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Original Citation

Adams, Karen (2013) Practice Teacher Framework: Good Practice Guidance. Project Report. University of Huddersfield. (Unpublished)

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Report on an evaluation of:

Practice Teacher Framework: Good Practice Guidance

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20th March 2013

Introduction

This report details the evaluation of the implementation of the Practice Teacher Framework: Good Practice Guidance which was developed to promote high quality practice learning for Specialist Community Public Health Nursing Students (SCPHN, HV) within the Yorkshire and Humber Region. The framework supports the crucial role of Practice Teachers (PTs) in delivering the national agenda by supporting a range of models put forward by the NMC. The framework enables PTs to support the increased number of individuals accessing SCPHN HV programmes as part of the Health Visitor Implementation Plan 'A Call to Action' (DH 2011) and where there are insufficient numbers of Practice Teachers available, ensuring that they receive the best possible learning experience to produce health visitors fit for the future.

The report describes the results of an on line survey distributed to Practice Teachers and those providing mentoring support to SCPHN students to evaluate the extent to which the framework has supported the provision of a high quality practice learning experience for SCPHN students.

Background

The Practice Teacher professional mobilisation group was established in July 2011 to help deliver the transformed health visiting service across the Yorkshire and Humber. Membership of the professional mobilisation group consisted of Practice Teachers, managers and academic staff from across NHS Yorkshire and the Humber. The Framework was launched in July 2012 and over the past eight months has been embedded in practice.

The purpose of the framework was to:

- Define the role and responsibility of the Practice Teacher and SCPHN mentor in delivering the new service vision and developing the quality of the future workforce.
- Define the attributes of an effective Practice Teacher and SCPHN mentor.
- To inform organisations of their responsibilities in supporting Practice Teachers and SCPHN mentors.
- Make recommendations to support high quality, safe and effective practice placements.
- Identify the CPD needs of Practice Teachers and SCPHN mentors to deliver the transformed service and make recommendations.

Methodology

An on line survey was distributed during February 2013 to 33 Practice Teachers who were known to be providing 'long arm' supervision to SCPHN mentors and their SCPHN students across Y & H. 13 (39.4%) responses were received.

A second on line survey was distributed to 55 mentors during February 13 who were known to be supporting SCPHN students across Y & H. 14 (25.5%) responses were received.

Participants were asked to rate the extent to which they felt prepared to support the preparation of SCPHN students in a number of aspects relating to delivering the new service vision. In addition they were asked to indicate a response to a range of questions which related to the recommendations identified in the Practice Teacher Framework document.

Results

Preparedness to support the preparation of SCPHN students to deliver the New Service Vision

How prepared are you to support the practice education needs of SCPHN students to deliver the Healthy Child programme?				
	SCPHN mentors n=14		Practice Teachers n=13	
Not prepared	0%	0	0%	0
Partially prepared	7.1%	1	7.7%	1
Well prepared	92.9%	13	92.3%	12
How prepared are you to support the practice education needs of SCPHN students in using motivational interview techniques?				
Not prepared	7.1%	1	7.7%	1
Partially prepared	71.4%	10	69.2%	9
Well prepared	21.4%	3	23.1%	3
How prepared are you to support the practice education needs of SCPHN students in relation to parenting and attachment?				
Not prepared	0%	0	0%	0
Partially prepared	28.6%	4	23.1%	3
Well prepared	71.4%	10	76.9%	10
How prepared are you to support the practice education needs of SCPHN students in relation to neuroscience?				
Not prepared	21.4%	3	7.7%	1
Partially prepared	78.6%	11	84.6%	11
Well prepared	0%	0	7.7%	1

How prepared are you to support the practice education needs of SCPHN students in relation to Building Community Capacity?				
	SCPHN mentors n=14		Practice Teachers n=13	
Not prepared	28.6%	4	15.4%	2
Partially prepared	42.9%	6	69.2%	9
Well prepared	28.6%	4	15.4%	2
How prepared are you to support the practice education needs of SCPHN students in relation to early child development?				
Not prepared	0%	0	0%	0
Partially prepared	21.4%	3	7.7%	1
Well prepared	78.6%	11	92.3%	12
How prepared are you to support the practice education needs of SCPHN students in relation to maternal mental health?				
Not prepared	0%	0	0%	0
Partially prepared	0%	0	0%	0
Well prepared	100%	14	100%	13
How prepared are you to support the practice education needs of SCPHN students in relation to community and team leadership?				
Not prepared	0%	0	0%	0
Partially prepared	50%	7	7.7%	1
Well prepared	50%	7	92.3%	12

The Mann-Whitney test produced a P value of 0.187 (18.7%). This indicated that there was no significant difference between the Practice Teachers and the Mentors in terms of their degree of preparedness to support the practice education needs of SCPHN students. The possibility cannot, however, be ruled out that the difference that was observed is only random variation.

Overall there was more consistency in terms of how the Practice Teachers responded rather than the mentors and there was evidence that some mentors did not feel well prepared for their role. Both Practice Teachers and mentors scored highly in terms of their preparedness to support the education needs of SCPHN students in delivering the Healthy Child programme, Maternal Mental Health, early child development and parenting and attachment.

Supervision

All Practice Teachers stated that they put supervision arrangements in place for their SCPHN mentors to cover when they were absent. This differed from the perceptions of mentors of whom 43% felt that no alternative supervision arrangements were in place. 93% of mentors did however acknowledge that they were able to contact their named Practice Teacher when required. This would suggest that appropriate supervision arrangements are in place the majority of the time.



Triennial review

All Practice Teachers and 93% of mentors confirmed that they participated in the triennial review process. 46% of Practice Teacher's triennial reviews were carried out by an individual with teaching expertise whilst for mentors this was 71%.

Protected time

57% of mentors stated that they had insufficient protected time to enable them to effectively undertake their role. This was higher than for Practice Teachers (23%) however these Practice Teachers commented that they had made efforts to prioritise the needs of the student and '*other things had to wait*'. In addition 63% of Practice Teachers had been given a reduced caseload in order for them to be able to provide long arm supervision to the mentors and their SCPHN students. Practice Teachers also expressed concern that their workload was anticipated to increase because of staff movement, additional responsibilities and, for some, no reduction in caseload size.

Preparation of Practice Teachers for providing long arm supervision

69% of Practice Teachers had received some form of preparation for this role. Some described how the Good Practice Guidance had been utilised to facilitate local discussions regarding implementation and inform supervision processes. Practice Teachers described how they met regularly with one another for support, supervision, discussion and to review the long arm supervision process. Some Practice Teachers also described taught sessions at the HEI's regarding the role and responsibilities of Practice Teachers and mentors.

Preparation for SCPHN mentor role

79% of mentors had accessed preparation programmes at the relevant HEI and some also described in-house preparation. It is a concern, however, that 3 (21%) mentors did not access any preparation for their role at all.

Knowledge of SCPHN programme

All Practice Teachers and mentors indicated an understanding of the structure and content of the SCPHN programme that their students were enrolled on. Where they had not been familiar with the programme Practice Teachers indicated that they had sought this information out.

Co-location (in the same building) of SCPHN mentor with their named Practice Teacher supervisor

A mixed response was obtained for both Practice Teachers and mentors. Some Practice Teachers were co-located with all, whilst others were located with some or none of the mentors and SCPHN students that they were supervising. Of concern was that only 7% of Practice Teachers and mentors could confirm that a risk assessment had taken place where co-location was not possible.



The frequency of contact between the SCPHN student, mentor and the named Practice Teacher

Practice Teachers reported meeting with their students to review progress and plan learning experiences 2 – 4 weekly on average. In addition to this Practice Teachers worked directly with the student in clinics and on visits. The frequency of this varied with 50% of Practice Teachers reporting this as occurring monthly or less. Others (21%) had only recently commenced the course and so this had not been planned yet. 29% of students were reported to work with the SCPHN student fortnightly.

Practice Teachers reported meeting with mentors 2-4 weekly on average to discuss their teaching, learning and assessment role and student progress. Practice Teachers and mentors reported meeting together with the student monthly on average to plan the learning experiences.

50% of mentors worked (home visits / clinics etc) monthly or less with both their named Practice Teacher and SCPHN student together, and a further 36% had never worked with both the named Practice Teacher and SCPHN student simultaneously. It is not clear whether the mentors and Practice Teachers were known to one another prior to commencing in these roles and it cannot be determined whether the Practice Teachers had an insight into the teaching and assessment skills of the SCPHN mentors that they were supervising. In order to quality assure placement provision it is important for Practice Teachers to spend time directly supervising mentors and students in the clinical setting.

It is too early to obtain an accurate picture regarding the frequency of contact across the duration of the programme. There is some concern, however, about the ability to make safe assessment decisions regarding competency where the frequency of working directly with the student is monthly or less particularly when competency has to be achieved within the relatively short time frame of 9 months. The remaining 3 month period is defined by the NMC (2004) as 'consolidation'. Practice Teachers commented that the assessment process was much harder as the contact time was limited. It was acknowledged that mentors contributed to the assessment process and all mentors felt some degree of confidence in assessing their allocated SCPHN student.

Record keeping

All Practice Teachers and 70% of mentors reported keeping some form of record of their meetings with one another and the SCPHN student.

Overall quality of the practice learning environment

The majority of Practice Teachers and mentors rated the overall quality of the learning experience for the SCPHN students as good.

Mentors were positive about their experiences in supporting the SCPHN students however physical space to accommodate the additional students was acknowledged to be a challenge.

Practice Teachers expressed the greatest concern regarding the practice learning environment. Excessive numbers of students have created difficulties for some Practice Teachers in fulfilling all of the recommendations made in the Good Practice Guidance. One Practice Teacher described difficulties managing this work over a wide geographical area describing it as '*stressful, and a disservice to my profession and to the student*'. This Practice Teacher expressed a reluctance to continue in the role describing this model of provision as inferior to the one to one approach. A second Practice Teacher described how the practice teaching implications of the role out of the Health Visitor Implementation



Plan (DH2011) had been underestimated by organisations with a resultant increase in pressure on the overall workforce and specifically Practice Teachers. This Practice Teacher highlighted the risks associated with training high numbers of students in organisations with low numbers of experienced staff whilst at the same time employing newly qualified practitioners who would require preceptorship programmes.

Conclusions

Implementation of the Good Practice Guidance is still in a relatively early phase and some Practice Teachers and mentors had only been engaged in this process for a short time. It is therefore difficult to predict longer term outcomes and the degree success of this alternative approach to supporting the preparation of SCPHN students.

Early evidence suggests that despite the challenges regarding managing complex large caseloads and high numbers of students in the placement areas Practice Teachers and mentors have been successful in following large parts of the Good Practice Guidance.

Recommendations

- In order to quality assure placement provision it is recommended that Practice Teachers prioritise protected time to work with both the mentor and the SCPHN student.
- For the triennial review process to be meaningful it should be carried out by an individual with teaching expertise.
- A risk assessment should be undertaken where co-location of Practice Teachers and mentors is not possible.
- Priority needs to be given to providing mentors with sufficient protected time to enable them to effectively carry out their role.
- All mentors should access a suitable preparation programme in order for them to support the learning of a SCPHN student.
- Accurate records of all meetings should be maintained by all parties.

References

Department of Health (2011) [Health Visitor Implementation Plan 2011-15: A call to Action](#). Department of Health London

NHS Yorkshire and the Humber (2012) [Practice Teacher Framework: Good Practice Guidance](#). NHS Y&H