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# The Education Needs of Practice Teachers

## Karen Adams

## The research questions

- What are the perspectives of practice teachers, students, managers, course leaders and other key stakeholders regarding the role of a Practice Teacher and attributes of a good Practice Teacher?
- How should Practice Teachers be educationally prepared to undertake their role?

- The research context
- HV Implementation Plan 2011-15 (DH)
  - 4200 extra HV's by 2015
  - Delivering a new & enhanced model of service
- Healthy Child Programme (DH & DCSF 2009)
- Practice Teacher Standards (NMC 2008)
- NMC circular 08/11 (2011) Practice Teachers supporting more than one (health visitor) student in practice
- Financial constraints in NHS

## Design & methodology

- Grounded theory (Charmaz 2006)
- Constructivist / naturalistic paradigm (Denzin & Lincoln 2008)
- One to one interviews and a focus group were used to gather qualitative data

- Purposive sampling strategy
- Semi-structured interview format
- Open-ended questions

## Data analysis

- Digitally recorded
- Transcribed
- Concurrent data collection and analysis (Birks & Mills 2011)



# Preliminary findings





- This study identified that practice teachers lack a clear professional identity and provides evidence of how the role is operationalised differently across organisations and professional groups
- This affects the recognition that Practice Teachers are afforded for their role



# The theoretical framework



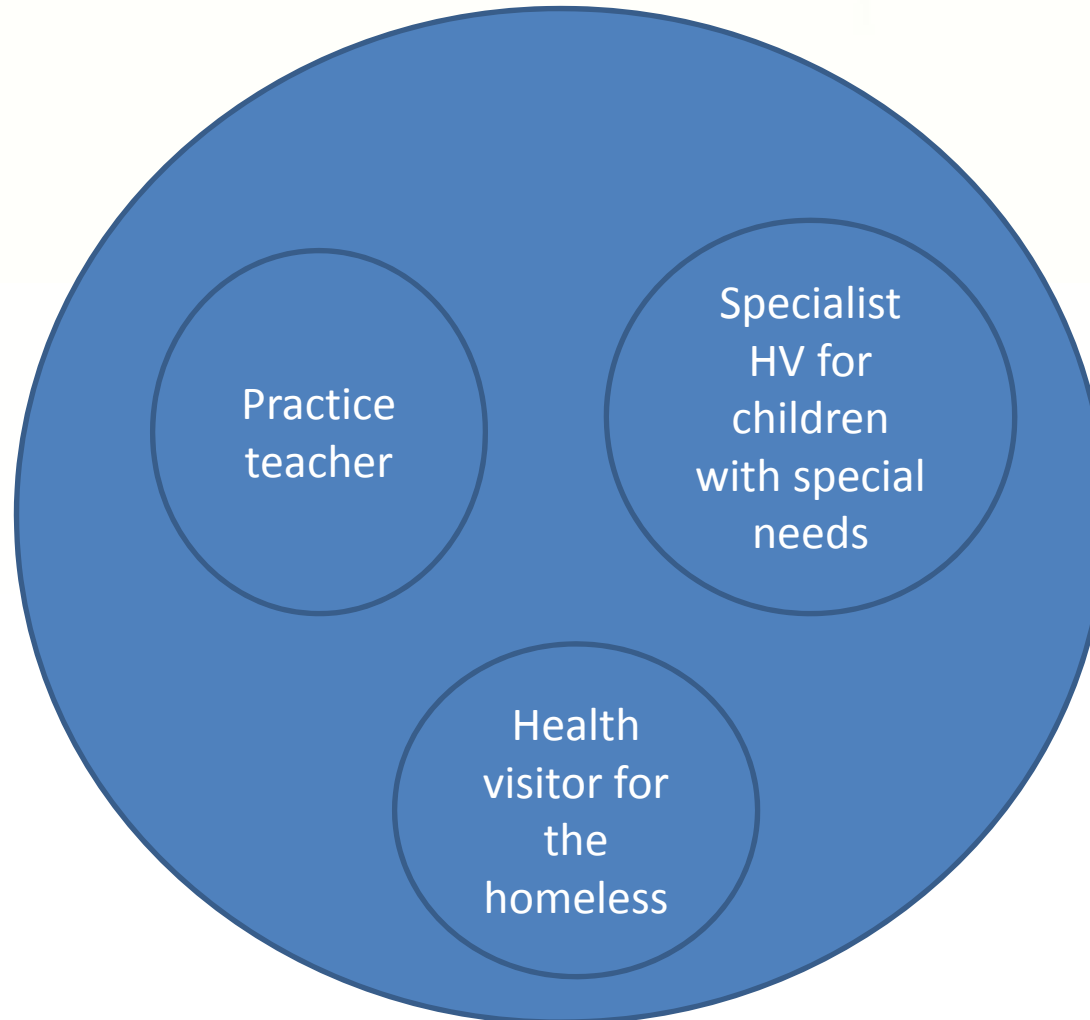
## Social identity theory

- Identity is formed through a process whereby reflexive individuals categorise themselves in relation to other social categories.
- Individuals adopt the identity of the group that they have categorised themselves as belonging to and behave in a way that conforms to the defined role. These individuals are labelled as the in-group whilst those who differ are categorised as the out-group



- Categorising individuals on the basis of multiple social features (Stangor et al 1992)
- People tend to attempt to get the maximum out of available category membership by combining categories under the assumption that this will provide more information about the subjects
- An individual who is a member of a well understood category is likely to be perceived as such regardless of any specific features that they might have (Stangor et al 1992)

# Health visitor



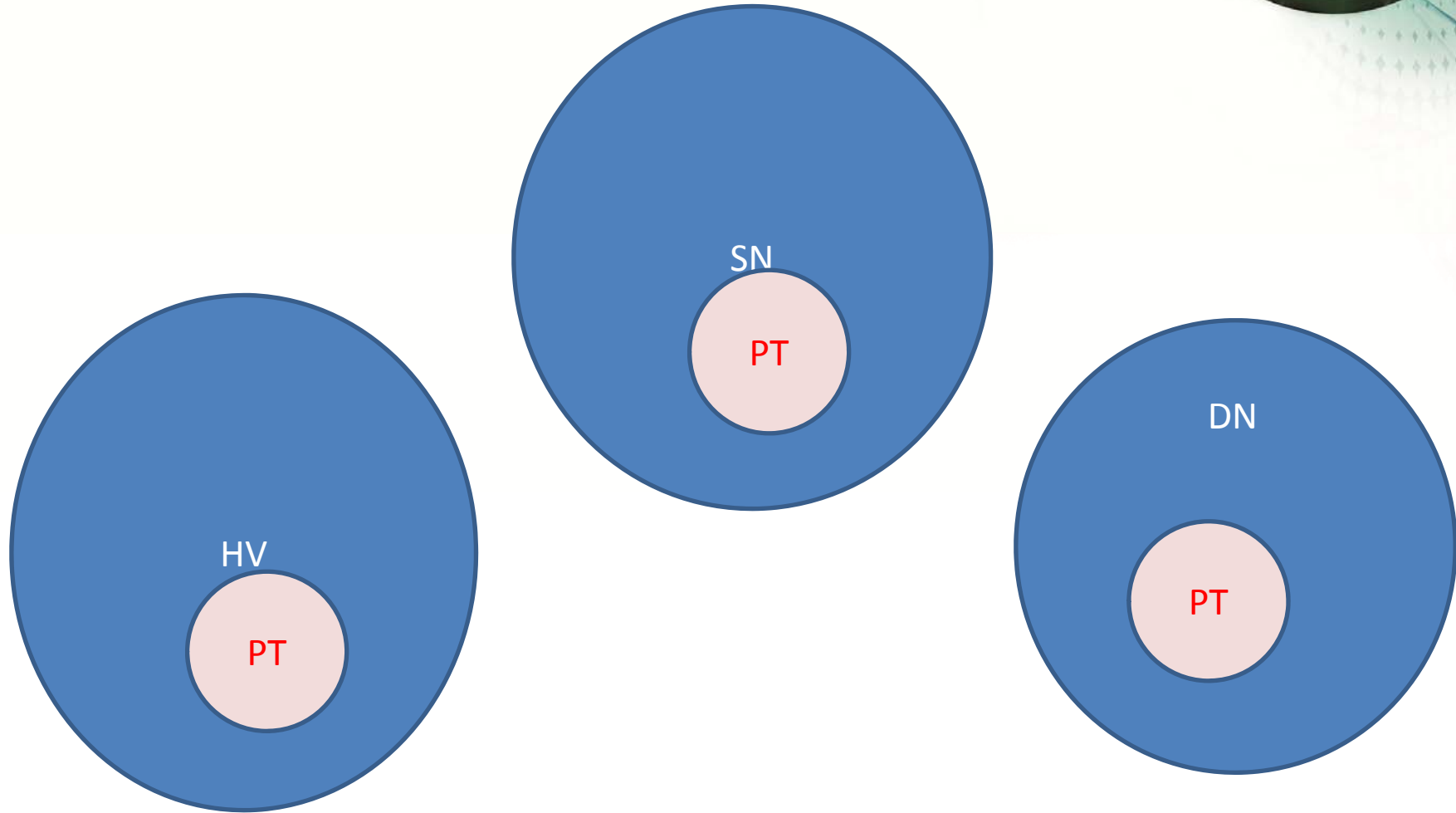
- Social identity complexity (Roccas & Brewer 2002)
- People have multiple group identities and are simultaneously members of several social groups
- How a person who is both a HV and a PT responds to a person who is a SN and a PT may well depend on how the perceiver defines his or her HV, SN and PT identities as in-groups

- The evidence in this study suggests that the professional identity (HV, SN, DN) is the dominant social identity.
- *'I'm just a practitioner as part of the team. I certainly don't big myself up as a Practice Teacher'. ..... 'I'm a health visitor fundamentally. I see the Practice Teacher as an additional role'.*
- This affects the external guidance that individuals can draw upon to develop their practice teacher identity

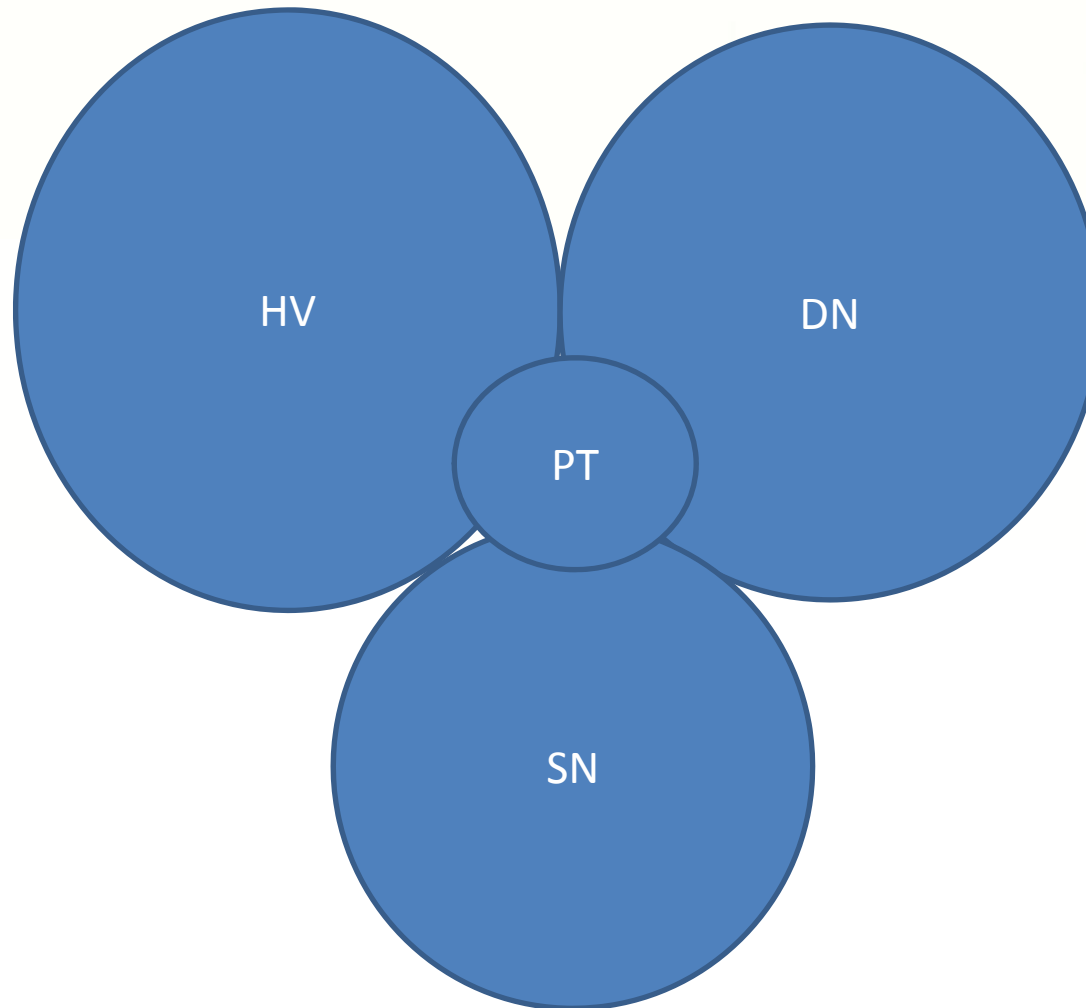


- Some practice teachers only categorised themselves in the same social group as other PT's of the same specialist practice discipline





- Other PT's appeared to make efforts to create a shared social identity with PT's from different specialist practice disciplines by forming networks





- Learning the role / developing a shared identity
- There is little external guidance to support PT's in developing a shared identity / learning the role  
*'There weren't many PT's around (when new to the role)..... and we didn't meet up ....I was making up the rules as I went along' (PT1)*  
*'When I first started out as a PT there was no guidelines it was just 'oh this is your mentor and you'll get together to sort it out between you' (PT2)*



## Learning the role / developing a shared identity

- Role models were drawn from experiences of being a student
- Supervision processes – where these were cross discipline the evidence suggested that the dominant identity was that of the professional discipline and this affected the perceived value of supervision for some
- It's unsurprising therefore that multiple role identities are apparent

- Individuals in PT roles have attempted to establish a role identity.....
- But this has not been a shared identity, and the way in which each individual's role has evolved has been influenced by how they themselves understand the role, economic constraints and how the role is perceived by others such as managers, peers and students.

PT's were found to be undertaking different remits across and between organisations and disciplines in addition to caseload responsibilities and managing a student

- Team leader
- Specialist roles
- Developing standards for HV practice
- Training wider workforce
- Leading clinical & safeguarding supervision

Organisational structures act to reinforce or undermine the importance of the practice teacher role



- The context in which you work and the recognition that you are afforded affects your sense of professional identity (Hallam 2000).



- Development of a clearer professional identity is essential in strengthening the position of practice teachers.
- Nurse educators have a significant role in shaping the curriculum in order to influence professional identity development

- Professions are established and underpinned on the basis of a body of scientific knowledge. This secures them a favorable place within the hierarchy of occupations (Apeso-Varano 2007)
- The limited literature specific to practice teaching might help to explain why there is a lack of role clarity and limited recognition afforded for the role.

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