Working at the coal face: The contribution of Programme Tutors in supporting practice-based learning in nursing

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Version: Accepted Manuscript

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Working at the coal face: The contribution of Programme Tutors in supporting practice-based learning in nursing

Final Report

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June 2010
Executive summary

The cultivation of positive practice learning environments for students of nursing, including high quality learning support, has long been established as a thorny issue for nurse educators and practitioners. It is crucial that we get the learning support for students in the practice setting right. If we do not, it will have wide-ranging implications for the quality of patient care, work-related stress, role satisfaction, retention and attrition and professional reputation.

The Programme Tutor (PT) – a role unique to the pre-registration nursing programme at The Open University – is crucial in facilitating learning in the practice setting. The purpose of the role is to work longitudinally with both students and their mentors in the workplace to support learning in practice and monitor student progress.

The overall aim of the project was to critically examine the experiences of a sample of PTs in order to identify the key features of effective PT practice. Telephone interviews were conducted with a sample of PTs across the nations and regions. Using conventional approaches to qualitative data analysis, the transcripts were analysed to identify common themes emerging across the data.

This process led to the identification of an overarching framework conceptualising a dynamic relationship between student, mentor and PT operating within the context of practice and academic environments. The practice and academic environments provided the backdrop for the dynamic tri-partite relationship and influenced its success. Within the conceptual framework three themes emerged as impacting on the success of the PT role. The first theme encapsulates factors which enhanced PT practice labelled as ‘enhancers’. Enhancers help PTs grow into their role and were made up of preparation, support and development. The second theme; role components captured the elements of the PT role which contributed to effective PT practice and included personal attributes, knowledge and experience, and practices. The third theme was factors which impacted on the role of the PT, themed as enablers and disablers. Two categories emerged within this final theme both of which played along a continuum of enabling ↔ disabling. The context of the

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environment and the personnel with whom the PT interacted influenced the operation of the role.
Introduction

The cultivation of positive practice learning environments for students of nursing, including high quality learning support, has long been established as a thorny issue for nurse educators and practitioners. Indeed it was a key theme for the very first nursing research series, supported by the Royal College of Nursing, in the early 1980’s. This included Fretwell’s (1982) work on ward teaching and learning, Orton’s (1981) work on the ward learning environment and Ogier’s (1982) work on the role of the ward sister. Since then there has been an explosion of research in this area.

It is crucial that we get the learning support for students in the practice setting right. If we do not, it will have wide-ranging implications for the quality of patient care, work-related stress, role satisfaction, retention and attrition and professional reputation.

The Programme Tutor (PT) – a role unique to the pre-registration nursing programme at The Open University (OU) – is crucial in facilitating learning in the practice setting. The purpose of the role is to work longitudinally with both students and their mentors in the workplace to support learning in practice and monitor student progress.

The 2008 annual monitoring and review undertaken on behalf of the Nursing and Midwifery Council (NMC, 2008a) was particularly complimentary about the role of the PT, recognising the key contribution this role makes in assuring the quality of the practice learning experience. We believe, therefore, that the PT plays a significant role in facilitating learning in practice settings.

The overall aim of the project was to critically examine the experiences of a sample of PTs supporting students and mentors on the OU pre-registration nursing programme in order to identify the key features of effective PT practice. These features would then inform the continuing development of the programme in the practice settings and identify those features potentially transferable across the sector.
Two PTs were recruited as co-researchers on the project team\(^1\). The dispersed geographical location of team members necessitated effective remote ways of working, supplemented by one face-to-face data analysis meeting.

The objectives of the project were to:

- Explore PT’s experiences of supporting students and mentors
- Explore PT’s views regarding student progression
- Identify how PTs ‘grow’ into their role
- Identify enabling and disabling factors contributing to role effectiveness
- Examine the boundaries between the role of the PT and mentor
- Explore variations in the PT role between nations and regions.

\(^1\) LM (Principal Investigator), JD (Investigator), GD (Investigator with lead for literature review), WM (Investigator with lead for data analysis) and DG (Investigator)
Literature review

The context of practice education in nursing

The Standards for Pre-registration Nursing Education are set by the NMC (2004) and failure to meet these standards prevents the nurse from entering the NMC register. The NMC also requires those on the register to keep updated through a process of continuing professional development (NMC, 2010).

In 2005 the Standing Nursing and Midwifery Advisory Committee proposed a review of current nursing and midwifery programmes to ensure they continue to meet the needs of the population and that future nursing staff have the appropriate clinical skills to deliver the health care required (DH, 2005). Further recommendations included reviewing the support of students in practice in order to lower attrition rates within pre-registration nursing.

In response to a review of fitness to practice at the point of registration (NMC, 2007a), the NMC has developed a set of essential skills that all pre-registration student nurses should attain (2007b). The successful attainment of these essential skills clusters will facilitate students to progress towards their branch programme, NMC proficiencies and ultimately to successful entry to the NMC register.

The recent reviews of both pre- and post-registration nursing by the Department of Health in England (DH, 2007; NMC, 2007a) have raised concerns about students’ fitness to practise at the point of registration. These reviews have contributed to the recent announcements about nursing becoming an all-graduate profession (Peate, 2009) and proposals for coherent post-registration nursing careers. Ensuring that nurses are fit to practise is of paramount concern for both higher education institutions and the regulatory bodies. A key aspect of this quality assurance process is the support students receive in practice settings to promote the development of their knowledge and skills.

Practice learning environment

A quality practice learning environment is crucially important to the learning and assessment of pre-registration students and the future development of the workforce (NHS Education for Scotland [NES], 2008a). The knowledge and
experience gained in these areas contributes to the development of competencies required to successfully complete the nursing programme and enter the NMC register.

The move of nurse education to the higher education sector in the mid-1990s resulted in significant changes in the perceptions of responsibility for student support in practice settings. In Scotland, NES has developed the Quality Standards of Practice Placement (2003), a set of standards to be adhered to support the learning and assessment of pre-registration students. These were revised in 2008 to become generic standards for all nurses, midwives and allied health professionals. There are four main areas in the standards involving the student, mentor, service provider and Higher Education Institute (HEI) thereby clarifying the responsibilities of those that support practice learning in healthcare settings (NES, 2008b). Mentors and other staff in practice settings therefore play a significant role in clinical skills development and so their preparation to support learning in practice is vitally important.

The culture of the organisation plays a significant role in shaping the environment for learning (Manley et al., 2009). A key aspect of this culture is the interactions of staff with students and evidence suggests these interactions can promote or hinder learner development (Pearcey and Elliott, 2004). Indeed Henderson et al. (2009, p.178) suggest that ‘the quality of the professional who guides learning can have a greater effect on student achievement than any other single factor’.

The ward manager or charge nurse is therefore a significant and vital role model in the practice learning environment. Their clinical leadership is crucial to the development of positive learning cultures in practice areas. The findings of a further review of the role of the ward sister have recently been published (RCN, 2009).

In addition to the role of the charge nurse, the mentor also plays a significant part in the support of learning in practice. Pre-registration student nurses and midwives are supervised by mentors who are themselves registered nurses, who have at least one year post-registration experience and have undertaken a recognised HEI mentorship preparation course. The Standards to Support
Learning and Assessment in Practice (SLA iP) (NMC, 2006) outline the nursing regulatory body requirements for the preparation, support and professional development of mentors, practice teachers and teachers. These standards promote equity for mentorship preparation within a developmental framework (NMC, 2008b), complemented in Scotland by a unique national approach for mentorship and practice teacher preparation (NES, 2007).

Mentorship has two levels where first level registered nurses are prepared to undertake either a mentorship or sign-off mentorship role for pre-registration nurses/midwives. Sign-off mentors and practice teachers are required to assess the competence of pre-registration nursing students at the point of registration, remaining accountable for these decisions (NMC, 2008b).

In addition to the mentor, a number of organisations have implemented additional roles designed to further promote the support of learning in practice. Across England in the late 1990s and early 2000s in response to Making a Difference (DH, 1999), Practice Education Facilitators have been employed by a range of NHS organisations to foster effective learning cultures. These facilitators have played a significant role in supporting mentors and students and working with organisations to increase practice placement capacity. Initially funded on short-term contracts a number of organisations have now found ways to embed these roles into staffing establishments.

Similarly in Scotland, NES in collaboration with the then Scottish Executive, the NHS and HEIs created 100 whole-time-equivalent Practice Education Facilitator posts which were made substantive in 2007. The main function of the role is to support and develop the mentors of pre-registration student nurses whilst also developing the clinical learning environment (NES, 2008b).

Over time other roles have also developed to support effective learning in practice. These include the Lecturer Practitioner in which nursing staff are employed part-time in clinical practice and part-time in an educational role and assist in bridging the theory-practice gap (Cole and Esmond, 2000).

In summary, an effective practice learning environment has long been regarded as important for student learning. Some key support mechanisms
are robust quality assurance of the academic programmes, strong leadership exercised by the ward manager/charge nurse, clear guidance for practice education from national bodies and robust preparation and ongoing support for mentors and practice placement educators.

Methods
Informed by the project team’s experience of either being or supporting PTs and our knowledge of the professional and regulatory body literature in this area, the following research questions were identified:

- What are PT’s experiences of supporting students and mentors?
- What are PT’s views regarding student progression?
- How do PTs ‘grow’ into their role?
- What are the enabling and disabling factors contributing to role effectiveness?
- What are the boundaries between the role of the PT and mentor?
- Are there variations in the PT role between nations and regions?

Data collection
The project identified a sample of 37 PTs from the total cohort (n=62) across the nations and regions. The sample was taken from PTs supporting the final practice courses of the programme (KYN274, mental health nursing or KYN279, adult nursing), as at this stage PTs would have achieved four years experience of the programme’s delivery in practice.

Inclusion criteria were that participants:

- Were employed by the OU as a PT to the pre-registration nursing programme
- Had supported students for a minimum of the branch component of the pre-registration nursing programme
- Were currently supporting students on course KYN274 or KYN279 of the pre-registration nursing programme
- Contribute to the representation of the geographical spread of the total PT group
- Proportionately represent both mental health and adult fields of nursing.
Ethical approval was granted by the OU’s Human Participants and Materials Ethics Committee. The ethical principles of confidentiality, anonymity and informed consent were upheld throughout the study (OU, 2008; RCN, 2009). Anonymity was protected by using pseudonyms for both PTs and organisations. Informed consent was gained at the start of the project and participants were advised they could withdraw at any stage. All of this was made explicit in the letter of invitation to participate in the research. As employees of the OU, other sources of ethical approval were not required.

Fifteen of the 37 PTs agreed to participate in the project representing a 40% response rate and which also reflected a reasonable spread across the nations and regions (see Table 1). Appendix 1 provides a map of the OU regions/nations. Ultimately 13 PTs were interviewed.

Table 1 Geographical location of participants

<table>
<thead>
<tr>
<th>Number of participants</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>02 South</td>
</tr>
<tr>
<td>3</td>
<td>03 South West</td>
</tr>
<tr>
<td>1</td>
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<td>07 Yorkshire</td>
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<td>1</td>
<td>11 Northern Ireland</td>
</tr>
<tr>
<td>1</td>
<td>12 Scotland</td>
</tr>
</tbody>
</table>

Given the geographical location of participants, telephone interviews were conducted using digital recording equipment with the average length of interview being approximately 35 minutes. Four members of the research team (GD, WM, JD and DG) conducted the interviews. In order to ensure consistency of approach, the interview questions and a prompt sheet informed by reference to the literature were agreed beforehand (see Appendix 2). In between obtaining signed consent and arranging the interviews, one participant withdrew as she was no longer able to find a suitable time for the interview and one participant did not respond to requests to arrange the interview. In total therefore, thirteen interviews were conducted.
Data analysis

Following verbatim transcription, the data were analysed using conventional approaches to qualitative data analysis based on the model developed by Strauss and Corbin (1998) which involves three stages of analysis. Stage 1, ‘Open Coding’, requires researchers to scrutinise the raw data for emerging themes. Once the themes have been identified a process of ‘Axial Coding’ enables individual findings, views and statements to be grouped into conceptual families or relationships. Finally, the conceptual relationships are formalised into conceptual frameworks through ‘Selective Coding’. This process led to the identification that the overarching conceptual framework was one of a dynamic relationship between student, mentor and PT operating within the context of practice and academic environments. The practice and academic environments provided the backdrop for the dynamic tri-partite relationship and influenced its success.

Within the conceptual framework three themes emerged as impacting on the success of the PT role. The first was factors which enhanced PT practice, themed as ‘enhancers’, the second was role components of the PT role which contributed to effective PT practice and the third theme was factors which impacted on the role of the PT, themed as enablers and disablers.

Each of the three themes is examined below, illustrated with quotations from the data. All potential identifying factors have been altered to preserve the anonymity of participants including referral to all as female.
Discussion

Enhancers

This theme embraces the research question about how PTs grow into their role and captured the three elements which underpin effective delivery of the role. These were preparation, support and development (see figure 1).

![Figure 1: Enhancers of the PT role](image)

**PREPARATION**

PTs reported that effective preparation for the role was of fundamental importance to its success. This did not start with the university induction (provided following successful appointment) but at the point at which they first considered applying for the role. As many PTs have other employment, honesty with regard to what the role required was considered crucial to applicants making informed decisions about their capacity to fulfil OU expectations. Respondents talked about the need for honesty about the challenges and joys the role and the OU pre-registration nursing programme would present in the complex world of the students’ practice.

The complexity of the relationship between students and other key players during their progress through the programme including the mentor, line manager, course lecturer and the PTs themselves, meant that from the very outset role occupants needed to be prepared for the criticality of effective communication.
Preparation needed to include both induction to the university - its values, policies and processes - and also to the programme. Respondents identified that the OU programme was quite different to other pre-registration nursing provision so even experienced nurse educationalists and practitioners needed robust induction to the ways the OU delivered pre-qualifying education.

...when I have been to ALs study days and things like that you find that a lot of Programme Tutors have been directors of nursing etc etc so they have all come from a whole range of background[s]...

As the role of PT is unique to the OU those who are experienced educationalists sometimes found accommodating the OU’s way of doing things challenging, in comparison to previous and/or other current employment role requirements. The data indicated that crucial to the success of the role was that prospective PTs were actively prepared for the unique features of the OU role. From the data it can be seen that effective preparation enables PTs to buy in to the importance of the OU’s approach and so ensure that approval granted by the University and the statutory body, the Nursing and Midwifery Council (NMC) is upheld. From the data it would appear that support needs to be ongoing to prevent role dissonance between what is required by the PT’s ‘main job’ and that which is required by the OU.

SUPPORT

Generally, there was great satisfaction expressed in relation to the support provided to the role. The support was derived through a network of personnel, the curriculum and information technologies.

The range of personnel traversed peers, line managers based within regional offices and staff on the OU IT help desk.

I think as a Programme Tutor I get a lot of support from region, if I have got a query I can go there without any problem at all.

You certainly get good support from the OU. XX and XX are always fine, if there are any problems or anything I know that it is not completely down to me to sort them out. I know there are people there who will come up with the answers.

The network of support available through fellow PTs, course tutors and the Staff Tutors was highly valued by many of the respondents, particularly in
relation to learning from each other through the sharing of best practices and solution finding.

I suppose part of it is knowing that we have some support network so I know I can ring the Staff Tutor. Of course I know I can email the other tutors so I think there is having that network support.

We have...meetings...for the PTs and ALs [Associate Lecturers]...and we can bring our own agenda items, the Staff Tutors bring some agenda items. Updates, what is happening in the programme, how we are working together. That kind of thing. We have also had outside speakers...For me as a Programme Tutor, having that opportunity to go and meet like that and...having that information is vital for me keeping up with what my role is...There has been a lot of positive feedback from everyone around those meetings...keeping in touch, being able to talk to other Programme Tutors.

That is what I love about my staff tutors and I love about my peer network, is that you can actually just send out an email and somebody is bound to come up with some idea on how to solve it [problem].

Involvement in programme-wide initiatives to enhance everyone's experience of the programme was felt to facilitate a deeper understanding of the underpinning value-base driving the OU’s engagement with pre-registration nursing education and nurtured a sense of being valued colleagues in taking the programme forward.

PTs also reported that the IT helpdesk had enabled them to survive the vagaries of OU IT systems and so ultimately to use them to effectively support their role.

... just to say that the IT people, value them immensely. Fantastic work

Some respondents shared how the online resources and e-mail system made a significant contribution to how the quality of support to their role was experienced. Given the geographical spread of PTs, many working in very isolated locations the IT support and facilities would inevitably impact on how support was experienced and perceived. As a distance learning organisation quality IT resources and support are crucial to the effective delivery of curricula. Added to this given that 50% of the pre-registration nursing programme is delivered in practice, remote from the OU, it is imperative that the PTs feel fully supported through means other than direct and face-to-face contact.
An interesting finding is that the PTs saw the curriculum as a source of support. As a distance learning provider the curriculum and supporting resources are made available through a multi media environment. The university has a long established reputation for the outstanding quality of its distance learning materials. The teaching and learning resources available through the ‘virtual learning environment (VLE)’ were particularly valued by the PTs.

And I think that the...virtual learning environment, the VLE, that we use, is fantastic...

Concerns about the complexity of pre-registration nursing assessment requirements, mentor anxiety about making assessment decisions and ensuring such decisions are deemed valid is well documented (Duffy, 2004). It was reassuring to find that OU assessment requirements specified through the use of the Bondy levels of knowledge, performance and development promoted confidence in the PTs about the robustness of mentor assessment judgements.

One thing I have found really helpful, which I like about the Open University, is the Bondy levels...It is so difficult to work with placement areas and mentors without those Bondy levels...Whereas the Bondy levels are fantastic.

It would be of interest to determine if mentors of OU students share this view.

As technologies and alternative communication and educational engagement networks evolve, the proficiency of educationalists in delivering curriculum online will become evermore critical to the success of their role. Continuing development of the PTs is therefore an essential, as identified by the respondents.

DEVELOPMENT

Respondents valued both formal and informal development opportunities as a result of being an OU staff member. The commitment of the OU to the development of its staff is communicated through a raft of opportunities not least free access to 60 credit points of study each academic year.

The Open University does provide a lot of support...we have opportunities to go along to staff conferences...and we have the opportunity to take OU courses freely...they provide courses for free if we wish to do them.
In the current economic climate, free access to formal academic study leading potentially to academic awards at degree level and beyond increases the likelihood that OU staff will continue to develop their academic profile and therefore enhance role performance. The subject expertise and academic standing of the PT resource will be therefore less vulnerable to the forces of the economic downturn during which education and development can be curtailed.

Staff also have free access to a number of regionally-based staff development days each year focussed on identified development needs of the staff group within each region. This local sensitivity is fundamental to the successful local delivery of OU provision given it is delivered across the UK (currently excluding Wales) and in the States of Jersey. The development days also provide an opportunity for groups to come together face-to-face to access peer support through discussion and debate. They also facilitate sharing of practices to tailor the programme to local need which may be then transferable to other localities within the region, or even across the total provision.

In addition, the PTs have PT-specific group meetings. These are very much valued as they provide a face-to-face forum through which the PTs can provide peer review and support to each other. As they are involved in the delivery of a distance learning programme and so work from home, PTs can feel isolated.

...it is really about using the networks for all the different support mechanisms really so you don’t feel isolated

It is therefore important that the OU continues to operate a blended approach to staff support and development if role satisfaction is to be assured.

PTs also valued involvement in wider curriculum developments and programme-based initiatives.

There were pieces of work that needed doing and she asked us, as Programme Tutors, if we wanted to take on these pieces of work and I took on a couple of pieces...and that was really valuable because that gave me more of an insight to the bigger picture really.
From the study it is apparent that preparation, support and development of the PTs make a significant contribution to enhancing the performance of the role. In the next section, role components respondents felt contributed to effective PT practice are explored.

**Role components**

This theme embraces all the research questions as the issue of role components directly impacts on student and mentor support, student progression, growth into the role, factors impacting on role effectiveness, role boundaries and variations in interpretation and delivery of the role across the provision.

The four components of the role reported as contributing to effective PT practice were *personal attributes, knowledge, experience and PT practices* in delivery of the role (see figure 2). Knowledge and experience have been collapsed into one component as they are so closely interlinked.

![Figure 2: Role components contributing to effective PT practice](image-url)
These components interact dynamically being used as appropriate to the particular circumstance of the situation.

**PERSONAL ATTRIBUTES**

PTs identified an impressive range of *personal attributes* which they believe support effective PT practice. The attributes leant themselves to being grouped into values, attitudes and skills.

The other attribute[s] is being open and honest, with a good sense of humour as well, which gives that ability to relate well with mentors in practice.

The values PTs identified as important to the success of the role were very much in the context of practising with integrity. Such values are a pre-requisite for entry to nursing’s professional register (NMC, 2008c) and which practitioners have to continue to demonstrate to remain on it. From the data it appears that those values which bring people into the caring professions as practitioners are brought to the role of educationalist.

I think you really can’t do this role particularly well if you are not passionate in your beliefs and values as a registered professional that you do tackle bad practice. You do celebrate and embrace good practice.

Added to the above values, PTs shared their love of teaching and passion about the role.

The love of the job. The love of teaching.

Respondents shared that a range of *attitudes* are needed for effective implementation of the role:

- Flexibility
- Reasonableness
- Accessibility
- Approachability
- Objectiveness
To be...flexible, to be very flexible about fitting in when I can see them [students and mentors].

...they know exactly where I am, how they can contact me...to be as approachable as you can to let them know you understand how they [mentors] feel.

Students on the programme are employees working in health services juggling the demands of the work situation, life commitments and programme requirements. The programme is intended to accommodate this profile through the flexibility of its part-time supported open and distance learning approach. However, if such competing demands on students are to be accommodated in the delivery as well as the approach, the PT supporting the student and mentor also needs to be flexible. To accommodate the competing demands on mentor and student time, PT expectations need to be reasonable with regard to the availability of the mentor and the time the mentor can commit to focused student support. They also need to be accessible in a time and place that suits both mentor and student. The need to accommodate clinical priorities was an issue reported by the majority of respondents.

I think the PT needs to be quite flexible because when they are meeting up with mentors and students there are occasions when clinical demand has to take precedence.

Flexibility about the working day and accessibility outside of normal working hours are key attributes of PTs.

Students are established heath care workers, many with extensive experience and who are confident and competent in their healthcare worker roles. The transition from being an established healthcare worker to student and then to registered professional can be challenging (Brigham and Smith, 2008; Draper et al., 2010). To facilitate the students’ role transitions, the PT needs to be approachable and objective. The student requires confidence that the PT will respect their anxieties and potential difficulty in achieving role transitions and complying with programme requirements. Through the values and attitudes profile identified by the PTs, students and mentors should be confident that any issues can be shared with the PT who will respond with integrity and in a person centred way.
I have had...students...contacted me and asked me to contact them [other OU personnel]...they are quite happy to speak to me and explain to me what is happening because they knew me but they didn’t really want to relay it to everybody else so they asked if I would contact them...I found that tends to work quite well but I think then again that is the one to one relationship you develop as a PT.

To successfully progress from healthcare support worker to registered nurse the student needs objective feedback about their attainment. Given the close and programme-long relationship between mentor, student and PT there is the potential for this objectivity to become compromised. However it is important that both PT and mentor remain objective in their support of the student.

I remember when I started, for one student nepotism was an issue and I went in very clearly and said ‘because of your relationship with the student...’I have been quick to establish that what is the relationship between them [mentor and student], you know, are they going to just sign them off with just anything?

There are challenges because they [mentors] get to know them [students] on different levels. They are already members of staff...the relationship is a lot different and it can be quite difficult at times. One of the things...is trying to assess those students objectively.

Often it is the PT’s objectivity that enables mentors to make difficult assessment decisions. Such decisions are long established as presenting serious challenges to mentors (Duffy, 2004).

The skills profile the PTs identified centred on the ability to facilitate the growth and development of others and to mediate situations. These included being:

- Facilitator
- Motivator
- Challenger
- Diplomat
- Problem Solver
- Trouble Shooter
- Solution Finder.
...because when they have done something negative and I have had to come in, like problem solve...a personality clash, a placement not going well and the obvious answer is to walk away. To actually get them, the mentor and the employer sat down around a table and work our way through it and for them to come back a month later, six months later and for them to say 'thank you, you didn’t let me take the easy option...we turn a negative into a positive.

...sometimes you will find a student that might say ‘I am not happy with this mentor because of this, this, this and this’, and then you talk to the mentor and they will say ‘we are acting like this because we are trying to get this out of the student and they have maybe taken it the wrong way’ so it is then explain to the student the reason why that is...to the mentor that this is why the student thinks that things are being this way.

...you are the middle person and that is a really hard place to be

In addition, effective time management was reported to be crucial to PTs successfully fulfilling the diverse roles with which they engage.

This repertoire of skills is used to support the creation of a practice learning environment for the student, mentor and work colleagues that enables students to learn and ultimately achieve NMC registration. Throughout the programme students move between the roles of healthcare support worker so an employee and student requiring the support of a mentor. PTs play an important role in monitoring and protecting the students’ status as a student. The skills of motivator (motivating the HCA to take on the mantle of student) and challenger (of the student’s mentor when the practice environment is not supporting a student role) are essential attributes for the PT.

A study by Brigham and Smith (2008) reported that students on work-based programmes found the achievement of a student identity challenging. In the busy world of practice it is very tempting for the student and the line manager to seek a return to the HCA role during student time. Being a HCA is a known, and a comfortable and secure role for the student. The student role is unknown, at least initially, and can lead to a sense of insecurity. The PT needs to act diplomatically to preserve the student’s right to be a student yet maintain the value placed on the student as a co-worker and the student’s believe in ‘self.
Due to the complex nature of healthcare practice in which practitioners are delivering and managing care, facilitating learning and assessing achievement, tensions are likely to arise. As well as demonstrating sensitivity to these tensions the PTs play an important role in mediating these tensions to ensure issues do not develop into major problems. Through the programme-long tri-partite relationship between the student, mentor and PT and the longitudinal programme practise base, the PT is able to gain great insights to the culture of the practice learning environment and the pressures experienced within it. This enables the PT to act pro-actively in trouble shooting emerging concerns and finding solutions that are acceptable to all.

**KNOWLEDGE & EXPERIENCE**

The breadth of knowledge and experience respondents brought to the role was breathtaking and could be categorised as knowing about: the ways of working of organisations; healthcare providers and education providers; and contemporary health care practice and education practice. The ‘understanding’ derived from the PT’s knowledge was complemented by the range of experience the PTs brought to the role (see Table 2).

**Table 2: Knowledge and Experience brought to PT role**

<table>
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<th>Organisations</th>
<th>Health Care Practice</th>
<th>Education</th>
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<td>Health care providers</td>
<td>The OU</td>
<td>Senior management roles</td>
<td>Statutory body requirements</td>
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<td>Stakeholders</td>
<td>Nursing</td>
<td>Evolving health care practice</td>
<td>Profession focused education</td>
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<td>Internal pressures</td>
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<td>Personnel to contact</td>
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<table>
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<th>Experience:</th>
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</tr>
<tr>
<td>Being part of organisational networks</td>
<td></td>
<td>Inter-professional working</td>
<td>Head of Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community practice</td>
<td>Senior lecturer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Across a range of specialities</td>
<td>Lecturer role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being a ward manager</td>
<td>Practice facilitator role</td>
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<td></td>
<td></td>
<td></td>
<td>Mentorship</td>
</tr>
</tbody>
</table>
Many PTs shared that it was essential they had insight into how the OU and practice learning providers worked as organisations. This knowledge then needed to be contextualised within three frames of reference: educational theory and practice; statutory body requirements; and health care practice. The ultimate aim of the PTs was to meld these sources of knowledge into a coherent whole, so students and mentors experienced well-informed support to deliver high quality education within a practice environment.

The biggest thing for me when I came into post was I understood about placements, what the issues were. But I was also aware of the types of people to contact that will help you...

...from ward experience and with students on the ward over a long period of time. But I think as well doing the OU courses in the past, I think that helped me a lot more because I already had an insight into how The Open University worked.

If the PT doesn’t understand the clinical environment, if they don’t have a good working relationship with various people within the Trust and if they don’t command respect from the mentors then those things are going to hinder the relationship.

The PTs also identified that to be credible in practice environments it was necessary to have contemporary knowledge of evolving healthcare practices informed by past and concurrent practice experience. Given the diverse nature of the students’ practice settings including acute hospital care, acute community services, long term community services, rehabilitation services, outreach teams and forensic services, the perceived need to be clinically credible in the context of the student’s practice setting across and within cohorts could be a challenge. This could be ameliorated by PTs ensuring both mentors and students are fully informed about the PT’s professional and experience profile and PTs being open and honest about the parameters of this. The breadth of experience across the PT population could act as a powerful resource and can be captured through PT forums and development days.
Finally, the practices the PTs adopted to ensure effective implementation of the role were predominantly concerned with providing advice and support and monitoring student achievement and progression through the programme. A key focus was supporting and advising on portfolio compilation.

I would say one of the main, key, points is to enable students to build up their portfolio of evidence and for them to see that basically what they are doing everyday is what they need in their portfolio. And to guide them towards which outcomes and proficiencies their pieces of work relate to. Sometimes they find that very difficult in the beginning so it is like enabling them to look at their work and think ‘how does that relate to what I have got to demonstrate’.

As the portfolio is the means by which the student’s achievement in practice is assessed and recorded it plays a key role in supporting their journey to NMC registration. The OU programme requires assessment decisions to be informed by a range of evidence and does not accept mentor observation of student practice alone. Given the busy nature of healthcare practice mentor time is at a premium and so the support of students can take second place (Duffy, 2004). The PTs high visibility and their regular contact with the key players to support the production and interrogation of robust student evidence for the portfolio are essential to the mentor to balance the range of roles they accommodate in practice.

Another element of PT practice reported as being important to the success of the role was ‘not sitting on the fence’ and being consistent in practices and expectations.

You don’t have the opportunity to sit on the fence and if you do that is when things go wrong.

PTs needed to take an active role in supporting assessment decisions that are sometimes not the easiest to make especially when the mentor is assessing the performance of a student who is also a work colleague. As Duffy (2004) found, failing students is a challenging task per se but to do this to an established colleague renders it all the more difficult. In this context respondents also shared that rigorous record keeping and reporting was crucial so any decisions about student performance and achievement are
supported by a clear audit trail. Several shared that the monthly reporting system to their line manager, the OU Staff Tutor, promoted effective record keeping.

Within this context of assuring the robustness and rigour of assessment processes participants considered that collegiate working practises combined with empathetic support of students were essential. Some described this in terms of being a critical friend to both mentors and students.

I always remind them [students] that when you are a registered practitioner this is going to be your reality so you have two choices; you can either try to manage the difficult situation now and either it can go away, or wait until you have qualified, when you haven’t had an opportunity to sort out in a safe environment and you may be completely dumbfounded by the whole thing because you don’t know what to do.

Acting as a critical friend to the students therefore included supporting them to develop a maturity that enabled them to deal with difficult situations in a confident and professional manner. It also provided concrete evidence to the student of the importance of taking full advantage of their studentship and the opportunities it presented for them to grow as a professional. It also helped demonstrate that registered nursing is more than effective delivery of patient centred care by the individual and that it requires more than managing one’s own practise.

Another factor which contributed to effective PT practice was the capacity and ability to support students across the multiple aspects of their lives which could sometimes be complex and challenging.

A lot of them have problems, personal problems and family life problems which impact on them during the course and to see them overcome these, and to do well on the course I find very rewarding...we get to hear what is going on in their family life or their personal lives...and obviously it has a huge impact on their capacity to learn with what is going on elsewhere so yes...it is a pastoral role...

So the PTs need to be able to provide and signpost students and mentors to sources of support and guidance including academic, study, professional and pastoral. In the next section the factors which had an enabling or disabling effect on the success of the PT role are discussed.
Enablers and disablers

Two factors impacted on the PT role and had both having enabling and disabling effects. These were the environment and personnel, aspects of which formed a continuum from disabling to enabling across and within them. This presents a complex picture which is resistant to presentation in a diagrammatic form. Many of the features identified and discussed in the previous sections also contributed to the enabling or disabling features. Due to the complexity of this theme comments from respondents were mapped along the continuum to minimise the risk of one respondent’s comments having greater influence than those of others. For example:

The academic environment

No one element impacted in isolation and on occasions an element was interpreted as a disabler by some respondents and as an enabler by others. More respondents commented on enabling features of the academic environment than on disabling features. The fewer comments relating to disabling aspects however tended to be reported through the use of stronger language and could be interpreted as indicating a greater impact experienced by those individuals. Caution needs to be exercised in generalising the feedback within this theme. It does however provide insights into factors which influence the ‘sense’ of being enabled or disabled to successfully implement the role.

The environment

The environment is made up of the academic and practice settings within a geographical dispersed landscape of programme delivery. All provide the backdrop to PT practice and exert both enabling and disabling forces (see Tables 3, 4 and 5).
Table 3: The enabling and disabling aspects of the environment:
Academic Settings

<table>
<thead>
<tr>
<th>The Environment</th>
<th>Enabling Features</th>
<th>Disabling Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>Open distance learning approach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programme structure</td>
<td>Structural changes</td>
</tr>
<tr>
<td></td>
<td>Comprehensive and methodical curriculum</td>
<td>Curriculum changes</td>
</tr>
<tr>
<td></td>
<td>Comprehensive and methodical assessment process</td>
<td>Assessment changes</td>
</tr>
<tr>
<td></td>
<td>Clarity re stages of development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective communication across the component parts of</td>
<td>Ineffective communication across the component parts of</td>
</tr>
<tr>
<td></td>
<td>the organisation</td>
<td>the organisation</td>
</tr>
<tr>
<td></td>
<td>IT resources</td>
<td>Trying to navigate around the OU website</td>
</tr>
<tr>
<td></td>
<td>Flexibility in OU employment practises</td>
<td></td>
</tr>
</tbody>
</table>

Both PTs and students have life circumstances which require a flexible approach to education provision and employment with the OU. The supported open learning method of provision within a structured framework enables both students and PTs to fit their engagement with the OU around other life commitments. Many PTs hold posts with other organisations in either health care or education. These additional roles inform the attributes, knowledge, experience and practice of the PTs and so contribute to a rich PT profile. A potential disabling aspect of this profile however is PTs experiencing role dissonance as they switch between education provider values, policies and procedures.

In response to stakeholder feedback, the ‘2002’ curriculum was replaced by the ‘2007’ curriculum. Structural, curriculum and assessment changes led to changes in the form of delivery. For example, the practice course of the common foundation programme became stretched over 15 months. This led to the three tri-partite discussion meetings being further apart. Some of the participants felt this had compromised their contact with students and mentors, as they appeared to interpret the requirement for three tri-partite meetings as a ceiling rather than a minimum requirement.

The changes in the curriculum have hindered the role in the fact that there are longer practice courses. You cannot build up a relationship with the students. You don’t see them half as much as you used to do.
However the tri-partite meetings serve only one particular purpose and other media are also available to support mentor and student contact with PTs including telephone, email and forums. With the introduction of the 2007 curriculum regular PT contact with students was enhanced through PT involvement in some of the tutorials which facilitated additional contact with students as a group and as individuals.

In all organisations effective communication is imperative and like many other multinational organisations the OU has a multi-layered structure which includes centrally-based services, regionally-based services, faculties, departments, nation and regional offices. It is also has a complex human resource structure which has to articulate between and within central and regional structures. In addition, a complex range of IT systems and services underpins effective student and staff support. PTs found the quality of communication variable ranging from very effective to extremely irritating.

It is very, very much communication...I have inherited...students who are repeats and I have always understood why I can’t have information because of data protection and that has not been a problem but when it has become a problem it has been a lack of information and I do think there is something about common courtesy...should you wish to have the information you should be able to access it because that is what hindered my very badly in the case I have just alluded to.

The ‘Ongoing Achievement Record’ (2007c) is a vehicle for sharing information necessary to ensure safe and effective practice and promote coherence in cross-programme assessment of student performance. This has been incorporated into the OU’s pre-registration nursing portfolio and facilitates the sharing of information across personnel supporting learning and achievement in practice. In the future therefore this should ameliorate PT concerns regarding lack of access to information.

Whilst many PTs greatly value OU IT based resources some found the complexity of the OU website challenging.
Table 4: The enabling and disabling aspects of the environment: Practice Settings

<table>
<thead>
<tr>
<th>The Environment</th>
<th>Enabling</th>
<th>Disabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice</td>
<td>Organisational commitment to the programme</td>
<td>Managers not engaging with programme requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Managers not engaging with PTs</td>
</tr>
<tr>
<td></td>
<td>Work place commitment to support staff on the programme</td>
<td>Negative culture of programme practice base</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Managers not differentiating between role of HCA and student</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of facilities to accommodate tri-partite discussion meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Busyness of practice environments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Constant changes within the NHS</td>
</tr>
</tbody>
</table>

The success of the programme is dependant on a commitment to the partnership working at all levels by both health care providers and the OU. This is illustrated by the following participant:

The manager is on board, the mentor is on board, the organisation is completely on board and they have got systems in place, either through discussion with myself or actually implementing those from their understanding of the programme...and that...works really well because you know the communication is there.

However, whilst many employers place great value on their role in delivering the programme in their organisation, some would prefer the university to take full responsibility for all aspects of the students’ journey. This can lead to a lack of engagement with the OU at the level of delivery in practice and so make the PT’s role more challenging

I have a couple of issues at the moment around managers who are not engaging or an organisation which is not engaging with me. Who aren’t taking on board the requirements of the OU programme and where their responsibilities lie.

Initially, managers seemed to think that they [students] came on the OU course and that’s it, they have abdicated all responsibility for them.
A negative culture within the programme practice base and failure to acknowledge HCAs as students challenges both students and PTs. Participants made significant comment on the busyness of the practice environment and how this compromised capacity to accommodate the tri-partite discussion meetings and facilitate student learning to the desired level.

Things that hinder...busy wards and mentors and finding the time for discussion meetings. Very often they can be rushed or cancelled.

I think sometimes they [mentors] are just genuinely rushed.

I think it is really important to acknowledge to them [mentors] that you understand about their workload and everything.

...There are lots and lots of interruptions. Everyone gets slightly fed up and sometimes there just isn’t anywhere on the ward to have a discussion meeting. ...so if you are in a corridor somewhere, there are people walking through or...people come and interrupt and it just isn’t good.

The role model presented by the manager can have a significant impact on how the whole team accommodate the HCA as a student. If the student is not accepted in this way the PT is at risk of not being regarded as valuable and so tensions can arise when the PT requests staff to commit to meetings centred on student support. Clarity with respect to roles and boundaries between the HCA and student roles was reported as essential by some respondents and it was suggested that a formal contract differentiating between the two roles could be helpful.

Table 5: The enabling and disabling aspects of the environment:

<table>
<thead>
<tr>
<th>The Environment</th>
<th>Enabling</th>
<th>Disabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geography</td>
<td>Being in close proximity</td>
<td>Being at a distance</td>
</tr>
<tr>
<td></td>
<td>Access to a range of health care providers</td>
<td>Spread of PT remit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competition from ‘local’ universities</td>
</tr>
</tbody>
</table>

Respondents placed value on being able to work from home. Having access to a range of health care providers across a geographical patch, created opportunities for PTs to develop different ways of working and practices which could then inform their own practices across their employment roles.
And because I work from home, I do enjoy going into different work places, very much so, and interacting with other teams and meeting other people in different health care settings. I find that very rewarding because it gives me personal contact and also it enables me to find out what is going on, on the ground and how things are developing...

Conversely the amount of time spent in travelling between locations was an issue which was also reflected in comments about being at a distance from the location of allocated students. Others commented on the advantages of being local to their students, either working within the same organisation or living close by.

I actually think it is helpful that I don’t live far away because it means I can be more flexible in terms of meeting with mentors and things like that.

Despite the OU having regional centres across the UK it is still perceived by some as not having a local presence. Organisations have immense loyalty to local education providers and so PTs can feel at a disadvantage when representing the OU in inter-university arenas.

Personnel

*Personnel* who influenced the success of the role of the PT were mentors, students and not least the PT themselves (see tables 6, 7 and 8).

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Enabling</th>
<th>Disabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>High levels of motivation</td>
<td>Lack of motivation</td>
</tr>
<tr>
<td></td>
<td>Insightfulness</td>
<td>Lack of insight</td>
</tr>
<tr>
<td>Being self directing</td>
<td>Poor management of self:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- time management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- forward planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- balancing of academic and practice learning commitments</td>
<td></td>
</tr>
<tr>
<td>Accepting responsibility</td>
<td>Failure to take responsibility for own learning</td>
<td></td>
</tr>
<tr>
<td>Providing peer support to each other</td>
<td>Confusing mentor and PT role</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Failure to share/ disclose information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anxiety towards the end of the programme</td>
<td></td>
</tr>
</tbody>
</table>

The behaviour and attitudes of students had a significant impact on the success of the PT role. PTs expressed greater role satisfaction when students were motivated, insightful, self-directing, accepted responsibility and
supported each other. Conversely, PTs also identified a range of disabling factors arising from students.

Students don’t always contact tutors with problems and the mentors don’t always contact tutors if there is a problem.

...the students think the portfolio is just theirs, the guidelines are just theirs, the course materials are just theirs and they come along and present them to the mentor and say ‘I should be doing that learning activity today’ and I can see how that could be detrimental to the mentor/student relationship.

...they [students] have been very manipulative and tried to play the Course Tutor against the Programme Tutor. Again I have been very explicit with the student, ‘You know if you are playing me off, I really am not going to be amused.’

Their [students] poor time keeping. Their poor time management. They know their TMA (Tutor Marked Assignment) is due in and they leave it to the end or they give priority to their TMA rather than doing course work. So, I think they are responsible for their time. I think knowing they have their student time and some only have eleven work hours a week they think it [student time] is free time to do what they want.

In addition to these comments there is also the potential that some PTs have unrealistic expectations of their students. It must be remembered that the attributes expected of students are those the NMC require to be evident on successful completion a pre-registration nursing programme (NMC, 2004). It is interesting to note that some PTs expressed concern that some mentors had unrealistic expectations of students.

The disabling effect of student anxiety towards the end of the programme is an interesting phenomenon and has been reported as being associated with the anticipated transition from student to registered practitioner (Draper et al., 2010).

I think sometimes their own anxiety can be [a hindrance] at certain times...it happened towards the end of the programme...suddenly they all got badly nervous in the last course...I think they were actually worried about finishing...
Table 7: The enabling and disabling aspects of personnel: mentors

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Enabling</th>
<th>Disabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentors</td>
<td>Use of own time</td>
<td>Competing demands on time</td>
</tr>
<tr>
<td></td>
<td>Support of student</td>
<td>Unrealistic expectations of students</td>
</tr>
<tr>
<td></td>
<td>High level of commitment to students</td>
<td>Failure to engage with students</td>
</tr>
<tr>
<td></td>
<td>Support of PT</td>
<td>Failure to support PT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unrealistic expectations of PT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of understanding of OU ethos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of understanding of role differences between mentor and PT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incomplete assessment record keeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failure to assess students</td>
</tr>
</tbody>
</table>

Mentors give a considerable proportion of their own time to the support of students often giving up days off and staying behind at the end of a shift to complete assessment documentation. This willingness to give of personal time is informed by the mentor’s commitment to fulfilling professional caring and management responsibilities during work time and so they commit personal time to support the students’ journey to registration.

Mentors were coming in, in their own time which a lot of them actually do… I have noticed that a lot of them will come in on their days off. They [mentors] will meet them [students] outside of work and they really go over board to help them.

However, the high level of commitment to students demonstrated by some mentors was not replicated everywhere. This impacted on the PTs’ capacity to fulfil their obligations to students and led to expressions of frustration.

Mentors…sometimes aren’t teaching the students as I would expect. That can be very difficult…I am not their manager so I can’t tell them what they should be doing…and that can be quite difficult to overcome…

…the student hasn’t really had much feedback or support from the mentor and we have really struggled with this and I feel that this…has hindered the student’s progress.

All the disabling factors reported in tables 6 and 7 combine to compromise the integrity of the students’ experiences and achievements and so the success of the PT role.
Table 8: The enabling and disabling aspects of personnel: PTs

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Enabling</th>
<th>Disabling</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td>Flexibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Buying into the ethos of the OU</td>
<td>Rejecting the ethos of the OU</td>
</tr>
<tr>
<td></td>
<td>Knowledge of programme</td>
<td>Role dissonance</td>
</tr>
<tr>
<td></td>
<td>Commitment to the role</td>
<td>Lack of respect commanded by the role</td>
</tr>
<tr>
<td></td>
<td>Relationship building</td>
<td>Variations in the implementation of the role</td>
</tr>
<tr>
<td></td>
<td>Commitment to students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working with mentors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clarity about boundaries and roles</td>
<td>Inadequacy of financial reward linked to the role</td>
</tr>
<tr>
<td></td>
<td>Clarity about routes of communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensuring regular contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IT skills</td>
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</tbody>
</table>

A small number of PTs expressed some considerable dissatisfaction with the implementation of the 2007 curriculum and its impact on them in relation to changed role, contact with students and financial reward. The role evolved in light of changes to statutory body requirements. In 2006 the NMC made it explicit that accountability and responsibility for practice assessment decisions lay with the mentor. In light of this the programme team concluded that scrutiny of the evidence to support assessment decisions was the responsibility of the mentor not the PT, albeit the PT could advise and support the mentor in this process. This was not well received by a minority of PTs who believed the final assessment decision should rest with them. This led to considerable role dissonance, a sense of disempowerment and a loss of respect for the role. In others it led to a resistance to giving up an assessment role and so variations in how the role was operated.

You can only advise them to a certain point...and if they don’t take the advice then there is nothing you can do about it, because you are not actually assessing students, somebody else is.

I can ask a student to do something and they can actually turn around and say ‘...’ and absolutely nothing would happen to the student. So it is an advisory role...there is nothing the students have to do for me whereas on the old curriculum, because they had to submit evidence and because I knew them better they would actually act on advice more readily.
Conclusion

Summary
Data analysis using conventional approaches informed by the model developed by Strauss and Corbin (1998) generated three themes: first, those factors enhancing PT practice; second, the role components contributing to effective PT practice; and third the enabling and disabling factors impacting on the PT role.

Factors enhancing effective PT practice were found to be preparation for the role, providing support to the role and developing role incumbents. When considering applying for the role, preparation for the role required honesty and openness about what the role involved in the context of the complexities of contemporary healthcare-based practice and education. Once appointed, induction to the OU and the uniqueness of the programme were felt to be crucial in order for PTs to take on the value base and implement the policies, processes and practices required by the OU and the programme. To maintain and develop the quality of the PT resource a range of ongoing formal and informal development opportunities are needed.

Components of the role contributing to effective PT practice included personal attributes which synchronised with professional attributes, expert knowledge and experience in the fields of healthcare practice and education and practises of the PT which enabled colleagues, students and partner employer personnel to value the role.

Finally, factors impacting on the successful implementation of the role were categorised as enablers or disablers. These enablers and disablers tended to form a continuum rather than be positioned at opposite poles. These emerged from personnel; students, mentors and the PTs themselves and centred on attitudes and behaviours. Environmental factors arose from the geographical spread of the programme, access to a range of health care providers and the practices and the flexibility afforded by home working.
Limitations

This was a small scale project exploring participants’ experiences of their role as a PT to the OU pre-registration nursing programme. Whilst the objectives of the project were met (see page 4), it is important to acknowledge a number of limitations. The intended sample (20 of the 37 PTs) would have generated a reasonable representation of the PT cohort (40%). In reality only 15 PTs agreed to participate and two withdrew resulting in a final sample size of 13 (35%). Due to the small numbers representing the regions and nations and the self-selecting nature of the sample, generalisation of findings is therefore limited.

In addition to collecting textual data, face-to-face interviews with participants would have enabled observation of non-verbal cues but their diverse geographical locations precluded this. However, despite the use of telephone interviews participants appeared very keen to talk about their experiences, with interviews lasting on average 35 minutes and transcripts indicating few lapses in discussion. Participants appeared pleased to have the opportunity to share their experiences of being a PT with some using the interviews in a cathartic way. Participants were aware that the research team was internal to the OU and clearly aligned with the OU PRNP. It is therefore possible that participants were measured in their responses, perhaps feeling they had to say what we wanted to hear. We have no way of assessing whether this was the case but believe our careful and consistent approach to interviewing mediated this limitation.

This small scale project has highlighted a number of potential areas for further research. Replication of the study with a larger sample size would enable confirmation of the themes generated. It would also enable interrogation of possible differences between nations and regions. It could also be informative to undertake a comparative study with those PTs who have worked solely with the 2007 curriculum. A further opportunity would be to compare and contrast the effectiveness of the PT role with that of the ‘link lecturer’, a role familiar in other HEIs delivering more traditional pre-registration nurse education.
Implications

The findings generated from this study have resonance with much of the existing research in this area. Educationalists gain great satisfaction from supporting learning in practice yet at the same time experience many frustrations (Manley et al., 2009).

The most significant finding, communicated in range of ways, is the pivotal role PTs play in knitting together the various strands of supporting student learning and achievement in practice. Many referred to the role as the ‘lynch pin’. Adoption of the role of the PT by other education providers could be key to successful support of learning in practice.

Preparation for the role, multi-faceted support for the role and development within the role are significant in ensuring success both in how it is experienced and delivered. Ways of reducing the frustrations PTs have experienced in the role need to be found. This will include for example how shared understandings could be achieved to reduce the frustration with statutory body, OU and programme approaches to, and requirements for, delivering pre-registration nursing education could go some way to reducing role dissatisfaction. This would appear to be particularly important in relation to assessment of students in practice.

The project findings will be disseminated to all central and regional colleagues supporting the work of the OU PRNP across the nations and regions. Despite the small sample size it is extremely valuable to have documented the experiences of PTs as this will enable us to subsequently review ways in which these findings can inform future curriculum development and delivery. This is particularly timely with the OU’s transition from a diploma to a degree based curriculum. Emerging research and national developments with respect to supporting learning in practice will continue to inform the effective delivery of OU professional and work based curricula and associated roles.
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Appendix 1
NATION AND REGIONAL OFFICES OF THE OPEN UNIVERSITY
Appendix 2

INTERVIEW QUESTIONS

Interview date:
Interview time:
Interviewee:
Contact number:
Interviewer:

<table>
<thead>
<tr>
<th>Project Objectives</th>
<th>Question</th>
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<tr>
<td>General introductory questions</td>
<td>If you were to try and describe your PT role to someone outside the profession of nursing, how would you do it?</td>
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<td>What was your experience prior to coming into your PT role?</td>
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<td>Did this prior experience inform your PT role?</td>
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<td>Do you think there are any potential challenges between your PT role and your clinical role?</td>
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<td>What might be the impact of these on the student and/or mentor?</td>
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<td>What do you find most rewarding about your PT role?</td>
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<td>Identify enabling and disabling factors contributing to role effectiveness</td>
<td>Can you describe to me what are the essential activities of your role?</td>
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<td>Identify how PTs ‘grow’ into their role</td>
<td>What do you think helps you succeed in your role [role]?</td>
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<td>What things hinder you succeeding in your role [role]?</td>
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<td>If you were mentoring a new PT, what particular things would you tell him or her about your role?</td>
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<td>Explore PTs’ experience of supporting students and mentors</td>
<td>What PT attributes do you think facilitate an effective working relationship with mentors [role, learning environment]?</td>
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<tr>
<td>Examine the boundaries between the role of the PT and mentor</td>
<td>What PT attributes do you think hinder an effective working relationship with mentors [role, learning environment]?</td>
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<td>What do you think are the distinctive differences between the mentor role and PT role [role, learning environment]?</td>
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<td>Explore PT’s views regarding student progression</td>
<td>What aspects of your role help students to progress and to succeed [student support]?</td>
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<td>In your experience as a PT, what things hinder student success [student progression]?</td>
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<td>Explore variations in the PT role between nations and regions.</td>
<td>Through your contact with other PTs do you think there might be variations in how PTs fulfil their role across the regions [variations in role]</td>
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<td>Closing questions</td>
<td>Is there anything else we could provide, either regionally or centrally, that could help you more in your PT role?</td>
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<td>Is there anything else you would like to say?</td>
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