Practice educators in the United Kingdom: A national job description

How to cite:

For guidance on citations see FAQs

Link(s) to article on publisher's website:
http://dx.doi.org/doi:10.1016/j.nepr.2008.05.004

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
Practice educators in the United Kingdom: A national job description

John Rowe

SUMMARY

Much is known about the purpose of practice educators in the United Kingdom, but how their role is implemented is subject to conflicting expectations, partly created by the structure in which they work. Joint appointments between universities and practice are an opportunity for both organisations to collaborate in a partnership to enhance practice learning and fulfill one of the main aims of the practice educator role: to narrow the theory-practice gap. However tensions exist.

This paper advocates a national (UK) job description for practice educators to reduce some of the tensions and conflict between the expectations of collaborating partners in practice learning. This would enable practice educators to concentrate on their obligations while employers concentrate on enabling practice educators to fulfill their obligations by upholding their rights to proper preparation, support and career structure.

DEBATE

In a recent paper Jowett and McMullan described an evaluation of a new practice educator role supporting pre-qualifying nursing students across three counties in the UK (Jowett and McMullan, 2007). They reported that the practice educator was perceived as an important link between practice and the University and supportive to both mentors and students. They also identified some of the difficulties practice educators experienced; lack of a common understanding over promoting clinical competence, and tensions that have arisen out of being a joint appointment between the NHS and HEI.

This paper aims to stimulate debate about how practice educators fulfill their obligations whilst exploring their role further. It illuminates the practice educator role in terms of their obligations and their rights, and discusses the merits of being a joint appointment between service and education providers. It concludes by proposing that there should be a single national (UK) job description for practice educators.

Roles refer to a position in a social structure, and can be defined as sets of rights and obligations (Banton, 1965). Practice educators have obligations to the public, their employer, professional body and their colleagues, as well as their students.
They also have particular obligations which are synonymous with duties described on their job description. Alongside these obligations they also have certain rights associated with their employment. Rights refer to the means by which practice educators are enabled to fulfill their obligations and might consist of, for example, preparation and training.

A review of primary research was conducted into a number of practice educator roles which provided support to student nurses in practice settings. Three electronic databases were selected because they held records on health services, education and nursing: CINAHL, ASSIA and the BNI. Together these databases provided access to a wide range of professional journals containing details of research reports on nursing practice and education. The key words chosen were selected to identify a wide range of papers about nurse education: ‘student nurse’, ‘education’, ‘placements’, ‘roles of practice educator,’ ‘student support in practice’, ‘practice teaching support’, ‘learning in practice’, ‘personal tutor’, ‘practice teacher’, ‘lecturer practitioner’, ‘practice facilitator’ and ‘link teacher’.

A huge amount of literature is available about nursing and students’ experience of practice and learning support for students in practice, but as Gidman (2001) observed few research studies could be identified in the literature, and none specifically addressed practice educator roles in terms of obligations and rights. It was apparent that there was no overarching strategy for evaluating the impact or implementation of these roles, and a lack of research into the development of lecturer-practitioners following their establishment (Williamson et al, 2004). Inferences could be made, though, from the viewed research about what obligations were expected and whether they were fulfilled or not. Likewise the reviewed research illuminated the rights practice educators could expect, and if and how they were upheld.

One of the purposes of the introduction of practice educators was to address the theory practice gap that had emerged with teachers based away from the practice setting, and often at a distance from the students they supported in clinical areas. Aston et al (2000) conducted a multi-site study into the role of teachers and lecturers in practice because of problems with practice education. They concluded the role needed to be clarified as the responsibility for both theoretical and practice elements was placed with the universities.

Previously Fairbrother and Ford (1998) reviewed the multifaceted aspects of the lecturer-practitioner role, and identified that there were local discrepancies. They were ill-defined in different health settings, and with no universal job description or method of implementation. This suggested that expectations of the role lecturer-practitioners were supposed to perform were not clear for those who were implementing them, and that there was no overall strategy for their introduction.
The reviewed literature illuminated practice educator obligations. Although there were differences between job titles and the structures in which practice educators worked, there were similarities between their obligations. Paramount of these was practice educators’ visibility in practice, credibility, and ability to narrow the theory-practice divide for students. The presence of the lecturer in the practice setting was very important (Aston et al, 2000). Brown and Pollack (1998) asserted that trained nurses judged the effectiveness of nurse teachers in clinical areas in relation to their ability to assist students to manage the reality of clinical practice, with an obligation to narrow the theory-practice gap (Driver and Campbell, 2000) by finding the most effective way for students to achieve their objectives (Davies et al, 1996). Aston et al (2000) identified aspects of the practice educator role as student support and the development of the learning environment including practitioner support and development. They were a link between the university and practice (Williamson, 2004) as well as students and practitioners (Newton and Smith, 1998).

The reviewed literature also illuminated some of the rights practice educators could expect to enable them to fulfill their obligations. They could expect to be well prepared for their role, but in many cases preparation for their role had been lacking (Aston et al, 2000). Where formal induction procedures had been available they were unhelpful (Williamson et al, 2004). Aston et al (2000) noted a perceived lack of guidance, and where guidance was available it was vague, unachievable and open to individual interpretation. Even though practice educators were perceived to have had obligations in the practice setting their actual role there was not clearly defined (Davies et al, 1996), with unclear expectations, no universal job description or method of implementing the role. The rights practice educators might have expected; adequate preparation, induction and guidance, clear expectations and job description seemed to have not been fully upheld.

There is a growing understanding of practice educators' obligations, but much less clarity about how these expectations can be met. Lathlean (2007) proposed that there were challenges when implementing a complex role such as that of a practice educator. These included: role ambiguity, difficulties of role definition and role overload. There has been lack of clarity with the roles (Carnwell et al, 2007) with no common denominator for the level of responsibility (Salvoni, 2001). Although it has not been apparent from the evaluations, there is a danger that in the absence of clear expectations the role could be ineffective in both education and practice (Hancock et al, 2007). Because there has been no overarching definition for a practice educator formal evaluation of the role has been more difficult (Leigh et al, 2005).

Jowett and McMullan (2007) concluded the practice educator was a link between practice and the university. This link is borne out by the literature especially regarding the structure of joint appointments between education and practice. Joint appointments created an alliance (Salvoni, 2001), with practice educators...
having a ‘foot in both camps’ (Carson and Carnwell, 2007) with potential rewards of having the ‘best of both worlds’ (Salvoni, 2001).

But joint appointments can also bring tensions. One of the participants in Jowett and McMullan’s study felt like ‘piggy in the middle’ (2007: 269) due to conflicting expectations from the university and practice, and another wanted support from either practice or the university. Conflict arose from serving two masters at the same time (Carnwell et al, 2007). Tensions were noticed by others as well, with one participant in Hancock et al’s (2007) study stating it was hard to know if he (the practice educator), was representing the university or the trust. Practitioners and students recognised the difficulties of educators being responsible to both service and education (Carson and Carnwell, 2007).

Not only do these tensions create dissonance, but they also bring professional disadvantages. One of the frequently discussed problems for practice educator was career progression. As a joint appointment there was a need for a clearer career pathway (Leigh et al, 2005) with a structure and appropriate salary (Salvoni, 2001). Often choices were between staying in practice, remaining a practice lecturer or taking up a temporary secondment to the university. Problems for practice ensued where specialist knowledge and skills held by the joint appointee practice educator were lost, and high caliber personnel on short-term contracts were hard to recruit.

Jowett and McMullan (2007: 270) concluded that ‘there is a need to recognise that learning in and from practice requires support, resourcing and prioritising.’ Practice educators have been received positively; they are seen as a link between practice and the university and they are visible and supportive to practitioners and the learning environment. The challenge to support learning in practice is not confined to isolated pockets of nurse education, but according to the empirical evidence are widespread, and need to be addressed on a national scale.

A potential resolution to the tension created by conflicting expectations is to develop a single national (UK) job description for practice educators with a common language that explains precisely what the role obligations are, and with clearly expressed rights. Practice educators could concentrate on their obligations while employers concentrate on enabling practice educators to fulfill their obligations by upholding their rights to proper preparation and guidance, support and career structure. Much of the lack of clarity and problems between education and practice resulting from joint appointments could be reduced. Local initiatives could concentrate on preparing post-holders for the role rather than the conflicting demands from within and between services and education about the focus of the role (Hancock et al, 2007).
References


Salvoni, M., 2001 joint appointments: another dimension to building bridges. Nurse Education Today. 21, 65-70
