).

The Canham (2001) paper would be extremely useful to academics faced with the same dilemma of applying a classification to the practice component of educational programmes. The aims of the study are clearly defined, and reasons for not carrying out a pilot study explained. I question this decision, however, as in spite of the involvement of practice mentors in devising the assessment tool, unless it is piloted, those producing the tool cannot determine effectiveness in areas within it, such as understanding of terminology and clarity and ease of completion. As suggested by Polit and Hungler (1994), a pilot study offers the opportunity to identify any revisions required and therefore should appraise feasibility and improve the project outcomes. The unpiloted format and lack of

practitioner involvement in the initial planning stage may also lead to bias. The practice assessment criteria set appear very broad and therefore open to interpretation. The practice assessment indicators provided for each of the criteria are intended to guide the assessor. Again, these are open to interpretation; for example, one indicator refers to 'Utilising appropriate methods of teaching/ learning' (Canham, 2001. p489), which raises the question as to how the appropriateness would be measured, and whether it could it be replicated.

The Canham (2001) paper also highlights the difficulties involved in carrying out a longitudinal study, particularly in retaining the commitment of practitioners alongside competing practice demands. Responses were requested from SP students in assessment of their practice development evidenced within the portfolio of practice, and from practice teachers in their assessment of students at two stages of portfolio development. Response rates were poor, particularly from practice educators due to work commitments and from learning disability/mental health students (cause not specified). It signals to me the importance of ensuring that the PTs involved in my study recognise the importance and relevance of the research process in strengthening and influencing the support and guidance they receive to ensure a positive outcome for the student, which recognises the level of practice achieved.

Generally, responses to classification of practice were positive (Canham, 2001): an interesting outcome in view of my research focus. The means of assessment are not clearly explained within the Canham study. The current SCP programmes utilise practice portfolios for assessment and in light of this, further appraisal of work related to portfolios as a means of supplying evidence of practice development will be explored within subsequent chapters.

In summary, the initial literature review has revealed the following themes:

The nature of knowledge acquisition, and the importance of socialisation in knowledge transfer, the articulation of knowledge and practical expertise.

The value of reflective practice in the development of expertise, and the importance of both guidance in reflection and student self-assessment of knowledge and skills acquisition.

Identification of the starting point of the student in appraising their potential in pursuit of proximal development.

The relevance of the portfolio as evidence of professional development and articulation of higher level skills.

This chapter has served as a starting point for the study: reinforcing the need to examine the development and assessment of nursing knowledge within higher level practice with a view to ensuring that practice assessors are supported appropriately and effectively. The project is intended therefore to add to the limited body of knowledge in this area related to post registration nurse education.

The following chapter will explore general and specific research methodology as a rationale for the approach employed for the project. It will also provide an overview of the development of the data to inform the direction taken and methods employed in subsequent data collection.

Chapter Three: Research Methodology

3.1 General research methodology introduction

It is widely recognised that the purpose of research is to expand a body of knowledge within a specific field (Bowling, 2009, Polit and Beck, 2008). This involves systematic enquiry, utilising disciplined methods which can be justified and defended by the researcher.

Inquiry is carried out utilising either inductive or deductive reasoning (Polit & Beck, 2008) or a combination of the two. Inductive reasoning requires specific observation of phenomenon which results in generalisations, whereas deductive reasoning relates to the development of predictions arising from general principles. The degree to which these types of logical reasoning are useful is limited by the accuracy or otherwise of the information presented. It is therefore important that practice in any field is informed by, and the result of a combination of logical reasoning and disciplined research.

Empiricism, as discussed by Bowling (2009), relates to the observational study of phenomenon, rather than the development of theory. Evidence is gathered by the use of the senses; an inductive method of inquiry.

Metaphysics is a branch of philosophy concerned with study of the nature of being and beings. It raises fundamental questions, such as “What is the nature of the Universe?” The principles of metaphysics are said to transcend science, being beyond the physical world. A more recent description of metaphysical knowledge by Murray (1994) refers to intuitive knowledge; an awareness of that which is inaudible, invisible and intangible.

Each method of inquiry is directed by the theoretical perspective of the researcher, or the beliefs which guide our actions (Pickard and Dixon, 2004); based on the individual’s approach and philosophy – these perspectives are also known as paradigms.

3.1.1 Qualitative methodology - social constructions of reality.

Qualitative research is described by Birks et al (2008) as an evolutionary journey. Data elicited from the research process has to be interpreted and analysed; recognising the importance of continually developing and changing the nature of themes and ideas.

Glaser and Strauss (1967) suggest that early qualitative research was unsystematic and lacked rigour; resulting in descriptive accounts of data elicited, with little contribution to the theory base. This view is reflected in the field of nursing, where clinical research did not begin to develop in earnest until the 1960s. Silverman (2000) also recognises the indeterminate position of the qualitative researcher, and understands questions related to why the qualitative researcher should be believed if the research has no basis in natural science and no hypothesis to be tested. This could be said to be due to the descriptive nature of much of the research, which unless accurately explained and analysed in both process and outcome, can appear to be anecdotal and to reflect a lack of methodological rigour.

Within qualitative research, as recognised by Speziale & Carpenter (2007), it is important to acknowledge a degree of subjectivity due to the unavoidable influence of the researcher's experience, thoughts and feelings. This reflects the tenets of the interpretivist paradigm, whereby the data is analysed, coded and themed via the researcher's interpretation of events. This subjectivity, as mentioned earlier, rather than being a criticism of methodological rigour, is celebrated by the interpretivist researcher as providing valuable insights into the subject of the inquiry. Polit and Beck (2008), however, do add a note of caution. They suggest that although the skilled researcher will derive valuable insights from this subjective analysis, the inexperienced or less competent researcher may produce results

which are rather more trivial and obvious, contributing little to theory development.

Qualitative research relies heavily on heuristic information, that is, knowledge based on experience and held by expert clinicians. According to Sonares and Helinker (2006), this information cannot be gleaned from the literature, it being grounded in the practice arena.

Kvale (1996), when discussing the qualitative interview, refers to it as:

> …a uniquely sensitive and powerful method for capturing the experiences and lived meanings of the subjects' everyday world.
>
> Kvale, 1996, p.6

Data collection and analysis commonly occur concurrently; this particularly being the case in the grounded theory approach, whereby insights and categories continually emerge from the process; guiding the researcher and directing them towards next steps in data collection and analysis (Charmaz, 2006). In this way, the research develops the theory via inductive processes, rather than confirming or refuting established theory, as is the process arising from the positivist belief in an external reality, waiting to be tested. The grounded theory approach has been chosen for this study.

3.2 Art v science in nursing practice

Finfgeld-Connett (2008, p.384) defines the art of nursing as:

> …going beyond the norm to courageously problem solve and act in a creative manner.
>
> Finfgeld-Connett (2008, p.384)

Nurses who practice artful nursing are able to respond to a situation with insight, connecting with the patient and recognising their unique situation through an empathetic and balanced approach to care.

If we again refer to Benner's continuum of novice to expert practitioner (Benner, 1984), perhaps the art of nursing would be practised to best effect by the expert nurse. This is not to undervalue the theory base underpinning the nurse's actions, rather, it is the ability to combine knowledge and insight. This implies that nursing is not always practised solely in response to empirical evidence, instead, as suggested by Finfgeld-Connett (2008), it is based on the receipt and use of a combination of empirical and metaphysical knowledge. Darbyshire (1999) recognises the requirement to close the divide between nursing art and science, through urging the development of 'nursing humanities' (p123), which does not recognise science as ascendant and artful nursing as diminished, it instead recognises the value of both in the formation of nursing knowledge and 'caring praxis' (Darbyshire, 1999, p130). Darbyshire (1999) also recognises the temptation to reject a scientific approach. However, as he and others have noted (Rose and Parker, 1994, Mitchell and Cody, 2002, for example); nursing should encompass art and science in the development of the experienced practitioner. Other authors such as Fawcett et al (2001) warn against the more recent exclusive focus upon empirical theories and evidence, and strongly reinforce the need for emergent theory from ethical, personal and aesthetic forms of inquiry, derived directly from evidence-based practice. Current debate surrounding an identified absence of care and compassion in the caring professions, recently highlighted in the Health Services Ombudsman's report into the care of older people (Parliamentary and Health Services Ombudsman, 2011), further emphasises the importance of evidence focussed on the experiences of patients in receipt of care. Qualitative studies should therefore sit alongside scientific approaches to researching evidence-based nursing practice; the two being of mutual benefit to the development of nursing knowledge.

Whilst my own study adopts qualitative methodology, the combination of art and science could go some way to explaining why nurse researchers are well placed to conduct research within both positivistic and interpretative paradigms; employing both qualitative and quantitative methodologies.

3.3 Developing nursing knowledge

Within nursing, research has developed in part as a response to a need for recognition of nursing as a profession, becoming by the 1980s an integral aspect of the role (Polit & Beck, 2008). The requirement for an evidence base, however, has emerged from recognition that nursing is directly linked to biomedical science, where research principally relies on quantitative methods (DiCenso et al, 2005), and as such requires comparable rigour in justification of intervention and action. There is a subtle yet distinct difference between evidence-based nursing and utilising research in practice, as recognised by DiCenso et al (2005). Whereas research utilisation involves implementation of research findings into practice, evidence-based nursing incorporates the influence of other factors, such as patient choice, availability of resources and the practitioner's level of knowledge and experience. Flemming and Briggs (2006) allude to this, and support the view of Strauss et al (2005); that evidence based practice involves the facilitation of clinical decision-making via the integration of research evidence into existing clinical experience, and is mindful of the values of the patient concerned. This is a vital point to raise, given that much qualitative health research examines the knowledge and understanding of experienced health professionals in their chosen field of practice, as does my own study. This knowledge and skill base relies heavily on experiential learning, alongside the more measurable and recognisable theoretical knowledge gained from academic study – the link between theory and action (Neary, 2000a).

The need to develop a knowledge base; to support and augment existing theory and to develop new precepts and concepts is natural in a profession based originally on the art of caring rather than on science, and is inexhaustible in its applications:

> …our knowledge can be only finite while our ignorance necessarily be infinite.
>
> Popper (1965, p28)

Kikuchi and Simmons (1994), in an attempt to develop a single philosophy of nursing, recognise that throughout its history, nursing has been guided by other disciplines; studying issues from the perspective and with the priorities of those disciplines. This inevitably restricts and limits a nursing knowledge base. These authors continue by suggesting that, without a central nursing philosophy, it is not possible to develop specifically a nursing knowledge base. As later suggested by Polit & Beck (2008), there is undeniably still a need for scientific underpinning to justify and affirm the efficacy of some aspects of nursing practice.

Weir (2008) warns of the many dangers encountered by nurses when considering undertaking a research project. Influences on the nurse researcher, such as the primacy of medical treatment and interventions, often take priority over the original intention of the nurse researcher, which is to enhance nursing knowledge and inform practice. Weir (2008) also acknowledges the scarcity of funding and resources for research into nursing. This often results in partnerships with other disciplines and professions; potentially influenced by the employing organisation, which has provided the time to carry out the research, and led by wealthy drug companies and manufacturers who have provided the funding for resources. Integrity with regard to research ethics and maintaining the original intention and focus of the study may be difficult in this situation, and potentially such influences could severely compromise nursing research outcomes.

Silverman (2010) reinforces this issue, stating that the researcher must retain impartiality and independence, and that any partiality or conflicts of interest affecting the research must be made explicit, as will be the case within this study.

Porter (2008), in a discussion of the application of a phenomenological approach to nursing research, identifies the difficulties researchers encounter in making sense of the extensive literature on a subject when deciding which specific phenomenological approach to adopt. Porter (2008) suggests that this epistemological headache is a result of the defensive position that the health care researcher finds themselves in when undertaking qualitative research. This is a position that the researcher employing quantitative methodology is less likely to experience, due to the implicit understanding of the methodological rigour upon which, rightly or wrongly, quantitative research is believed to be based.

Within nursing, qualitative approaches are often selected in preference to quantitative approaches with their underpinning positivist philosophy, as qualitative methods enable interpretation of the results of interaction with those individuals in receipt of, or delivering, nursing care (Polit & Beck, 2008, Bowling, 2009). Within the WBP, although a qualitative approach is adopted, data is quantified following a strategy recommended by Li and Seale (2007), which is further discussed in section 4.3.6.

Both qualitative and quantitative approaches should employ formal inquiry; rigorous standards and systems which, as stated by DiCenso et al (2005), facilitate development of relevant data to build nursing knowledge, deemed crucial to informing practice in nursing. A simple definition of qualitative and quantitative research, related specifically to the method employed, is provided by Rolfe (2006a), who states that whilst qualitative methods rely upon textual and verbal data,

quantitative methods rely upon the numerical data arising from the research. One of the problems with this definition is that the research methods employed rarely fall squarely into the qualitative or quantitative camp, and often incorporate methods linked to both approaches.

3.4 Grounded theory approach

As recognised by Mills et al (2007), the original form of grounded theory was conceptualised by two American sociologists; Barney Glaser and Anselm Strauss, involving research undertaken in 1967 to study the experiences of people who were dying. The methodological approach is described as the generation of theory from data (Glaser and Strauss, 1967), and in the original Glaserian form, relies on the belief that the truth is submerged, waiting to be divulged to the researcher.

Strauss (1987) subsequently developed a form of grounded theory independently of Glaser, adopting a constructivist approach to inquiry; that is, the researcher constructing reality from individuals' experiences and the context in which they function. Data is constructed and reconstructed via interaction (Strauss, 1987), rather than being uncovered, as in the traditional (Glaserian) grounded theory approach (Mills et al, 2008). Polit and Beck (2008) view constructivism as a disciplined approach which, although it is not the intention to unearth the ultimate truth of phenomena, does generate knowledge within the specific context of the research setting.

The Glaserian approach to grounded theory has since been adapted and developed by other social science researchers: Strauss & Corbin (1998), Charmaz (2000) and Clarke (2005), for example, who recognise situational analysis, or the importance of context for individuals when constructing reality.

Grounded theory is an accepted method of research in nursing and, according to McGhee et al (2007) the inductive-deductive interplay is the essence of grounded theory; enabling theory to be generated from analysis of a research situation, rather than beginning with a clear hypothesis requiring testing. The theory emerges from the data analysis, rather than being a forced process (Bowling, 2009).

Grounded theory was adopted in this research project as I felt that, in an area where little research had so far been undertaken, the aim of examining the intricacies of practice assessment at higher levels would best be served by this approach. Charmaz (2006) describes her approach to grounded theory as reflecting the classic statements of the originators, whilst employing methodology appropriate to the twenty-first century. The WBP utilised Charmaz' approach as a guide, as this enabled me to remain loyal to the original theoretical perspective, yet capture current, pertinent issues by application to contemporary practice. Reflective practice is well-recognised within the nursing profession (Taylor, 2010, Bulman and Schutz, 2008, Rolfe et al, 2001, Teekman, 2000, Boud et al, 1985) as a means of justifying and making sense of situations and actions. It is also a core component of the assessment of specialist nursing practice within my own higher education institution. Although the terms reflective practice and reflexivity are not interchangeable, the aim of reflexivity within research is to demonstrate awareness of the impact on the research process by the researcher (Robson, 2002), in the same way that reflection on actions within nursing practice enables consideration of the consequences of one's actions on others (Johns, 1993). This awareness within research activity, according to McGhee et al (2007), prevents distortion of the data by the researcher's own perceptions, and is therefore considered by these authors to be an integral part of the grounded theory approach. Arber (2006,), in her ethnographic study undertaken in a UK hospice, describes reflexivity as;

> …the capacity to reflect upon one's actions and values during the research…and to view the beliefs we hold in the same way that we view the beliefs of others.
>
> Arber, 2006 p147

Arber (2006) purports that the incorporation of reflexive accounts enhance the study's credibility and, according to McGhee et al (2007), can also contribute to the constant comparison of data recommended in the grounded theory approach by Glaser and Strauss (1967).

The remainder of the chapter will outline the methodological approach for the project report as a whole; providing a rationale for each stage, with consideration of how and to what extent the stages contribute to the project aims and outcomes.

3.5 Research approach for the project

The rationale for adopting a grounded theory approach for the research will now be explored further.

Grounded theory, as acknowledged by Lincoln and Guba (1985), is already an accepted form of research for nursing and the social sciences. As identified by Mc Ghee et al (2007), recent discussion related to grounded theory emphasises the interaction between the participant and the researcher and recognises the author's voice in the research outcomes.

Having no hypothesis to bring to the research subject, theory is to be developed via a combination of inductive and deductive processes – the hypothesis developing out of the analysis of the research material (Bowling, 2002). It is important, therefore, to ensure that the research methods are effective in generating the data required for analysis and development of theory. Berry (1998), when discussing

educational research, suggests that the focus of the research has to be both useful for those being researched and meaningful to those carrying out the research. Establishing an appropriate topic and subsequently research question is therefore of great importance in the research process, and as in my own study, may direct the researcher to an area which has previously stimulated a paucity of systematic inquiry.

Reviewing the literature in this area indicates that much nursing inquiry consists of systematic or critical literature review, as opposed to original research; a situation also referred to by Straus et al (2007) in relation to medical research. This discovery contributes to the decision to employ a grounded theory approach. In the absence of clear theoretical underpinnings related to the assessment of higher levels of practice, and as endorsed by Chenitz and Swanson (1986, below):

> …grounded theory makes its greatest contribution in areas in which little research has been done.
>
> Chenitz and Swanson, 1986 p.7

When considering in-depth review of the literature, I have taken into account suggestions that prior reading when undertaking grounded theory research should be avoided, as referred to in Glaser and Strauss (1967), Glaser (1978), Glaser (1992). However as previously noted, Corbin (1986) considers that the emerging data should be questioned by the researcher's prior understanding, and Strauss (1987) suggests that the literature should be used at the commencement of an investigation to sensitise the researcher to the intricacies of the subject matter that may not have been revealed by personal experience.

This diversity of views from the founders of grounded theory present a dilemma to the novice researcher. Having considered the

arguments presented, the decision to carry out an initial examination of the literature was made; for the reasons already identified. The literature will then be revisited as the project progresses, and incorporated as data into the analysis, as appropriate.

3.5.1 Defence of modified grounded theory with data categorisation

A number of data collection methods were considered, including ethnography, descriptive and interpretive phenomenology.

Ethnographic studies rely on direct observation of the phenomena under study, achieved by spending extensive periods of time in the field of study (Maggs-Rapport, 2001). The researcher becomes the participant observer, and is required to be accepted by the research subjects for the ethnographic study to be effective (Crang and Cook, 2007).

There are two approaches to this type of research, as described by Burns and Grove (1995): emic, or studying from within the chosen culture, and etic, or studying from outside culture, which could involve examining across cultures to identify differences as well as similarities. One example of a successful emic ethnographic study is that undertaken by Lawton (2000) in which she adopted the role of volunteer within a hospice, and was able to gain the trust and respect of the staff and patients, despite the initial protectiveness of the staff towards their patients. Arber (2006) defends the ethnographic approach, stating that it increases opportunities for reflexivity. Carr (2006) however, warns of the ethical concerns of employing this approach when the researcher is known to the staff being researched, as is the case in Arber's study (2006). The approach also requires dedication of a considerable amount of time to develop professional relationships and understanding. During this process, Arber (2006)

describes the feeling of ‘temptation to convert’ (page 151), that is, to become a complete participant rather than an observer.

I consider that given my recent background in the field of nursing assessment being examined, the problems of being too close to the situation would have dominated an ethnographic study and lead to the ethical issues discussed below and too high a level of subjectivity. This problem is recognised by Gerrish (2003); a researcher and trained nurse, who when visiting patients with a district nurse felt vulnerable due to the nurse addressing her as a colleague, leading to the development of a sense of reciprocity. Stanworth (2004) and Arber (2006) both felt that the ethnographic approach led at times to a conflict of roles and identities, particularly when observing situations of distress or discomfort. The temptation to intervene to provide comfort and support were great, in spite of the researchers being aware of their professional role at that time. Working alongside PTs and with students currently undertaking specialist practice programmes for which I am a tutor could also be confusing for them, due to their understanding of my academic role versus their perception of my role as a clinician. This, alongside the conflict engendered by the limitations of the researcher role versus the temptation to ‘nurse’ recognised in the Arber study (2006), resulted in a rejection of ethnography as a means of generating data.

Descriptive phenomenology was also considered as a means of data collection. As identified by Van der Zalm and Bergum (2000), phenomenology has become popular as an investigative method to gain understanding of the individual’s experience in order to enhance the development of knowledge in nursing.

The descriptive approach entails discovery of phenomena as they are presented; searching for the essence of the phenomena, rather than

applying any form of interpretation or explanation (Maggs-Rapport, 2001).

I consider that a descriptive phenomenological approach, whilst remaining true to the phenomena in question, may provide limited insight into the subject under scrutiny, and limit the generalisability of the project outcomes.

Hermeneutic phenomenology, first identified by Martin Heidegger (1889 – 1976), provides an insight into the 'lived experience' of the individual, often illuminating seemingly trivial or taken-for-granted aspects of life to develop meaning and understanding of phenomena (Laverty, 2003). This approach would appear useful in understanding the nuances of practice assessment at higher levels, and to illustrate the process of category development. Therefore, incorporation of practice narrative has been identified as one aspect of my study. It is not, however, examined in isolation. Rather, it provides illustrations of categories arising from the interviews and focus group data analysis.

Hermeneutic phenomenology is one aspect of the interpretative phenomenological approach, and was considered by Heidegger as a preferred method to interpret rather than describe the phenomena under study; to create meaning and develop understanding (Wilson and Hutchinson, 1991, Maggs-Rapport, 2001).

My study therefore, although applying a grounded theory approach to data analysis, also incorporates narrative to illustrate categories arising from the data analysis, rather than analysis of the narrative itself, which would be a form of discourse analysis (Potter, 2004).

This approach assisted in the development of categories through analysis of the data (Draucker et al, 2007). Thematic analysis is

discussed by Braun and Clarke (2006) in relation to other forms of qualitative research data analysis, and is described as;

> ...a method for identifying, analysing and reporting patterns (themes) within data.
>
> Braun and Clarke, 2006 p.79

This differs from grounded theory analysis which, as identified by Charmaz (2006), requires the engagement of the researcher and the application of constant comparison to all of the data presented for analysis (the data set), and as the theory emerges, data from other data sets is compared to this tentative theory. Categories are identified via the process, and as links between categories emerge, so theoretical propositions are formulated. Coding, note-taking, memoing and sorting are integral aspects of this process; enabling the researcher to employ constant comparison of all data within and across data sets, to avoid forced interpretation based on the researcher's own experiences, yet, as explained by Charmaz (2006), retain the grounded theory researcher's position within the research process rather than outside or above it. This process continues until theoretical saturation is achieved (Schwandt, 2001), that is, no new concepts emerge or new categories are identified. The outcome of this process is to generate credible theory that is grounded in the data (McLeod, 2001).

The incorporation of data from such diverse sources, whilst encouraging the researcher to employ some degree of reflexivity, should restrict the possibility identified by Glaser (1992) of forcing the data to fit my own preconceptions of the phenomena. Data is accessed as it becomes relevant to the research, and wide reading is encouraged throughout the process to contribute to this data. The cyclical nature of the data sets enables the constant comparison, whilst each set informs the next stage of the research.

Grounded theorists seek to generate theory through concurrently collecting and analysing data (Birks and Mills, 2011). As mentioned above, this is recognised as a method of constant comparison between and across codes, categories and data, and is recognised by Charmaz (2006) as relying on the full engagement of the researcher. Birks and Mills (2011) represent the processes involved in grounded theory development as the cogs of a mechanism; each reliant on one another to revolve and therefore move the research forward.

The processes within my own study adopted a cyclical nature to category and theory development. Each stage of the process built on the last through regularly revisiting the data for constant comparison to strengthen, question or eliminate developing codes and consequently influence emerging categories. This cyclical process is replicated within the structure of the thesis. As the research progressed, key findings were developed and refined, contributing to the evolving conceptual framework, which incorporates existing concepts and presents new insights in order to extend existing theory and develop new theoretical concepts.

3.5.2 Introduction to the focus of the study – context and relevance to practice.

Currently, the Department of Health (DH) are reviewing standards for higher levels of practice, following the roll out of a consultation document requesting views from clinicians regarding the future of post-registration nursing careers (DH, 2007). Subsequently, following collation of feedback, a response report has been produced, indicating that the Department of Health would be working with the NMC to standardise levels of advanced practice (DH, 2008d). This post-registration exercise was undertaken alongside a consultation for the review of pre-registration nursing careers by NMC (NMC, 2007).

Nurses and educationalists eagerly awaited the detail, in terms of standards and guidelines, arising from these consultations. The Department of Health stated that they recognised the need for clear career pathways for nurses considering roles in specialist and advanced practice and nursing in the community (DH, 2008d). However, specific guidance in relation to levels of advanced practice is yet to emerge from the NMC or Department of Health.

In relation to this project, and in the absence of subsequent guidance regarding the plethora of specialist and advanced nursing roles, the Nursing and Midwifery Council's definition of higher level practice has been adopted as the most appropriate reference (Appendix 1, NMC, 2002). This definition, when mapped against current standards of proficiency for specialist practice (NMC, 2001, 2004b), directly reflects the requirements for higher level practice (NMC, 2002). A statement within the Standards for Specialist Education and Practice (NMC, 2001) is also useful here, which states that 'Specialist practice is the exercising of higher levels of judgement, discretion and decision making in clinical care' (NMC, 2001, p4).

Practice at this level is therefore advanced beyond that of the first level registered nurse who has completed a pre-registration nursing programme at diploma or degree level. The final report for the Department of Health by Lord Darzi (The Darzi Report, DH, 2008c) recognises these levels, and offers strategic direction for policy and practice, to inform the development of career structures.

Given the outdated nature of some of the standards for specialist practice (NMC, 2001, 2004b), educationalists rely on nurse mentors, in particular PTs, to appraise ability in line with current practice, contemporary policy and underpinning theoretical principles. Mentors do, however, often experience difficulties in assessing students, and can find that the assessment strategies for practice do not reflect the

degree of effort employed by the student to meet practice competencies (Canham, 2001). Further consideration of mentor support is therefore necessary to ensure continuation of quality mechanisms for practice assessment.

Nursing programmes at specialist level, as with pre-registration nursing programmes, require a fifty-fifty, theory to practice assessment, which recognises the value and importance of practical clinical competence (NMC, 2001, 2004b). As identified in the introductory chapter, there has been rapid development over the last decade in pre and post registration nurse education, and expansion and development of nursing roles (DH, 2006). These developments have resulted in a competency led career progression, linked to a national Knowledge and Skills Framework (DH, 2004).

In order to meet and embrace the challenges of the current and future career structures, as recognised by the Department of Health (DH, 2006), nurse educationalists and practice mentors alike require support mechanisms which ensure that the fifty per cent practice component of assessment at higher levels is robust and evidence based.

Practice assessment in specialist practice takes the form of a practice portfolio, which contains evidence of ability at a higher level, to reflect the current NMC Standards of Proficiency (NMC, 2001, 2004b). A review of the literature related to portfolio development carried out by Endacott et al (2004) however, revealed that although there was general consensus regarding the theoretical approach to use of portfolios, there appeared to be a wide variation in portfolio content and structure. The importance of this study lies in the incorporation of evidence from a national telephone survey of Higher Education Institutions (HEIs), followed by four in depth case studies of portfolios. As the initial survey constituted a large sample (although precise

numbers of contacts are not stated), it was more likely to be representative of the population being studied (Polit and Hungler, 1994) and enabled analysis of extensive data. The study concluded by highlighting the importance of developing clear guidance for mentors and PTs, which identify the level of practice required to meet competencies set.

The challenge of articulating knowledge in practice has been debated for many years in a variety of the social sciences (Kolb, 1984, Schön, 1987, Eraut, 1994, Carr, 2005) and has been discussed at length in the initial literature review. Carr's 2005 study was stimulated by the recognition that within practice, nursing students did not always fully grasp the detail, meaning and complexity of the experiences they were exposed to in community placements. Although this study offers a method of capturing meaning, Carr (2005) fails to identify how this method could be incorporated into everyday practice, however she does assert that by articulating the lived experience immediately after the event, new meaning can be gained to contribute to overall nursing knowledge.

Carr's (2005) approach does not take into account the socialisation process that is considered necessary for the learner in order to develop knowledge and understanding in the context of the practice placement. This prerequisite is recognised by Cope et al (2000), and described as situated learning. The authors interviewed thirty nursing students, and drew on the seminal work of Lave and Wenger (1991) to support their stance. Lave, a social anthropologist and Wenger, a teacher, in their 1991 work discussed the concept of communities of practice; asserting that it is important to have joined a culture of practitioners in facilitating the development of proficiency. Lave and Wenger (1991) therefore consider the importance of the social aspects of learning; the degree of ability to participate in the community of practice, as follows:

> Learners inevitably participate in communities of practitioners… the mastery of knowledge and skill requires newcomers to move toward full participation in the socio-cultural practices of a community. "Legitimate peripheral participation" provides a way to speak about the relations between newcomers and old-timers, and about activities, identities, artefacts, and communities of knowledge and practice. A person's intentions to learn are engaged and the meaning of learning is configured through the process of becoming a full participant in a socio-cultural practice. This social process, includes, indeed it subsumes, the learning of knowledgeable skills.
>
> Lave and Wenger, 1991 p29

This perspective on learning supports the requirement for specialist programmes to run over a minimum period of one academic year (NMC, 2001, 2004b); which enables the learner to settle into the placement area and understand the context of practice. This approach has thus far been adopted by the University of Derby, therefore students are enrolled on a full time basis at the University. During this period, it is hoped that this extended exposure through the fifty-fifty theory to practice approach of the course enables full participation by the learner in that community of practice; an aspect of the project focus which will be discussed further in the next chapter. Once this has begun to occur, practice assessors are required to appraise student development and proficiency.

My own project is undertaken to assist the community practitioner in their assessment of student ability when practising at higher levels within the community of practice.

3.5.3 Data collection – the semi-structured interview

In the first stage of the research, evidence was collected from a selected sample of experienced practice teachers between November 2008 and June 2009 (see Appendix 2) who were actively involved in

the mentoring and assessing of students on post-registration specialist programmes at first degree and masters level. This stage of the process was achieved via individual, semi-structured interviews. Examination of the lived experience has been incorporated into the study, via inclusion of narrative arising from the interviews, in an attempt to illuminate the intricacies of assessment of higher levels of practice.

Applying a semi-structured format, according to Patton (1988), enables the researcher to focus on the interaction with the interviewee whilst still retaining reflexivity within the interview. As with Kennedy's study of district nurse first assessment visits (Kennedy, 2002), providing the opportunity for interviewees to draw on their own prior experience in assessment is of paramount importance in the interview process. Further detail regarding the interview process is included within the data analysis discussion in chapter four.

3.5.4 Sampling techniques

It is important for sampling techniques to be effective as this can assist in ensuring that appropriate practitioners are approached for participation in the project. Drauker et al's approach to sampling involved applying initial criteria for the original sample, followed by theoretical sampling for subsequent stages of the research (Drauker et al, 2007).

The theoretical sampling is not exclusively dependent on the data from new participants, but should also incorporate data from the literature, observations and previous interviews (Drauker et al, 2007, Charmaz, 2006). The aim is to develop the codes derived from the selective sampling data, which are then collapsed into categories (Drauker et al, 2007). The categories are further refined through the data from the theoretical sample; examining the properties of the

categories continuously via constant comparison techniques until no new properties emerge from them (Charmaz, 2006). The theory is therefore inductively developed from this structured exploration of the data.

Drauker et al (2007) outline the purpose of theoretical sampling; explaining that the researcher is led by the outcomes of the initial selected sample, in the direction which will best uncover the data which the analysis of the initial data suggests, to further develop the emerging theory (Glaser, 1978). Polit and Beck (2008) identify that theoretical sampling aims to ensure that there is adequate representation to inform the theoretical categories identified. It follows then, that the decisions made in theoretical sampling are based to some extent on the researcher's assumptions and presumptions of the data to be derived from the sample selected in the second stage of theoretical sampling. This could be viewed as researcher bias, and in the case of my research relies on the researcher having prior knowledge and understanding of the participants included in the theoretical sample. However, this method of sampling aims to develop the emerging categories further (Charmaz, 2006), rather than to pursue personal agendas. Theoretical sampling could also be considered as a vehicle for acknowledging and indeed celebrating the involvement of the researcher in the research process and, to some extent, in the outcomes of data analysis. With a background in the specialism to be explored, preconceived ideas and impressions of the researcher can be challenged and developed, based on sound inquiry methods, which incorporate insight from the reflexive researcher in the form of memos and a reflective diary.

The importance, therefore, lies in a sound, rigorous sampling method, encompassing an audit trail of the decisions made (Drauker et al, 2007).

3.5.4.1 Sample inclusion criteria and defence of data collection approach

The predetermined criteria for my original interview sample were as follows:

Practitioners who are experienced practice teachers.

Practitioners employed in the community nursing setting, and with responsibility for final assessment of specialist practitioner students.

Practice teachers with experience in assessment of students at first degree and, wherever possible, masters degree level.

A form of selective sampling was therefore used for the first data set, as suggested by Strauss and Corbin (1990), to produce the maximum amount of data in order to subsequently unearth specific categories. The initial sample acted as a starting point for the project, and this approach was adopted to produce rich data for analysis, from which to develop further sampling (Procter and Allan, 2006). Theoretical sampling methods were then employed, led by categories emerging from the data analysis (Draucker et al, 2007). The initial approach could also be described as purposive sampling, in that the researcher selects participants based in part on her own judgement as to who will be most informative and therefore best satisfy the set criteria (Polit and Beck, 2008). The latter theoretical sampling approach is also selective, yet selection of the sample is based on the theory which is gradually being constructed from analysis of the data (Schwandt, 2001).

Theoretical sampling is the favoured strategy in grounded theory methodology (Charmaz, 2000, Glaser and Strauss, 1967) and as mentioned above is the selection of sample members based on the

emerging findings, which ensure adequate representation of the important theoretical categories (Polit and Beck, 2008). The sample is therefore emergent in the same way as is the theory and method; being controlled by the theory as it emerges (Glaser and Strauss, 1967). This approach, although applied in a different way, relates to the Glaser and Strauss (1967) first requisite property of 'fittingness', in that theoretical sampling is applicable to the context of the study (Pickard and Dixon, 2002), and may well be recommended in other studies within the social sciences that employ a grounded theory approach.

That is not to say that methodology and method are inextricably linked. In fact, many authors discussing research methodology assert that there is a tenuous link between the two (Porter, 2007, Pickard and Dixon, 2004). It should therefore not be assumed that, for example, qualitative methodology will automatically imply a grounded theory approach which in turn will suggest use of interview and focus groups selected via theoretical sampling. My approach, however, is defensible as appropriate for the research question and intended investigation within an interpretivist and constructivist form of inquiry (Holloway and Tordres, 2006). This approach is identified by Charmaz (2006) as evolving theory from interpretation by the researcher of the experiences of research participants; their construction of meanings and actions and of other data sources; in this case utilising the literature as data, and revisiting the literature on a regular basis as the study progressed. Theory is therefore generated via the research cycle; gathering and analysing data from participants, returning to the literature, then sampling and data gathering from theoretical selection of participants, based on codes arising from the earlier stages. Interpretation of the data relies on a reflexive approach by the researcher (Charmaz, 2006), which for this project was recorded within the reflective diary, and used to guide the research process.

I feel it is important as a qualitative researcher, however, not to be constrained by the tried and tested, traditional research approaches which have historically been categorised as the means of achieving ‘pure’ research; an issue recognised by Wolcott (1994) as resulting from an attempt by the researcher to secure respectability for their results, often at the expense of sympathetic and detailed analysis. There is a clear differentiation between the importance of being able to defend an approach and the constraints imposed by a compulsion to adapt that approach to ensure acceptance. Holliday (2002) reinforces this distinction; describing his repeated reassurance to research students that their approach would be acceptable if they could articulate justification of it. Indeed, research methodology would not be refined and developed unless researchers made these leaps of faith into new approaches. I was therefore guided by the evolving nature of grounded theory development, and adhered to the principles of this approach, whilst allowing the emerging data to dictate the direction and focus of the study. In order to do this, I remained mindful of the need to offer defence of methods employed and clearly articulate the insights arising from the research which have directed both my approach and examination of the emerging theory.

In all, ten practice teachers were interviewed across the three community disciplines of health visiting, district nursing and school nursing (Appendix 2). Personal reflection after each of the interviews enabled insight into thoughts, feelings and adaptations required to interview technique and formulation of questions (Appendix 3). The sample consisted of PTs working within four distinct localities which regularly support specialist practice students from the University. Details regarding the extent and level of experience within the specialist and PT roles had been sought from the teaching team, to ensure that the predetermined criteria identified at the beginning of

this section were adhered to, and were not adversely affected by the subsequent theoretical sampling.

Interviews were carried out until no new categories emerged and data saturation was achieved (Glaser, 1992). Practice teachers had a range of levels of experience; having each supported and assessed from two to more than twenty specialist practice students.

3.5.5 The focus group

In the second stage of the research, themes arising from the first stage were shared with lecturers from an HEI for discussion and consideration within two focus group forums.

3.5.5.1 Focus group selection

Academics were included who were involved in teaching on post-registration programmes, which led to qualification at specialist or advanced practice levels.

The aim of this stage was to provide comparative analysis of the views of academics with those already gained from practice teachers. This stage was achieved via focus group discussions. Theoretical sampling was again employed to ensure the appropriateness of the sample based on the categories emerging from the interviews. Criteria developed for the sample from this process are identified in section 4.3.6.

Lambert and Loiselle (2008), in reflecting critically on combining individual interviews and focus groups, suggest that combining research methods in this way is useful in understanding “different representations of the phenomenon” (p. 235). They also suggest that this approach offers different types of data from each method, adding to the richness of the data collected. Michell (1999) concurs with this

view, and warns against using focus groups as the sole method of data collection. By combining methods of focus group and interview in her study of young people's experiences of their social worlds, Michell (1999) was able to draw out the young people via interview who appeared withdrawn in the focus groups, and achieve in-depth exploration of issues raised in the group sessions. Identifying separate participant professional groups for the interviews and focus groups within my own study and conducting interviews first is intended to alleviate this potential discomfiture, whilst enabling comparison of the views of the two distinct groups of educators to identify common categories. Polit and Beck (2010) recognise the wealth of dialogue emanating from focus groups, yet they again advise caution due to the discomfort which can be felt by focus group participants when discussing sensitive issues.

By gaining the views of academics within two focus groups after first interviewing the individual practice teachers, it was hoped that both professional groups would feel comfortable to air their views without concern regarding an overemphasis on academic or practice issues. This approach also reflects a constructivist method of inquiry; enabling the development of emerging categories and themes from stage one; the PT interviews, to stage two; the academic focus groups. Carrying out constant comparison concurrently assists in refining the theoretical concepts arising from the categories elicited from the data (Polit and Beck, 2010). Richards (2009) emphasises the usefulness of distinguishing between theory emergence and theory construction, and suggests that theory emergence is only the first step, which still requires the researcher to construct theory by bringing together the emerging categories. Comparing and combining the views of the interview and focus groups participants assisted in this process.

I reflected on both focus groups soon after the events (Appendix 5) and despite a few largely unavoidable issues, felt that I had gained useful data from both groups. This data could then be coded, categorised and compared with the data analysed from the interviews and incorporated from the reviewed literature. The benefits from this process were the ability to compare the views and perspectives of a wider range of educationalists, to appraise the degree to which they concurred or differed; subsequently strengthening or questioning the emerging categories.

3.5.6 Ethical considerations in data collection

My original intention had been to carry out the interviews then the focus groups with the same group of PTs, however bearing in mind the sensitivity of information, I reconsidered this decision. Charmaz (2006) recognises the need for the researcher to adapt data gathering methods based upon questions arising from development of the research. The sensitivity and individualistic nature of the discussion content, particularly in relation to exploration of experiences and examples of interactions, has led me to believe that this approach would be unwise. According to Twinn (1998), focus groups are increasingly being employed within health research, due to the richness of the data elicited as a result of group interaction. Yet from an ethical perspective, confidentiality may inadvertently be breached or disclosure forced by participation of respondents in both stages of the research. As asserted by Oliver (2003), research participants may divulge thoughts and feelings in an interview which they would normally only reveal to those very close to them, and therefore the interviewee should be assured of the confidential nature of the disclosure. Subsequent discussion in the focus group of issues discussed at interview by the same participants may raise those same thoughts and feelings. This could cause the participant to feel uncomfortable; as if their confidential information had been shared, despite the fact that the thought or feeling concerned may be widely

shared by the group, or have been generated from a totally different initial source. The decision was therefore made to carry out the focus groups with academics, applying the above selection criteria.

Ensuring participant verification, according to many sources including Archbold (1986) and Oliver (2003), is important in confirming the validity of the data and subsequent results arising from qualitative research such as interviews and focus groups. Porter (2007), however, reporting on the work of Lincoln and Guba (1985), suggests that the words validity and reliability could be replaced by credibility as a description of the trustworthiness criteria applied to qualitative research through research participants' assessment of the degree to which the results correspond to their true perspectives on the phenomenon.

The intention of participant verification for this study is to seek confirmation of the accuracy of data received, rather than to confirm outcomes of the results of analysis of the data. This intention had been clearly articulated in the information given to participants prior to securing their willingness and consent to participate in the study (see Appendix 3).

Given that aspects of this piece of research were proposed to be carried out with NHS employees, it was important to consider and take account of the principles of clinical ethics in managing and executing the research process. Beauchamp and Childress (2001) identify four biomedical ethical principles, also known as the Georgetown Mantra (Gallagher, 1999). These are: beneficence, non-maleficence, justice and respect for autonomy, and were applied as a tenet for the research. Beneficence relates to the intention at all times to do good; non-maleficence to the intention to do no harm; justice to maintaining the fundamental rights of the individual and respect for autonomy to ensuring individual choice and informed

consent (Beauchamp and Childress, 2001). Research participants were assured of the benefits of the research for the development of specialist practice education and the essence of the biomedical principles were considered throughout by continuous review of ethical approaches within supervision sessions and via the researcher's personal reflective diary.

As the practice teachers approached for the study were current NHS employees, advice was sought from the NHS National Research Ethics Service (NRES), as to whether ethical approval would be required for the project. On submission of an outline of the study, NRES considered that this approval would not be required from an NHS Ethics Committee, as this stage of the project constituted an educational evaluation (Appendix 4). However, they suggested notifying and seeking guidance from the NHS care organisations concerned. Clinical governance departments for the health care organisations were therefore contacted and, following explanation of the study and assurance of confidentiality and anonymity (see Appendix 5), consent was confirmed with identified individuals within those organisations. No issues were raised by the University ethics committee, therefore I was able to proceed with the study.

3.5.6.1 Involvement – Detachment

The issue of involvement-detachment is raised by Perry et al (2004) in their discussion of semi-structured interviewing, and appears particularly pertinent in accounts of feminist research, as identified by Oakley (1981) in an account of interviewing women. Perry et al (2004) assert that involvement-detachment is a separate entity to subjectivity-objectivity; considering that complete objectivity is unattainable, as the term does not reflect the semi-structured interview process for this type of research. They suggest that the researcher should instead aim to provide a blend of involvement and detachment. Perry et al (2004) continue by acknowledging the

advantage of insider knowledge in developing insight, whilst maintaining a degree of detachment to avoid distortion of the data.

Previous work by Elias (1987), a sociologist, recognised the inevitable emotional involvement of the researcher when carrying out studies related to the social world of which they are part.

Perry et al (2004), in their examination of the lives of young lesbian, gay and bisexual people, used semi-structured interviews to elicit their participants' experiences, and in this paper discuss the challenge of maintaining the integrity of the research process. For example, one of the researchers, a lesbian, disclosed her sexual orientation to participants, which was considered acceptable in order to provide an element of reciprocity.

Reciprocity; the giving of something of one's own position in order to gain insight into the position of others, is an approach recognised by Clarke (2006) and Skene (2007). Clarke (2006), in a discussion of the ethical challenges of qualitative interviewing, identifies the importance of giving and receiving information when interviewing to develop a rapport with the interviewee, particularly when discussing sensitive subjects with potentially vulnerable participants. Skene (2007) relates her discussion to the challenges she faced as a novice researcher when interviewing women who had experienced bereavement. Skene, in retrospect, highlighted the importance of considering the degree to which a researcher should disclose their professional background, and the emotional impact of the interview on the participants. Kvale (1996) and Oakley (1981) also acknowledge that the interviewer and interviewee as part of the interaction are likely to reciprocally influence each other to some extent. Kvale (1996) continues by noting that although qualitative research has been considered to lack objectivity, it can preserve objectivity as related to avoidance of personal bias and distortion. I

consider it to be important within my project to develop a reciprocal relationship with participants, whilst avoiding an over-directive approach which could potentially distort or influence the data elicited. Clarke (2006) suggests that the interviewer can 'empower through reciprocity' (p 27); the goal being to do this without compromising methodological rigour, particularly in relation to reliability.

Perry et al (2004) continue by asserting that 'insider knowledge' enables a 'deeper appreciation' of the issues, and recognition of their relevance which emanates from an understanding of aspects such as terminology and language used (page 138).

In relation to formulating interview questions, this insider knowledge is also useful, to avoid using jargon and terminology not understood or recognised by the interviewee. As instructed by Drever (2003), appropriate language should be used, and by virtue of the interviewer's involvement in the area of practice or sociological world to be studied, this should be more effectively achieved.

Therefore within my own study, insider knowledge and reciprocity will be employed positively to inform and gain deeper insight into the data, whilst a reflexive approach to the research will aid recognition of the requirement for detachment in the interview, focus group and data analysis processes.

3.5.7 Management of interviews and focus groups

I had also considered carrying out the focus group discussions first to avoid some of the above issues, and to identify key themes for more in depth study within semi-structured interviews, as advocated by Michell (1999) and Plack (2006). This method was rejected, due to a consciousness that the focus groups may then dictate topics to be covered, and miss areas of vital importance to some practice teachers. By carrying out the interviews first, it was possible to refine

interview questions, and develop codes and categories for regular review, incorporating new literature as data as I proceeded, as is suggested in a grounded theory approach (Glaser and Strauss, 1967). Focus groups were conducted with academics who contribute to the specialist programmes under scrutiny once all new categories had been exhausted (Chenitz and Swanson, 1986). Clear categories emerging from the data analysis were considered by the focus group sample with potentially different yet equally valid perspectives, subsequently responses were compared to reveal similarities and differences and further refine categories.

This combined approach likewise intended to assist in achieving a triangulation of methods to illuminate aspects of the phenomenon under study (Lambert and Loiselle, 2008). It was also anticipated, as suggested by Cohen et al (2007) that data triangulation would assist in confirming consistency of findings and therefore instil greater confidence in the outcomes achieved. Triangulation should also, according to Lin (1976) avoid the possible assumption that consistency of findings is attributable to the method employed, rather than to rigorous analysis of data.

Interviews were digitally recorded. I also took notes during the interview to identify key words and issues arising from the discourse (Charmaz, 2006). Note-taking occurred as appropriate, although minimal or absent in cases where it was considered by the researcher to restrict or inhibit the discussion in the interview – a situation recognised by Chenitz (1986). Chenitz also suggests in the same publication that note-taking can also reassure the informant that data gathering is taking place. The interviews were then transcribed and coded line by line, as recommended by Charmaz (2006), to identify common codes and categories. My own understanding of the role of the practice teacher and of practice assessment, gained in previous professional roles, has been acknowledged. This aspect of the

research process will be discussed further in subsequent chapters. A reflective journal has been maintained throughout the research process to enable reflexivity, described as identified previously by Arber (2006) as:

> …the capacity to reflect upon one's actions and values during the research
>
> Arber, 2006 p147

Maintaining the journal assisted in avoidance of researcher bias, whilst giving recognition and value to the experiences of the researcher and the impact that this had on the research process (McGhee et al, 2007, Robson, 2002). It also provided one means of developing further insights into the area studied and enabled acknowledgement and subsequently, where necessary, moderation of my own influence on the inquiry (Charmaz, 2006).

Glaser and Strauss (1967) suggest that, in order to develop substantive theory, four requisite properties need to be present. In brief these properties are, first of all, that the theory has to fit the area to which it is applied. Secondly, that the theory be understandable to the people working in the area to which it is applied. Thirdly, that generality of the concepts can be confirmed, that is, that the theory is sufficiently general to be applied to the total area examined. Finally, Glaser and Strauss (1967) stress the importance of control: that the theory should contain controllable variables, so that if the theory were applied in a practical situation, the practitioner could anticipate responses based on the research findings and consider their scope of action in relation to the response.

I hope, on completion of the project, to have achieved the tenets of these properties, and following data analysis to compare the outcomes of the research to them to consider the extent to which they have been met.

3.5.8 The practice narrative

I have also incorporated practice narrative into the presentation of data, to illuminate the lived experience and facilitate understanding of categories arising from data analysis, as suggested by Chambers (2003). Interview participants were therefore encouraged to give examples from practice to illustrate aspects of assessment – a method advocated by Kvale (1996). It is hoped that the narrative taken from the interviews facilitates clearer discussion regarding the emergence of categories. Also, that the reflective nature of the narrative will enable practitioners examining the research outcomes to identify with the issues discussed. As Gillham (2005) suggests, the essence of meaning can be lost in categorisation and interpretation when analysing data. Although it is intended as part of the grounded theory approach to categorise emerging theory (Glaser and Strauss, 1967), the narrative accounts are intended to illustrate the categories developed and the applicability of the categories to practice assessment.

This approach is in line with Pickard and Dixon's discussion on constructivism within interpretive inquiry (2004). The authors relate to case study research, and via Pickard's previous work (2002), consider:

> …rich, descriptive narratives at micro level… provide detailed descriptions which will allow readers to make sufficient contextual judgements to transfer outcomes, themes and understanding…to alternative settings.
>
> Pickard, 2002, p2

Constructivism is applied in the search for hidden meaning, which is constructed from emerging themes, and assists in:

> Articulating the knowledge implicit in practice
>
> Carr, 2005 p.338

Parlee (1979) and Bohan (1992), both feminist researchers, emphasise the importance of contextualising human experience, particularly stressing the importance of the social context. How a student nurse in specialist practice reacts in a given situation and the interpretation and evaluation of those actions by the PT are the essence of practice assessment. Out of context, practice could become sterile, difficult to identify with and therefore impossible to appraise.

Concerns regarding this aspect of the study relate to the possibility that interview transcriptions would not produce the narrative required to reflect the social context within which it was set. Therefore the importance of regular review of interview transcripts to refine and inform the direction of the research in line with grounded theory approaches cannot be overemphasised (Draucker et al, 2007). This allowed further refinement of interview questions and guidance, and enabled consideration of alternative approaches to enhance opportunities for recording of practice narratives, which are presented taking into account the limitations of the word count for the work.

3.6 Considering validity and rigour

There is a raft of methodological foundations of qualitative research, which can result in different interpretations of what is valid, and the often tenuous nature of the link between methodology and method further compounds this issue. Rolfe (2006a) considers attempts to measure the validity of qualitative research as futile, however Chenitz and Swanson (1986) suggest that although the approaches to ensuring validity are different in qualitative research, they are still relevant, and relate to the researcher's ability to establish accuracy and credibility of evidence.

The methodological options for the qualitative researcher are many and varied and to add to this dilemma, whilst research terminology can be confusing and difficult to follow (Swetnam, 2000). Rolfe's position contends that it is impossible to apply universal criteria of validity to assist in establishing rigour. However Porter (2007), in response to Rolfe, asserts that within nursing, as representing the "needs of knowledge-led practitioners" (page 83), there are certain criteria of validity, trustworthiness and rigour which are best suited to judge research in this area.

Porter (2007) uses the term 'confidence criterion' to describe this – suggesting that this is the degree to which the knowledge claims of the research can be seen to beneficially inform that area of practice. The practitioner needs to be confident that benefits are demonstrable, which may take time to establish. This being the case, I intend to establish validity and rigour over time by establishing the usefulness of the products of the research (Sandelowski, 1997) and by clearly articulating the research process. This could be identified as external validity, which will be further supported by the internal variety offered via the theoretical sampling approach already discussed and through the generalisability of findings to other situations (Bowling, 2009). Chenitz and Swanson (1986) support this, and suggest that detailed description of the process of data collection will assist in demonstrating internal variety for external validity.

In the intervening period, and to establish the distinction between internal and external validity (Denzin, 1970), internal validity will be demonstrated by openly acknowledging and presenting factors which impact on the research process. These factors are alluded to earlier in this chapter and also in chapter seven, and include: impact of the researcher on the research; bias, subjectivism, reactive effects on the respondents of researcher presence, events occurring during the

research process. These factors may well positively affect outcomes – the inclusion and discussion of them identifies whether their effects are positive or challenging to the project.

As recognised by Porter (2007) and Chenitz and Swanson (1986) however, the means by which validity can be measured in qualitative research are different to the criterion set for quantitative studies. The individualistic and subjective nature of qualitative study restricts opportunities for replication, and as a result, the qualitative researcher relies on credibility and accuracy of evidence, rather than on reliability and validity per se.

3.7 Relevance of regular reviews of the literature

The importance of the literature in the tentative development of theory is a vital aspect of a grounded theory study (Glaser and Strauss, 1967, Rolfe, 2006b). Glaser and Strauss (1967) also recognise the potential of other documentary evidence, such as unpublished reports, biographies and novels, as a means of the researcher formulating ideas and hypotheses prior to research being undertaken and as secondary sources to inform and contextualise the research project. The literature review presented in chapter two is a starting point for the project; providing an appraisal of sources relevant to the subject under investigation. The chapter also assists in contextualising the research question and orientating the reader to the project focus. It is not intended to provide a definitive understanding of assessment in practice at higher levels.

Subsequent literature reviews are conducted once theory begins to emerge from the data, and are incorporated as a form of data, where it is appropriate to do so (Heath, 2006). I acknowledge my previous experiences and knowledge both from practice and from the literature in the field under investigation, yet as a novice researcher

acknowledge the importance of reading widely to increase sensitivity to possibilities in the data as it emerges. Regularly returning to the literature as part of the research cycle is a recognised aspect of the data analysis process within grounded theory studies. As identified by Charmaz (2006), the literature should be weaved through the whole thesis; to be incorporated as data, to identify areas of limited research and clarify what the research project adds to the field of inquiry.

Heath (2006), in her exploration of the role of the literature in grounded theory study, warns against exclusively referring to literature known to the researcher on a subject during data analysis; as this may lead to unintentional bias. Instead, she suggests literature should be synthesised into the study based on understanding arising from the process of data analysis. Her suggestions are based on consideration of her own grounded theory study, and emphasise the role of reflexivity in research (Rolfe, 2006b), in this case contributing to the examination of methodological issues.

3.8 The interview process.

Providing clear information is a vital aspect in obtaining consent from potential interview participants (Oliver, 2003). To ensure clear articulation of the purpose of the individual interviews, written information was provided for participants in the form of a letter to each prospective participant (Appendix 6). The correspondence included details of the researcher, the focus of the research, the format and recording of the interview and the confidential and anonymous nature of the information elicited from the interview, as recommended by Crang and Cook (2007). The letter included a section for the respondent to complete to indicate whether they wished to be interviewed, and therefore take part in the study.

This letter was followed up with a telephone call to all selected respondents wishing to be included, to address any queries that they may have, and arrange a mutually suitable time, date and venue for the interview to take place. Acknowledging the time commitment of the respondent in this activity, I arranged to meet them in their place of work, whilst recognising the importance of accessing a quiet and undisturbed setting for the interviews (Sin, 2003). Participants were also advised of their ability to withdraw from the research at any time, and that they would be approached to verify data from the interview once transcribed. A printed copy of this information was given to each interviewee prior to commencement of the interview. My initial intention had been to carry out focus groups with the interviewees subsequently, as detailed in the letter. I therefore contacted all interviewees post-interviews to inform them of my change of plan and the rationale for this. All interviewees understood this and had no issues with the planned changes.

O'Neill (2003), in a discussion of the limitations of informed consent, identifies the importance of consent in relation to potential harm arising from sharing of data. Assurance of anonymity and a clear outline of the research focus and dissemination should allay any concerns related to this. By giving comprehensive information regarding the purpose and use of the data, the individual respondent is neither deceived nor coerced into taking part. Details relating to these issues were included in the letter to participants and reinforced by myself immediately prior to the interview.

The particular challenge for my project related to the handling of sensitive data, and the potential conflict between maintaining anonymity and retaining the richness of the data, especially where narrative is incorporated.

A semi-structured approach to the interviews was employed, as recommended in grounded theory studies (Fielding, 1994) as a form of symbolic interactionism. Polit and Beck (2010) describe the theoretical perspective of symbolic interactionism as having three premises:

> First, humans act towards things based on the meanings that the things have for them. Second, the meaning of things is derived from (or arises out of) the interactions humans have with other fellow humans. And third, meanings are handled in, and modified through, an interpretive process.
>
> Polit and Beck, 2010 p.206

The researcher, as confirmed by Polit and Beck (2010), does not rely on pre-existing theory when commencing their work. Rather, they develop understanding through direct observation and inquiry and subsequently refer to the literature at various stages to compare emerging theoretical categories with the existing literature.

3.8.1 Formulating and reviewing questions

It is important to take care in formulating questions, to avoid leading the respondent or eliciting a monosyllabic response from a closed question (interview questions - Appendix 8). Open non-threatening questioning, which facilitates follow-up questions for elaboration or further explanation, is recommended (Crang and Cook, 2007). With this in mind, a pilot interview was undertaken to appraise the structure of the interview and quality of responses in relation to the aims and objectives of the project. The interview questions were formulated as a result of the initial literature review, and therefore principally based on themes arising from the review. In addition, as highlighted by Kvale (1996), the interviewer benefits greatly from an understanding of the subject under scrutiny, and therefore within the semi-structured interview format, whilst the questions were used to guide the interview, areas of interest within the interview responses

could also be explored. A review of the questions immediately after the interview assisted in addressing any ambiguities, poor question structure, degree of response and so on. Gillham (2005) supports this approach, and suggests that the examination of the interviews, through transcription and analysis, is vital in identifying whether the questions presented sufficiently and appropriately represent the issues being examined. Kvale (1996) emphasises the importance of the pilot interview in developing a safe environment and ensuring interactions which are stimulating. As anticipated, questions were adapted and developed throughout the interview process, to ensure that they remained sufficiently focussed as new categories emerged from the ongoing analysis.

3.8.2 Managing data sets

Decisions regarding the number of interviews conducted and the number and construction of focus groups were based upon the outcomes of analysis of each data set, and informed by the developing codes and categories.

The data sets refer to all data being used for analysis (Braun and Clarke, 2006), which in the first stage included individual interviews, appropriate literature which informed and contributed to development of categories, and notes from the reflective journal and memos. As the research develops, data sets may take different forms, and, as described by Braun and Clarke (2006), may arise from a particular topic of interest within the data. Therefore, as the data analysis progressed, clear explanation of its direction and the formulation of the categories arising from it was maintained.

3.9 Managing the focus group

Focus groups have become popular as a method of qualitative data collection, particularly in health research, since the 1980s (Krueger, 1995). Indeed, Kitzinger and Barbour (1999) consider that there has

been an unprecedented rise in their popularity across a wide range of the social sciences. One reason for this, as suggested by Twinn (1998) may be the richness of data elicited from the group interaction, as mentioned earlier in this chapter. Lambert and Loiselle (2008) concur with this view, commenting that focus groups have the potential to increase depth of inquiry and unveil otherwise inaccessible aspects of the phenomenon under examination. As previously alluded to, within my own study the categories arising from the individual interviews were utilised to formulate questions to initiate and maintain momentum within the focus group. In line with Twinn's opinion (1998), the aim is to add to the richness of the data, and also to compare responses with the data analysed from the interviews, given that the focus group consists of academics, rather than the practitioners who were enrolled for the interviews.

The focus groups are also intended to assist in triangulation of data analysis via method triangulation, in other words combining different ways of looking at a situation to acquire a clearer view of it (Silverman, 2010).

Information was provided, as for the individual interviews, to identify the purpose, structure and general intended focus of the groups. Issues of confidentiality and consent were likewise addressed (see Appendix 8).

There are additional areas of concern to be considered prior to undertaking the focus group research. One particular consideration is the group dynamic; ensuring that all participants are able to contribute to the discussion. As recognised by Crang and Cook (2007), much depends on the participants involved, and the researcher should avoid a group dynamic which is intimidating or inhibiting for some group members. One limitation of approaching academics for the focus group is the criteria set for participants,

which includes ensuring that they are experienced in teaching on specialist and advanced nursing practice programmes. This criterion has the effect of reducing the sample available considerably within the organisation. It does, however, offer a sample of academics that are confident in their field of practice and have sufficient understanding of the phenomena to have the potential to offer a considerable contribution to the knowledge of and insight into assessment of nursing practice at higher levels. Diversity of the sample, as recommended by Barbour and Kitzinger (1999) is retained via theoretical sampling methods described earlier, and guided by the research questions formulated from the individual interviews.

3.9.1 Number and size of focus groups

Group size must also be considered. Whilst Twinn (1998) recommends four to six, Krueger (1995) recommends six to eight as optimum numbers. Barbour and Kitzinger (1999) consider groups could be as small as three or as large as twelve, depending on the purpose of the focus of the research and the type of study, e.g. political, sociological, being undertaken. The method to be employed was aimed at avoiding excessively large or small groups which might oppress members' contributions or lead to dominance or indifference by individual members. I therefore decided, in planning the focus groups, that an optimum group size of six to eight participants would be sought. Unfortunately, despite invitations being sent and acceptances received from the optimum number, on the day of the focus groups, only five members were available for each group. On reflection, this did not seem to adversely affect the constitution of the group, and did not fall below the minimum number identified through the literature review (Kitzinger and Barbour, 1999). This situation will be discussed further in Section 4.3.1: Changing Plans.

Given the nature of grounded theory, although it had been anticipated that one focus group would be held, this decision changed

as a result of analysing the data elicited from both stages of the research. An additional focus group was required to address all of the categories arising from data analysis of the interviews and assisted in confirming that the field had been explored thoroughly (Corbin, 1986). Participants were made aware at the outset of the focus group research that their contribution may include being required to participate in the group on more than one occasion. Two focus groups were therefore held.

All involved were provided with comprehensive information and informed consent gained to take part and to be videoed and recorded throughout the group discussions (Appendix 10).

3.9.2 Managing the group and the role of the moderator

The means of managing the group and facilitating the discussion is another area for consideration. Group discussions were digitally recorded, as recommended by Kitzinger and Barbour (1999), who also suggest a voice check for individual speakers at the beginning of the session, to ensure accurate transcription – who said what – after the discussion has taken place. This practice was informally adopted, as well as the provision of verbal information regarding the anticipated length of the session. Michell (1998) suggests that bringing together people with shared experiences is likely to facilitate discussion of issues and experiences which would not otherwise be divulged. In a protected and 'safe' environment, this depth of discussion fortunately was achieved.

The role of the moderator is particularly important; to guide the discussion, ensure that the areas to be covered are addressed and ensure that all participants are given the opportunity to voice their opinions (Polit and Hungler, 1995). With the agreement of all present, I attended the first group as an observer and to take notes during the discussion regarding pertinent points raised. This assisted in

clarifying data capture, particularly to avoid in the recorded discussion what Kvale (1996) describes as:

> …chaotic data collection, with difficulties for systematic analysis of the intermingling voices.
>
> Kvale, 1996 p.101

The focus group participants were also informed of my intention to make a video recording of the session (Appendix 8), which further assisted in identification of the contribution of individual members and avoided attributing parts of the discussion to the wrong person, which could have compromised the analysis. The video recording also enabled analysis of the interaction between the group members, as identified by Gillham (2005), particularly the pattern of interaction which developed, to provide insight into the nuances of the conversation.

A moderator with previous experience in this role was secured to manage both groups. My attendance as an observer also enabled consultation if clarification were needed at any time, e.g. regarding the focus of the questions posed. I was also able to supply cue cards to the moderator to further explore areas if required.

Vandermause (2007) asserts that there are advantages of combining qualitative methods when dealing with complex phenomena in health care, whilst recognising the challenges that this approach raises in maintaining methodological rigour. Given the grounded theory approach employed, the combination of methods, including utilisation of data from the literature, is intended to enable constant comparison to enhance the trustworthiness of findings. Although this approach cannot be assumed to demonstrate validity, as found by Lambert and Loiselle (2008), this data triangulation should increase confidence in emerging complementary categories as representative of the

phenomenon and raise areas of disagreement for further exploration and interpretation.

This chapter has outlined and addressed the challenges, and more importantly, identified the advantages of the methodological approach adopted for the study. The discussion has presented a defence and explanation of qualitative methodology and the benefits of undertaking grounded theory; its impact on sampling, research methods and data gathering.

Chapter four concentrates on how the data was then organised, managed and analysed; highlighting the strategies employed and recognising methodological issues encountered during this process.

4.0 Data Management

4.1 Introduction.
4.2 Checking validity - triangulation of evidence.
4.3 Key points and direction for the project.
4.3.1 Changing plans: Critique of research method.
    4.3.1.1 Transcribing interviews.
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4.3.2 Analysis of interviews.
4.3.3 Role of serendipity.
4.3.4 Researcher knowledge and bias.
4.3.5 Interview and focus group processes.
4.3.6 Refining criteria for the academic focus group.

4.1 Introduction

Based on extensive reading related to grounded theory methods of data analysis, I intend to largely follow the methods recommended by Charmaz (2006). That is not to say that the views and ideas put forward by other advocates of grounded theory (Chenitz and Swanson, 1986, Strauss and Corbin, 1990) have not been considered, or that the original developers of the grounded theory approach have not been consulted, such as the published work of Glaser and Strauss (1967) and Glaser (1978). The advice and guidance provided by these key authors and many other such texts, discussed in the previous chapter, has been invaluable in understanding the flexibility and opportunities for data capture and analysis presented by adoption of a grounded theory approach.

A number of methodological issues arose during the research process, which will be discussed alongside an exploration of data management and the challenges this presents to the qualitative researcher.

4.2 Checking validity - triangulation of evidence.

Two types of triangulation were employed in an effort to ensure validity of findings – these being method and data triangulation (Silverman, 2010). Method triangulation refers to the use of different ways of looking at the subject under scrutiny, and this was achieved by employing both interviews and focus groups in the pursuit of defendable outcomes.

Data triangulation refers to the comparison of findings from one data set to the next. The richness of the knowledge gained in data collection appears to have been greatly enhanced by utilising different methods of eliciting the data. Constant comparison between the data, the codes and the emerging categories, as sanctioned by Charmaz (2006), is a requirement of the grounded theory approach

and also includes the incorporation of data from the literature for comparison at the same time as captured data from respondents is gathered. Constant comparison continues between sources until data saturation is achieved (Glaser and Strauss, 1967), that is, until no new categories emerge from the process.

Loiselle et al (2007) concur with the view that triangulation of data sources provides different perspectives and adds to the validity of findings. Lambert and Loiselle (2008), however, in a critical reflection on the findings obtained from combining interviews and focus groups, suggest that the rationale for selection of participants for a particular forum is often absent from research method discussions. Sandelowski (1995) asserts that the term triangulation should be restricted to instances when methods are purposefully combined to confirm findings. Lambert and Loiselle (2008) conclude that clear articulation of the study aims, data collection and rationale for combining methods are necessary requirements to justify adopting this approach. In my own study, defence of the methods employed is included, which incorporates memos and reflective writing from a research diary maintained throughout the project which informed the direction and focus of the research.

Data triangulation within my study resulted in a clearer understanding of the views of educators both in academia and in practice and a recognition of the considerable extent to which these views concurred, which in turn will inform practice teacher support.

4.3 Key points and direction for the project

This chapter encompasses the culmination of a number of strategies applied in the pursuit of rigour in data analysis. The strategies employed are those recommended by Li and Seale (2007) in their observational study concerning a student undertaking doctoral work. The study catalogues the progress of the student and is based on a

larger longitudinal case study project involving the two authors; offering a clear and practical approach to data analysis, as illustrated in Fig.5 below.

Incorporation of the lived experience, through excerpts from practice narrative, has always been my intention, to illustrate and expand understanding of the phenomenon studied. Although many less illustrative quotes have been removed from the chapter in the process of data analysis (Li and Seale, 2007), a considerable number have been retained. As identified in chapter three, these narratives provide examples of data from which categories have been constructed in theory development in an attempt to retain the meaning behind the categories (Gillham, 2005) and facilitate greater understanding of the categories themselves (Chambers, 2003).

Details of the approach are included below, and were found to complement the grounded theory guidance provided by Charmaz (2006) related to writing up a research project.

Five strategies for data analysis:

Connecting: connecting data together and rejecting irrelevant material

Separating: separating participant's categories (emic analysis) from researcher's categories (etic analysis), and from the views of other authors, to present as:
1. Data 2.Your comments 3.What other people have found/said.

Contrasting: a systematic approach, to identify regular features/ differences across settings, as follows:
1. Take a category 2.Do others 3.Do whole data
4. Achieve contrast and systematic comparison

Quantifying: counting/establishing size of selection of data to sustain arguments
1. Find sufficient instances e.g. statements/examples to support statement
2. Use large no. of extracts to sustain/support the statement

Fig. 5

The following discussion is presented as an exploration of the research method for this project in the journey towards concept emergence and analysis.

4.3.1 Changing plans: Critique of research method

4.3.1.1 Transcribing interviews

After the pilot interview, I applied a note-taking approach to the recordings rather than transcribing them verbatim. However, after examining the notes and listening repeatedly to the recording, my notes did not sufficiently reflect the discussion. Richards (2009) recognises the appropriate use of a 'notes summary' (p59) in some situations rather than full transcriptions. However, Richards (2009) advocates recording the interaction to ensure that transcription can be carried out if notes are subsequently found to be inadequate, as in my experience. It soon became apparent that the note-taking method limited the richness and implicit meaning of the interaction, as explained below. Data appeared sterile; not capturing the nuances of the discussion. After completing the notes, I returned several times to the original recording to expand upon and clarify the meaning of sections of the text.

It became clear that misinterpretation and assumptions regarding meaning could arise if the note-taking approach were pursued. Oliver (2003) warns against note-taking as a method of transcribing due to limitations in the accuracy and the emphasis placed on and pauses between utterances within the interview. Transcribing the interview, as recognised by Kvale (1996) can have the effect of decontextualising the conversation as the mode of narrative moves from oral to written discourse. Methods to minimise this effect therefore needed to be explored, and I resolved to transcribe recordings verbatim and returned to the recordings at regular

intervals as queries arose in the process of coding the transcriptions. As explained by Charmaz (2006), verbatim transcription captures the essence of the discussion and thus it is less likely that the nuances and precise meanings are missed. This approach to transcription also assisted in greater accuracy when coding the data subsequently.

Many authors (Crang and Cook, 2007, for example) suggest employing a third person to transcribe interviews, as this is a time-consuming exercise, which could potentially delay progress and the processes of analysis and interpretation. However, as explored below, my decision to transcribe the interviews myself resulted in greater insight into and understanding of the precise meaning of the discussions. Chenitz and Swanson (1986) support this approach, stating that it enables the researcher to identify fresh ideas and can provide direction for subsequent interviews.

The interviews were first of all transcribed by hand; highlighting points on the script itself, making notes alongside the transcripts in the margins; things to check out, key points, similarities with other interviews. I engaged assistance for hand written transcription of two of the interviews, however this meant that these highlighted points and notes were not recorded or incorporated into the analysis, and therefore I spent time listening again to tapes, checking against and correcting transcripts to ensure that the meaning recorded was as accurate as possible – a method endorsed by Chenitz and Swanson (1986) and Kvale (1996). This emphasised to me the importance of my background knowledge as a researcher – where terminology, language (in this case nursing language), politics and priorities are very specific not only to the profession but also to the disciplines within that profession. Without this knowledge, I feel the researcher could easily misinterpret or fail to recognise the precise meaning of the discussion. This also raised the issue of reporting this data in terms understandable to the reader. Wolcott (1994) advises

employing a critical reviewer who is unfamiliar with the setting under scrutiny. The reviewer would examine the text and determine the extent to which the work adequately describes the setting to enable understanding of the context, as well as the resulting analysis and interpretation of the account. I resolved to follow Wolcott's advice (1994).

4.3.1.2 The pilot interview

This interview yielded a plethora of information and confirmed that the trigger questions were appropriate; only requiring minor amendments. Gillham (2005) emphasises the importance of adequate pre-pilot preparation in avoiding subsequent major changes to interview questions. I eventually transcribed the pilot interview verbatim for the above reasons and also to reassure myself that any presenting meaning could be precisely elicited. The verbatim script enabled greater depth of examination of language and its meaning. Silverman (2010) supports a rigorous approach to transcription; as he suggests that the quality of the transcribed interaction directly affects the quality of the quotes supplied to support data analysis and findings. Confirmation of the value of the questions and the comprehensive nature of responses resulted in my decision to incorporate the pilot interview into the first data set for the project. Subsequent interviews were therefore also transcribed verbatim and coded line by line, as recommended by Charmaz (2006).

4.3.1.3 Code and category development

Emerging codes and categories then came to light from the interviews: some of which had been anticipated, whereas others were more surprising.

Charmaz (2006) identifies coding as a pivotal stage between the process of data collection and the emergence of theory. Line by line coding was employed to examine the interview transcripts in the

pursuit of developing categories for exploration from one data set to the next (see example, Appendix 10). This type of coding enables recognition of nuances in the data, whilst continually refocusing the researcher for analysis of later interviews (Charmaz, 2006).

After transcribing, highlighting, note-taking and cross-referencing, I then typed-up the transcripts and gained further insight through this process; questions such as; had I not heard this in an earlier interview; did this not contradict the thoughts of other practitioners, came to mind.

The final exercise in data recording was to transfer the transcripts into a format which would facilitate analysis. This was done by pasting the scripts into a table, so that the line by line data coding could be carried out.

4.3.2 Analysis of interviews

Initially, coding appeared to be a 'dry' exercise – without the practitioner's voice, I had difficulty extrapolating the issues from the text without just copying much of the script verbatim. I then adopted the method of listening to the recordings as I coded the data – this enabled me to contextualise the discussion and understand the meaning behind the spoken word. This process should also limit the loss of the 'lived meaning' in transference from oral to written language, as discussed by Kvale (1996, p 167). Once again, the importance of the researcher undertaking these exercises is highlighted, due to the advantage of possessing an understanding and background knowledge of the environment and community being studied.

Further insight was gained through these methods, and enabled the development of codes and categories from one data set to the next. Birks and Mills (2011) in their guide to grounded theory suggest that

the grouping of codes then leads to formation of more specific categories, which in turn develops conceptual patterns within the analysed data. Once the data collection had reached saturation point – the point at which no new data came to light from the interview process in relation to the subject under scrutiny, it was possible to identify the key categories to take forward to the focus group. I use the term category to define the general concepts arising from line by line coding of the data, which exemplify the social relation between the codes, as defined by Veresov (2004) (please see Appendices 10 and 12 for examples of coding and emerging categories. See appendix 13 for a detailed mapping exercise of emerging categories and sub-categories).

The interviews themselves raised some fascinating insights for me as a researcher into my preconceived ideas and assumptions of the interview participants. The problems of subjectivity do arise from the application of methods described above. I was aware that my interpretation would be affected by over twenty years of working in community nursing settings, yet without this experience, one could question whether the insights would be as valid and appropriate. Holliday (2002) suggests that objectivity in qualitative research is a myth, and emphasises the importance in contemporary qualitative research of relaying an accurate account of the procedures employed to recognise the complexity of undertaking this type of research project. Charmaz (2006), in discussing grounded theory approaches, suggests that the influence of the researcher should be celebrated, as there is a requirement to continually interact with the data to foster new ideas emerging from it. When dealing with real people in the real world, one has to acknowledge the possibility of unanticipated events that may change the direction and focus of the research and the processes employed. These acknowledgements should be welcomed, as a means of developing fresh insights and understanding of the sociological world, whilst contributing to developments in

philosophical debate, advances in methodology and adaptation of methods employed.

However, the temptation was strong to explore areas arising from the data, yet not directly related to the topic in question and the identified research questions, and consequently the need to revisit these questions regularly was recognised to avoid this type of digression occurring. One criticism of the grounded theory approach is the risk of building generalised concepts (Burgess et al, 2006), or identifying patterns between or within the categories (Starks and Brown Trinidad, 2007) rather than the achieving the ultimate goal of producing original theory. The likelihood of this occurring could be increased by diverting too far away from the area intended for examination.

As mentioned earlier, a reflective diary was maintained throughout the research process, and became particularly useful when reflecting on the interviews and focus groups and reviewing and revisiting data analysis. Burgess et al (2006) advocate maintaining a research diary to document decisions made from initial to final analysis of the data. This type of information was recorded, however personal reflection, insights and fleeting concepts were also included in the diary; a form of memo-writing to capture spontaneous thoughts which contribute to the process of data analysis (Charmaz, 2006), as recommended in grounded theory approaches. This assisted in providing both a defence of and justification for my thoughts and actions as the analysis was carried out and the categories constructed. An element of reflexivity was also employed: that is, the degree to which I as the researcher with my own views and standpoint impacted upon the research process (McGhee et al, 2007) and enabled, amongst other things, examination of concerns related to bias and personal assumptions. Reflections on each of the interviews and focus groups relating to my thoughts, feelings and impressions were also

separately recorded by myself, and revisited to assist in clarifying thought processes and developing questions, approaches and subsequently categories.

4.3.3 Role of serendipity

It has been my good fortune to develop many unexpected insights into the subject examined, linked both to educational and practice perspectives of the phenomena. Serendipitous findings have therefore been a cause for celebration and delight for me as a novice researcher.

Hewitt (2007), in a discussion related to nurse researchers, identifies the vulnerability of qualitative research methodology due to the potential for researcher bias, and suggests critical reflection and supervision as a means of reducing the impact of this bias and to protect research participants. Frequent access to an experienced supervisor has been maintained, which has provided invaluable support in facilitating concept development, challenging assumptions, sharing ideas and guiding the research process. I have also, as previously mentioned, completed a reflective piece on each interview and focus group (see appendices 3 & 4), which has not only highlighted my thoughts and feelings pre and post interview and focus group, but has also offered a means of critiquing method, approach and content. Having a background in the subject under scrutiny, I had understandably held preconceived ideas as to the potential outcomes of the study. Whilst attempting to repress these ideas to obtain maximum possible objectivity in data analysis, several preconceptions were borne out in the examination of the data elicited. Many other insights arising from the data, however, were unexpected and arose from enforced changes in plans due to changes in roles of participants, rescheduling of meetings, changes to members of the sample and academic discussions with colleagues and mentors. Other influences were related to unexpected

discussions within interviews and data arising from the literature which I pursued based on a fascination for the subject rather than a direct link to the study, yet which often opportunistically led to a fresh approach and insight into the subject. I therefore concur with Holliday's assertion (2002) that much qualitative research is based on

> …short-cuts, hunches, serendipity and opportunism.
>
> Holliday, 2002 p.7

This acknowledgement is not presented in order to undermine qualitative approaches; rather it is in recognition of the often complex directions of inquiry and the potential richness and variety of data and resulting theory that qualitative research offers.

4.3.4 Researcher knowledge and bias

There are a variety of schools of thought relating to the relevance of the researcher's background to the processes of research; particularly in relation to data collection and analysis. Naturally, I hold my own views regarding the project focus of PT support, as these views were influential in my decision to undertake the research. However, a chief concern has been to avoid these views clouding my judgement or leading participants; dependent upon my adherence to ethical principles in the research process.

Gillham (2005) refers to this concern as 'recognizing our prejudices' (page 9), and he suggests that we need to second guess our expectations of the research to, as much as possible, open our minds to unexpected findings.

A particular concern when conducting individual interviews with practice teachers; all of whom were colleagues or associates, related to the degree to which my relationship with them would impact on their responses and expectations. My own preconceived ideas

regarding the anticipated responses from practitioners involved were in some cases where I knew the interviewees well, very clear. These were not realised, however, when the interviews were conducted. I anticipated a greater depth of discussion and disclosure from the practitioners who worked within my own professional discipline, and that these aspects would be particularly heightened in practitioners with more experience in practice teaching. In reality, the two practice teachers from my own professional discipline who had been in the role the longest produced the shortest interviews. There could be a number of reasons for this, including:

- Perception of guarded responses as a form of professionalism and resulting in ensuring protection of confidentiality.
- My perception of the practitioner's level of knowledge may have made them guarded in their responses, for fear of saying 'the wrong thing'.
- The participants' perception of myself as a researcher – the responsibility to be ultra-professional and ethically sound in responses.
- The participants' perception of myself as a practitioner – making assumptions of areas of knowledge and insight, therefore not requiring exploration of these issues in depth.
- The participants' depth of knowledge - accepting areas as a 'given' – no longer expecting to have to explain these areas as they are well-known and second nature to that practitioner.

These potential explanations render recognition of my own prejudices (although not meant in the pejorative sense of the word) essential. This ensured that data analysis was objectively undertaken and ethical considerations, such as beneficence, kept uppermost in my mind. Kvale (1996) considers the interviewer having extensive knowledge of the theme of the interview as an important

characteristic in leading potentially to a good interview, however the impact of this on the respondent has to be taken into consideration.

4.3.5 Interview and focus group processes

Data analysis and respondent recruitment via theoretical sampling were carried out concurrently during the interview stage, as a means of ensuring that interviews ceased when data saturation had been achieved and that any modifications to interview questions could be actioned. This approach is widely recognised in the literature (Glaser and Strauss, 1967, Wray et al, 2007, Richards, 2009), and as suggested by Wray et al (2007), served as initial analysis. Further analysis continued once the interviews and focus groups had been completed.

Interviews were analysed initially in data sets:

Data set one: Pilot interview, with interviews 2-4
Data set two: Interviews 5-7
Data set three: Interviews 8 -10

This facilitated minor adaptations to interview questions as categories emerged, and ensured that these categories were adequately explored in the remaining interviews. The original sample inclusion criteria were adhered to throughout.

All transcribed interviews, along with the initial analysis and coding were returned to the respondents for verification, and to confirm that they had no concerns regarding sharing the information therein. No requests for alterations to the transcriptions were received.

Interviews continued until no new areas of interest or lines of inquiry emerged and all lines of inquiry had been comprehensively

discussed. The codes and categories explored and developed through the interviews were then further examined within the focus groups.

As previously explained, the original intention of the project had been to arrange focus groups with the interviewees in order for further discussion to take place related to emerging categories arising from the original interviews. This approach would enable me to check the validity of the categories in question and confirm or refute their relevance to the research question. However, it soon became apparent (after the first interview), that this approach could result in discomfiture for the PTs.

The concerns can be articulated thus:

- The issues and themes arising from the interviews were very specific to the specialist practice disciplines. Although it may not be the case in actuality, the interviewees whilst in the focus group sessions may become self-conscious; attributing certain discussion topics to their own previous disclosures in the individual interview. This could potentially inhibit further discussion, and cause the focus group members to feel uncomfortable.
- Respondents, who had participated freely and openly on a one to one basis, may feel less inclined to do so in an open forum. This is a general concern regarding focus groups (Polit and Beck, 2010), especially if sensitive issues are raised.
- Having achieved data saturation within the interviews, the extent to which carrying out further investigation with the same respondents would yield further insights may be limited. Respondents may feel that they were covering the same ground, and that the direction of the discussion did not reflect their original thoughts related to the subjects discussed.

From an ethical perspective, the intended original approach could also be seen as compromising the confidentiality of the respondents and as a consequence the content of the initial interviews.

I therefore revisited my methods for this aspect of the data collection, to consider other respondents who might further illuminate the categories arising from the interviews, whilst performing the associated task of validating or triangulating the data; enabling interpretation of the data analysis in relation to the research question.

Following discussion with my supervisor, I resolved to carry out the focus group discussions with academics involved in the education of SP students, as identified in chapter three. The discussions were based on the emergent categories from the interviews and were indeed useful in triangulating evidence and gaining multiple perspectives of the phenomenon under scrutiny (Polit and Beck, 2010, Fitzpatrick and Boulton, 1994). This approach also enabled comparison of the academics' views with those of the practice teachers.

Unfortunately, due to illness the moderator was unavailable for the second focus group and rather than cancel the group, which would be difficult to reschedule, I resolved to carry out the moderation myself. Although this restricted note-taking, the inclusion of video recording enabled note-taking of the group after the event. I was mindful of the potential bias that adopting this role might introduce and attempted to minimise this by restricting my involvement in the discussion to two activities; further defining set questions on request and seeking clarification of points made where necessary, as I had as the observer within the first group.

It soon became clear that this change in approach from holding focus groups with PTs to engaging academics in the process opened up new opportunities in terms of expanding the educational focus of the project. Accessing this sample group of academics also improved the potential for facilitating further development of the specialist practice programmes on completion of the project. The academics involved would potentially have a clearer understanding of the emergent theory and the relevance of its application to specialist practice education.

4.3.6 Refining criteria for the academic focus group

The following criteria were developed for sampling of the academic focus group:

- Current or recent (within two years) involvement in the delivery of specialist community practice programmes.

- Evidence of regular liaison with practice teachers for specialist community practice and/or direct experience of practice teaching in a previous role.

- Involvement in the academic support of specialist community practice students at first degree and/or masters level.

These criteria were set to ensure that the academics involved in the focus groups had a clear understanding of the subject. As identified by Kitzinger and Barbour (1999), a structured sample rather than a random one is generally required for focus groups, as the aim is to gain responses to specific research questions. The questions posed to the focus groups were based on categories identified within the interviews (see examples of questions – appendix 11). Written consent was gained from all participants for the initial focus group (sample letter - appendix 9). No further groups were arranged

pending the outcome of data analysis from the first group, which may or may not have indicated a requirement for further groups to be held.

Subsequently, as already discussed in chapter three, one further focus group was held, to cover categories from the interviews which were deemed to be insufficiently examined within the initial group. Once again, informed consent was gained following detailed explanation of processes and assurance of anonymity and confidentiality (appendix 9).

Once the focus groups had been transcribed verbatim, the transcripts were returned to the appropriate participants for verification, and to confirm that they were happy for the transcripts to be analysed and utilised to inform the research project.

One challenge of qualitative data analysis, as recognised by Polit and Beck (2010) is in being concise with the results of the analysis whilst maintaining the richness and value of the data as evidence. On completion and transcription of the focus groups, I then had a plethora of data to analyse, including many descriptive examples of the lived experience – the focus of a phenomenological study, and one which I intended to integrate into my findings. Therefore, a rigorous and disciplined approach to the analysis process was vital in refining codes and categories (see appendix 12 and 13), whilst staying true to the nuances of meaning arising from personally undertaking data collection and transcription (Charmaz, 2006).

Returning to Li and Seale's strategy for data analysis (Li and Seale, 2007), I entered the connecting stage of bringing data together and rejecting any irrelevant material. This then led to the separating stage: seeking to identify participant and researcher categories to compare with other literature sources. The coding of the original

interviews led to the tentative development of categories, which then informed the questions for the focus groups – hence triangulation of evidence to inform or refute the relevance of initial categories and compare perspectives on the subject; sought through the use of different methods of data collection (Baker and Hinton, 1991). Evidence was also constructed and understanding developed of phenomena from one stage of data collection to the next.

Comparisons were then made between data; identifying common categories and anomalies. Analysis then focussed on exploration of those categories and anomalies to consider explanations. This exercise was carried out to inform the research question regarding support of clinical educators in higher levels of practice. Grounded theory relies on constant comparison as a means of developing conceptual understanding to further scrutinise the properties of emerging categories (Charmaz, 2006). Emerging categories from the interviews when presented to the focus groups generated considerable debate and expanded the data, and the data set comparisons clarified the main emerging categories – enabling emergence rather than forcing of data into categories (Charmaz, 2006). Reviews of the literature continued to be regularly undertaken as another form of data to add rigour and re-examine the insights gained. The research cycle therefore continued; revisiting data sets in order to further refine emerging categories.

The initial quotes identified as examples of the arguments presented were extensive; providing reassurance of the relevance of each category – the quantifying stage if Li and Seale's strategy for data analysis (Li and Seale, 2007), which also included relevant material from the ongoing literature review. The final stage involved deleting any irrelevant material, which perhaps caused the most concern in relation to deletion of quotes, as this could have the potential of

inadequate representation and defence of the categories presented, and therefore required revisiting on many occasions.

The cyclical execution of the research process progressed until all new codes and categories were exhausted, following constant comparison across all data sets. The next chapter highlights the outcomes of this process, the findings and the insights derived from it.

5.0 Findings

5.1 Introduction.
5.2 Educators' expectations of the student.
- 5.2.1 Depth of patient/client assessment.
- 5.2.2 Impact and recognition of pre-course experience on knowledge transfer and development.
- 5.2.3 Role transition and skills transfer
- 5.2.4 The nature of professional development and communities of practice.
- 5.2.5 The innovative/pioneering practitioner.

5.3 Learning together.
- 5.3.1 Reflective practice, reflecting together and the portfolio of practice.
- 5.3.2 Portfolio assessment.
- 5.3.3 Mutual benefits and challenges of professional relationships in practice education.
- 5.3.4 Problems of objectivity in assessment and failure to fail.

5.4 Perspectives on the role of the practice teacher.
- 5.4.1 Responsibility for practice assessment and role recognition by the employer.
- 5.4.2 Differing educational philosophies.
- 5.4.3 Perceptions of the practice teacher role.
- 5.4.4 Practice teacher confidence and support in the role of assessor.

5.1 Introduction

This chapter presents the findings of the WBP via the categories emerging from the data. Constant comparison between the data, codes and theoretical categories has led to a conceptual understanding of the findings (Charmaz, 2006), and provides key areas for consideration. The chapter is sub-divided into three sections: the educator's expectations of the student, the importance placed on learning together and the practice teacher role.

The findings particularly highlight the importance of developing knowledge of the SP student's previous experience and the impact of this on future learning. There is great emphasis placed upon learning together, the close relationship between student and PT and the impact of these factors on practice assessment. The complexities of the PT role are also explored, including the different perspectives held by educators and employers.

5.2 Educators' expectations of the student

I will begin by examining the data related to the expectations identified by PTs and tutors of the student in assessment of practice, which include the personal and professional qualities of the specialist practitioner (SP) student.

5.2.1. Depth of patient/client assessment

Practice teachers conveyed frustration in the practice of students who were not able to take the wider view; to look beyond the task in patient care:

> *"Lower level – just goes, does the task…they're not looking beyond what they're doing…at the higher end are going in, doing a visit; looking at why they're doing a visit."*
> *1st interview*

This quote recognises different levels of practice. In another

interview, the depth of assessment recognised in this interview is picked up again, along with the impact of this on the team and the care delivered:

> *"Especially on busy caseloads when you see how some would just go in and do an assessment, provide the pads...do the wound, but there's a lot more to it. She acknowledged that and went into the depths..."*
> *2nd interview*

The requirement of the student to present a depth of understanding of the client's situation to the PT is evident; the ability to problem-solve and, as described by another PT:

> *"...to show some interest, to have an inquiring mind; want to know..."*
> *5th interview*

Interestingly, neither of the focus groups referred directly to the SP students' patient or client assessment skills. This could primarily be due to the assumption that these skills had already been acquired by students in their pre-registration stage of nurse education, or perhaps that specialist abilities such as this are primarily assessed in practice. However, it is clear from these quotes that a depth of assessment is expected by PTs beyond that acquired at first level registration. This can be deduced from the fact that the above quotes relate directly to the level of knowledge and understanding perceived by the PT to be a requirement of the SP student to practice at a higher level – a subject which had been attributed great importance in both interviews and focus groups as analysis of the data sets progressed. The quotes are therefore presented here to illustrate the expectations held by PTs of wider knowledge, incorporating ways of knowing described by Carper (1978) and presented in section 2.3 of chapter two.

Focus group (FG) participants tended to concentrate on their own academic roles in appraising levels of student achievement in

assessment in relation to: the PT maintaining objectivity (FG1), supporting the PT and student in assessment of practice (FG1) and demonstrating creativity in portfolio development regarding assessment (FG1). The questions posed to focus group 2 were different to those posed to the first group, as they were based on the codes arising from the second two data sets from the interviews, during which depth of assessment featured less prominently (Sample questions – see Appendix 11). All of these areas will be discussed further as the chapter progresses.

5.2.2. Impact and recognition of pre-course experience on knowledge transfer and development

The impact of previous general experience and of working alongside specialist practitioners in the community setting before undertaking the course were considered determining aspects in ongoing student achievement. These particular personal determinants gave rise to both positive and negative positions regarding their impact. Some practice teachers felt that previous experience within their chosen discipline ensured that students had greater insight into the specialist role and had therefore given due consideration to the pros and cons of undertaking the programme of preparation:

> *"...had insight into management of caseloads... not coming to do this course on a whim; they've got full understanding of what's involved. That they've been preparing for it, really".*
> *4th interview*

A theory posited by Knowles in the 1970s and 80s in relation to nurse education was that of andragogy, or adult learning (Knowles, 1980), qualities of which were identified as independence, autonomy in learning and learning guided by previously gained experience; inferred by the above quote.

The particular PT making this comment, continued later in the interview to suggest that this prior experience also enabled the SP student to recognise the role transition – their ability to utilise prior learning and experience to advance their personal development to specialist, higher level practice:

> *"...they suddenly realised by asking the right questions and delving that little bit deeper...they were getting lots of different perspectives and the situation they were in, that would have been completely overlooked."*
> *4th interview*

Another PT conveyed her discomfort related to students who had had limited exposure to care delivery in other settings prior to accessing SP programmes; considering that this could result in inappropriate responses or ineptitude in some situations:

> *"...it does worry me that the exposure isn't enough to acute care...That people may be faced with situations that they don't feel equipped to deal with in the community setting, because they've not had that exposure in secondary care...it sits difficult...with me there".*
> *1st interview*

This comment conveys to me the importance of a rigorous selection process involving input from PTs, to recruit students onto the programmes who have a range of experience to equip them to adapt to situations encountered in community care settings. Careful selection would clearly support the PTs in their practice assessment of SP students, as without this experience, greater input and investment would be required from the PT to ensure higher level practice within the specialism is achieved.

It is also probable that these PTs could be basing the requirements of SP students on their own experience, however as identified by Eraut

(1998), when entering a new job the individual has to understand the context and people to become fully competent. It therefore follows that acceptance into that professional community is necessary to recognise and develop existing levels of competence and utilise previous experience.

This PT's concern relates more to general levels of experience – the well-roundedness of nursing experience of the SP student that assists in the development of confidence and enables transferability of existing knowledge and skills. Issues related to confidence levels will be discussed further later in this chapter.

Boran (2009) suggests that a general feeling by the student of being deskilled can also ensue once out in the practice placement, due to the student entering a new, unfamiliar learning environment. This view was supported through the interviews, as moving into a new community of practice (Smith, 2003, 2009), the student's expertise within their previous role may not be fully recognised or valued by the PT and wider team in the new practice setting, which could negatively impact on their confidence levels and impair skills transfer. As articulated by one PT:

> *"Bearing in mind, the student when they start – if they feel demotivated, they feel deskilled and that itself causes problems..."*
> *5th interview*

It was interesting to discover that other PTs considered that previous experience, if within the same discipline being studied, could be a barrier to learning new ways of working; resulting in the student being constrained by their previous understanding of the role, and unable to consider things from a broader or different perspective:

> *"...sometimes there's an attitude, 'well, I've been doing this for years' and that's hard to challenge, especially if they've been in the job*

longer than I have, for example….Theory and practice as well, and this being entrenched. The idea that 'I've been a school nurse for years and years, and I know what I'm doing'. That inability to think wider."
3rd interview

Three particular terms can be extrapolated from the above and other transcribed PT interviews to exemplify the requirement for a broader perspective as an essential element in developing higher levels of practice:

"…went into the depths…" Interview 2
"…delving that little bit deeper…" Interview 4
"…to think wider…" Interview 3

The PT in interview seven also echoed the importance of these qualities:

"She picked it up much more quickly and was much wider, deeper thinking."
7th Interview

Subsequently, some of the above opinions were borne out by one focus group member who had previously been a PT:

"Sometimes some of the experienced community staff nurses come in with...feeling that they know it all already – you know, and not find it very easy to learn to become a student".
Focus group 2

Also therefore, the way PTs view and respond to the past experience of the student could affect the student's ability to challenge their own assumptions and perspectives on aspects of practice. The PT should be receptive to and draw upon information from the student regarding their level and type of previous experience, in order to build on this starting point. Lauder et al (1999), in an examination of

knowledge and skills transfer within nursing from one clinical environment to anther, stresses the importance of the practice supervisor in facilitating this transfer. If existing knowledge is not identified, the potential of the learning environment could be limited and lead to PTs and the practice team validating existing practice rather than challenging and extending it, which links to the reference on page 39 regarding the zone of proximal development of the student and reaching and extending their potential for development (Vygotsky, 1978), which I will return to later in relation to communities of practice.

These quotes also allude to the PT at times feeling somewhat frustrated by or requiring greater confidence in the role of practice assessor – another area that I will return to later in this chapter.

5.2.3 Role transition and skills transfer

Although experience clearly had an impact on students' learning, a significant number of PTs felt that some of the previous experiences of SP students could initially limit the student's ability to feel confident in picking up new skills and competencies (Interviews 4, 7, 8, 9). This occurred if they were emotionally or mentally still attached to their previous workplace: applying the values and approaches of that community of practice, or if the student had difficulty in transferring skills and expertise from one practice environment to another. A small randomised control trial of sixty-one clinical nurse specialists was undertaken by Heaven et al (2006), to establish the importance of clinical supervision in skills transfer following the undertaking of a communication skills programme. The study revealed that although transfer of skills into the workplace is often difficult, those clinicians accessing clinical supervision had more positive outcomes than those who did not. Limitations of this quantitative study related to the limiting sample size and time periods during which clinical supervision was accessible, and

recommended a longer period of supervision to challenge entrenched beliefs and build coping strategies. This positive challenging approach is exemplified on page 128 below, whereby the PT in the ninth interview had a sufficiently strong relationship with her SP student to challenge her perceived skills and assist in the transition to specialist practitioner.

Duchscher (2009) supported this situation in a report detailing the findings from four studies adopting qualitative approaches, and discussed new graduate nurse transition into professional roles. Duchscher (2009) identified the concept of transition shock: experienced by new graduate nurses resulting in feelings, among others, of inadequacy and insecurity arising from senses of loss, doubt, confusion and disorientation (see Fig.6 below).

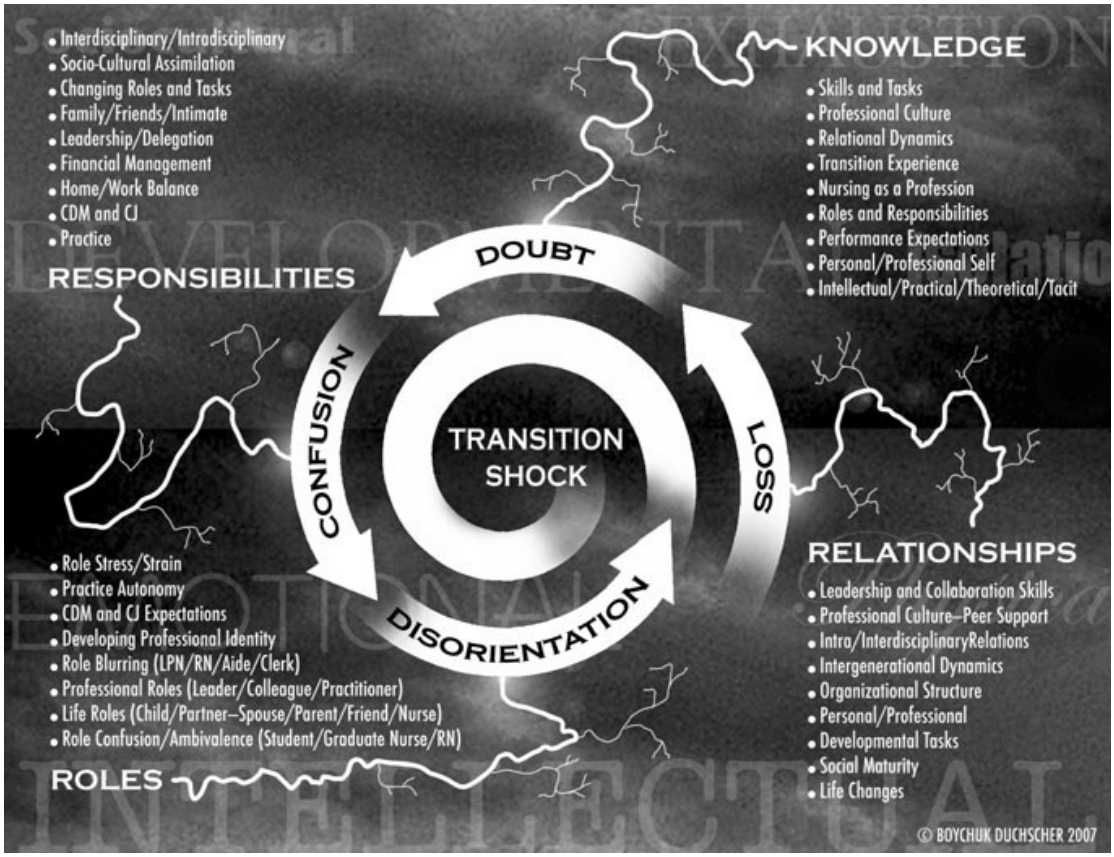


Fig.6 Transition Shock Duchscher, 2009 p1106

Duchscher (2009) emphasised the need for exploration of the theory of transition with new graduate nurses and suggested expanded workplace orientation, supported by practice mentors, in mitigating

against disillusionment in the professional role leading to nurses leaving the profession. Although these studies focus on new graduate nurses, it appears that similar feelings are conveyed by SP students when transferring to new specialist community roles. The degree to which students manage these feelings appears to relate less to experience than to their support in adapting to the new clinical environment. An examination undertaken by McArthur-Rouse of the transition experiences of academics moving from clinical roles revealed similar problems and solutions (McArthur-Rouse, 2008). It was heartening to discover, given my own findings, that McArthur-Rouse's recommendations related to an increase in mentorship and peer support in aiding the adaptation and retention of the staff entering new roles.

Previous experience, following an initial shock type reaction, was also used by students to rapidly adapt to new ways of working, as illustrated by the following quote:

> *"...even the staff nurses...go through it...the more competent they were before, the sooner that happens and the worse it is...[they] very, very quickly felt completely useless...both of them very, very quickly built up again and realised what they did bring".*
>
> *7th interview*

The PT in interview ten agreed that previous experience enabled an expeditious understanding of the specialism:

> *"...students...that have worked as a nurse or nursery nurses in the area before – you can see they're getting the concept quicker."*
>
> *10th Interview*

Limited previous experience, rather than impeding progression, was felt by some PTs as having a positive impact. One PT felt that students who had previously worked within their chosen specialty

were likely to have a specific mind-set and be unable to see the wider picture. She therefore viewed a lack of experience as often being a positive attribute for students; whereby an absence of preconceived ideas offered the opportunity to promote innovative thinking and practice, as she explained:

> *",...it's different if they're [student] a direct entry, ...they'll be coming in with an open mind. But with students who've been in [discipline], they'll have a mind set about things. So when they're coming to me, I'm looking to see that they've got the ability to think outside the box – to move things forward; question why they're doing things".*
> *8th interview*

This finding was interesting, and in contrast to adult learning theory; whereby the learner builds on previous experience. As described by Lindeman:

> Experience is the adult learner's living textbook.
> Lindeman, 1956, cited in Neary, 2000, p41.

This perspective by the PT in interview 8 seems to refer more to the entrenched views of the student, and the difficulties that the students with previous experience in the specialism have had in identifying gaps in their knowledge base. Having a different starting point to less experienced practitioners resulted in a less directive, more facilitative approach from one PT, and so relied on the PT adapting their role in response to that of the student. Dracup and Bryan-Brown, two American authors, identify five core competencies of mentors within their discussion paper on the importance of the mentor role (Dracup and Bryan-Brown, 2004). One of these competencies is the ability to take risks and be creative in the face of challenges. The PT in the scenario below adapted effectively to a 'different type' of SP student:

> *"And I've had to sit back and think yes,*

because this time,… my job is to sit back and enable her to fly, because she's already thinking at a very strategic level – she's got a knowledge base that's at a higher level already, she's on the ball, questioning".
8th interview

This student had previously qualified and practised in a different specialist discipline within community nursing, and evidently had the ability to transfer skills and knowledge from one discipline to another. This adaptability to the change in role, alongside a questioning approach which implies an ability to respond positively to the unfamiliar context of practice, are key aspects of what Fraser and Greenhalgh (2001) define as capability. These authors, within the context of medical education, identify the need to equip practitioners not only with competence to demonstrate knowledge and perform skills, but also with the capability to adapt to ever changing and evolving health care organisations. Perhaps the difference here, therefore, related to the higher level practice skills that the student had developed on qualification within a related specialism. The theme of demonstrating capability in practice is one which recurred frequently during data analysis for this project, and has been a subject of great interest to educationalists and practitioners, particularly during the late 1990's and the turn of the century (Stephenson and Yorke, 1998, Fraser and Greenhalgh, 2001). At the same time, the perceived theory-practice gap in nursing was heavily debated, largely due to anxieties raised by nurse education being integrated into universities (Landers, 2000). I intend to return to the themes of capability in nurse education regularly throughout this chapter and the next.

Another PT highlighted a more gradual student transition and development, describing the change in a student's perception of the specialist practitioner role as she progressed through the programme. On commencement, the student felt that her experience indicated

that she was already practicing at specialist level. However, her perspective of the role changed with further experience. The PT described this as follows:

> *"One student came to me and said,…'I feel I'm operating at Band 6 level'…I said right, I can tell you now, I don't think you are. And she was adamant, absolutely adamant…it took four months, because I remember so well. And she did come, and she said "I was never operating at that level".*
>
> *9th interview*

The ability to analyse the specialist role and observe her PT operating at the required level enabled the student to identify the gaps in her knowledge and skills; more accurately recognising her beginning and prospective end points. It also provided this relatively inexperienced PT with greater insight into the student journey and the difficulties of both transition and role development, thus enabling her to clarify in her own mind what she expected to see in a competent specialist practitioner.

One of the practice teachers referred to earlier suggested that appropriate previous experience within the discipline affected their reactions to situations presented to them and supports the concept of knowledge and skills transfer:

> *"And you see that – students that have been in the [similar] role before –you can see they're getting the concept quicker – they're thinking at a different level".*
>
> *10th interview*

Although it did not feature in the first focus group, due to the specific questions posed to them, the impact of previous experience on the student journey was explored further during the second focus group in relation to their starting point in specialist practice. This experience was generally considered to be positive in assisting the student to

acclimatise to their new environment:

> *"Some of them might have been working as community staff nurses and so for them to go on the DN course is not as big a change as someone working in...then goes into health visiting...they're not all on an even starting level point".*
>
> *Focus group 2*

This statement supports the quote on page 125 of the importance of recognition of the transferability of skills and of careful selection (p120). It highlights the difficulties that can arise if PTs are not sufficiently supported and involved in these processes. A recent grounded theory study of PTs' roles by Sayer (Sayer, 2011) highlights the difference in approach between experienced and novice PTs (novice identified by Sayer as those with one to two years' experience), and the importance of recognition by PTs of student experience. Focus group two took this theme further; generally agreeing that those students considered to possess a substantial amount of nursing experience in other disciplines did not always gain the recognition for their previous senior positions, which could be a cause of frustration:

> *"...[students have] actually been quite senior where they've been working, and then to take on a student role...they don't feel that what they've already done and achieved has been recognised. They've got a student stamp on them".*
>
> *Focus group 2*

This area, largely unexplored in the interviews, is interesting in terms of an apparent requirement to develop or enhance PT understanding of the students' status pre-course to avoid assumptions being made (which in some cases might have involved the student holding a more senior position than the PT, pre-course). The need therefore, is to recognise different yet important and significant experience which, if

acknowledged and utilised, could potentially contribute greatly to the development of the specialist area, team and community. The seminal work by Dr Patricia Benner (1984) presents a continuum of novice to expert in nursing post-qualification, recognising the importance of intuition in the development of the expert practitioner, and appears useful in emphasising the importance of recognising the level of practice already achieved pre-course. Although Benner's theory has been criticised for being too simplistic in representing such complex phenomena (Gobet and Chassy, 2008), it recognises that transition and development rely on more than achieving competencies alone; a position supported by Sayer's study (2011). It is important here to recognise the potential level of frustration felt by the student in moving from novice towards expert in previous roles, only to return to novice again within a new discipline and experience shock in transition to the new role (McArthur-Rouse, 2008, Duchscher, 2009). The acknowledgement and utilisation of previously acquired skills and expertise could also enable the student to retain or regain confidence more rapidly; progressing from an enhanced starting point.

In a paper discussing constructivist approaches to examining learning and teaching in the clinical environment and knowledge transfer, Carr (2005) acknowledges the difficulties of articulating the knowledge which is implicit in practice. She recognises the frustrations felt by nurse mentors in being unable to fully recognise student nurses' development of specific experience and knowledge due to their lack of ability to clearly articulate it to them.

It is essential to recognise here that my own study extends the current thinking regarding knowledge transfer, as it highlights the impact of the PTs' lack of recognition of the students' starting point in regard to experience on their ability to adapt and learn in the new practice setting.

It appears that at times PTs and their teams hold preconceived ideas regarding the student's starting point for development, and consequently their ability to succeed in the role. The comments of another PT acknowledges these assumptions, and questions the appropriateness of making them, as they may inhibit the student's openness in identifying their specific learning needs:

> *"...it's very difficult as a PT to pitch [your approach], because you don't want to insult people, but then again, they may not tell you that they don't know everything. Because people want you to think that they're competent,...students...wouldn't want you to think they don't know anything".*
> *8th interview*

Pre-course experience is therefore considered important in the subsequent preparation of the SP student in their new role. However, as the above discussions illustrate, the way the student communicates this experience and applies their knowledge and skills along with the PT's expectations and perceptions of it, are as important as the experience itself. Recognition of experience clearly has the potential to engender confidence, and therefore is important in supporting the PT in their mentorship and assessment of the student's journey.

The data from this section suggests that whilst transition shock is a recognised issue, the way the student deals with it: open-minded and willing to learn or close-minded and entrenched in ritual and habit has a marked effect on the PT's ability to facilitate the student's development.

5.2.4 The nature of professional development and communities of practice

The perception of the student's experience and stage of development

by practice colleagues in the learning environment is likely to influence access to learning opportunities, and will be further discussed in this section.

The impact of previous experience on the student's journey raises two very pertinent and interrelated themes: the first being the recognition of the student's starting point and their potential for achievement. This is referred to by Vygotsky: an educationalist, in relation to a child's educational development, as the zone of proximal development (ZPD) (Vygotsky, 1978; a text previously mentioned in chapter two). This theory has subsequently been applied to adult learning, in particular by Spouse (1998). Vygotsky (1978) suggests that the development of the child takes place on two planes: psychological and social. The child is required to internalise their learning in order for it to impact on personal development. ZPD is defined by Vygotsky (1978) as the distance between actual development determined by independent problem solving, and potential development; also determined through problem-solving yet under the guidance of or in collaboration with experienced peers. The achievement of the individual's development potential is reliant upon learning together, and proximal development relates to the prospective, ongoing development of the individual (Veresov, 2004).

In communities of practice, the importance of socialisation and engagement is emphasised in enabling situated learning opportunities (Smith, 2003, 2009). The community of practice is a concept originally developed by Jean Lave – a social anthropologist and Etienne Wenger - a teacher (Lave & Wenger, 1991). Lave and Wenger's work (1991) emphasised the importance of learning and knowledge in context, requiring mutual engagement in activities which the community share an interest in or a passion for (Wenger, 1998). Learning is ongoing and shared: shaped by the activities and enterprises of the group, which is in itself a form of community and is

therefore described as a community of practice (Wenger, 1998). This implies the importance of a socialisation process, and as identified in the literature review by Sharp et al (1995), the importance of the student being accepted into the culture of the workplace in facilitating development or the building of confidence.

The two concepts of ZPD and communities of practice are brought together via a paper by two academics at a Singapore University, David Hung and Der-Thanq Chen, in their discussion of situated or contextual learning in a web-based learning design programme (Hung & Chen, 2001). Hung and Chen suggest in this paper that the two concepts go hand in hand, in that the individual and the environment are required to interact with one another to ensure that situated learning takes place. They suggest that learning is embedded in practice, and although ZPD was originally developed in relation to learning in children they consider, in accord with Spouse (1998) that it can be applied to all learners as an aspect of situated cognition by recognising actual and potential development and engaging in the community of practice, in the pursuit of proximal development. These theories within the context of specialist practice rely on acceptance by the practice team of the SP student and on the student practicing as a team player; neither of which can be assumed will occur. Yet if the starting point of the student is not recognised by the team, and the socialisation of the SP student into the community of practice does not occur, achievement by the student of their full potential is unlikely. As suggested by one focus group member, when reflecting on her own experience as a SP student:

> *"...you feel like you're intruding in the team because you're only there two days a week. And you're not sure whether – the people you've allied yourself with were more the students on the course rather than the team you were in practice with. And that's quite difficult....so you did feel like you were an outsider looking in; not gaining that respect*

from the other team members you were supposed to be managing".
Focus group 2

Due to the project focus being on PT support, students were not included in the sample for the interviews or focus groups, however members of the sample at both stages of the research frequently referred back to their feelings and experiences gained as SP students (and in the case of academics, some as PTs also). This promoted understanding of the student's situation and offered insight into the basis for PT expectations of them.

There is a clear dichotomy between the student's identity; naturally being drawn towards the student group with shared aims, goals and experiences, and being aware of the need to 'fit in' with the practice team to achieve learning outcomes and optimise practice learning. There appear to be two communities of practice identified – one being the SP student group, the other the practice team. The importance of both should be emphasised and encouraged as aspects of social and collective learning (Smith, 2003, 2009). Supporting recognition by the PT of the student's level of experience and emphasising the importance of an effective socialisation process, have the potential therefore to hasten the development of student knowledge and confidence and consequently ease the anxieties expressed by PTs in the interviews in relation to student development.

The development of learning and knowledge through active engagement in the community of practice as suggested by Lave and Wenger (1991) does however assume and rely on the community of practice being strong; unified by shared goals and unfettered by power relationships restricting participation and acceptance, as suggested by Smith (2003, 2009). A well-functioning, welcoming and balanced team would certainly provide optimum opportunities for the

SP student to develop knowledge and understanding, hence the focus on this from both PTs and focus group members.

During another interview, a PT emphasised the importance of a team focus by the student; indicating the PT's protective stance towards both the student and the team:

> *"Generally…students are really good and fit into the team. All students I've had have been team players…We all work in teams; being precious over student status doesn't help. Need to fit in."*
> *3rd interview*

This links back to the focus group member quote ab*ove*, and confirms the importance of the socialisation process in facilitating student development. This quote indicates a need for the student to take on a specific role as a team member in order to become part of the SP community of practice (supported by Sayer, 2011), and suggests a shared allegiance by the PT to the student and the team. This and the following quote suggest that the PTs clearly see the importance of developing the whole team, and see this as an area which the SP student should focus on within the specialist practitioner lead role:

> *"…it's all progress; it is all development for the person but also for the team, for the practice to develop…must lead by example; by the way she's been taught, and then she can be a role model for the team and to help them develop as well".*
> *3rd interview*

In the first interview the PT had also discussed this team development process; warning of the dangers of an approach whereby the student took responsibility upon themselves for all aspects of practice. She also alluded to this team development as providing an opportunity for the PT to stand back and appraise the knowledge base of the student:

> *"And often…people that think…because you're the team leader you've got to direct everybody. They don't let other people develop – so that gives you an idea of how to develop the leadership skills really – you know, it is a team effort.*
> *You give yourself a lot of problems [as a SP] if you want to be the leader all the time, because then you develop a brood of children, rather than adults who can act for themselves. Often the team look to the SP student as someone who is very knowledgeable – and they'll question – well what do you [SP student] think about something – and that is a very good time to pick up on what their [student] level of knowledge and skills are".*
> *1st interview*

The Department of Health in their post-registration nursing careers consultation response report (DH, 2008d) recognise the importance of team leadership and team support as an aspect of higher level practice:

> Similarly community nurses within district nursing could focus on leading skill-mixed teams, co-ordinate and manage a wide range of general long term care needs.
>
> DH, 2008d, p14

This sentiment is echoed by the NMC in the Standards for Specialist Education and Practice (NMC, 2001):

> …teaching and the support of professional colleagues and the provision of skilled professional leadership.
>
> NMC, 2001, p4

And within the Standards of Proficiency for Specialist Community Public Health Nursing (NMC, 2004b):

> …takes responsibility for the delegation of aspects of practice to others, and effectively supervises and facilitates the work of team members. It also involves the capacity to work effectively within wider multi-disciplinary and multi-agency teams, to accept leadership roles within such teams, and to demonstrate overall competence in community public health practice.
>
> NMC, 2004b, p6

Learning is considered by the aforementioned authors as a social activity; a mutual learning experience benefiting all involved (Vygotsy, 1978, Lave and Wenger, 1991, Smith, 2003, 2009), as the above quote from the first interview suggests. Within medical education, the importance of early introduction to the clinical placement is stressed in a small scale qualitative study of ten university tutors and three focus groups involving medical students by Goldie et al (2007). The authors suggest that this approach facilitates the student's socialisation process to enable them to become part of that community of practice, and Goldie et al (2007) consider guided reflection within this forum to be integral to medical students' development from the early years of the curriculum. The research focussed on developing professionalism in medical students; an area of limited research and therefore further study would be required to establish if results were replicable, as recognised by the authors. Although the Goldie et al (2007) study relates to pre-registration medical students, some similarities and shared outcomes are evident between this and my own study. In particular, the research identified the medical students' lack of recognition of the importance of the portfolio of practice until its completion – a finding of my own study, which I will return to in section 5.3.1. The guided approach to reflection employed in the Goldie et al (2007) study had also been emphasised as important in a discussion with a PT related to the student recognising and communicating thought processes to the mentor:

> *"…that they're able to communicate that back to me; why they're doing it and the rationale behind that…they're looking forward to how the service should be delivered. That their working and their care delivery is in line with that; that it's not just based on old, traditional values".*
> *4th interview*

The student being able to communicate aspects of practice back and discuss the implications of different approaches is important to the PT; offering clear indications to the mentor of the student's ability to function as a reflective practitioner; articulating knowing in practice, based on a combination of theoretical concepts and concrete experiences (Schön, 1983, Kennedy, 2002).

The above quotes illustrate the importance of the socialisation process for both the student and the team in facilitating learning and enabling the PT to observe the student's development. This particular theme, possibly due to it specifically relating to the close relationship between the PT and student, did not feature significantly in the focus group discussions, although the participants could identify with the socialisation process and its impact on development.

The ability of students and practitioners to work and learn together is an aspect of the student journey which embraces the community of practice philosophy. PTs regularly referred during the interviews to reflecting with the students (as will be examined further in section 5.3); enabling them to challenge traditional practices and jointly explore new ways of working. As one PT explained:

> *"I like people to come and think this is an opportunity to look at things from a new point of view and learn in different ways…For students to challenge me and say maybe your practice does need to change, why do you do it like that? But not to be threatening or defensive".*

3rd interview

The approach of the student and the attitudes they exhibit are important here – it is clear that the PT has clear expectations of the role and behaviour of the SP student - to have the ability to challenge practice without appearing threatening. Conveying their level of experience appropriately to the PT would enable them to build confidence and enter enthusiastically into the community of practice. As Lave and Wenger (1991) describe this, the learner moves from peripheral participation where learning is restricted by limited involvement to full participation, as the student adopts the socio-cultural practices of the community of practitioners. This study indicates that the team play an important role in socialisation into the community of practice; supporting the PT by accepting and recognising the needs of the student. By entering this community, knowledge and learning are naturally accrued, which can lead to the development of innovative ideas and pioneering thinking in the SP student – my next category for examination.

5.2.5 The innovative/pioneering practitioner

When interviewing PTs, there was a general consensus that they would expect students to look at different ways of working, and to develop new initiatives in day to day practice. Indeed, this is also an expectation of the academic team; therefore the SP programmes incorporate opportunities for students to demonstrate creativity and innovation, through practice-based projects and health promotion activities, for example. The importance of continually developing practice has been discussed in numerous texts related to community health care nursing, as has the need for students to challenge traditional ways of working (Lawton et al, 2000, Hyde, 2001, Sines et al, 2009, for example). One PT highlighted characteristics which she would hope to witness in the student who is striving to work at a higher level:

"...they are trying to develop and be innovative about how they take that care forward and deliver it".
4th interview

This expectation was not unusual for PTs to highlight, as described in interview eight when asked what characteristics the PT would look for in a SP student:

"I'm looking to see that they've got the ability...to move things forward; question why they're doing things...being a specialist practitioner is...pushing the boundaries forward; developing practice so that you're not just stagnant... improve the services we give for clients and their families".
8th interview

Another PT, when discussing student development, stressed again the importance of the student also being able to articulate how their actions have made a difference and moved things forward:

"...I guess that they'll have taken something in practice and developed it...I'd like to see it demonstrated – what did they actually put in? Yes, they went along but how did they develop their – finding a teaching slot or gain what they did – where did that come from? And how did they see it fitting in?"
9th interview

This approach, sought by the PT of the student, would demonstrate an authority and autonomy in action: important characteristics of advanced practitioners in demonstrating expertise (Quality Assurance Agency (QAA), 2001, DH, 2004) and a trait considered important by the first focus group in demonstrating higher levels of practice through the portfolio:

"...And the portfolio demonstrating that is fundamental because ...at the end of the day it's the student's presentation of whether

> *they're thinking autonomously, whether they're individual learners: what do they actually put in, what they've directed, what their involvement is in it".*
> *Focus group 1*

Another member of this focus group alluded to the importance demonstrating exemplary practice through the portfolio, as practice comprises fifty per cent of specialist practice programmes (NMC, 2001), and particularly relevant for students who struggle with the academic work on the programmes:

> *"…one of the students who did really struggle with every single piece of [academic] work and had to resubmit most – her portfolio is where she absolutely shined – her creativity, her teaching skills, her health promotion skills out within the wider community…her practice – you couldn't question it – it was really good".*
> *Focus group 1*

These quotes demonstrate the broad range of higher level practice evidenced in the portfolio. In the second quote, the work produced by the student in the portfolio clearly redeemed her and provided evidence of innovative practice where they otherwise would have had difficulty demonstrating competence through academic work. This situation is supported by McAllister et al (2007), who suggest that whilst theory is a requirement in the advancement of all disciplines, the defining aspect of a discipline's identity is their practice. The credibility attached to the portfolio of practice is therefore of vital importance to students who excel in this area in demonstrating their ability to reach their potential, and is reliant upon clear guidance from the PT.

A small scale phenomenological research study by Perry (2009) of eight nurses considered exemplary by their peers, related to role modelling in clinical nurse education. Perry identified the importance

of the closeness of the student and mentor (and role model) relationship in facilitating learning by example (Perry, 2009). Perry describes this as a "sense of connection…felt with the student" (p40), which enabled the mentor to be patient and compassionate for the student's position; being able to remember one's own experience, identify with the student and consequently seek a connection with them. In the same way, participants of the interviews and focus groups regularly referred back to their own experiences as SP students when responding to questions and discussing issues. Within specialist practice, it is the responsibility of the PT to ensure that the student accesses appropriate learning experiences to achieve the practice outcomes set for the programme, and this relies on the development of a mutually trusting relationship (Smith and Jack, 2009). A participant in focus group one gave an example of past experience in the SP student role, and how that enhanced her understanding of and empathy with the student's approach to requirements in the early stages of the SP programme:

> *"…I think that because they [SP students] don't truly know what to expect, they're allowed to dibble in and out of things, to put things together and think, that interests me – I'd like to be able to do that, …we've all been students ourselves, you've got to be interested in something to be able to get going".*
> *Focus group 1*

To summarise this section, it is clearly important for the PT and SP student to establish the student's role in practice, in order for the PT to maintain support in their development and practice assessment. Innovative thinking is likely to be demonstrated in practice if the right conditions are present for the student, including articulation and understanding of the student's knowledge and experience (Carr, 2005), socialisation into the community of practice (Lave and Wenger, 1991) and acknowledgement of their stage of development. The PT can then ensure exposure to appropriate learning experiences

to facilitate achievement of proximal development (Vygotsky, 1978).

5.3 Learning Together

5.3.1 Reflective practice, reflecting together and the portfolio of practice

The portfolio of practice offers the SP student the opportunity to demonstrate their ability to consider a wide range of different aspects of practice, rather than focussing on skills and competency development, as recognised by Smith and Jack (2009) in their examination of the use of reflection to explore practice experiences. These could include ethical issues, socio-economic factors and team dynamics, for example. A large proportion of the evidence presented in the portfolio takes the form of critical reflection in and on practice.

Having all been SP students themselves, PTs were able to identify with the challenges of producing the reflective pieces for the portfolio, particularly for those who were not natural reflectors. Mackintosh, in her literature review of reflective practice (Mackintosh, 1998) concluded that reflection for the nursing profession is of limited benefit. A previous study by Cavanagh et al (1995) suggested that less than half of the 192 nursing students studied were reflective thinkers; the remainder having what Cavanagh et al describe as a ‘concrete learning style’ (Cavanagh et al, 1995 p177). It should be noted here that the research discussed in this paper had been carried out with pre-registration nursing students. Some of the experienced SP student practitioners within my own study may have had greater exposure to reflective practice as part of continuous professional development requirements for nurse registration, and therefore for some greater benefit could be gained from reflection on practice. However, this cannot be assumed, and as a result support for guided reflection and the use of reflective models are integral components of specialist practice programmes within my own institution.

A great deal of literature for many years has focussed on individual reflection in making sense of practice situations (Schön, 1983, Boyd and Fayles, 1983, Boud et al, 1985, Larrivee, 2000, Taylor, 2010) and despite the above critics of the activity, the importance of this individual approach should not be underestimated in evidencing individual progression. However, much of the data from the interviews and understandably to a lesser extent from the focus groups relates to the value of that the PT places on reflecting with the SP student. Taylor (2010) considers the benefits of reflecting together through the inclusion of a critical friend; an individual who can offer alternative or wider perspectives on a situation or critical incident to assist in developing fresh insights into the situation. Taylor (2010) suggests that the critical friend should be a person who the reflector can respect and trust; preferably selected by the learner rather than allocated to the role. This indicates the importance of a strong relationship between SP student and PT, as although SP students are allocated to PTs, it is clear that without mutual trust and respect, the relationship and consequently the ability to reflect together is likely to be limited. Johns (1995), who developed a structured model of reflection, suggests that reflection can be a very difficult exercise if support and guidance is not available, and recommends reflection with a skilled facilitator. Smith and Jack (2009) identify the importance of practitioners facilitating reflection, particularly when the subject under scrutiny involves potentially uncomfortable practice situations. As referred to above, the inherent problem recognised by Carr (2005) of articulating knowledge from practice, although not insurmountable relies on effective facilitation by the mentor practitioner to reveal understanding. Larrivee (2000), in a paper examining reflection as part of teaching practice in schools, refers to the importance of the teacher being critically reflective, in order to avoid:

> Stay(ing) trapped in unexamined judgments, interpretations, assumptions, and expectations.

Larrivee, 2000, p294.

Larrivee (2000) also claims that self reflection can assist the teacher in discovering solutions to problems, therefore rather than simply drawing upon a discrete set of skills, teachers within the context of the situation can modify those skills to develop new strategies and consequently become more effective as individual teachers. Within Dr Patricia Benner's continuum, referred to originally in Section 2.4, this might be described as the teacher reaching the proficient stage of development, as Benner's definition of the expert stage involves intuitive practice without the necessity of explicit problem-solving and decision-making (Benner, 1984, Gobet and Chassy, 2008). There is an indication here of a link to Schön's distinction between reflection on action and reflection in action; the former being explicit and the latter implicit and therefore not overtly articulated (Schön, 1983).

The views of the above authors support the notion of the value and importance of reflection for both student and mentor development. Cotton (2001) however, warns against the use of reflection which may encourage practitioners to share personal experiences. Cotton (2001) suggests that this could leave them vulnerable to criticism or may subjugate what they consider to be important aspects of their reflective accounts, based on the priorities and perspective of the guide as to what is valuable. The guide, in this case the PT, should therefore be wary of an over-controlling approach to facilitating reflection, and instead focus on guiding and enabling the student to articulate insights based on their experiences underpinned by evidence. The second focus group discussed the value of reflecting together:

> *"…I do think it's underestimated – the value of reflecting with your PT or colleague, and the discussion there."*
> *Focus group 2*

Interviewees also clearly valued guided or facilitated reflection, as evidenced in the quotes below, despite clear limitations to PT time resulting from other role commitments.

Carr (2005) refers to the work of Kolb (1984), in which experiential learning is identified as a means of deriving knowledge from experience in a continuous cycle (please see Fig. 4: Kolb's learning cycle). Carr (2005) includes a quote by Rolfe (1998), which appears to encapsulate the notion of experiential learning and knowledge development:

> Hitting central heating pipe with spanner: £1.
> Knowing how, when and where to hit it: £99.
> Rolfe (1998, p30) in Carr (2005)

Arguably, the missing aspect of this quote when considering it in the context of higher level practice, is knowing why and being able to articulate this.

Whilst facilitated reflection is clearly considered as important, there remains the inherent problem of articulating personal development in practice without resorting to description. The first focus group discussed alternative ways of demonstrating evidence of knowledge development through reflecting together, such as a viva voce examination taking place at the end of the programme. Although this type of assessment is valued, particularly in traditional medical education (Wakeford et al, 1995), it presents the danger of promoting a generalised competency-driven rather than a personalised knowledge development approach, and potentially directs the locus of control for practice assessment towards the academic team and away from the observing PT – a renegade step given the NMC (2006) and academic focus on practice assessment by practice teachers. Stephenson (1998) in consideration of the concept of capability and its importance in higher education, describes competence as

demonstrating effective performance “in the here and now” (p3), whereas capability denotes a forward-thinking approach in the pursuit of realising potential. It is understandable that the academic group considered knowledge development as related to assessment, however several PTs considered reflecting together as vital in enabling learning together and evidencing the student’s ability to reflect on action to demonstrate flexibility and consider alternative ways of working:

> *“…you may talk to them when you’ve come back from something that’s interesting, or ‘… how do you think it could have been worked differently? Was there anything that didn’t go so well, was there something that did? Could we have made any difference? What things could have affected it to make it better?”*
> *8th interview*

This PT continued by stressing that the agenda of the meetings is student-led, which enables independent thinking whereby the student is able to ‘check-out’ thoughts and ideas, thus confirming the importance of self-direction in adult learners and a facilitative approach by the mentor (Knowles, 1978). Knowles, who has extensive experience in the field of adult learning or andragogy (see p121); stating that the facilitative approach enables an increasing level of independence and self-directedness, taking into account the learner’s previous experiences (Knowles, 1978). This approach differs from, but is not mutually exclusive of, the teaching of children, known as pedagogy, whereby the instructor takes responsibility for the content and direction of learning. This PT emphasised the need to continue reflecting together throughout the programme, and referred to a student approaching the final phase of the programme – consolidated practice, demonstrating clearly that as a PT she continues to derive benefit and invest a considerable amount of time and energy in this process:

"Whatever we do, I do still like to meet with my student regularly, every week. And to be reflecting on things they've seen and done, and looking at what we can do, and what they want to gain".
8th interview

Regular meetings between student and PT to review progress are recommended by the University, and generally adhered to by PTs and students who, if the above quote is a clear indication of current practice, clearly appreciate the benefit of this approach.

Spence and El-Ansari (2004), in their evaluation of the effectiveness of introducing a portfolio of practice into a specialist community nursing programme, concur with the focus group and interview participants' views of the importance of reflective practice as part of the portfolio of evidence. They found that the role of the PT was vital in the student achieving their potential for reflection, to meet objectives and utilise this as evidence to articulate knowledge in their discipline.

PTs also recognised within the interviews that not all aspects of practice can be evidenced or addressed within the portfolio, and although one PT considered the portfolio to be the most effective means of evidencing practice, she recognised that it has limitations:

"...it has the flexibility to demonstrate the wide range of topics that can be covered and the wide range of evidence that can be used. So, I do think it's useful...I think it's not fool-proof, because you want it to be comprehensive and that's what you're looking for".
10th interview

Storey and Haigh (2002), in a paper presenting opposing views to competency-based approaches in the assessment of clinical nursing practice, consider the efficacy of portfolio development in demonstrating competency in current health care practice. As

required by UK directives (DH, 1999, 2006, NMC, 2001, 2004b, 2008b), it is a professional requirement for all registered nurses to maintain a portfolio detailing continuous professional development (CPD) post-qualification. Yet the specialist practice portfolio requires evidence of higher levels of thinking in a clinical practice specialism and therefore PTs appear to be looking for more from the student's portfolio than competence. Storey and Haigh (2002) do recognise this stance; acknowledging the view that competency-based assessment is reductionist in nature, and refer to a paper by Chapman (1999) who, in describing the situation in nursing practice in Australia, considers this type of assessment as contraction or reduction of the:

> …richness of the nursing role to outcome-orientated technical procedures.
>
> Chapman (1999)

This suggests that the portfolio requires additional characteristics beyond achievement of competency, such as the incorporation of the element of criticality (Smith and Jack, 2009), a degree of structure and overarching narrative (Endacott et al, 2004) and student self-assessment (Jasper and Fulton, 2005), which demonstrate the progression, personal growth and development of the student to specialist practitioner status. Although these elements are suggested to SP students by the University, a strengthening of the guidance in this regard would support PTs who are working with students to construct the portfolio, and additional detail as to how this will be delivered can be found in section 7.2.

The next quote from and experienced PT exemplifies the PT's view of their role in specialist practice education, and although it suggests a more directive approach, it again values discussion, planning and feedback in developing the student's expertise; conveying concern if students are not adopting this approach to learning:

> *"Most students…when we've had an issue or a situation that we need to explore in terms of how we'd deal with that in practice, most have come back to me and discussed it. If I'm not getting that feedback the next day or the next, then I'd be concerned…So if they're not following a lead…So sort of non-responsive towards your direction…"*
>
> *9th interview*

This directive approach was discussed in the first focus group, and raised different perspectives on whether and why this approach might be adopted:

> *"There are some PTs out there that I believe very much lead their students – this is what we're wanting, this is what we need, and that's what you need and that's how you'll pass…"*
>
> *Focus group 1*

This would certainly not be advocated by the University, and does not promote the concept of the autonomous, self-directed learner within higher level practice (NMC, 2001, 2004b, QAA 2001, 2008). However, one of the other focus group members offered an explanation in defence of this approach:

> *"…she [student] has not got a clue where to start – she's been in tears already…and so the PT is having to be very directive…some students that come to this area from a completely different area of practice do need that strong direction".*
>
> *Focus group 1*

This quote, from an academic with previous experience as a PT, acknowledges the value of clear direction early in the PT : student relationship. It also alludes to the importance of acknowledging previous experience and the ability to apply it within a new specialist area to aid student progression and development. The PT requires the ability to adapt their approach to the needs of the individual student

to enable their transition and development within a new area of practice; a quality largely confirmed as held by PTs through analysis of the interview transcripts, yet one which should be reinforced, particularly for 'newer' PTs. The aforementioned study of PTs and how they enact their roles by Sayer (2011) suggests that inexperienced PTs will require greater guidance and support in the role; and this in borne out by the higher number of placement visits currently made to inexperienced PTs compared to those more experienced. As raised in chapter two, the study by Endacott et al (2004) identifies a range of models for portfolio development in nursing in their national survey of Higher Education Institutions (HEIs). They refer to a paper by Snadden and Thomas (1998) who, when discussing medical education in general practice, support the view in the quote above that in some instances greater direction will be required, particularly when a self-directed approach to portfolio development does not reflect the learning style of students. Whilst dated, the Snadden and Thomas findings ring true within my own study.

Within the interviews, particularly 1 and 6, and in focus group one, some SP students were considered to have difficulty maintaining their focus on the portfolio. There were a number of explanations for this; particularly the pressure of academic work on the SP student taking precedence over development of work for the practice assessment: a concern raised by Jenkins et al (2009) in their evaluation of the introduction of patchwork texts to enhance the development and assessment of praxis in a post-registration community nursing programme. Students within the study were deemed to place greater value, and therefore devote more time to, theory than practice; a phenomenon explored further within the interviews and focus groups below.

The problem of lack of focus on the portfolio in the first interview related to the initial enthusiasm of the SP student for the portfolio at

the beginning of the programme, which subsequently faltered as the pressure of academic study grew:

> *"Once they've handed in the assignments, that they take this deep breath and then the portfolio is just a nuisance to them, really."*
> *1st interview*

Eraut (1994), in discussing the development of professional knowledge, suggests that there are two types of knowledge: process knowledge which is implicit and demonstrated through skilled action rather than verbalised, and propositional knowledge, which can be spoken or written. He continues by suggesting that HEIs tend to stress the latter, as is also suggested by the focus of the student on academic work in the first interview and the reference to a viva earlier in this section. In a later discussion and literature review paper exploring concepts of competence (Eraut, 1998), he identifies the concept of situated or tacit knowledge. Eraut (1998) states that the professional acquires this type of knowledge through experience of working in a particular field and learning how to respond to clients and situations within that environment, which is demonstrated through their performance. Recent research into this area is limited, however the study by Carr (2005) recommends articulation of the lived experience through observation and discussion immediately post practice experience. This type of activity is encouraged by the teaching team and reassuringly, interviews confirm that this type of knowledge articulation through reflecting together does take place, although at times due to work pressures there may be some delay between observation and discussion. Heath (1998) recognises the value of guided reflection in and on practice, yet acknowledges the lack of time to engage in this activity.

It is clear that the demonstration of process knowledge through skilled action and tacit knowledge via on the job performance (Eraut, 1994, 1998) are vital within specialist community practice

programmes incorporating fifty-fifty theory to practice components. The interviews suggest that the perceived lack of focus on the portfolio of practice is a source of frustration for PTs, as the portfolio is officially recognised within the community programmes as the means by which process and tacit knowledge in practice are demonstrated and evidenced, following observation and discussion between PT and student to agree evidence therein. However, the musings of Eraut (1994, 1998) illustrate the difficulty in trying to express process and tacit knowledge. Therefore, despite the best efforts of PTs and academics in promoting the importance of the practice portfolio, this could be an understandable reason for students focussing on the more concrete and better defined academic essays (forms of propositional knowledge) rather than on developing the portfolio.

A multidisciplinary study by Gerrish et al (2000) examined the use of a portfolio as an assessment tool within masters level health professional courses with a practice orientation. Occupational therapy, physiotherapy and nursing educators' views of portfolio assessment were elicited in a pilot via focus group interviews. Gerrish et al (2000) then carried out in-depth interviews with eighteen nurse educators from eight English universities; the agenda based on the outcomes from the focus groups. It is disappointing that the authors restricted the study to educators to the exclusion of practitioners (in a reverse approach to that taken in the Jenkins et al (2009) study) and the latter stages of the study solely to the nursing disciplines, as comparison of findings from all disciplines may have added to the richness of the data elicited and have represented a wider view from the health care professions. No explanation is given for this decision; interestingly however the pervasive theme of findings from both stages of the study related to the reticence of educators towards encouraging creativity in practice and a dominant conservatism in the pursuit of patient-client safety. This is in direct contrast to the

views of PTs and SP students in the Jenkins et al (2009) study, where creative writing thrived and the patchwork text approach was considered “inspirational” (p1312). Therefore, different forms of evidence, such as the patchwork texts supported by action learning sets utilised by Jenkins et al (2009) should be considered when developing guidance for the content of the portfolio, to ensure that creativity is encouraged through new ways of developing evidence (see p230).

In a later interview, one PT felt that academic writing for assignments on the programme inhibited portfolio development:

> *“I sort of say it’s like a journey and…they can’t get off this track of essay writing etcetera to come back down to it [the portfolio]– that’s difficult”.*
> *6th interview*

The findings of Gerrish et al (2000) appear to be shared by the respondents from my own study, in relation to the disappointingly low level of creativity displayed within the portfolio, illustrated below. However, despite the discussion in section 5.2.5 regarding PT expectations of students as innovative and pioneering, they attributed the lack of creativity to the students themselves, due to excessive course pressures. This appeared to be a generally held opinion within the first focus group - that the creativity of types of evidence produced for the portfolio often became more limited as the programme of study progressed; partly due to the pressure of work, but also due to a growing understanding of the specific requirements of the portfolio by the student to meet the practice learning outcomes. This approach was lamented by the group:

> *“…I think the students…are more creative to start with than they are at the end…it’s a little bit disheartening in the portfolio later on in the process when they say, I think I’ve got it now –*

I've got to do this, this and this...And they've lost that creativity then and that's not what it's about – it's not a tick-box...they always say 'it's about passing'..."
Focus group 1

As well as reflective accounts, students are encouraged to include other forms of evidence, such as critical incident analysis, longitudinal case studies and project evaluations. Occurring at the latter stages of portfolio development, and arising from the recognition of the need by the student complete the many other assignments and to not strive beyond meeting the minimum requirements to pass the portfolio, this demonstrates an area where the PTs require support to motivate the student, alongside a requirement for review of the portfolio structure and overall assessment demands:

"So sometimes you hear students say,...after they've been [out] for a while – "I'm not doing that unless it meets an outcome". And they become very, very outcome-focused. And that creativity then is lost".
Focus group 1

Academics providing guidance on portfolio development are directed by proficiencies set by the NMC for specialist practice (NMC 2001, 2004b), which, due to the limitations of ten and seven year-old standards, could be perceived to further stifle creativity in the types of assessments incorporated in the programme of study. The responses suggest that the number and nature of assessments should be revisited to avoid assessment overload and appraise the creativity of the evidence produced (see p233).

The first focus group considered that learning style could also hinder the development of the portfolio if a student had a preference for completing pieces of work as they went along, and struggled with continuous assessment strategies:

> *"So it gets shelved for a while, then it reappears, and then it gets shelved. And if you're that sort of student that can't work like that; if you just have to go for whatever piece of work you have to do and just finish it, that will not suit your learning style, and so some students then leave it and leave it, and it doesn't become an academic piece of work, it becomes something cobbled together".*
>
> *Focus group 1*

This resonates with to the previously cited work of Snadden and Thomas (1998), who consider that portfolios do not suit all learning styles, and indicates the importance of the mentor's understanding of their student's preferred approach to learning.

One focus group member in particular identified with this problem:

> *"I agree with you [tutor name]…if it's not the students' learning style - that they have to do the outcome; do it and finish it. The ones that work like that really struggle with the portfolio, because to do different pieces of work, to fit it in and show progression over that year – they find that really difficult…".*
>
> *Focus group 1*

The first focus group offered an opportunity to examine PT concerns further, to determine whether they were shared by academics involved in the assessment process for the programmes.

The discussion included difficulties faced in starting the portfolio early, with a possible rationale offered for this situation:

> *"…it's something they can't get on with very quickly…a lot of what they've got to show requires them to be in practice for a period of time".*
>
> *Focus group 1*

This conflicts with the desire of PTs for the student to develop portfolio evidence early, and supports student and PT reflecting together from the beginning of the programme, to stimulate recognition of student learning throughout.

This section suggests that reflecting together is a vital aspect of the PT's role in enabling the student to demonstrate the creativity, innovation and development which otherwise may not be evidenced within the portfolio, particularly in the early stages of the programme. This guided reflection, alongside a form of student self-assessment, provides the PT with support in that it will confirm or refute the student's ability and development; thus reassuring the PT that their assessment of progress is valid and enabling discussion of any concerns arising from the student's practice.

5.3.2 Portfolio assessment

The pass/fail attributed to portfolio assessment was identified as an issue within the first focus group:

> *"...at the moment the portfolio is pass or fail... from the students' perspective - they have an inordinate amount of work to get in in that one year...sometimes the portfolio takes a back seat".*
>
> *Focus group 1*

This view was extended regarding motivation by other focus group members, and can be seen as a reason for the above concern regarding lack of creativity:

> *"...the students who are doing fantastic portfolios are not getting that recognition through their award at the end".*
>
> *Focus group 1*

The higher education institutions have a distinct role here in relation to conveying the importance of lifelong learning and continuous

professional development as vital aspects of higher level practice. As such, they require clear guidelines for PTs and students to support and assist in the development of learners with a strategic and forward-thinking approach (see p226).

In interview 4, a very experienced PT made the following comment early on in the discussion with regard to the value of portfolio evidence; again suggesting importance of creativity and innovation, and alluded to the employing organisation's poor understanding of specialist roles:

> *"...each one [portfolio] is absolutely unique...I think that's quite exciting...it also gives them a very wide scope in that we're not too restrictive in what we ask them to do...which I think some – particularly managers – would think would be traditionally outside of our remit...it's keeping it in the broader sense of what I think district nursing should be about, not necessarily what some people traditionally think it is".*
>
> *4th interview*

The PTs within the interviews highlighted the importance of creativity in the portfolio to a lesser extent, although they did refer to students 'thinking outside the box' (interviews 1, 3 and 8), applying depth of inquiry (interviews 9 and 10) and a strategic view of practice (interview 8). The lighter focus on creativity by the PTs is possibly due to a limited opportunity for them to appraise a wide range of portfolios compared to the academics, who have access to all portfolios during the moderation process. Also there is perhaps an implicit belief by PTs that the portfolios would all be individually and creatively constructed. The PTs did, however, recognise that the students' level of understanding of the portfolio grew as practice experience developed, which links directly to the above focus group comments on not being able to start the portfolio early:

> *"...It's understanding the whole process of the portfolio. They don't seem to get that – the three students that I've had get it at the end. But at the beginning they don't – they can't..."*
> *9th interview*

In another interview, a PT referred to the limited credence given to the development of the portfolio, alongside the student's lack of understanding of it:

> *"I think...no matter how much you highlight it as a PT, it's still back there compared to their academic assignments...they think that we're pestering them sometimes to do this – I don't think they always appreciate the point – it is supposed to be 50% of the course...no matter how much you try to prioritise it,...it doesn't quite reach the same level as getting their academic work done".*
> *10th interview*

This PT, when describing the portfolio as 50% of the course, is actually highlighting that the portfolio is the formal representation of the student's practice development, which constitutes 50% of the course delivery. One PT referred to the issue of understanding portfolio construction and the level the students should be writing at. Being a very experienced PT, she could appreciate the range of quality of portfolios produced:

> *"...having had lots of students over the years... can clearly see that some students excel, whereas others are just scraping by...most don't understand about the referencing of it – it's a shock to them when we're first talking about the portfolio development – that they've actually got to reference and read; link to the theory. They don't seem to understand the concept of what a portfolio is supposed to evidence".*
> *4th interview*

As the University holds the responsibility for setting descriptors for

each academic level, these comments indicate the need for increased guidance to students regarding portfolio construction to support the PT role in practice assessment (see p226).

Storey and Haigh (2002) raise a point made by Gerrish et al (1997) in a review and analysis of practice assessment across academic levels; that portfolio assessment is often inconsistent and fragmentary; relying on academic moderation of practice assessors' decisions to ensure the validity and reliability of assessment. PTs in my own area have demonstrated commitment to the assessor role, and despite the conflicting roles of mentor and assessor discussed later in this chapter, portfolio assessment is on the whole consistent and comprehensive. Storey and Haigh's examination of portfolio development and assessment (2002) concludes that it is largely competency-based and recommends an emphasis on the link between theory and practice to reinforce the rigour of this form of assessment. The limited theory-practice link is also the focus of the above quote, however in this scenario the PT is approaching the problem from a more personal perspective, in that she is observing evidence-based practice yet is not seeing this sufficiently reflected in the practice portfolio.

A project undertaken by Pitts et al (1999) examined the portfolios of a cohort of eight medical practitioners undertaking a programme of preparation to become general practitioner (GP) trainers. This small scale study of eight general practitioner assessors aimed to appraise the reliability of assessors in objective assessment of portfolios, and found that inter-rater reliability or the degree to which agreement could be reached on the outcomes of portfolio assessment could not be established sufficiently to support summative assessment. This study is limited in detail, yet it does recognise the individual nature of portfolio construction which, as also suggested in the much larger study by Endacott et al (2004), can result in an accumulation of

unrelated evidence. My own institution support the development of an overarching narrative to the portfolio, to bring all evidence presented together in a coherent format, however the issue of disjointed portfolios still exists. Therefore a combination of clear direction from the HEI and from the mentor-assessor is required to ensure that appropriate evidence is presented for assessment within the portfolio, as recommended in section 7.3.

As the interviews progressed, several PTs (in interviews 4 and 9, for example) intimated that applying a grade to the portfolio would be likely to enhance the academic credibility, and consequently the importance of the portfolio to the student, as it would then contribute to the overall classification achieved for the programme of study. It was clear that PTs would be likely to welcome grading of the portfolio if sufficient support for them as assessors were provided by the University, which reflects the feelings of the GP assessors in the Pitts et al (1999) study, who welcomed clear assessment criteria in their appraisal of portfolios. The grading of portfolios has long been debated within the academic team, with a particular concern that grading practice could alter the nature of the portfolio from a means of documenting continuous professional development to another academically assessed assignment. Grading is inferred earlier in this chapter through the focus group one discussion of the current pass/fail status of portfolio marking. Canham (2001), in her exploratory study of the use of an assessment tool to classify specialist practitioner student practice in a UK university, found that although PTs were enthusiastic about raising the academic credibility of practice, they found it difficult to:

> …reconcile the application of a mark with a developmental process.
>
> Canham, 2001, p493

Within her study, Canham also suggested the inclusion of the

previously recognised phenomenon of failure to fail (Brandon and Davies, 1979, Lankshear, 1990, Illott and Murphy, 1999), with some PTs feeling it necessary to assign a pass mark to the portfolio despite doubts regarding student achievement observed in the practice setting. This appears to have been addressed in Canham's work via a student self-evaluation and an extensive moderation process (Canham, 2001). It is clear that considerable guidance and support in the appraisal of student achievement should be available from the HEI for PTs to avoid failure to fail in appropriate circumstances and to maintain the rigour of the assessment process across all forms of assessment.

Despite the above reservations, Canham (2001) concluded that the future for classification of practice was a promising one, and worth pursuing, as it provided recognition of student performance in practice – a problem raised earlier through both the interview and focus group discussions.

As a result of the subject spontaneously arising from the initial interviews, questions posed to the remaining interviewees and to the focus groups were adapted to include reference to grading as an area where support could be improved for PTs by HEIs. Within grounded theory, researchers are expected to utilise the emerging theory to guide future interests, especially when respondents identify some areas as particularly important (Charmaz, 2006).

Later in this chapter, PT confidence in practice assessment will be discussed, and the following quote alludes to this when asked their opinion of portfolio grading:

> *"...you would have to have that support, so all practitioners were looking at portfolios at the same level and that general discussion, because that needs to happen when you're looking at where you're going to set your*

assessment tool or what you expect from it".
9th interview

Some PTs recognised difficulties in applying grading related to their own investment in the development of the portfolio and concerns that the standard of work would also reflect their own level of performance:

> *"...you'd almost feel like you were being graded as well [as the PT] when that work goes in...I do think that perhaps the students don't value it, because it's not graded..."*
> *6th interview*

This also suggests a further aspect to the issue of failure to fail, whereby a PT might feel as if they were failing an assessment to which they had contributed significantly.

The issue of objectivity in assessment and of the importance of facilitated reflection in developing the portfolio will be expanded upon later in this chapter. Interview eight referred both to the importance of objectivity and to the need for support:

> *"whether they [PTs] would need some further training in marking to a grade, because one person's perception of one thing is very different to another's, isn't it? There needs to be some sort of standard to fulfil to meet a certain level, I feel."*
> *8th interview*

Whereas another PT felt that there is a clear rationale for grading as offering the ability to distinguish between levels of achievement in practice:

> *"...I think there's such a difference between the work that students produce both in the written portfolio but also in the practice element, and I think it's a little unfair that we*

just pass or fail them, when you can clearly see that some are excelling at what they do, and some are barely getting through".
4th interview

I was surprised at the strength of feeling of PTs in relation to portfolio grading and their perceived need to differentiate between levels of practice achievement, and identify this as a previously minimally-recognised phenomenon.

The first focus group presented an opportunity to explore the views of academics related to grading of portfolios, to compare with the PTs' views. There was a general consensus that grading would enhance the academic credibility which would also for some students increase the amount of effort invested in practice to produce a comprehensive portfolio of evidence, despite the other assessment pressures. Jasper and Fulton (2005), in their appraisal of the introduction of formal marking criteria for assessment of masters level practice portfolios at two UK universities, recognised the inadequacy of a pass/fail grading system for what is essentially fifty per cent of the overall outcome for an NMC validated programme. This work focused on student and academic assessment of portfolios; and interestingly included student self-assessment of the work prior to submission, thus facilitating greater student responsibility and subsequently the opportunity to develop insights by the student into their level of achievement once the academic had marked the work and the outcomes were established. The importance of this to my own study is found through the evident struggle of the PTs to maintain objectivity in assessment and the perceived requirement by the PT for the student to take more personal responsibility for development of their practice and consequently the portfolio (discussed in this chapter, particularly in sections 5.3.4, 5.3.5 and 5.4.1). A study by Spence and El-Ansari (2004) examines the experiences of PTs in portfolio assessment and includes student self-evaluation of competence alongside clear guidelines for the assessing PTs in their evaluation. The outcomes of

both studies indicate the limitations of inter-rater reliability of assessment and the need for collectively generated guidelines for assessment. The main issues raised by the first focus group were somewhat different, and as discussed above, related to the degree of student effort applied to portfolio development, the lack of recognition of this in the pass-fail outcome and the objectivity of the PT in portfolio assessment.

The following quote relates to the PT : student relationship and once again a failure by the PT to acknowledge lower achievement levels:

> *"I worry that they're not very objectively assessed sometimes and PTs are under a lot of pressure to pass things they know they're not actually as good as they should be…I think it's unfair that the PT that's got so close to that person – a lot of us who've been students and had a PTs that we've had for a year with us and they've become our best friends and it's very difficult to fail work if you have that relationship".*
>
> *Focus Group 1*

The quote on page 166 from interview 9 also referred to the importance of consistency in assessment through agreed understanding with peers of the standard applied.

It was enlightening to find that interview and focus group members considered that portfolio assessment relied upon more than HEI or employer support: it also relied upon objective assessors, students committed to evidencing their achievements in practice and clear, delineated assessment criteria.

The action research study by Spence and El-Ansari (2004) mentioned earlier, appraised the introduction of specialist practice assessment via a portfolio of practice. Recommendations from the study appear to echo the sentiments of the above discussion and quotes. These

include the use of student self-assessment facilitated by enhanced student reflection on practice, increased guidance on attaining practice learning outcomes and the importance of a focus on inter PT reliability in the assessment of the portfolio.

These issues, alongside previously discussed studies into portfolio assessment, indicate the importance of developing robust marking and moderation processes for PTs. Whilst reinforcing the need for objectivity in the assessment process (Webb et al, 2003), these processes would also celebrate the value of a qualitative approach which reflects the insight and understanding by the student and PT of the student's professional development.

5.3.3 Mutual benefits and challenges of professional relationships in practice education

The importance of a good relationship between the student and the mentor has already been alluded to (Perry, 2009) regarding the effectiveness of role modelling in the mentoring of nursing students.

This theme was clearly articulated within the interviews, and in places echoed the earlier concerns raised regarding maintaining objectivity in assessment when such a close professional relationship has been established.

In the first interview, the PT described her pride in the student who had clearly developed the ability to practice at a higher level, yet at the same time she acknowledged the protective environment that she provided in her role as mentor for the student:

> *"...Thinking outside the box. When they start doing [that] it makes you feel brilliant and pleased for them. There are still cases where they're not quite there at the end, but you're not worried, because you know that...when you're not there that they're just going to get*

to that stage. Well on their way…they just need their own independence and their own team to get there".
1st interview

In another interview, the PT emphasised the importance of her relationship with the student, and how she endeavoured to maintain it in the aftermath of a clinical incident:

"…not undermine student's confidence; not to be authoritative, need to keep the relationship right – could have affected it because it came quite early on in practice. On a pastoral level, it could have made the relationship awkward as well".
2nd interview

The theme of PT-student relationships was further explored in the focus groups, when participants were asked to estimate the degree of importance PTs placed on their teaching role in relation to their overall specialist role. Responses identified the academics' appreciation of the importance of a good working relationship between PT and student in ensuring that the student received sufficient support to be successful in achieving practice requirements:

"If they don't have that good relationship it can cause more angst for the student and the PT as well".
Focus group 1

"The PTs role in practice is to get across the fundamentals of practice,…but when they've got an intense relationship for a whole year, if that two way stream of conversation isn't there between the PT and the student, it's doomed to failure really, because they really need that support for that first year".
Focus group 1

It is interesting to see here the value placed upon the close PT-student relationship by the academics. It suggests that although PTs

and academics all recognise within the study the potential impact on objective assessment engendered by the close relationship, without it the responses indicate that skills and knowledge transfer would be adversely affected.

The importance of this relationship is echoed in a paper by Mary Neary: a contemporary researcher in various aspects of clinical competence in nursing (Neary, 2000b), including assessment for competence and support in nurse education. She concluded that a great deal of emphasis was placed on establishing good relationships between nursing students and their practice mentors, in order to achieve practice assessment requirements (Neary, 2000b).

Greater discussion appears to have been generated within the focus groups on the subject of relationships, perhaps due to the opportunity afforded by the academic role to have experience and appraise a wide range of PT-student relationships. Although I endeavoured to access experienced PTs for the interviews, they appeared to have limited knowledge of colleagues' relationships with SP students. As recognised by the PT in the last interview:

> *"...Because you do feel as if you're on your own with that student...I think because I've been one of the only PTs in this area, it's not lent itself to working with other PTs".*
>
> *10th Interview*

The second focus group alluded to the difficulties that SP students could experience in developing their relationship with the PT, alongside all of the requirements of the programme of study:

> *"It's also that they've got to develop a relationship with their mentor and that can be quite difficult sometimes..."*
>
> *Focus group 2*

There was general agreement with this remark from the rest of the focus group, yet all considered that a good relationship with the PT was fundamental to a successful outcome. Webb et al (2003), in a paper examining evaluation methods used in portfolio assessment, also identified the practice assessor's relationship with the student as 'fundamental' in demonstrating rigour in assessment utilising qualitative methods (p607), when employed alongside internal and external quality monitoring processes; namely, internal and external moderation of portfolio evidence.

Practice Teachers recognised that their relationship with the SP student also stimulated their own continuous professional development by prompting them to reflect on their roles within the specialism and focus on a more strategic view of service delivery, as described by a PT supporting a Masters level student:

> *"...it really made me think about what are the differences...it's moving on from the narrow, channelled view to opening it up...you are looking at things from a more managerial point of view: how a service can be implemented, proposals can be put together, how a service is managed, what are the barriers to developing a service"*
>
> *4th Interview*

The PT in interview seven supported this view – stressing the importance of fresh ideas and linking back to the theme of the value attributed to innovative practice:

> *"...they're quite creative and innovative, and they're bringing all these fresh ideas to things and...you do get stale, and because the portfolio requires them to do all of the public health, health promotion, those kinds of things – the positive is that you get that ...fresh look at things...It stimulates us both."*
>
> *7th Interview*

Although the interviews were less specific in their consideration of the importance of good relationships with SP students, this theme ran throughout the discussions regarding mutual support and development and was clearly key in promoting opportunities to learn together.

A survey by Pulsford et al (2002) of mentors' attitudes towards student nurse education identified the centrality of the mentor-student relationship in the success or otherwise of mentorship. A previous longitudinal qualitative study of the views of student nurses as to the qualities of an effective mentor revealed the perceived need for the mentor to be genuinely concerned for the student and to value their role as a mentor (Gray & Smith, 2000). Although these studies focussed on pre-registration nurse mentors, and in the Pulsford et al study (2002) related to a small catchment area therefore limiting the generalisability of results, the mentor qualities identified are evident within quotes cited later in this section. The quotes also assist in conveying the PTs' enthusiasm for the role.

The comparative lack of focus on the PT-student relationship within the interviews could be attributed to the PTs' knowledge of my own role as programme leader for one of the specialist programmes, which perhaps resulted in a reluctance by the PTs to divulge the personal nature of the relationship and therefore imply the potentially subjective nature of the assessment outcome, as discussed in section 4.3. Consequently, it did not therefore appear necessary or of importance to follow-up and appraise the viability of the PT-student relationship with SP students, bearing in mind also that the perceived reluctance above would be likely to be shared by students with whom I have regular contact. Kvale (1996) recognises the importance of the sensitivity of the interviewer when carrying out an interview, and in avoiding questioning the subject to prompt disclosure which the subject may later regret, once outside of the intimate environment of

the informal interview. The general impression of the importance of the relationship gleaned through the interviews, however, alongside my own experience as a PT assessor, resulted in my decision to explore this further from the academic viewpoint, particularly as some of the focus group members had previously worked as PTs and had previously been SP students themselves.

The PTs had, however, felt able to question the nature and importance of the portfolio of practice as an assessment tool in demonstrating practice proficiency.

The preceding discussion relates in part to the change in the student's identity and its impact on the student themselves and their experiences in practice. On the one hand, as mentioned earlier, the student may initially feel stripped of their known and comfortable identity and feel tenuously linked to their new community of practice; struggling to develop relationships and understanding. On the other hand, the student may welcome the opportunity to start afresh and embrace the learning opportunities offered in practice. One focus group member considered the feelings of the qualified nurse entering the SP programme and the potential impact of the changes on the student's identity:

> *"I think when people go into student mode... it's a different personal identity... I don't think they all realise in advance that actually that's what they're getting into...they're going to go from this confident, competent person to somebody who's much less secure – got all the stuff here [HEI] to worry about, and they've got somebody supervising them who they may or may not get on with – the rest of the team and all the things to learn...I think it's a bigger deal than they think it is."*
>
> *Focus group 2*

One challenge in the development of the close working relationship

between the PT and student relates to the PT's combined roles of mentor, facilitator and assessor; a concern raised by Neary (2001) and reflected in the interviews and focus group discussions in relation to the time and effort this entailed. There is considerable personal investment by the PT throughout the academic year – raised by one PT when discussing student attributes, who clearly felt that sometimes this went unrecognised by the student:

> *"Sometimes you make a lot of effort in arranging things/student to be somewhere, and then something happens and "I can't come because…". Students are individual learners and have autonomy in their practice, but if you go to the effort to arrange things for them, they turn up. A bit of acknowledgement sometimes of that goes a long way"*
> *3rd interview*

Although the PT recognises the importance of an androgogical or adult learning approach (Knowles, 1978), another PT with a great deal of experience in the role, referred to her investment in terms of the pressures it placed on balancing the responsibilities of the SP role with those of the PT:

> *"…a lot of stuff gets done in your own time, out of hours, or you're here very late, because you've still got to spend time; obviously you have to reflect with your student, but you still have the DN work to do…"*
> *4th interview*

This remark implies that PTs are so committed to their educative role, that they are prepared to work long hours to fulfil the commitments it requires. This issue will be extensively examined in section 5.4.1, in relation to the impact of lack of role recognition by the employer.

The relationship between PT and SP student formally spans fifty-two weeks; the duration of the programme, although the interviews

suggested that many PTs continue to informally mentor their students willingly once the programme has been completed and the student has attained the qualification. One example of this continued support related to a student who had already been successful in securing a post, and was planning with her PT for her consolidated practice and also her future role:

> *"I'm presuming she's [SP student] going to come to me [once in new post] to say, I need to know how to motivate them [SP team] to change. How to deliver a service they've not delivered before; to look at new ways of working with young people; that sort of thing".*
> *8th interview*

This quote illustrates the PT's ongoing investment in the student journey and in some cases represents a fourth role of preceptor or clinical consultant to the mentor, facilitator and assessor roles – a recurring theme arising within my study. A period of informal preceptorship by the PT of the SP student once they are in the specialist role is not uncommon within the area. Myrick et al (2010) in a grounded theory study of the processes of nursing preceptorship in the development of practical wisdom, suggest that:

> Preceptorship offers socialization into the profession or work culture…providing…the opportunity to learn through role modelling and questioning.
>
> Myrick et al, 2010 p82

This once again returns us to socialisation and acceptance into the community of practice, and the ongoing importance of the PT in facilitating this process.

Neary (2000b) and Orland-Barak (2002) recognise the difficulties of combining multiple mentor roles within pre-registration nursing practice education, and consider that greater clarity and support is

needed regarding their roles and responsibilities, as this often creates confusion amongst mentors. Wilkes (2009) recognises this and discusses the conflicting emotions experienced by PTs on recognising their responsibility and accountability to their profession, their employer and their student in the teaching role.

The above discussion highlights the importance of the investment of time and energy by PT and student in the relationship between them. The change in the student's status and identity alongside the PT's responsibility as assessor can result in a lack of confidence on both sides if this relationship is not fostered and supported.

5.3.4 Problems of objectivity in assessment and failure to fail

In relation to the challenges of combining the three aspects of the PT role, one theme that dominated discussions within my own study is objectivity in assessment. After working with a student for over ten months, mentoring them in developing clinical expertise and facilitating their learning of the wider issues, the PT then has to make an objective assessment of the student's progress and the extent to which their portfolio reflects that personal development. In essence, the PT has to make a decision as to whether to pass or fail the SP student.

As examined earlier in this chapter, the strength of the relationship between PT and student is an important factor in student development and progression in practice. A poor relationship or a lack of understanding has the potential to create dissonance between the two regarding evidence for, and construction of, the portfolio of practice.

Canham (2001), in a study referred to earlier in this chapter and in chapter two, examined the introduction of a marking tool to

previously formative assessment of SP students and suggests that the intense relationship formed between PTs and SP students does impact on marks awarded. Canham (2001) deduces from the study that the supportive role of the PT towards the student is reflected in a higher mark being awarded than would perhaps be appropriate. The Canham (2001) study implies that objectivity is compromised by the close relationship developed between student and PT. Chilton (2009) states that a professional manner of communicating is fundamental in maintaining an objective relationship, however given the intense nature of the learning experience, both the interviews with PTs and focus group discussions with academics indicate that objectivity and professional boundaries are important yet difficult for PTs to maintain.

One PT related the issue to the importance of maintaining professionalism in the relationship:

> *"...Because I know you do question yourself – is this a personality thing, are we gelling as well as...at the end of the day, you've not got to be best buddies; it's a professional working relationship. You've got to be conscious that you don't overstep that professional relationship..."*
>
> *1st interview*

The reluctance to raise issues with a student regarding not meeting expectations appears to be as a direct result of the close relationship that has developed. The PT is acting as the student's advocate; an admirable stance, yet one which could limit objectivity and honesty in assessment. Watson et al (2002) in a systematic literature review of the assessment of clinical competence in nursing, refers to circumstances which impede objectivity in assessment. Examples include the application of personal judgement in the absence of assessment criteria; further supporting the development of assessment criteria detailed in my own recommendations, and bias created by development of a close relationship with the student and

the natural socialisation process which takes place in practice.

One PT raised the issue of her expectations of a student not being met and the difficulty in addressing this directly with the student. This example relates to a PT with a limited degree of experience in assessment at specialist level:

> *"You may get on really well with your student and have no concerns, but then there might be issues and that's an opportunity to address it [at placement visit from University tutor], because it's difficult if you are working with a student who is not living up to your expectations or you think needs some more support, that they're not accepting. We've talked quite a lot about failing students, haven't we? And that is a hard thing to address. You want your student to do well and to be good, and it's difficult to be able to address that".*
>
> *3rd interview*

As also suggested by a focus group member:

> *"…it's quite a subjective relationship…, but I think the level of training and the level of experience – I know that changed as they've [PTs] got more students coming out to them and their knowledge base and how they actually dealt with students after a couple of years, it's different".*
>
> *Focus group 1*

This comment implies that as the PT's confidence grows in their role as assessor, so their ability to objectively appraise practice is enhanced. One practitioner in interview 9, who had four years experience in the PT role and considerably more in the specialist role, stressed the need to clearly explain her requirements to the student, and later in the interview referred to the importance of honesty in the PT-student relationship. This quote can be found on page 129, and demonstrates that the honesty displayed by the PT appeared to open

communication channels between her and the student. This enabled the student to also develop greater insight into the SP role and be honest subsequently in self-assessment; reappraising her stage of development.

This approach is supported by the NMC Standards to support learning and assessment in practice (NMC, 2008b), which state that PTs should:

> Set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship.
>
> NMC, 2008b, p 23

The first focus group also raised maintaining professionalism as a problem and suggested clear parameters were needed to avoid subjectivity in assessment:

> *"...you have to as a PT lay down ground rules with your student about your expectations, but then stick to those...in some relationships... sometimes it oversteps the mark – that they're meeting up at weekends and doing all sorts of strange things, and then you're expected to objectively mark this student at the end".*
>
> *Focus group 1*

However, although focus group members could appreciate the extent of the pastoral role of the PT in their relationship with the student in light of the pressures of the programme of preparation, all adhered to the above NMC standard (NMC, 2008b). Both of the academics quoted below had previously had experience as SP students and in PT roles, as had the academic in the above quote.

> *"...sometimes, just because of the nature of being so close to somebody for a year, you would be completely heartless if you didn't forge a relationship with somebody, wouldn't you...?"*

Focus group 1

In relation to the pressure placed upon the PT by the closeness of the relationship, another academic with a background in practice teaching identified the potential impact of this on portfolio assessment:

> *"I worry that they're [portfolios] not very objectively assessed sometimes and PTs are under a lot of pressure to pass things they know they're not actually as good as they should be. So it's a good form of assessment but I think it's unfair that the PT that's got so close to that person – a lot of us who've been students and had PTs that we've had for a year with us and they've become our best friends and it's very difficult to fail work if you have that relationship".*
>
> *Focus group 1*

It appears therefore, that a balance has to be made between support, socialisation and pastoral care and maintaining professionalism, role modelling and objectivity in assessment.

Ilott and Murphy (1999), when considering the perspectives of assessors regarding assigning fail grades to occupational therapy students, revealed a high incidence of assessors allowing students inappropriately to 'just pass' (p13), based on a number of quite complex issues and conditions. A seminal text for the nursing disciplines by Duffy (2003) outlining her research into the reasons why underachieving pre-registration nursing students in practice rarely fail their placement assessments also seems relevant here. As Duffy (2003) recognises, the jargon incorporated in practice assessment documents and the recognition of a minimum standard as sufficient to pass considerably hinders the assessment process. As with the pre-registration nursing programmes, the SP programmes at my academic institution have applied a pass-fail outcome to practice assessment, limiting accurate assessment of the overall level or

standard achieved. The close working relationship between PT and student and the emotional impact of failing the SP student seem at least as relevant in this situation. This was also recognised by Sharp (2000), in an examination of practice assessment for social work students, who highlighted another pressure imposed upon the practice assessor: the considerable impact of a threat by the student of an appeal to a fail outcome on the PT's decision to pass or fail the student's practice. The impact of a fail outcome on the assessor therefore also has to be considered.

These different perspectives appear to be encapsulated by a PT in her evaluation of the practice assessment process and the impact of the close relationship on this:

> *"...it's weighing up your responsibility against your compassion".*
> *3rd interview*

Ilott and Murphy (1999) concur with the suggestion that failing a student can become more difficult, both for supervisor and tutor, as the relationship develops and is compounded by the effects of the pastoral role.

The introduction of a third party to assist in addressing issues and support the PT and student in the assessment process appears to be pertinent, and it is suggested by Boran (2009) that a tripartite approach between PT, lecturer and manager is important in addressing the implications of a fail outcome by providing mutual support and guidance in the decision-making process. The aforementioned study by Jenkins et al (2009) also recommends a tripartite approach, with open dialogue in this case between tutor, PT and student to identify and manage dissonance in order to inform decision making. This currently occurs to some extent within the programmes, however the interview and focus group data analysis

suggest that enhancement of this approach would provide greater support for the PT and student in practice assessment.

In a study by Manias and Aitken (2005) examining clinical teachers' perceptions of their roles supporting students within postgraduate nursing programmes, the authors found that although the clinical teachers felt confident in their clinical expertise to act as role models and facilitate SP student nurse education in practice, they felt less comfortable evaluating the student's clinical decision making and progress. Although this was an Australian study relating to postgraduate programmes in acute care disciplines, it does highlight the potential problems and conflicts raised by the combination of practice assessment and mentor roles. The quantitative analysis of the resulting data from questionnaires completed for the Manias and Aitken study (2005) limits a deeper insight into the nature of the concerns raised regarding practice assessment. Although perceptions by the clinical teachers of their roles are included in the paper via descriptive statistics, these were limited to generalised statements. The authors recommend further investigation of a wider range of specialties across HEIs, as this study, similarly to my own, focussed on experiences of clinical teachers from one university into a limited range of disciplines.

An experienced PT who had mentored many SP students recognised in the quote below the difficulty of failing a student, whilst acknowledging the responsibility that the PT role engendered and the requirement to adhere to professional body standards, particularly for the ongoing protection of patients and clients (NMC, 2008a):

> *"...because when you get used to your student, the temptation is, oh, she's really lovely, and I want to give her a... [laughs].... And they're fledglings, and you don't want to fail anybody. And at the end of the day, we don't want people to pass and practice at an*

abysmal level because children will not get protected, will they?"
7th interview

Practice Teachers often felt or were attributed a considerable level of responsibility for the student's level of achievement. This generally had a positive connotation, as in the following quote:

"And [tutor name] and [name] came to see me and said, - we just have to say, we think you've done a marvellous job, because they had worries about her at the beginning too".
8th interview

This comment clearly refers to the PT's mentorship role, particularly the understanding of the impact of personal issues on student study and the pastoral support provided. The PT also clearly valued academic recognition of the effectiveness of their role and its impact on student outcomes. In a separate interview, a PT considered their responsibility in role modelling and facilitating development when observing the student taking the lead:

"Obviously, she has learnt from the previous prompts…I don't have to remind her to do that; she had done it off her own back,…you have not ignored what I have said to you… you are telling others – sort of directing them as well… They're getting on the right track. Because the person has accepted constructive criticism; looked at myself (sic) [themselves], thought about it laterally, objectively and if a similar situation happened again, a few months down the line, and she just did it. That was good, it is good…"
5th interview

The PT conveys pride in the student in this example and in the other interviews on several occasions, in their ability to accept advice and act upon it; a great achievement for PTs as role models (Chilton, 2009, Davies, 1993) and a source of satisfaction given their

investment in the learning process.

The quotes and discussion above clearly identify the complexities of the PT role and evidence the need for robust support mechanisms in achieving the requirements of the role. As recognised by Neary (2000b) in her previously cited studies, this multi-faceted role is additional to the mentor's responsibilities to maintain their own CPD, deliver patient care and expand their leadership and management expertise. Heale et al (2009), in a Canadian cross-discipline internet survey of clinical mentors, also recognise the challenges faced by mentors in juggling responsibilities of the role alongside increasing workloads and competing demands on their time, which will inevitably impact on their ability to objectively assess student outcomes.

Problems of objectivity in assessment and failure to fail are widely recognised within the nursing profession. This study presents anecdotal evidence of the phenomenon, however it also recognises the immense pride felt by the PT in a job well done by the student, and emphasises that the reward of a successful student is a major factor in the PT's continuation in the role, despite the lack of recognition discussed in the next section.

I will continue by discussing these issues in relation to the PT's responsibilities and the impact that the student's level of achievement has on them, both as individuals and as health professionals.

5.4 Perspectives on the Role of the Practice Teacher

5.4.1 Responsibility for practice assessment and role recognition by the employer.

> A great deal of the success of clinical education
> rests on the shoulders of clinical educators,
> their own abilities and personal attributes, and
> the preparation and support they receive.
>
> Higgs and McAllister, 2005, p156

Practice Teachers conveyed feelings of great pride in the achievements of SP students throughout their placements, particularly when they demonstrated autonomy in decision-making. The following quote reflects the requirement for the student to apply safeguarding principles to their practice decisions and act as the patient's advocate:

> *"I think that it was a really hard thing to do. She was working in my school – she wasn't the school nurse, and working with some forceful characters. The school felt it would damage their relationship with the parents/carers. My student had to argue that it was the child that was the issue not the relationship with the parents. She did really well in a very hard situation for her to manage".*
>
> *3rd interview*

Another PT described recognising the development of the student's confidence in their abilities in a new specialism:

> *"…you could see it in her practice, and that raised her confidence, her self-esteem…she became a personality that people would listen to and then take advice from…Because there's so many strong characters;…you have to be quite firm in what you're saying because you're part of the decision-making process".*
>
> *9th interview*

A level of assertiveness is also demonstrated through these quotes; the ability to confidently take control of the situation to defend the patient's best interests. The next quote relates to a PT witnessing the student's support of the practice team, and her pride at being a contributor towards the development of the student:

> *"…she'd really supported them – she'd sat and listened and would give them ideas. It just makes you proud that you've had some*

involvement in getting that person to that".
1st interview

The SP student here is demonstrating her ability to adopt a leadership role – an aspect of the programme which is often considered difficult for the students to articulate in their portfolios of practice, and therefore one which the PT was clearly delighted to witness.

The second focus group, although understandably not directly discussing the impact of student achievement by individual student examples, did recognise the high level of responsibility the PT accepted in taking on the role:

"…one of the PTs that I know of…she's definitely supporting three student PTs as well as the SCPHN [Specialist Community Public Health Nursing] student, as well as the caseload and the team. And you just think, god…without any extra recognition".
Focus group 2

The first focus group had also discussed the multiple roles and responsibilities the PT held alongside the teaching role with the student, emphasising the need to juggle these to ensure all requirements were met:

"They are a PT, but very often because they're given that extra layer of responsibility, they're also team leaders, they're also doing projects… management might have given them. So, in actual fact the time they're supposed to have for teaching students is, unless they're extremely assertive, often very diminished".
Focus group 1

This quote raises the question as to the level of recognition a PT receives for their educative role; a subject that will be discussed

further later in the chapter.

The mentor role discussed by Heale et al's (2009) survey examining the confidence levels of clinical mentors in a variety of settings and health disciplines including community practitioners revealed, as identified above, that a lack of adequate time to meet the requirements of the mentor role was a key barrier to the effectiveness of mentorship across disciplines. Heale et al's findings (2009) state that input and support from HEIs alone would not address this barrier, given that the mentors were employed by health care organisations and therefore the HEIs had little influence over time allocated to mentorship. The limited time also appeared to have an effect on recruitment and retention of mentors. The authors recommend a common interprofessional approach to supporting the role and the establishment of closer relationships between disciplines to utilise resources more efficiently (Heale et al, 2009). Although there is certainly an argument for closer interprofessional approaches to mentorship, the journal in which this article was published has an interprofessional focus, and therefore the recommendations presented are understandable in reflecting this. However this approach, although offering enhanced support for mentors would not automatically improve recognition or raise the profile of mentor roles and responsibilities within the health care organisations employing them.

Changes in the structure and composition of practice teams, introduced as a result of increasing requirements for care in the community and concurrently changes to government policy (DH, 2005, 2008c, 2010) have resulted in a reduction in the ratio of specialist community practitioners to other levels of clinical staff. As a result, the availability of experienced specialist practitioners to adopt informal support and mentorship to newly qualified SPs within practice teams has significantly reduced. This could be one reason for

the need for continued support of these newly qualified SPs by their PTs beyond the duration of the specialist programmes. I have already referred to this in relation to comments made in interview eight. This issue; although outside of the scope of this study is a potential area for further investigation, and has a significant impact on the expectations of PTs by students and the employing organisation and their ability to address these expectations when combined with the identified lack of time to dedicate to the PT role. Phillips et al (2009) suggest clinical supervision as a means of providing PT support for assessment and decision-making. This, however, presupposes the resource of time, which is not always available (Kilminster and Jolly, 2000) and the skills and commitment of participants to facilitate this process (Lyth, 2000).

The discussion continued in the first focus group, with one member alluding to the SP student's limited level of understanding of their new role on completion of the programme, which would indicate a requirement for continued support and preceptorship:

> *"But by the end of the programme, I think they've got – seventy per cent of the understanding. But I think it takes a good year after that to fully understand your role".*
> *Focus group 1*

This links to second focus group discussions detailed below regarding the dissonance between the focus of the employing organisations on achievement of skills and competencies on completion of educational programmes, and the philosophy of the University related to continuous professional development and promoting innovation and capability within these programmes. In spite of government directives, such as Modernising Nursing Careers (DH, 2006) and Towards a Framework for Post-registration Nursing Careers (DH, 2008d) which recommend flexible pathways for nurses to develop expertise and leadership, both documents focus on development of

skills and competencies, with scant detail regarding how this professional development will be supported in practice through education. As identified earlier, Stephenson (1998) recognises the distinction between competence to perform for a specified purpose and capability to look forward and realise potential. This distinction resonates with the Vygotskian ZPD approach (Vygotsky, 1984) in enabling the individual to recognise actual and potential development to achieve proximal development (Spouse, 1998). Qualifying SP students, based on the University stance, having achieved the required proficiencies (NMC, 2001, 2004b) still require support and preceptorship on achievement of the award to reach their full potential; a situation recognised by Myrick et al (2010) in relation to pre-registration nurse education. However, employers may expect all newly qualified SPs to be capable of autonomous practice in the role from day one.

The general feeling from the second focus group was that, in order to meet the requirements of their roles, there is a need to raise the profile of PTs with their employers to recognise the full remit of the role and enhance the support available to them:

> *"...we're designing courses based on the need of the Trusts and also on the professional bodies – so we're being pulled in two ways there, aren't we? But we're expecting, and the Trusts are expecting, PTs to support the students. But if the Trusts aren't, then we need to make it clear that they aren't and that they need to [support PTs]".*
>
> *Focus group 2*

Another group member echoed this sentiment:

> *"...in terms of lifting their profile, lifting their recognition...saying, have you got any idea what these people are actually doing and achieving down here? And how are you going to recognise that?"*

Focus group 2

There is a paucity of research into this area in relation to mentorship of post-registration practitioners, however the NMC (2008) have clear standards and therefore expectations of PTs, which provide some support for the PTs and HEIs in ensuring a level of preparation and an appropriate learning environment for SP students, yet may also add to the pressure felt by PTs within the role. One focus group member felt that the recognition would also be required from those working alongside PTs, from whom there appears to be a lack of appreciation of the requirements of the PT role:

> *"...So I think that as a community of nurses, we don't recognise the skills of the PT's role as well – we're or own worst enemy. And if you got that support from the grass-roots level as well as managers, then you would find that more people might want to take the role on and aspire to it...we know how much time it takes – we see the students and we see the PTs".*
>
> *Focus group 2*

Lack of role recognition is compounded by the variation in remuneration, with PTs in some NHS organisations being allocated to a higher pay band than others for the PT role; an issue raised in the next section of the work. During sixth interview, the following comment was made related to the lack of PT role recognition and stifling of creativity:

> *"Support for us – to raise the profile of the PT in PCTs...There's so much I could do and would love to do, but you can't because what has to always come first is your practice and your caseload, and hopefully things like that will change, but I just don't know whether they will in the short term".*
>
> *6th interview*

Role recognition is therefore a significant issue for PTs, and described

by one focus group member as follows:

> *"It's almost like forgotten educators,...aren't they?"*
> *Focus group 2*

Based on the above quotes from both interviews and focus groups, there appears to be a greater understanding by academics and PTs than by employers and peers of the increased pressures and responsibilities which the PT role engenders. This results in a supportive stance being adopted by the HEI in defending PT issues and concerns. Also, some academics have previously held posts as PTs, and all are mindful of the requirement to secure PTs for SP placements (NMC, 2006, 2008b), which naturally reinforces the importance of support, particularly when considering the added pressure the PTs experience given the limited number of placements available. The HEI seeks to provide an empathetic understanding of the competing pressures of practice assessment for both PT and student, yet the influence that the HEI is able to exert on employment status and recognition is naturally limited. It became evident that support and recognition of the PT role had been found to be lacking from the employer by some PTs in their interviews, and this was reflected in the focus group discussions, as will now be discussed further.

Role recognition became a key theme within both the interviews and focus groups. Lack of recognition and consequentially allocated time for the PT role was considered to have a negative impact on the effectiveness and retention of PTs. Having so consistently arisen as a theme across the interviews (particularly interviews 4, 6, 7, 10) and referred to in the first focus group, I introduced a more specific question related to this in the second focus group.

The following quote exemplifies the feeling of lack of recognition

raised within the interviews:

> *"..when you're having your performance review interviews, they [managers] seem to steer very clear away from any role you have within education. It just doesn't come into the scenario, and I certainly have had to remind my line manager that I have outcomes I have to achieve from education as a PT, as well as a clinician and a DN.".*
>
> *4th interview*

The same PT later continued with this theme, when asked what extra support the University should offer to PTs. As the PT's position was so clearly expressed, the quote has been minimally edited:

> *"An awful lot that management could do in practice to help and support us – we have a strategy in place and as a PT I'm fulfilling all my parts of that strategy, but I've yet to see anything from the promises of management to support that. We're supposed to have a reduced caseload – that doesn't happen, we're supposed to have released time for teaching – that doesn't happen. It's still not on management's agenda, basically…we've done a lot of work with our managers to raise the profile; get them to have an understanding of what we do…It's still a lot of stuff gets done in your own time, out of hours,…I think that's still the place where the support's lacking, I'm afraid".*
>
> *4th interview*

Practice teachers routinely devote time to voluntarily attend quality events related to SP education, such as University Programme Committees, curriculum development events, PT meetings and study days and due to her considerable experience in the role, this PT effectively articulates an appreciation of the wider issues impacting on PT effectiveness.

Another PT however, although with considerably less experience in

the role, when asked about recognition of the role by her employer still echoed the above sentiments:

> *"[I] Never have a reduced caseload. Always have the threat – if you don't have a student you lose your band [level of pay] immediately – so that makes you feel disposable…if you're in an educational role, then you're teaching peers, you're teaching support staff, you're keeping professionally updated and making sure everybody else is. There's much more to it than just having a student. I think it's a wider role. I think that's how it should be; it's an educational role".*
>
> *10th interview*

This PT interestingly uses the word 'disposable' to describe the lack of recognition by her employer, and feels threatened in terms of retaining pay and conditions by fulfilling the role; a very negative approach to retaining commitment. This implies that as a PT she does not feel valued, nor her position as an educationalist viewed as an important aspect of her professional role; evidently creating considerable tension for the PTs managing multiple roles in the workplace.

The issue of lack of recognition of the pressures of mentorship roles and practice assessment is supported by the aforementioned extensive research by Neary (2000b). Neary's paper (2000b), based on the results of two studies of nurse mentors over six years, suggests that a named practitioner should be given supernumerary status, a title and a programme of education. This practitioner would facilitate learning between student, mentor and other agencies and ensure student progress; providing a final report on the student at the end of the programme of preparation. This paper, although several years old, offers some useful approaches to the issue. Myall et al (2008), in an evaluation of mentorship in practice for pre-registration student nurses, also identified the need for recognition of the role

from the employing organisation through protected time. The PT role has been recognised by the nursing professional body for many years, with educational preparation, recommendations for protected time and reduced caseloads built in by them along with a requirement to make a decision regarding 'signing off' the student as competent at the end of the period of consolidation (NMC, 2008b). Yet it is evident that these recommendations are not being fully implemented, which appears in part to be due to the ongoing competing pressures in practice, as suggested by the following extract from the second focus group discussion:

> *"…Because if the PTs weren't there supporting the students, they wouldn't be able to get the qualification, then their pool of HVs, DNs etc would dry up. Then they'd be in a mess.*
> *– Well they know that at one level, but they're all fire-fighting; they're just dealing with today.*
> *– Just from one crisis to the next.*
> *– Yeah. So many staff down today, well we'll have to move people…and even managers within these organisations; they're still running things on a day-to-day basis. And they're not taking that long-term view".*
>
> *Focus group 2*

There was also the opinion from this focus group that a considerable amount of PT input is provided due to their commitment to the education role rather than in lieu of protected time, reduced caseload or remuneration, as asserted in interview four, earlier in this chapter. A focus group member alluded to the impact of this on experienced PTs:

> *"And for those PTs that are new…those experienced PTs are ultimately the ones that are picking up a lot of the pieces and trying to support those people. So, I'd say it's all a bit chaotic, really, and the goodwill will go because they don't really have that recognition any more".*
>
> *Focus group 2*

The following PT, with experience in the role, recognised the challenge of obtaining time to spend with SP students:

> *"It's sometimes difficult to get the time to reflect and go through the outcomes and to show that evidence. We try to have protected time, but in today's climate, it's just very difficult".*
> *6th interview*

The discussion in the second focus group was extensive on this subject, and incorporated many aspects of the PT role and perceptions of the stance of the employing organisation towards post registration nursing and allied health professional education.

One academics' comments suggest that she considers that there is often a mismatch between our philosophy of education and the mentor and employer's focus on training for a role. She articulated this point thus:

> *"In terms of thinking about nursing and mentors of those people...I think there's a difference again in expectations. We're seeing the wider picture and looking to the future – they're in the here and now, and they're dealing with the here and now...We're trying to educate people, not just train them, educate them, not just for that role [other voices – "for the next", general words of agreement] and for their career and for the longer term vision and different goals".*
> *Focus group 2*

The study clearly articulates a lack of recognition by the employer of the breadth of the PT role and the level of responsibility it engenders. This is an area of minimal previous research, and one which has huge implications for PT support.

The above quote implies the understandable focus of the employer on meeting today's needs, which is at odds with the HEI's longer-term vision for practice when delivering a programme of clinical education. This will now be explored further.

5.4.2 Differing educational philosophies.

Hase (1998), in a discussion related to work based learning in Australia, supports the view that employers tend to focus on competencies as the driver for training and the advancement of the employee, and recommends a collaborative approach between the employer and the education institution to ensure that the aims and philosophies of both organisations are recognised and addressed. Clearly, there is a requirement within the UK to address practice proficiencies set by the professional body (NMC, 2001, 2004b), however this should not be to the detriment of the qualities required by the University which demonstrate capability within higher level practice. Watson et al (2002) recognise the difficulties in attempting to measure aptitude within a role by achievement of a set of competencies through training which may not reflect the ability to perform or demonstrate capability once in the practice situation. Watson et al's literature review (2002) quotes Short (1984) in an attempt to explain this further:

> Mastering particular *things* is not the same as possessing certain *qualities.*
>
> Short (1984, p 201) in Watson et al (2002)

This subject was further discussed in relation to the differing HEI and employer's perspectives; alluding to what one member of the focus group referred to as the variance between 'process and product':

> *"We're trying to promote a process of education: lifelong learning, evidence-based practice, critical thinking. And the employers want the product – can they do X, Y, Z, are they fit for purpose".*

Focus group 2

The comment from the above academic suggests that the University approach reflects the Department of Health's stance for lifelong learning (DH, 2008d), yet understandably this is at odds with the pressures on employing organisations simply to meet minimum requirements to produce a competent workforce. Assessment via a portfolio of learning is described by Hull et al (2005) as attractive to educationalists as it takes into account prior experience and knowledge, whilst facilitating recognition by the student of their priorities in further professional development. It therefore appears necessary to attempt to unpick the dissonance between academic and government priorities and philosophies and those of employing health care organisations.

The evident frustration in the above quote reflected the general feeling within the focus group. One group member, who is heavily involved in student preparation for advanced practice roles, gave an example of the impact of the employer's approach on the process of education from the University's perspective:

> *"...what we are training practitioners or advanced practitioners, specialist nurses...and the way that we visualise these particular roles, etcetera isn't necessarily what the PCTs want of the students. I mean, down to the point where they send them in to obtain the absolute, pure clinical skills elements...but really don't want to know anything about...; the wider dimensions of patient care or anything else to do with that".*
>
> *Focus group 2*

This quote again relates to skill or competency based training; to function rather than to adapt and develop. Another member of the same group referred to the responsibility of the University in ensuring that the student reached an acceptable level for award and the lack

of recognition of this by sponsoring or seconding organisations:

> *"I think a lot of Trusts still have this focus on competency vocational approaches to training…at the end of the day we have to sign them off as fit for award as well as qualification, and I don't think they see that".*
> *Focus group 2*

These statements indicate a lack of understanding of the requirements of the post-registration award studied and a lack of vision and long-term support by the employer to enable the practitioner to achieve proximal development in their speciality; preferring a 'quick fix' approach. This point was discussed further by the following focus group member, regarding students exiting educational awards prior to completion of the full programme:

> *"…there does seem to be this incredible reticence from the PCTs…to acknowledge that we do need research-based practice…they're very short-sighted…"*
> *Focus group 2*

A participant in the same focus group referred to this situation as the learning culture impacting on the educational direction of the health care organisation – a subject picked up by two other group members as shifting the focus of learning towards skills training:

> *"It is about the learning culture in the Trusts as well as in the wider professions. And if you don't have that sort of learning culture, you just have a service-led and you have to do X amount.*
> *– Like a skills-based thing.*
> *And training…if you do other courses, they've got to relate to clinical practice…the old favourites, then you're not going to get great thinkers – those people that, you know*
> *– Push the boundaries, make changes, mm".*
> *Focus group 2*

The exchange between these academics suggests the employer's focus on developing core clinical skills at the expense of promoting cognitive development to enable innovation and creativity in practice. This could account for some of the PTs detailed earlier in this chapter asserting that the complexity of their roles is not recognised by their managers, whose criteria for educational achievement were also considered much narrower than those of educationalists in the opinions of the focus group members.

The SP student's responsibility to achieve the required level is recognised by the PTs in practice assessment and reflects concerns regarding the ability to evidence development and progression through the assessment of the portfolio of practice. There is a difficulty in balancing assessment of skills acquisition and competence in a discipline against the wider aspects of capability in practice, such as responsive assessment, adaptability and intuitive decision-making; described by Neary (2000a) as:

> …the 'worth' of the interventions…the unpredicted, unexpected and unintended learning outcomes which need to be assessed 'responsively'…
>
> Neary, 2000(a) p.138

These qualities ensure that the SP student is capable of taking on the full remit of the specialist role. Canham (2001), as mentioned earlier, introduced a staged practice assessment process for specialist practice, which incorporated student self-assessment as a form of moderation. The inclusion of an assessment tool and formalised marking of practice achievement by the PTs resulted however in higher overall classifications for a significant number of students. This included students in the study whose practice was considered questionable by the PTs, yet they were still awarded a pass mark which, Canham asserts, is an indication of the failure to fail situation referred to earlier in this chapter (Ilott & Murphy, 1999, Sharp, 2000,

Duffy, 2003) .

Given the complexity of the PT role as mentor, facilitator and assessor, the approaches of the employing organisations towards nurse education would potentially have the effect of stifling innovation at specialist and advanced practice levels. In the absence of protected time and reduced caseload recommended by the NMC (2008b), PTs are presented with continuous dilemmas in their attempts to ensure that the SP student has access to the wider aspects of the role alongside the day to day requirements. As one PT within health visiting explained when discussing public health and the importance of health promotion activities within the role:

> *"...they [SP students] do need to know...if you've done that wider health promotion,...it helps when you're challenging in people's houses and it helps when you're looking at policy development ,...you can sort of think well, I do influence this and I do have a say and I know the process".*
> *7th interview*

Another PT from a different discipline, when discussing the positive aspects of the portfolio of practice, stated:

> *"I think it [the portfolio] really does give a very wide scope of practice...which I think some – particularly managers – would think would be traditionally outside of our remit".*
> *4th interview*

These two PTs convey concerns regarding the potential and actual scope of practice of the SP students, which although the potential is recognised by PTs, practice currently appears limited and at odds with recent government directives:

> Nurses also need a sense of identity and confidence in heir specific contribution to

> multidisciplinary teams. Pre and post-registration education will need to increase the flexibility and responsiveness of the nursing workforce to health service changes.
>
> Department of Health, 2006, p20

It appears, therefore, that the education provider and PT are encouraging the flexibility and responsiveness suggested above and evidenced in the portfolio of practice, yet creativity may be restricted within current health care organisations, who do not appear to be heeding the Department of Health guidance.

The above discussion emphasises the importance of PT role recognition in enabling them to ensure that students are not only competent in terms of knowledge and skills, but also capable of undertaking the SP role via exposure to, and involvement in, a wide variety of practice experiences to promote innovative and flexible approaches to health care delivery.

The shifting focus from a narrower, competency-based training (perceived by PTs and academics as central to the employers' requirements), to the wider educational focus in demonstrating capability and flexibility in the SP student, evidences a dissonance of educational philosophies, which when combined with the previous section is interesting in it's impact on PT support and role recognition.

5.4.3 Perceptions of the practice teacher role

Several PTs in the earlier interviews referred to their own perception of the PT role alongside their SP role, which led me to ask the first focus group a question as to how they thought PTs perceived their roles. The results were remarkably and at the same time reassuringly similar. More disappointingly, the responses appeared to reinforce a limited understanding by the employer of the importance placed on the role by PTs. First of all, two examples of the PT's perceptions were as follows:

"…if you're in an educational role, then you're teaching peers, you're teaching support staff, you're keeping professionally updated and making sure everybody else is. There's much more to it than just having a student. I think it's a wider role."
10th interview

And in relation to annual appraisal interviews with the PT's manager:

"They seem to see that as somebody else's job to look at that, not theirs, in looking at how I develop within education and as a PT. They need to understand it's an integral part of the role; it's the main part of our role, and therefore objectives should be set around that".
4th interview

The PTs in both quotes clearly see the role as central to their day to day practice, and encompassing a broader remit than that recognised by employers. Members of the first focus group also viewed the role in this way, with the following comments:

"…it's integral to their role - to teach specialist students".
Focus group 1

"…my response, from being an academic and a PT would be very much that it is completely central to our (sic) [their] role".
Focus group 1

The close relationship between University staff and PTs and the requirement for a named PT to support each SP student (NMC, 2008b) naturally leads to a focus by academics on the educational role of the PT, however as previously mentioned, several of the academic staff have previously worked in PT roles and therefore could be perceived to have a more comprehensive understanding of the role within their specialist discipline. Much of the literature concentrates on the views

of mentors' and academics' attitudes and perceptions of mentoring, and tends to relate to pre-registration programmes (Pulsford et al, 2002, Manias and Aitken, 2005, Heale et al, 2009, for example), yet lack of support for the role by employers is a common theme (Neary, 2000b, Pulsford et al, 2002, Heale et al, 2009).

In her response, one academic made reference to a recent change in perception of the role in some organisations; apportioning it less importance, and less of an esteemed position:

> *"I think they [PTs] all see mentoring the student as really important. But how they perceive other people see them and whether they feel supported I think is geographically quite different".*
> *Focus group 1*

This led me to seek to expand on the perception of the employer regarding the PT role, and the potential impact of this on the PT's experience as a clinical educator. Without this insight from both professional groups, efforts to provide supportive structures may be misguided.

In the second focus group, two group members were very clear as to the conflict between the PT and employing organisation's perception:

> *"It's just a tick-box – we've got students, we've got mentors, the sums add up; end of. It's not particularly supported or rewarded or encouraged or whatever; in most instances, in my opinion".*
> *Focus group 2*

> *"They're not given the time for it [the PT role], are they? And the PTs themselves don't feel valued – they value the role, but when they encounter problems they're not given the support".*
> *Focus group 2*

It should not be surprising, then, that one PT had difficulty in understanding her employer's views regarding the priorities of the role:

> *"...all our managers now talk in terms of, oh, we've got to work like a business, we've got to be commissioning, and you were talking about all that in Uni years ago...It's just trying to keep focussed and be clear about your role".*
> *6th interview*

When asked specifically about ways in which the University could improve PT support in the interviews, the overwhelming response was that support was good (interview 2, 3, 4, 5, 6, 7, 8, 10). However, access to University meetings and study days for PTs, given the competing service demands and lack of role recognition by the employer, was variable. Many PTs have been educated at and continue to access continuous professional development from the University, therefore the shared understanding between PTs and academics of the role is understandable. It is also necessary to acknowledge that my role as a representative of the University may have limited the responses of PTs to largely positive comments.

The responses nevertheless indicate a need to raise the profile of the PT role with employers: its demands, responsibilities and future potential. Suggestions as to how this should be done are detailed in chapter seven.

5.4.4 Practice teacher and student confidence, and the support required in the role of assessor.

In addition to the pressures of team and caseload on the PT role, the interviews revealed a concern from PTs regarding the student's confidence levels and the PT's confidence in assessment, which will

now be considered further.

Concerns of PTs arising from the interviews regarding their ability to accurately assess student progress were linked to the following areas:

- Importance of peer support in validating assessment (Interviews 1, 2, 3, 4, 6, 7 and 10).
- Responsibility of signing-off the student as a competent specialist practitioner (Interview 3, 6, 7 and 8).
- Achieving the required standards via the portfolio of practice (Interviews 6, 8, 9 and 10).
- Clarity of guidance and criteria for development of the portfolio (Interviews 4, 6, 7, 8 and 9).

The focus groups expanded on these areas, identifying in addition the following issues:

- The evolving role of practice teachers and the impact on assessment (echoed from interview 4).
- Impact of funding on assessment - supporting the failing student and increasing the pressure to pass; another aspect of the issues referred to in section 5.3.4 (echoed particularly from interviews 3, 7 and 8).
- PT taking responsibility for the failures and problems encountered by the student (echoed from interviews 3, 6, 7 and 8).

When asked about the impact of a failing student on their own role, one PT stated:

> *"I think it's been very difficult for some of the PTs. I don't know what would help with that – I could imagine some PTs thinking 'I can't go to any more PT study days because people will ask me about it.' They might be put off and not want to have another student. You hope that*

that's identified by the lead for PTs in the PCT, but with all the changes going on in each PCT;...don't know if that support is there".
6th interview

It is apparent that changes to the structure and management of employing organisations over recent years have naturally impacted on the degree of understanding of roles and thus support offered to practitioners by managers in some health care organisations. With the introduction of GP consortia as commissioners of service provision (DH, 2010) there is the possibility that unless managers have a clear understanding of the role of the PT, recognition and support could be further adversely affected. Nevertheless, the priorities identified for post-registration nursing careers (DH, 2006 & 2008d) suggest that standards for advanced nursing practice incorporating specialist disciplines are to be developed with the NMC imminently (DH, 2008d). It is hoped that these standards will highlight the importance of robust mentorship and assessment in the development of higher levels of practice.

Whilst all of the PTs referred to the importance of directly observing the student's practice to improve confidence in the student's abilities and assess development, this was particularly strong in interviews 1, 4, 6, 7, 8, 9; and often incorporated elements of practice which are difficult to articulate in the practice portfolio, such as attitude and approach:

"...communication skills...interaction with the team is often the biggest...you can do one to one with somebody– [SP student and PT] but it's almost a forced relationship until you know them quite well... Lot of observation is required".
1st interview

These comments suggest the PT often does not immediately gain an accurate picture of the student as a practitioner, and suggests that

observation is an essential aspect of assessment, as also suggested by Smith (2009). The above quote also suggests that a successful professional relationship between student and PT relies on honesty and mutual understanding, which cannot be developed overnight. Academic ability may not guarantee professional suitability within a role (Illott and Murphy, 1999), therefore the PT has considerable responsibility in developing confidence in the student's practice to ensure that it is acceptable in all available arenas.

In interview seven the PT considered the importance of student and PT comparing findings following interactions with patients/clients and the student's findings reflecting the issues elicited by the PT during the assessment process:

> *"You obviously would be able to observe, because you shadow them, and oversee how do they behave in a visit, or how do they analyse it the way you have – have they come away with pretty much the same conclusions from it".*
>
> *7th interview*

Practice teachers also highlighted the usefulness of other health professionals observing the student, and feeding their appraisal of the student's performance back to the PT:

> *"I do wonder if there's something that other professionals could add to that portfolio maybe – in terms of observation...I wonder if there's an official requirement with the portfolio – whether it would be – if it's made a mandatory aspect, or something".*
>
> *9th interview*

Relating back to the comments above from the first interview, both of these PTs felt that the objective views of colleagues on student performance were important in supporting their assessment decisions regarding student development. The NMC Standards to support

learning and assessment in practice (NMC, 2006) also advocate this type of observational support, although they specify that this should be from other experienced PTs, particularly for PTs within their first three years in the role. Broader feedback, from patients and colleagues such as nurses is advocated by the General Medical Council (GMC) in the annual appraisal of medical practitioners' day to day practice (GMC, 2011). Although this method appraises the practitioner themselves rather than the student, it reflects the wider approach to appraisal suggested by the PT in the above quote.

PTs felt that support from peers (particularly interviews 1 and 2) and other health professionals (interviews 6 and 9, for example) augmented the accuracy of practice assessment. This type of support took different forms, such as witness statements, feedback from insight visits, the practice team and time spent with other PTs.

A central theme of the majority of the interviews (interview 1, 2, 3, 6, 7, 8, 10) concerned, alongside concerns regarding PT confidence as an assessor, the PT building the confidence of the SP student; observing the gradual development of this rather than, as mentioned earlier in this chapter, assuming understanding based on previous experience. One PT felt that achieving competencies early on in placement would assist in building the student's confidence:

> *"...it would then...be a nice thing to say, well, I've just got something in my portfolio in the first semester and I'm considered competent at that, and I've got over a hurdle...and give them confidence..."*
> *7th interview*

Another PT allied confidence building to facilitating learning:

> *"...her confidence was rock bottom. So I had to build her confidence before we could get any learning going. She'd been an experienced*

staff nurse and was stuck in that thinking. I wanted her to think outside of that. But I couldn't do it straight away, because her confidence levels wouldn't allow it".

8th interview

In the first interview, the PT could relate to the challenges to confidence and the importance of the PT recognising that and providing the required support:

"Confidence to deal with it, but not an over-confidence. To be able to build on to that confidence…they think they were doing the job before – I remember doing exactly that –'oh. I've done this, I've run a caseload', then the penny drops that they haven't been, then that knocks them again, and then to build on that…"

1st interview

It is apparent, therefore, that confidence building is a central aspect both of student and PT development; the two being inextricably linked, and that the PT has to be able to identify the reconstruction of student skills and competence to have confidence in the student's abilities, as articulated in the final interview:

"…it did give me a lot of confidence in that student. I thought if you can organise that many people and meet the family's needs – you can trust someone at that level…So, it's that confidence to do something using their own initiative and doing it well. And independently."

10th Interview

I explored this theme, which infers the importance of building confidence, further in the first focus group. One participant, as in the first interview above, used construction language to illustrate the process involved:

> *"…thinking about the ones who've been staff nurses for ten years – they're the ones that come in feeling very confident and sometimes overly-confident, and end up with all the confidence being knocked out of them and having to build up right from the bottom".*
> *Focus group 1*

Another focus group participant considered two portrayals of confidence which she had experienced as a PT – one referring to gradual progression, the other a more instantaneous response:

> *"I see them taking on more and more things – it's the progression element. So you can see that they're taking on board…You can see their confidence growing…and sometimes it's like that bit of a switch. I was with them and they said, oh, that's fantastic and I've really realised that what we did before really matters. And when you read those pieces of reflection it's like yes! They've got it! Really good. So you can see".*
> *Focus group 1*

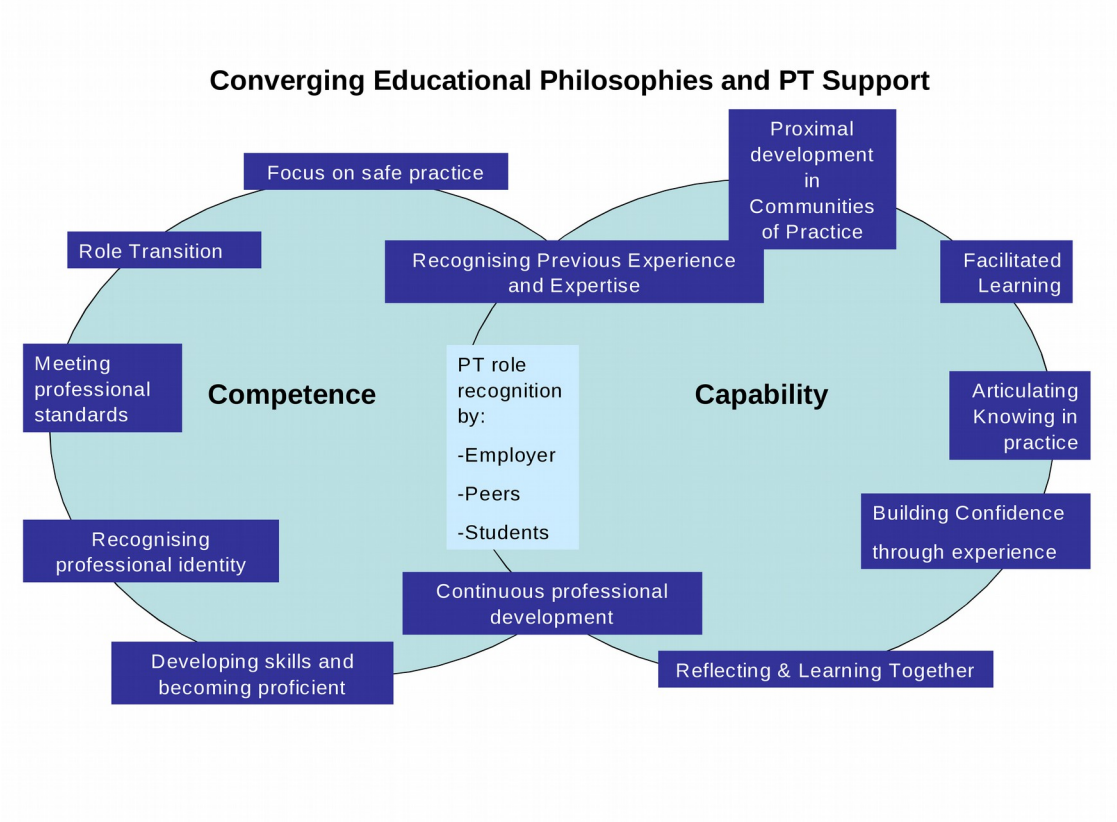
This category links back to the earlier discussion in section 5.3.1 which considered the PT's confidence in individual assessment, whereby PTs are able to observe student competence in practice, yet may question their ability in appraising the wider, more complex issues related to capability.

As previously alluded to, Wilkes (2009) differentiates between assessment of competence and capability, asserting that the distinction relates to the individual's ability to adapt their performance (competence) to situations that are new or unfamiliar to them, incorporating both psychomotor and cognitive skills (capability). The above quotes relate to the demonstration of a combination of competence and a perception of capability, which are clearly and more overtly portrayed in the confident student.

This extensive chapter has presented the results of the data analysis process, and has incorporated direct quotes from the interviews and focus groups alongside literature from the ongoing literature reviews to illustrate points made. The research cycle for this grounded theory study has involved returning repeatedly to all data sets as the research has progressed to refine and redefine categories and emerging theory. This stage in the process, therefore, has led to a clarification of concepts, for discussion within the next chapter of key findings.

Figure seven below was developed as a means of conceptualising key areas arising from this stage of data analysis. It is presented here as an example of the emerging concepts arising from the quantifying and deleting stages of Li and Seale's five strategies for data analysis (Li and Seale, 2007; see Fig 5). Concepts of particular importance are highlighted within the diagram; enabling the deletion of irrelevant material and the emergence of the categories that underpin them.

Fig.7. Conceptual Framework



This conceptual framework was developed as a starting point from which to examine the different meanings that each concept contains within the focus of the study, as recommended by Burgess et al (2006). The constantly shifting nature of concepts arising from the initial literature review and subsequent data collection and analysis is challenging to manage, and therefore the framework offered a structure upon which to develop insights into the nature and process of PT support. The framework is illustrated here as a representation of one stage in the emergence of findings to inform theory, the findings which will now be examined further in chapter six.

Chapter 6: Discussion of Key Findings

6.1 Emerging categories and sub-categories

This chapter extrapolates and refines the key findings from the project. This will be achieved by accurately representing the categories identified within this chapter, as recommended by Li and Seale (2007); bringing together co-related categories from the interviews and focus groups and utilising relevant literature to support, refute or extend the theories therein. By following this procedure a theoretical framework was established, based on the focus of the research (Glaser and Strauss, 1967, Charmaz, 2000). It will then be possible to make recommendations as to future actions to address areas raised through the research process.

It was heartening to find that a great deal of rich data and narrative had been generated from the interviews and focus groups, resulting in the ability to incorporate verbatim quotes into the data analysis to provide illustrations of and explanations for emerging categories (detailed in appendix 12 and 13). Incorporation of focus groups with academics, as already discussed, alongside opportunities for data triangulation incorporating theory and literature relevant to the inquiry, enabled a more in-depth examination of the issues; in particular the role of the employer and of the HEI. The methods of data collection employed facilitated constant comparison analysis throughout the process; an important aspect of grounded theory study (Birks and Mills, 2011) and one that builds the theoretical aspects of the study by comparison of codes, categories, existing literature and contemporary thinking (Charmaz, 2006).

6.2 Similarities with and contributions to the body of knowledge

As stated by Allmark (2003) one’s theoretical position changes based upon the outcomes and findings of the research undertaken; theories are espoused which contain conjecture related to the subject of

interest. A new theoretical framework is then established based on examination of these theories and subsequently one's own conjecture. The resulting theory is intended not to confirm or refute those espoused theories, but to examine and extend them; in this case from the perspective of support for mentorship of students in higher levels of practice.

The theoretical framework guiding the research, adhering to grounded theory principles, has been identified through analysis of data from the following data sets:

The initial literature review
Individual interviews with practice teachers
Focus group discussions with academics
Literature sources identified via ongoing, regular reviews of the literature.

Some of the principle theory sources emerging from the periodic literature reviews that linked directly to the outcomes of the analysis of data from the interviews and focus groups were:

Duchscher (2009) – transition shock in moving to a new nursing role.
Vygotsy (1978), Knowles (1978) and Spouse (1998) – the zone of proximal development as related to adult learning theory, or andragogy.
Lave and Wenger (1991) – socialisation into the community of practice and the importance of participation in enabling learning and development.
Carper (1978) and Carr (2005) – ways of knowing and the importance of situated learning and reflective practice in articulating knowing.
Eraut (1994, 1998) – developing professional knowledge and recognising the distinctive qualities required for higher level practice; linking competence and capability to performance.

Stephenson and Yorke (1998) – competence and capability and the importance of the latter in fully realising potential.
Canham (2001) Duffy (2003) and Illott and Murphy (1999) -problems of objectivity and avoiding failure to fail in practice assessment.

Many of the issues raised whilst exploring PT support link directly to the dissonance between the philosophy of the HEI and that of the employing organisations. The HEI academics and PTs demonstrated their stance as educationalists, although practising within different settings, were in accord regarding their philosophy of nurturing students through lifelong learning, continuous professional development and reflective practice to establish capability. The employers, however, given the constraints of education budgets, time and resources, were considered to maintain a far greater focus on training for competence within the speciality, with the resulting lack of recognition of the complexities of multiple PT roles and the degree of responsibility that these roles engender. These findings had not been fully anticipated, and given the minimal research undertaken into practice teacher roles, shed new light on the issues faced by PTs in their day to day practice.

There are six specific areas that extend existing theory and shed new light on PT support requirements: transition shock and building confidence, acknowledging experience and learning together, enabling proximal development and the importance of socialisation into the community of practice, balancing multiple PT roles and recognition of these by the employer, and finally the importance of developing both competence and capability. These areas are discussed below, followed by identification in section 6.2.7 of their importance, particularly in relation to the originality of the findings presented.

6.2.1 Transition shock and building confidence

The term transition shock was coined by Duchscher (2009) in her exploration of the transition of new nurse graduates from student to qualified, practising nurse, as illustrated in Fig.5 of section 5.1.2.

A strong theme within the interviews and in focus group two related to the difficulties that SP students encounter in making the transition from experienced, qualified nurse back to student. These difficulties appear to be compounded by a lack of recognition of their existing expertise in their new roles. This phenomenon is an almost direct reversal of the situation described by Duchscher (2009) in relation to the transition from student to practising professional nurse, yet the feelings experienced are very similar. Educators – both PTs and academics, empathised with the student's situation; often framing the student's experience upon their own at the same stage. The new community of practice, with its own professional culture and identity, feel alien to the student and take time to understand and participate in. Practice Teachers therefore require support in recognising the SP student's existing experience, skill and competence to guide them through the transitional period and facilitate socialisation into the community of practice. As outlined earlier, in the interviews PTs describe this transition and development in construction terms (other examples: section 5.2.3):

> *"...So I had to build her confidence before we could get any learning going."*
> *8th interview*

Recognition of experience should therefore positively affect the student's confidence and consequently reassure the PT that learning can take place. In section 5.2.2, PTs emphasised the importance of previous experience as impacting on the ability to develop within the role, and as a result, recognition of the SP student's previous status and identity would assist in establishing the student's new position, to avoid the 'student stamp' (identified in focus group two) and

encourage in the student an open-minded attitude to learning and development.

Duchscher (2009) alludes to the escalating expectations placed upon the new graduate nurse and refers to the ‘in between ness’ (p1104) felt by them. Duchscher’s study related to pre-registration qualifying nurses, yet within my study it is clear from PT and academic remarks that this theory also applies to the experienced nurse who undergoes an equally difficult transition period; moving from an authoritative to a subordinate role (see section 5.2.3), and becomes an ‘initiatee’ in the community of practice. The PT supporting the SP student requires the level of their experience to be identified, regardless of the discipline within which it is held, to recognise transferable skills and knowledge to the new context of practice in the pursuit of establishing the student’s starting point for development.

6.2.2 Acknowledging experience and learning together

The importance of reflecting and learning together has been established: both through the literature, such as Teekman (2000) and Schön (1983, 1987) and through analysis of the project data. Direction is provided by the PT during these reflection sessions to ensure that proficiencies are addressed, and the PT is reassured of student capability through the articulation of their knowledge (Carr, 2005) and frequent reflection on practice situations.

As examined in section 5.2.2, prior knowledge and previous experience have to be acknowledged, with support from the HEI, to enable the PT to facilitate knowledge transfer in the learning process.

The ENB-funded study by Gerrish et al (1997), identified that practice educators on occasions stifled creativity in their students’ achievements. My own study, in addition, reveals an increasing loss of creativity evidenced in the practice portfolio as the student

progresses due to other work pressures.

Also, the application of a pass/fail outcome for the portfolio of practice suggests to PTs and academics a lack of interest in achieving the highest possible standard for the portfolio.

The solution to this appears to lie in increasing the credibility of the portfolio, which in turn will assist the PTs in encouraging creative approaches to portfolio development.

6.2.3 Enabling proximal development through socialisation and participation in communities of practice

Cope et al (2000) recognised that situated learning facilitates knowledge and skills development. It is clear that professional identity in the community of practice is important in facilitating learning (Tolson et al, 2005, Lave and Wenger, 1991). From the data analysis, PTs and academics recognise that students often undergo a loss of professional identity when accessing a new programme of professional education; partly due to the lack of recognition of their previous experience and expertise by the PT and practice team that they are entering (section 5.2.2 and 5.2.3). It is subsequently difficult to build capability in the new role until this recognition is achieved, and consequently the PT has difficulty establishing the starting point of the student's development. This may delay development and present a cause for concern for the PT.

There is a requirement for full student participation in a well-functioning community of practice with an established learning culture to maximise learning and development (Lave and Wenger, 1991, Sharp et al, 1995, Hung and Chen, 2001). This project concludes that strategies therefore need to be in place to enable recognition of experience, in order to ensure the achievement of

proximal development within the community of practice, building from the individual student's stating point (Vygotsky, 1978, Spouse, 1998). This in turn will assist the PT in developing the expertise of both the SP student and the wider team.

6.2.4 Balancing multiple roles.

The importance of a close relationship between PT and student is evident from the literature (Perry, 2009, Neary, 2000b, Pulsford et al, 2002, Sayer, 2011). This involves role-modelling (Perry, 2009), facilitating learning, responsive assessment and preceptorship post-qualification (Myrick et al, 2010). Evidence from the interviews and focus groups clearly supports this view, and in addition recognises the extensive and ongoing investment of the PT in the role, often outside of normal working hours and beyond the duration of the programme of preparation. The preceptor role; accepted by PTs in interviews two, four and eight in particular, is linked to socialisation and acceptance of the newly qualified SP in their new community of practice (section 5.2.3). Focus group one also identified the impressive extent of commitment of the PT; often under difficult and challenging circumstances.

Also recognised within the research was the issue of the PT building an exceptionally close relationship with the SP student, which could affect assessment and outcomes and potentially result in a failure to fail, as discussed in sections 5.3.4 and 5.4.1:

> *"...it's weighing up your responsibility against your compassion".*
> *3rd interview*

Objectivity of the mentor in assessment, recognised as important yet challenging by Canham (2001) and Watson et al (2002) and often an outcome of the dilemma of balancing multiple mentor roles (Neary, 2000b, Orland-Barak, 2002), resulted in the PTs conveying some

discomfiture in the assessment process (also recognised by mentors in the Manias and Aitken study, 2005). Support from peers in student assessment was therefore sought to reach outcome decisions. Smith (2009) highlighted the essential requirement for direct observation, and this study supports this view and adds the importance to the PT of peer review in maintaining objectivity in assessment. Failure to fail (Illott and Murphy, 1999, Duffy, 2003) and impact of failure on the mentor (Sharp, 2000) are recognised as issues within the study in both methods of data collection (see section 5.3.4), and in addition are considered by respondents to be viewed by others as a reflection of the PT's own abilities.

6.2.5 Role recognition by the employer

Practice teacher investment in the student support role is identified as extensive by respondents, and the practice teaching aspects of the specialist role considered as central, integral, and the main part (see section 5.4.4). Yet a lack of recognition of this from the employer strongly features in responses. Heale et al (2009) found that this manifested itself through lack of allocated time to dedicate to student support. However, my own study also revealed a lack of understanding by the employer of the complexities and responsibilities of the role and an absence of opportunities for further development (as the educator status was not considered to be recognised in personal appraisal). The PTs generally did not consider that they were seen as educationalists, as discussed in section 5.4.1, to the extent that the PT from interview ten described feeling 'disposable' in her PT role.

Reward for the role therefore related principally to PT pride in student achievement:

> *"...It just makes you proud that you've had some involvement in getting that person to that".*

1st interview

6.2.6 Competence and capability

It is therefore important to clearly recognise and make the distinction between training for competence and educating for capability. Competence, it could be argued, has been reduced to an accumulation of knowledge and skills – a situation compounded by introduction of the Knowledge and Skills Framework (DH, 2004), which has linked pay structures to the ability to perform tasks effectively. Yet in a constantly changing health service, supporting flexible career pathways for nurses (DH, 2006), assessment of ability at higher levels should involve appraising more than competence to carry out tasks, which in a skills context can be reduced to rote learning.

The different approaches can be linked back to pre-registration nurse education, which is commonly recognised as a form of training to achieve competence within the profession; an understandable approach given the lack of previous experience in the field of many pre-registration nursing students and the ultimate requirement for patient safety. The imminent introduction of an all-graduate profession will inevitably impact on the educational philosophy of new pre-registration programmes, and is likely to place a greater reliance on the skills of nursing mentors. Therefore the generalisability of the key findings of this study may well apply to an all-graduate nursing profession in the pursuit of higher level practice.

To ensure that PT and mentor roles are recognised and given the credence they deserve within today's highly competitive health care environment, this approach towards nurse education will be required to change. Unlike pre-registration programmes, upon which most recent research is based, the project identifies that higher levels of practice cannot function based on competency alone, and require the practitioner to combine the art and science of nursing to adapt to

situations, utilising skills and competencies, yet also appreciating and realising the wider issues that come into play, such as context, situation, relational factors, values and beliefs.

Although it is acknowledged that many tasks and skills are assessed to ensure patient safety and therefore assure the achievement of at least the minimum level of competence, nursing as a profession within a rapidly evolving and increasingly demanding health service requires of the nurse, particularly in higher level practice, the ability to adapt and respond to new, challenging situations. Stephenson (1998) observes the following as recognisable abilities of capable practitioners:

> - take effective and appropriate action
> - explain what they are about
> - live and work effectively with others
> - continue to learn from their experiences as individuals and in association with others, in a diverse and changing society.
>
> Stephenson, 1998, p2

In addition to Stephenson's observations, the project has highlighted the following qualities of the capable practitioner:

- to build confidence and inspire it in others
- to adapt their approach dependent upon the circumstances presented
- to lead and develop others in a team approach.

The findings of the study therefore indicate that recognition of a number of pre-requisites by employers and educationalists alike are required to ensure PT support in the assessment of higher level practice. Only through a convergence of educational philosophies will PTs and other nurse mentors gain the recognition and support they require and deserve in what is a vital role in the maintenance of practice standards and in achieving proximal student development.

6.2.7 Originality and importance of research findings

This research indicates that there exists a clear dissonance between the philosophy of educators (academics and PTs) and those of employing organisations, particularly line managers overseeing the SP students and their PTs, in relation to the practice teacher role and the aims of the specialist practice programmes.

Educators within higher education institutions and in practice focus upon educating for capability: building student confidence and ability, to develop specialist practitioners with the capacity to work autonomously, adapt to a variety of situations and contexts, continually develop and be flexible in their approaches. Their views of employer and manager perspectives were that they focussed on the training SP students to become competent in their roles, without understanding or acknowledging the wider capability issues or the extent of investment of the PT in preparing the student to practice at a higher level within a new specialism.

Practice teachers and academics viewed the practice teacher role as a central and integral aspect of their specialist practitioner role and considered therefore that they were educationalists as well as practitioners. However, they did not perceive that their managers held the same viewpoint: instead they considered that their managers viewed the educator role as an addition, and certainly for one PT as a ‘disposable’ aspect or bolt-on to the SP role.

SP students experience difficulties in demonstrating their transferable skills, and often feel stripped of their experience, in a reversal of the transition shock identified when nursing students move into qualified roles. This difficulty impacts on their socialisation into the community of practice and on the PT’s ability

to get learning going. The student moves from an experienced practitioner to an ‘initiatee’ into the community of practice. This is clearly and area where PTs benefit from reflecting with their students and receiving support to identify the student’s skills, knowledge and experience, to facilitate initiation into the community of practice and enable the student to take the initiative within the new specialism.

PTs are required to balance multiple roles as mentors, assessors, confidantes and preceptors. They truly value and display huge commitment to these roles, yet they perceive little recognition or support of this by their managers. It is therefore important that, in order to develop support mechanisms for PTs, the requirements of the PT role are clearly communicated to managers across health care organisations.

These findings will assist in the development of post-registration education, by developing curriculum which recognises the challenges of practice assessment and supports the practice assessor as well as the student. The findings also indicate that the role of the practice assessor in nurse education cannot be overlooked, and is vital in the continuing development of strategies for learning beyond registration.

The following chapter identifies what can be concluded from the findings in order to develop the support provided to PTs in their assessment of specialist practice students. This is followed by specific recommendations for application to practice and the curriculum, and consideration of limitations of the study and areas for future research.

Chapter Seven: Conclusion and Recommendations

7.1 Introduction
7.2 Conclusions drawn from the findings
7.3 Recommendations
7.4 Methodological limitations of the study and future areas for research

7.1 Introduction

The aim of this chapter is to draw conclusions and make recommendations in relation to the research question. The limitations of the study will also be considered.

The key research question for the project, as stated in Section 1.4 is:

What support is required by nurse mentors of specialist practitioner students in the assessment of higher level practice?

7.2 Conclusions drawn from the findings

This section will outline the conclusions drawn from the research undertaken for the project; to clearly articulate the meaning, importance and usefulness of the findings to the development of support in practice assessment. Page numbers are included to enable the reader to refer back to the points discussed within the text.

The level of recognition of the PT as an educationalist by employers is limited (p189, 193) and signifies a need for HEIs to improve communication with employers as a means of emphasising the multiple roles of facilitator, mentor, assessor and preceptor undertaken by practice assessors on a day to day basis. Remuneration commensurate with the level of responsibility that these roles engender, although challenging in the current economic climate, would be instrumental in ensuring the continuation of practice assessor roles in higher level practice (p193).

Understanding by the employer of the specialist award is also questioned, which if limited can negatively impact on the potential of the specialist practitioner in enabling achievement of proximal development by the SP student. This would result from the requirement of the PT to manage the competing demands of practice, despite the PTs considering the teaching role to be a central and

integral aspect of their specialist role (p201). Facilitation of insight into day to day practice through guided reflection is recognised as an important aspect of the mentor role, however the limited commodity of time is required to ensure that this occurs (p141, 143).

Articulation of competence and capability in the role by the student through this process would be instrumental in supporting practice assessment outcomes and alleviating mentor concerns regarding fitness to practice. Considerable research has been undertaken and theory generated regarding the importance of reflective practice. This study particularly highlights the importance of reflecting together as a means of articulating knowing and therefore supporting confidence in practice assessment.

The nature of assessment within the specialist programmes requires review, to ensure that assessment guidance is comprehensive and overload does not occur and impair the development of the practice portfolio (p159). This, alongside attribution of a grade to the portfolio of practice, will be instrumental in raising the profile of practice assessment.

The types of evidence developed for the portfolio require further consideration within the curriculum (p159) to ensure creativity and progression are demonstrated, such as the facilitation of patchwork text through student involvement in action learning sets. This will enable students to share experiences and learn from one another, whilst supporting the PTs in encouraging the production of portfolio evidence.

Practice teachers and academics emphasised a need to differentiate between different levels of practice achievement (p163), which will also be served by the grading process. The attribution of a level demonstrates the desire of the practice assessor to reward

excellence and identify more clearly areas for improvement. This differentiation is also of benefit to the employer when considering the recruitment of qualifying students into specialist roles, whilst having the potential of further highlighting the breadth of the role of the PT in assessment to the employer. It has been identified that employers often expect qualifying SP student to be autonomous in their new from day one (p192), yet it is clear that PTs often informally act as preceptors for their ex-students in supporting them post-qualification. This is an additional aspect of the practice assessor role in higher level practice which should be communicated to employers in emphasising the extent of their investment in the student.

Formalising the role of colleagues in student assessment through direct observation provides support to practice teachers in validating decisions made, addressing concerns held by them regarding objectivity and assist in avoiding a failure to fail scenario (p208/209). There is also a clear need for clinical supervision, which offers the practice teacher the opportunity to confidentially discuss and examine their multiple roles in support of the student.

The theme of building confidence pervades much of the data and relates to both PT and student confidence. The above recommendations and conclusions address many of the issues which challenge confidence PT in practice assessment and student confidence within a new role.

7.3 Recommendations

The recommendations are as follows:

- There is a clear distinction between training for competence and educating for capability, and a requirement for convergence of these two approaches to enable PTs to feel supported and recognised in their vital educational roles.
- Employers and HEIs need to work together to support nurse mentors at all levels.
- Continuation and strengthening of the tripartite agreement between student, PT and tutor is required, to ensure early recognition and response to difficulties and concerns.
- The role of the practice teacher should be promoted.
- The student's starting point should be established.
- A change in the philosophy of learning, from delivering a product to facilitating a process of learning, alongside an increased inter-rater reliability of PT assessment through the development of robust marking and moderation processes.
- Promotion of student independence and self-directedness should be encouraged by the PT and programme teams.
- Encouraging early engagement by the student in the community of practice will enable socialisation and in turn develop confidence and facilitate learning.
- Practice teachers should have access to a sample of portfolios and to portfolio guidance for assessment.
- Moderation of portfolios in a group activity.
- Involvement of educational leads within employing organisations in the assessment process.

Further detail regarding these recommendations can be found in Appendix 14.

7.4 Methodological limitations of the study and future areas for research

As stated in the first chapter, the professional purposes of the project were:

To appraise current assessment guidance for assessors of higher level practice.

To review support mechanisms for practice assessors, to include support in portfolio construction.

To disseminate findings to professional audiences to facilitate recognition and development of guidance and support for practice assessors, and raise the profile of specialist community practice.

I believe that the project has, and will continue to, serve the purposes stated and achieved the tenets set out on page eighty-one, namely that:

- the theory fits the area to which it is applied,
- the theory is understandable to those working in the area to which it is applied,
- the concepts are generalisable to the total area examined
- the theory contains controllable variables so that when applied to practice, practitioners could anticipate responses based on the findings and consider their scope of action in response (Glaser and Strauss, 1967).

However, the methodological limitations of the research, as with any study, must be recognised, and relate principally to the following:
Sample size.
Small samples, consisting of ten PTs for individual interviews and five academics for each of the two focus groups were recruited, which naturally limits the generalisability of the findings of the study. Despite avoidance of the emic, ethnographic approach detailed in section 3.5.1, a degree of subjectivity has to be recognised, due to the closeness of the relationship between the research participants

and the researcher. Whilst the small sample size and the existing relationships enabled a deeper understanding of the issues raised during data collection and analysis, the degree to which these issues would apply across a larger sample outside of the higher education institution's (HEI's) scope of course delivery could be limited. Other HEIs may well employ different methods of assessment and support, resulting in different issues being raised through the research process. Whilst efforts have been made to consult with experts in the field (see chapter eight for dissemination strategies) and with critical friends working outside of the specialist area studied, it is clear that the limited scope of the research and the sample size result in the outcomes being most applicable within my own HEI.

Researcher bias.

Insider knowledge held by the researcher of local course delivery and support mechanisms has naturally led to a degree of researcher bias. As discussed in section 3.5.6.1, a level of researcher involvement results in greater insider knowledge of the subject under scrutiny. Whilst all attempts were made to maintain a detached approach to data analysis to avoid distortion of data and forcing of results, subjectivity in relation to insider understanding of phenomena has been acknowledged within the study, and as far as possible used to develop greater insights. Rapport was effectively developed with interviewees and focus group members due to prior knowledge of them and their roles within specialist practice teaching and assessment. However, the positive influence of reciprocity also discussed in 3.5.6.1 may have to some extent compromised the methodological rigour of the research by unintentionally leading respondents towards areas of anticipated researcher interest. Verbatim quotes from respondents were included in part to represent the data without bias that could result from interpretation; as accurate and credible evidence. Yet the extent to which this can be done, and the validity and generalisability of the evidence outside of

the locality investigated is naturally limited by the teaching, learning and assessment strategies, support and employment terms and conditions applied in other localities.

Grounded theory method.

It has been acknowledged within this study that the main proponents of grounded theory recommend no, or limited, literature reviews prior to undertaking grounded theory studies. Whilst the decision to undertake a limited initial literature review enabled contextualisation of the subject outside of the researcher's scope of practice, it is acknowledged that a more in-depth review would have enabled exposure to a wider appreciation of issues related to the subject. Returning to the literature periodically as part of the grounded theory research cycle, as detailed in section 3.7, has instead been conducive in assuring the incorporation of literature as data where appropriate. Although the cyclical nature of this grounded theory study has enabled the constant comparison of data and the emergence of theory via an inductive process, data management has been challenging, particularly in restricting the ability to plan the length of the study and the time required to complete. Constant comparison continues until no new categories emerge, which in turn dictates the ongoing requirements and the direction that the study adopts. The dedication required of the researcher to become immersed in the data cannot be overemphasised, and can only be acknowledged retrospectively if the researcher is to stay true to grounded theory methods.

The findings indicate that the inductive process of data analysis and interpretation employed through the grounded theory approach has illuminated the lived experiences of practice assessment which could be applied to clinical assessment across a range of disciplines, specialities and professions.

Fortunately, the process has also resulted in a clearer understanding of both the phenomena under scrutiny and indicated the direction for further research, as detailed below.

The opportunity to carry out initial validation within other clinical areas of the theory developed is not possible and was not intended within the scope of the study. Having searched the literature and analysed the data herein, many of the findings are transferrable to other disciplines and areas where mentorship is central to clinical assessment. Their application through further research would assist in informing HEIs and employers of the importance of the role of the mentor as assessor in ensuring the development of adaptable, capable clinicians who are able to respond to changing roles and requirements.

The impact of a lack of recognition of the experience and starting point of student on their ability to adapt and learn also warrants further research, as it was considered significant by both PTs and academics.

As stated in section 2.3, review of the literature revealed that previously the nature of learning in practice from the perspective of the practice educator has been minimally explored. There has been considerably more exploration of the views of students within the health professions in relation to practice assessment, which supported my project focus. This project could therefore be considered as a starting point for further research across the health and social care professions of the role of practice educators for higher level practice.

A particularly important focus for further research is the employer's view of practice educator roles and the support required from employers and line managers to execute these roles effectively. The

focus of my own research revealed academic and PT perspectives on the subject, therefore comparisons could be made to further expand knowledge and understanding of practice educator support.

The increasing demands placed on PTs by skill mix and reduction in PT numbers (p187/8) is another area for further investigation, particularly in light of the recently introduced Health Visitor Implementation Plan (DH, 2011) which, based on a requirement to recruit an additional 4,200 health visitors by 2015, potentially places an even greater burden on PTs and other practice mentors.

Given the identification of a dissonance between educators' and employers' views of the expected outcomes of professional development programmes, the degree to which this dissonance impacts on the student experience would also be a worthwhile focus for future research.

Chapter Eight: Dissemination of Findings

8.0 Dissemination of Findings

Dissemination of the findings from the project has, and will continue, to adopt a number of strategies.

- Findings outlined during PT study days. Plans have been shared with the intention of developing study / guidance materials to support PTs in student induction, transition and development. Feedback has been received on three separate occasions from PTs in the course of the project, which has been conducive in justifying the approach taken and the emerging findings. A further presentation to the PTs is planned to share conclusions and share plans for practical application of recommendations from findings.

- Development of guidance and study materials is planned for PTs, students and teams to incorporate into existing programmes.

- Dissemination in initial data analysis stages via Getting Research Into Practice (GRIP) event, which I organised with the assistance of the research interest group for the Department of Nursing and Health Care Practice at the University of Derby. Further dissemination is planned through the successor to this group – the School research group - recently formed to capture research and encourage collaboration within the School.

- Findings to be shared with academic teams through Department and School away day events.

- Dissemination through quality events such as School validations and in the preparation of programme reports, to assist in developing pre and post registration student pathways in line with government directives. Findings to be fed into revalidation events to guide and inform development of new post-registration specialist and

advanced practice programmes in relation to mentor support and guidance.

- Feed back information from the project through the Association of District Nurse Educators to inform UK post registration programme knowledge enhancement and development. Two presentations have been delivered at interim stages of the project, and responses from academic colleagues have been extremely useful in providing support and suggestions regarding progress. A final presentation is planned to disseminate findings.

- Presentation to be arranged at the annual University Learning, Teaching and Assessment conference, via poster presentation and workshop events.

- Submission of abstracts to national and international events with the intention of presenting findings at conference.

- Compilation of research papers for submission to peer-reviewed journals with the intention of publishing findings and considering further research in this field.

Opportunities for wider dissemination will continue to be explored, particularly in relation to the methodological approach and methods employed within the project.

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Appendix 1

Standard for a higher level of practice

1 Providing effective health care

Practitioners working at a higher level:

1.1 communicate effectively with individuals and groups and empower them to make informed choices about their health and health care

1.2 in partnership with individuals, groups and other professionals, make sound and ethical decisions balancing the interests of individuals, groups and communities

1.3 assess individuals holistically using a range of assessment methods that are:

_ appropriate to individuals' needs, context and culture

_ based on research evidence and best practice

1.4 synthesise and interpret assessment information to reach conclusions that are based on:

_ research evidence

_ clinical judgement

_ an assessment of risk

1.5 plan therapeutic programmes that:

_ are based on research evidence and clinical judgment

_ are in the interests of the recipients of the therapeutic programme

_ manage risk

_ include other practitioners when this will improve health outcomes

1.6 manage complete therapeutic programmes effectively by working in partnership with others and delegating appropriately to optimise health outcomes and resource use

1.7 monitor and review the effectiveness of therapeutic programmes developed for individuals and develop the programmes to meet the changing needs of these individuals

1.8 work effectively as part of a team to meet individual and group needs, undertaking specific interventions consistent with research evidence and in ways that are appropriate to individual needs, context and culture

1.9 empower individuals and groups actively to promote their own health and well-being, offering appropriate information, advice and support.

2 Leading and developing practice

Practitioners working at a higher level:

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2.1 work collaboratively and in partnership with other practitioners

2.2 offer appropriate advice to their own and other professions on practice, service delivery and service development

2.3 support the development of knowledge and practice in their own and other professions, proactively and on request

2.4 generate new solutions within their own and others' practice to meet more effectively the needs of individuals, groups and communities

2.5 negotiate and agree with individuals, groups and other practitioners outcomes, roles and responsibilities, and action to be taken to develop resources, services and facilities

2.6 communicate information using languages and styles appropriate to the different needs of:

_ individuals, groups and communities

_ managers

_ professionals.

3 Improving quality and health outcomes

Practitioners working at a higher level:

3.1 gather and interpret information from different sources and make informed judgements about its quality and appropriateness

3.2 effectively synthesise knowledge and expertise related to an area of practice

3.3 seize opportunities to apply new knowledge to their own and others' practice in structured ways that are capable of evaluation
3.4 review and evaluate services and programmes and improve them in the interests of individuals, groups and communities
3.5 develop standards, policies and guidelines to improve the practice of their own and other professions
3.6 manage competing demands in the interests of individuals, groups and communities in constantly changing contexts
3.7 continuously assess and monitor risk in their own and others' practice and challenge others about wider risk factors
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3.8 promote the improvement of quality and clinical effectiveness within resource constraints.

4 Innovation and changing practice

Practitioners working at a higher level:
4.1 manage and facilitate change in ways that:
_ are effective for the context and culture
_ are consistent with standards of good practice in the United Kingdom and internationally
_ improve practice and health outcomes
4.2 develop appropriate strategies to make best use of resources and technology in the interests of individuals, groups and communities, and to improve health outcomes
4.3 contribute to the development of their own area of practice outside their own setting through disseminating their work to improve the health and well-being of individuals, groups and communities.

5 Evaluation and research

Practitioners working at a higher level:
5.1 continually evaluate their own and others' practice using a range of approaches that are valid and appropriate to needs and context
5.2 critically appraise and synthesise the outcomes of relevant research and evaluations, and apply them to improve practice
5.3 alert appropriate agencies and people to gaps in evidence and/or practice knowledge that require resolution through research.

6 Developing self and others

Practitioners working at a higher level:
6.1 are proactive in developing and improving their own competence in structured ways, including reviewing practice with colleagues from other professions
6.2 develop and use appropriate strategies and opportunities to share knowledge with, and influence the practice of:
_ colleagues in their own profession at different stages of development
_ practitioners from other health and social care professions,
whilst remaining self-aware and understanding the limits of their own competence
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6.3 work collaboratively with others to plan and deliver interventions to meet the learning and development needs of their own and other professions
6.4 lobby for sufficient resources to improve the learning and practice of their own and other professions in the interests of individuals, groups and communities.

7 Working across professional and organisational boundaries

Practitioners working at a higher level:
7.1 develop and sustain appropriate relationships, partnerships and networks to influence and improve health, outcomes and health care delivery
7.2 draw upon an appropriate range of multi-agency and inter-professional resources in their work and proactively develop new partnerships
7.3 acquire new knowledge and skills and apply them in practice to provide

continuity of health care for individuals, groups and communities, both within and across recognised professional and service boundaries
7.4 challenge professional and organisational boundaries to improve health outcomes in the interests of individuals, groups and communities
7.5 develop appropriate practices and roles through understanding the implications of and applying epidemiological, social, political and professional trends and developments.

Nursing and Midwifery Council, January 2002

Appendix 2

Interview and Focus Group Participant Profiles

Interviews	**Gender**	**Area**	**Discipline**	**Interview/ Focus Group Date**
#1	Female	Nottinghamshire	District Nurse	4.11.08
#2	Female	Notts	District Nurse	17.12.08
#3	Female	Notts	School Nurse	05.01.09
#4	Female	Notts	District Nurse	26.01.09
#5	Male	Notts	District Nurse	23.02.09
#6	Female	Notts	Health Visitor	05.05.09
#7	Female	Derbyshire	Health Visitor	11.05.09
#8	Female	Derbys	School Nurse	12.05.09
#9	Female	Derbys	School Nurse	10.06.09
#10	Female	Derbys	Health Visitor	23.06.09
Focus Groups	**Gender**	**Role**		
#1	All Female	HEI X 4		20.10.09
		Practice x 1 (Previous lecturer role)		
#2	All Female	HEI x 5		14.12.09
Moderator FG 1	M			
Moderator FG 2	F			

Appendix 3

Example of Reflection on Interviews

The First Interview – 04.11.08 – Reflection.

Feelings pre-interview
Positive – actually getting down to the research at last.
Hopeful – the subject has experience and sampled theoretically, due to her ability to articulate the main issues and salient points re the subjects to be explored.

On arrival, subject had booked a private room, but had forgotten the purpose, ie who she would be seeing. She stated that she was pleased that she'd forgotten, as she would have been nervous and apprehensive if she'd remembered that she was being interviewed. This surprised me, as the subject is a confident and competent practitioner. It made me realise that the subject took the session seriously, and anticipated that she may not have the required answers.

I had collected the recorder that morning, expecting a tape recorder, and receiving a digital one. This made me concerned that I may not be able to effectively use the technology – not a technophobe, but felt that a lot was at stake with the pilot interview, and not wanting to fail to effectively record the interaction. The technician talked me through the basic operation of the recorder, including saving the work to a computer afterwards – another worry, as I could lose the interview if I failed to do this correctly.

I read through the instructions, which I found complicated, and practised commencing and ending the recording whilst my subject told colleagues to cover for her whilst she was in the interview. Felt I'd cracked the operation of the recorder as I started – it wasn't until Q.9 that I realised that the recorder had switched itself off 3 seconds into the interview. I had decided to take a few notes during the interview, and was very glad that I'd done this when I realised that the recording had failed. I was able to go back over areas covered with the subject, who was happy to reiterate points made, although I did feel that the spontaneity and nuances of the discussion had been lost.

The experience made me realise the importance of checking the recorder every couple of minutes – this is a little distracting for the interviewee, but a lot less so than having to repeat responses when things go wrong. Once I'm confident with the technology, having to check the recorder will happen less. I managed to record 25 mins of data for analysis.

The actual interview was fascinating – many areas covered that I had not anticipated – a good deal of insight from the subject that I had not expected. This further increased my enthusiasm, and the hope that some worthwhile data would be generated for analysis. Also, the experience and individuality of the interview made me realise that I would need to rethink the focus groups. It clearly would be very difficult to include the interviewees in the groups, due to the individuality of the responses, as this would compromise confidentiality, and perhaps make the group members uncomfortable ("I think I said that – wonder what people will think?").

Questions – having to revert back to questions to repeat responses helped by note-taking, however, as I'd not numbered the questions, it was difficult to know which response linked to which question, so may have confused things a little for myself. Resolved to number the questions, to be able to go back, and to continue to make notes (numbered) to enable me to revert back if a particular response raised further questions / new directions necessary to explore.

The final question – "Could you give an example of this from a practice situation?" was actually too simplistic, and needed embellishing to produce the type of practice narrative hoped for – I therefore asked a more in-depth question, which I will adopt and change the question to for future interviews. This question also unexpectedly was perhaps the most revealing in terms of what constitutes and represents higher level practice. The interviewee was able to give a really insightful example of a student's evidence of progression, and actually became quite emotional about the scenario – demonstrating in itself the dedication and depth of input of the Practice Teacher into the student's learning. Having this question last was good, as throughout the interview, subconsciously the subject may be recalling instances and incidents related to practice assessment. The initial interviewee was concerned re 'going off the subject'. I made a mental note that it would be important to state at the beginning of the interview that the questions are only a general guide or loose structure, and thereby give permission for interviewees to use narrative and include personal reflection to illustrate points made. Encouraging the subjects to illustrate points made throughout should also be a strategy employed to ensure the richness of data received.

The questions also needed a little bit of adaptation re the order – asking for examples at set points e.g. Can you give me an example of a higher level of practice?, then can you give me an example of a lower level of practice, rather than asking for both at the same time. as this is confusing for the subject. An additional question to cover this will therefore be included.

Generally the questions generated the types of response required, which was reassuring for me. The interviewee said that she had actually enjoyed the session, as had I, which was good to hear, and indicated that the questions had not made the subject feel threatened or uncomfortable. We would both have been happy to have discussed things for longer. However, I was aware of the dangers of going “off script”, of taking up too much of the subject’s time, and of having more to transcribe/analyse than I could manage!

04.11.09

Appendix 4

The Focus Group – Reflection. 21.10.09

Feelings pre-focus group

It had taken a lot of time to arrange an acceptable date for all of the focus group members. Quite late in the day – 2-3 weeks before the day, one member pulled out. This left me with 7 members. As much of the literature relates to 6-8 being the optimum numbers for a focus group, I was happy with this.
I felt quite hopeful for the event, and had a good, enthusiastic moderator, who had been involved in a different focus group previously. I had decided to act as an observer for the session (knew all focus group members well, and didn't want to be overly directive); armed with cue cards, so that I could pass suggestions to the moderator as topics within the discussion developed. Unfortunately, 2 further members of the group pulled out at the last minute, leaving me with 5 members – a little worrying, but too late to reschedule now!

Thoughts

I resolved to continue with the group, and had prepared 5 areas for discussion, which my facilitator was happy to present to the group. I mentioned to the group that there may be further sessions, and all were happy with this – those who could not attend were happy to do so at a later date. This was very positive, and relaxed me into thinking that even if the focus group was a little disappointing, I could repeat the process.

The Focus Group

The actual group went really well – everyone present was very supportive of one another, and respectful of one another – all having opportunity to speak, and the facilitator keeping a tally of who spoke when – inviting the less vocal to give their views from time to time. It was a very professional forum, although relaxed and non-judgemental.

I made notes throughout, as with the interviews, and only on 2 occasions felt the need to send notes on cue cards to the facilitator.

Post discussion, every member stated how much they had enjoyed the experience – many stated that it was akin to clinical supervision, and provided a forum that on a day to day basis was not available. All valued the opportunity to share and discuss ideas and thoughts.

I was delighted at the success of the session, and the positive feedback of those who had taken part. No-one was at all phased by the visual or audio recording, as this was very subtle; utilising the integral equipment in the clinical skills suite alongside a small digital recorder.

Feelings post-focus group

I was delighted with the outcome, and felt that the reduced numbers had not impaired the discussion in any way. The positive feedback from the group indicated that they would be very keen to be involved again at a later date, if need be.

I did not have difficulty 'keeping quiet' as I thought I might, and my confidence in the facilitator grew as the session progressed. There were a few times when it was clear that the facilitator had a limited knowledge of the subject, but the in-depth understanding of the group made up for this – they were able to identify what the questions referred to without prompting (apart from one point – at the request of the facilitator) – from myself.

I have learnt the value of this forum – members bounce ideas and thoughts off each other, and stimulate one another to respond, either to agree with or challenge the views of others. The dynamic of the group and individual membership ensured a professional and considered response to questions.

26.10.2009

Focus Group 2 – 14.12.09

Feelings pre-focus group

Spent a lot of time examining the codes and categories from the interviews (especially the later ones) and the last focus group, to inform my questions and ensure that all analysis evidence included.

I felt quite calm, as the last focus group had gone so well, with all attending saying how much they had enjoyed it.

Unfortunately, some members of the last group could not attend this time, although I had enlisted the help of others who fitted the purposive sampling criteria, so anticipated a slightly larger group of seven or eight.

On the day, three of the group were unwell, so could not attend – one being the moderator. This left me with a dilemma – whether to

reschedule, or act as moderator with a group of five. I resolved to continue, as the rest of the group were enthusiastic, and the opportunity to get them all together again might not arise.

Thoughts

My main concern was the impact I would have as moderator on the group dynamic. Would I be too subjective? Would I be able to avoid influencing the discussion too much? Would the group feel as open as last time to the discussion with me moderating? I was on the back foot, but the room had been prepared and the group were ready, so I went with it.

The Focus Group

I began by explaining the purpose and nature of the research, as before, and read out the letter sent to all participants, which they had all signed and consented to. No questions were raised, so we proceeded.

There was clearly a different dynamic this time, although two group members had been in the first group as well. The good aspects of moderating myself were that I was able to clarify questions directly and also understood better the terminology and issues being discussed than in the moderator in the last group. This, however, did result in me contributing more to the discussion, however I do not feel that this was detrimental to the process, as I avoided articulating my own views in the discussion.

The group talked for just under an hour. The discussion was perhaps more stilted, possibly due to my awareness of introducing bias, therefore I did not guide the discussion as much as the moderator in the last group had been able to.

All areas I had hoped would be covered were, and all members contributed to the discussion. My only concern was in regard to the discussion on maturity. The group continually reverted back to age in relation to maturity, and felt that nurses should not have their maturity judged by their age. This had not been my intention – the PTs had referred to the importance of a mature attitude, and I realised that if I had stressed the word attitude, they may have been less hung up on age.

Nevertheless, a good session. Subsequent initial analysis revealed that all areas of inquiry had been addressed, therefore no further focus groups were needed.

Post Focus Group

I am pleased that I made the decision not to cancel the group – this would have given the wrong impression to the group members, and may have resulted in considerable delay, given the time of year the group was held.

On viewing the visual and sound recordings, everyone's body language appeared quite relaxed and individuals took on clear roles – setting the scene, posing contentious points, summing up, etc.

Some fascinating insights gained, expanding on the categories from the interviews.

I was unsure when considering the interviews and focus groups as to which should come first. I am now very happy to have begun with the interviews, as the categories were clear, and the academic team were aware of the means of setting the areas for discussion, which seemed to result in them not querying the topics, and recognising the importance of them, as having come from the PTs.

Revisited 25.03.10

Appendix 5

NRES response regarding research ethics

From: NRES Queries Line [queries@nres.npsa.nhs.uk]
Sent: 15 January 2008 11:52
To: Wendy Ann Wesson
Subject: RE: Research Ethics Approval
Thank you for your query.

The following reply has been provided by Hilary Tulloch, Business Support Coordinator.

Our leaflet “Defining Research”, which explains how we differentiate research from other activities, is published at:

http://www.nres.npsa.nhs.uk/applicants/help/guidance.htm#audit

Based on the information you provided I would see this as an educational evaluation, our advice is that the project is not considered to be research according to this guidance. Therefore it does not require ethical review by a NHS Research Ethics Committee.

If you are undertaking the project within the NHS, you should check with the relevant NHS care organisation(s) what other review arrangements or sources of advice apply to projects of this type. Guidance may be available from the clinical governance office.

Although ethical review by a NHS REC is not necessary in this case, all types of study involving human participants should be conducted in accordance with basic ethical principles such as informed consent and respect for the confidentiality of participants. When processing identifiable data there are also legal requirements under the Data Protection Act 2000. When undertaking an audit or service/therapy evaluation, the investigator and his/her team are responsible for considering the ethics of their project with advice from within their organisation. University projects may require approval by the university ethics committee.

This response should not be interpreted as giving a form of ethical approval or any endorsement of the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

However, if you, your sponsor/funder or any NHS organisation feel that the project should be managed as research and/or that ethical review by a NHS REC is essential, please write setting out your reasons and we will be pleased to consider further.

Where NHS organisations have clarified that a project is not to be managed as research, the Research Governance Framework states that it should not be presented as research within the NHS.

I hope this helps.

Regards

Please note from 3 December 2007, the address and contact details for NRES will be as shown below:

Queries Line
National Research Ethics Service
National Patient Safety Agency
4-8 Maple Steet
London
W1T 5HD

Website: www.nres.npsa.nhs.uk
Email: queries@nres.npsa.nhs.uk

Ref: 04/01
**
This reply may have been sourced in consultation with other members of the NRES team.
***

-----Original Message-----
From: Wendy Ann Wesson [mailto:W.A.Wesson@derby.ac.uk]
Sent: 11 January 2008 15:00
To: NRES Queries Line
Subject: RE: Research Ethics Approval

Hello again

In response to the query below, please find attached an outline of my proposal, as Hilary Tulloch suggested. I couldn't seem to reduce this to less than 2 x A4 sheets - apologies for this.

Look forward to hearing from you.

Regards
Wendy

>>> "NRES Queries Line" <queries@nres.npsa.nhs.uk> 07/12/2007 14:50 >>>
Thank you.
The following reply has been provided by Hilary Tulloch, Business Support Coordinator.

Thank you for your query. So that we might further consider your query, please email an A4 summary (one side only) outlining your proposal to Queries Line. For ease of reference please include your request in the
covering email.

I look forward to hearing from you.

Regards

Queries Line
National Research Ethics Service (NRES)
National Patient Safety Agency
4 - 8 Maple Street

London

W1T 5HD

Website: www.nres.npsa.nhs.uk
Email: Queries@nres.npsa.nhs.uk <mailto:Queries@nres.npsa.nhs.uk>

Ref: 15/01
**

This reply may have been sourced in consultation with other members of
the NRES team.

***

_____

From: Wendy Ann Wesson [mailto:W.A.Wesson@derby.ac.uk]
Posted At: 03 December 2007 14:13
Posted To: Inbox
Conversation: Research Ethics Approval
Subject: Research Ethics Approval

Hello

As part of a Doctorate in Education Studies at the University of Derby,
I am hoping to soon commence a research study related to forms of practical assessment for nurses on advanced level educational programmes.

The research involves interviewing mentors in a series of 1:1 and focus group discussions.

I was originally informed by the University ethics committee that I would not require ethical approval for this type of research.

However, I have now been allocated a research supervisor who feels that approval may be required, as NHS staff will be interviewed as part of the research method.

Could you please advise, and if approval should be sought, from whom?

Many thanks, in anticipation.

Wendy Wesson

Senior Health Lecturer

University of Derby

Appendix 6

Explanatory letter to health care organisations

Room N509
Kedleston Road Campus
Derby
DE22 1GB
27th January, 2008

Dear

I am currently undertaking a Doctorate of Education (EdD) at the University of Derby, and am soon to commence my research project.

My study involves an examination of the views of mentors of nursing students practising at Specialist and Advanced levels. Data will be collected via semi-structured interviews and focus groups.

I have received confirmation from the National Research Ethics Committee (NREC) and from the University of Derby that I do not require ethical approval for this study.

The sample group will be purposively selected, and initially a random sample of participants taken from this group. Participants will be made aware that all data collected from them will be anonymised. They will be given the opportunity to validate the data elicited, and will be free to withdraw from the study at any time.

My intention in carrying out this study is to examine the support available for practice assessors, such as Practice Teachers and Practice Educators.

I am therefore requesting your permission to approach your nurse mentors, to invite them to participate in the study. I intend to travel to the mentors' bases to collect and validate the data, in order to reduce the time commitment of the mentors in participating in the study.

I would be grateful if you could complete the attached form and return it to me in the enclosed prepaid envelope. If you wish to discuss the study, please contact me via email: w.a.wesson@derby.ac.uk or by telephone: 01332 592348.

Yours truly,

Wendy Wesson
Assistant Head of Subject and Senior Lecturer
Nursing and Health Care Practice

Dear Wendy

Name:……..

I am happy/not happy* for my staff to be involved in your research project.

Signed:…….

Date…….

*Delete as appropriate

Appendix 7

Letter to prospective interview participants

Dear

I am currently undertaking a Doctorate of Education (EdD) at the University of Derby, and am soon to commence my work-based project.

My study involves an examination of the views of mentors of post registration students who are studying for specialist and advanced practice awards.

My intention is to appraise the support available to assessors of practice at these levels.

I am therefore writing to you as a practice assessor to request your participation in the project.

The project will involve your participation in a semi-structured interview with myself, followed by a focus group session based on the outcomes of the interviews.

Interviews and focus groups will be confidential, and all data elicited from these forums will be completely anonymised. I will seek verification of the data by yourself at both stages of the process, and wish to assure you that you are entitled to withdraw from the project at any stage.

I would be grateful if you could complete the attached response slip and return it to me in the prepaid envelope.

Should you require any further information regarding the project, please do not hesitate to contact me.

I look forward to hearing from you.

Yours truly,

Wendy Wesson
Assistant Subject Head and Senior Lecturer.
Nursing and Health Care Practice.

Name:……..

I do / do not* wish to participate in the work-based project.

Signed…… Date……..

*Delete as appropriate

Appendix 8

EdD
Interview Questions

1. How effective do you think the practice portfolio is in appraising practice competencies?

2. What do you think would enhance the portfolio?

3. What are the positive aspects of portfolio-based assessment?

4. What do you look for in the Specialist Practice student when appraising practice competencies?

5. Do you consider that some students demonstrate different levels of practice than others?

6. What might represent a higher level of practice?

7. Could you give an example of this from a practice situation?

8. What would raise your concerns for student achievement when assessing practice?

9. How could the University improve support of assessment in practice for mentors?

10. What qualities do you specifically look for in the SP student which demonstrate a higher level of practice?

11. How could this be illustrated or represented as evidence of competence in practice?

12. Do you look for additional/ different qualities in the Masters level student?
    What might they be?

13. Could you give an example from a practice situation….Describe to me a point at which you considered that the Specialist Practice student had successfully made the transition from student to Specialist Practitioner.

Appendix 9

Letter to prospective focus group participants

9th October, 2009

Dear Colleague

I am currently undertaking a Doctorate of Education (EdD) at the University of Derby, and in the process of undertaking my work-based project.

My study involves an examination of the views of mentors and academics involved in supporting post registration student nurses who are studying for specialist and advanced practice awards. My intention is to appraise the support available to assessors of practice at these levels. I am therefore writing to you to request your participation in the project.

The project will involve your participation in a focus group session, comprised of academics currently or recently involved in the support of post-registration student nurses. The content of the discussion will be based on the outcomes of interviews held with practice teachers who support students on the specialist community practice programmes.

The focus groups will be confidential, and all data elicited from these forums will be completely anonymised. I intend to record the focus group discussion with a digital recorder. I also intend to film the group discussion, to ensure that elements of the discussion are attributed to the right individuals, and to distinguish between one individual speaking and another. The recordings will solely be used to facilitate analysis of the content of the discussion, and will in no way compromise your confidentiality.

I will seek verification of the data by yourself once it has been transcribed, and wish to assure you that you are entitled to withdraw from the project at any stage.

I would be grateful if you could complete the attached response slip and return it to me at your earliest convenience.

Should you require any further information regarding the project, please do not hesitate to contact me.

I look forward to hearing from you.

Yours truly,

Wendy Wesson
Assistant Subject Head and Senior Lecturer.
Nursing and Health Care Practice.

Name:……..

I have read and understand the structure and content of the focus group sessions, and do / do not* wish to participate in the work-based project.

Signed……. Date……..

*Delete as appropriate

Appendix 10

Example of line by line coding

Q.5 Positives and negatives of portfolio assessment. A – Good – captures some of those things that you wouldn't necessarily – might forget that – they've not had practice in this, or they've come across that or we've not done a health promotion event or whatever. So, the fact that theirs specifically requires them to look at groups and communities as well as the basic individual stuff – that's lovely, and over the years, it has produced some really wonderful ideas – for me – I've been on a learning curve- particularly when I had the Masters level student – that was a <u>real</u> eye-opener – ooh, the level! [Laughs]. Yes, it's lovely for us, bec they're quite creative and innovative, and they're bringing all these fresh ideas to things and you get a bit – you <u>do</u> get stale, and bec the portfolio requires them to do all of the public health, health promotion, those kinds of things – the positive is that you get that – fresh ideas of – fresh look at things. W – So, it stimulates you both? A – It stimulates us both. And it is good for them – they do need to know about these things. We're not going to be in crisis forever, I'm told! And, if you've done that wider health promotion and you've gone up to people and just spoken to them on the street, it helps when you're challenging in people's houses and it helps when you're looking at policy	Portfolio acts as a checking point to check that areas have been covered and addressed in practice P'folio helps to ensure appropriate practice experiences are included in the placement *PT recognises value of portfolio looking at wider role of the SP in groups and communities.* *PT learning alongside and from student – reciprocal nature of learning* Difference of M student level Having student keeps PT from getting 'stale' *Student brings fresh ideas to practice and the PT* *Pressures of SP role currently preventing wider role being employed at present – student keeps this relevant* Health promotion activities build *confidence* that *can then be utilised in challenging situations* in homes Student being able to influence practice and have a voice through combination of experience and knowledge of policy

development and whatever bec instead of thinking – there isn't a policy for this, and who's going to do it, you can sort of think well, I do influence this and I do have a say and I know the process. So that's the positive; it is a good learning tool.	Some portfolio evidence produced with little understanding of it's application to practice
The downside has been that some people will produce a piece of work just to get it through in the portfolio, and I've not always been sure they've taken on board how it applies to practice. Especially if they've been very naughty, and they've not done what they've been guided to do and started it early enough, and that's got better over the years, bec they've got cuter in University about asking to see it and asking to see it's progress. Whereas at one time, the students were able to get away with it pretty much nearly to the end, which is not the point of the thing.	*Students starting portfolio late less likely to understand application of some concepts to practice* Importance of University checking portfolio progress *Imp of maintaining portfolio development throughout placement* PT continually encouraging student to produce evidence to meet portfolio outcomes Ensuring practice 'fits' portfolio requirements
W – And it's disheartening for you, isn't it? A – Mmm…bec I'm there banging away, saying you need to do this, you need to be thinking about it all the time, you need to be looking at what you're doing now, and if what you're doing now doesn't fit into anything in your portfolio, why are you doing it? Bec it's all relevant stuff. And they're sort of, oh yes, but I've got this to do, and that to do…	*Students do not always prioritise working on portfolio evidence*
W – So we've tried to raise the relevance > Yes. The importance of the portfolio, so it's on a par with, if not <u>more</u> important in lots of ways, than the academic work, bec without one – they rely on one another,	PT recognises the portfolio as a way of putting the responsibility for demonstrating competence in practice with the student *Without the portfolio, students did not*

don't they? A – It' a practical qualification, isn't it? And I have to say that, when I first started, the first student was with a different University, and they didn't have a portfolio. They had outcomes in a little book and they didn't have to produce work at all. It was pretty much a kind of report on my part – has this person understood this aspect of HV? And they completely switched off – practical was not important, and when she qualified she actually said "I regret now not really listening, and not really taking on board", bec she didn't feel either – she felt like she was starting again. So, the portfolio does at least demand that they look at their practice and look at how things apply in practice. And how they progress is much more…	*recognise the imp of practice.* Portfolio drawing attention to imp of practice Portfolio ensures student's examination of and application to practice

Appendix 11

Examples of focus group questions

Student specialist practitioners come from a range of backgrounds – how might this affect

- Their practice placement.
- Their ability to demonstrate progression in the portfolio.

PTs have identified the importance of student maturity and experience as very separate but equally important elements which impact on student progression.

- How important do you consider maturity to be in student progression?
- How important do you consider experience to be in student progression?

Difficulties of supporting students who are employed by the sponsoring organisation. How might this affect

- Your management of the student's educational progression
- The ability of the teaching team to give academic counselling

Extent of support of the employer for the Practice Teacher role

- What is your opinion of this?
- What difficulties do Practice Teachers face in this role?

How can the University assist the PTs in raising the profile of their role?

Imp of good relat of student with client/carers	EBP/theory practice link	Lack of PT Support by employer	PT pride in student achievement	Imp of placement visits by Uni	Imp of directly observing student	Getting the basics right	PT valuing portfolio	Witness statements as evidence
Student as team player/member	Imp/influence of pre-course Experience	Lack of recognition of PT role by employer	PT as student advocate	Uni support for PTs re CPD	Concerns re consistency In PT grading	Avoiding task-orientated approach	Vast range in quality of p'folios	
Organisational skills	Imp of recruitment /selection process	Pressure of PT workload on ass't	Depth of PT /student relat	Valuing study days	Point when -Joint visiting -Observed/ -Supervised -Independent difficult to judge	Concern if lack of student response to PT direction	Some aspects of practice not addressed by p'folio	Accessing views of other specialists re student performance
Imp of student Communication/ IP skills	SP students as Innovators, & in project work	Difficulty quantifying SP role	Passion of student for role					
Values: student having judgemental attitude	Personal qualities of student -approachable -enthusiastic -questioning	PT considering role as main/imp part of SP role ?Contrary to employer view	Mutual learning & support – PT and student			Student seeing bigger picture	Student self-awareness thro' reflection	
Student taking control	Imp of maturity/ Life experience	PT cont to support/ mentor student post-qual'n	Allowing autonomy/ independence		Resp. felt by PT re signing off student	Thinking outside the box	Importance of reflection	Valuing peer support
Change to student identity	Judging student's level of experience	PT feeling personal resp for student failings	BUILDING CONFIDENCE		?Some basic competencies for comp of P'folio by stdt	Stdt +ively challenging	PT & student reflecting together	Gaining views of other pract'ners In pract. ass't
Demonstrating leadership	Student's fresh ideas stimulating PT CPD	Consid. investment of PT time/energy				Going the Extra mile		
	Imp of student critical analysis	Maintaining objectivity/ Risk of subjectivity			PT needing more guidance /criteria re evidence for p'folio	Taking the initiative	Grading? Yes	
	ZPD – diff start & end point of student	Protective role of PT to student				Demonstrating progression	Practice assessment more than just portfolio	Uncertainty re ass't requ'ents
	Deskilling of student at first	Passive role of PT – -enabling -allowing				Focus by student on academic work		
	Independent Learner	Short-sightedness of Trusts re roles			PT enjoying challenge of M level student		Seeing progression through p'folio + creativity	
	Student as leader							
	Student as role model	Objectivity in Assessment	PT expectation of student			Student not seeing relevance/imp of practice assessment		
	Professionalism	Pressure to pass stdnt			Addressing issues early on		Student not understanding portfolio	
	Past experience affecting attitude	Evolving role of the PT						
Imp. of student life skills (maturity)	Depth of analysis/ understanding by student	PT investment in student experience Importance of goodwill				Impact of stdt attitude -impatient -no enthusiasm -approachable -empathetic	Portfolio Individual to student / personal Imp. of starting p'flio early	Role recog. by employer
	The student Journey	Positive outcomes						
Student comm'n & attitude	*Student personal qualities*	*Responsibility & pressure of PT role on PT*	*PT:student relationship*	*HEI support for PT role & for CPD*	*Concerns/lack of PT confidence in fulfilling role*	*Student valuing practice*	*Practice ass't & development*	*Support for practice assessment*

Code and Category Development – the mapping exercise. **Appendix 13**

Code and Category Development – the mapping exercise.

Recommendations

The full, detailed recommendations are listed below:

- There is a clear distinction between training for competence and educating for capability, and a requirement for convergence of these two approaches to enable PTs to feel supported and recognised in their vital educational roles.
- Employers and HEIs need to work together to support nurse mentors at all levels to develop competent, capable nurses who are well-prepared to function effectively within constantly changing and evolving health care organisations.
- As PTs all recognised the value of regular tutor support, continuation and strengthening of the tripartite agreement between student, PT and tutor is required, to ensure early recognition and response to difficulties and concerns. Feedback to employers, with the agreement of all involved, should be timely to ensure that the PT receives the support required in practice to address concerns, where it appears to be lacking.
- Despite the employer's focus on competencies (supported by Hase, 1998), completion of these competencies is not a guarantee of the ability to perform (Watson et al, 2008). The role of the practice teacher therefore, should be promoted as an appraiser of ongoing development and of the student's ability to respond appropriately in a variety of situations and contexts.
- The student's starting point should be established; their previous experience and achievements, to build confidence, avoid difficulties in transition to the new role and work towards proximal development. Introduction of a skills analysis and promotion of regular reviews will enable recognition of transferable skills and knowledge, as will the introduction of students' self-assessment of their development.
- Student self assessment (Crawford and Kiger, 1998, Gerrish,

1997, Spence and El-Ansari, 2004) will assist in appraisal of student confidence and facilitate self-directedness, potentially leading to an increase in student autonomy and personal responsibility.

- A change in the philosophy of learning, from delivering a product to facilitating a process of learning, alongside an increased inter-rater reliability of PT assessment through the development of robust marking and moderation processes, including clear marking criteria, should assist the PT in increasing their confidence in assessment, given the plethora of roles undertaken under the guise of student support.
- Given the level of PT commitment to the role and extent of personal investment in student support, promotion of student independence and self-directedness, as recognised by Knowles (1978) should be encouraged by the PT and programme teams, once a satisfactory level of student confidence has been reached.
- Encouraging early engagement by the student in the community of practice with assistance from the PT and practice team will enable socialisation and in turn develop confidence and facilitate learning. Observation and reflecting together throughout the placement will assist in developing the PT: student relationship; considered vital in the process of practice learning and development.
- Practice teachers should have access to a sample of portfolios and to portfolio guidance for assessment to appraise different approaches and consider the creativity demonstrated by individual students. Moderation of portfolios in a group activity will support practice teachers in recognising the levels that students have achieved and enable collegiate discussion regarding the evidence submitted within the portfolio. This should build PT confidence in practice assessment, promote objectivity and avoid the failure to fail scenario, whilst encouraging creative approaches to portfolio development. Endacott et al (2004) recognise four distinct models for portfolio construction; some more effective than others in demonstrating capability and progression, as discussed in chapter two. Academics and PTs should work together to enhance the students' understanding of portfolio construction to understanding of the meaning and constituents of portfolio. Clear assessment and construction guidelines

are required to support the PT in facilitation of the student's development as a strategic and innovative practitioner; evidenced within the portfolio.

- The reductionist nature of competency-based learning (Storey and Haigh, 2002, Sayer, 2011) suggests that educationalists both within HEIs and in practice require evidence of a combination of competence and capability to demonstrate performance in practice at higher levels. Assessments should be developed in collaboration with practice teachers and mentors which enable SP students to demonstrate these qualities whilst avoiding assessment overload.
- Involvement of educational leads within employing organisations in the assessment process will enable promotion of the PT role and recognition of the importance of practice assessment in developing capable practitioners who can function effectively in complex and constantly changing clinical situations.