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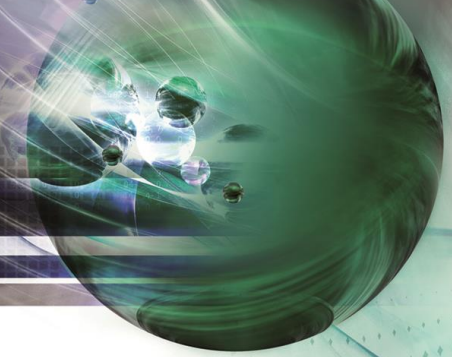
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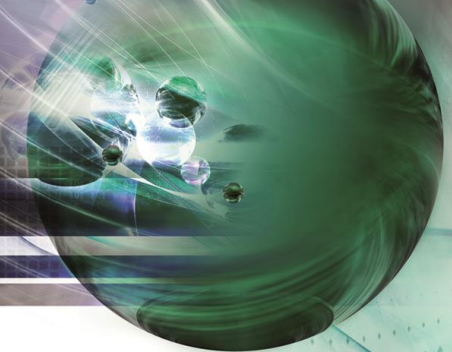
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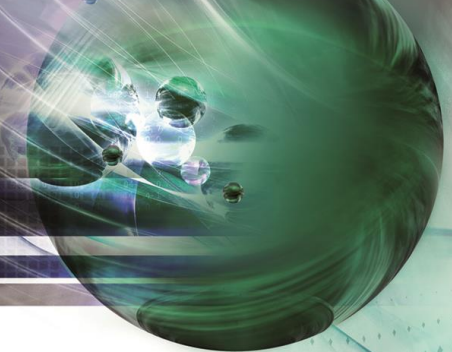
Practice Education in a Productive System

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?



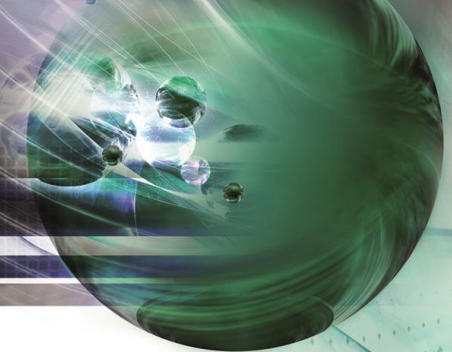
- The research policy context
- HV Implementation Plan 2011-15 (DH)
 - 4200 extra HV's by 2015
 - Delivering a new & enhanced model of service
- Practice Teacher Standards (NMC 2008)
- NMC circular 08/11 (2011) Practice Teachers supporting more than one (health visitor) student in practice
- Financial constraints in NHS
- HEE (2014) Educating Practice Teachers and Specialist Practice Mentors for Their new roles



Design & methodology

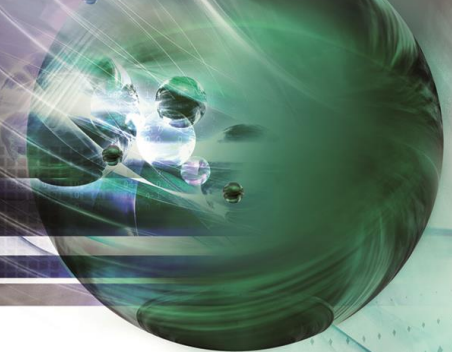
- Grounded theory (Charmaz 2006)
- Constructivist / naturalistic paradigm (Denzin & Lincoln 2008)
- One to one interviews and a focus group were used to gather qualitative data

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



Data analysis

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



THE NHS: A PRODUCTIVE SYSTEM




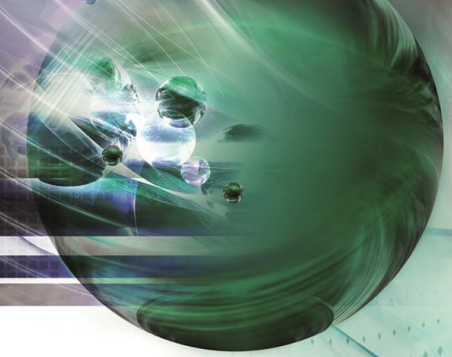
- Productive systems:
- By prescribing and standardising a role organisations can better predict what the outcomes will be
- They differ in the way work is organised and the degree to which various work roles and practices are prescribed (Fuller et al 2006 and Felstead et al 2007)
- Training supports the regulation of work roles and enables the standardised provision of services or products.

- Occupants of roles that are prescribed in more detail have less autonomy to make decisions for example in relation to planning their own work priorities (Fuller et al 2006 and Felstead et al 2007)


- Since 2005 health care services in the UK have increasingly become organised along business lines. An internal market exists where care providers compete to win contracts to deliver the most cost effective health care service
- As a consequence of this NHS practitioner work roles have become increasingly prescribed (CQUIN's, service specifications, service level agreements etc) and this target driven culture, which relates to efficient care provision, leaves little room for education and training


- The pressures associated with achieving clinical and health care outcomes (production) impact upon learning in the workplace (reproduction)

- 
- Working in a productive system impinges upon the practice teachers role in supporting student learning
 - and
 - affects the way practice teachers learn and understand their role and develop their professional identity



- The PT role itself has not been subject to the same degree of prescriptive pressure in terms of how the role is organized and monitored
- Whilst this leaves potential for greater autonomy in terms of determining priorities for practice, the broader context in which the role is situated, as part of a prescribed clinical role, has constrained these opportunities and enabled different stakeholders to influence the duties and aligned to the role

- 
- 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

NMC's (2008) position on the role of practice teachers

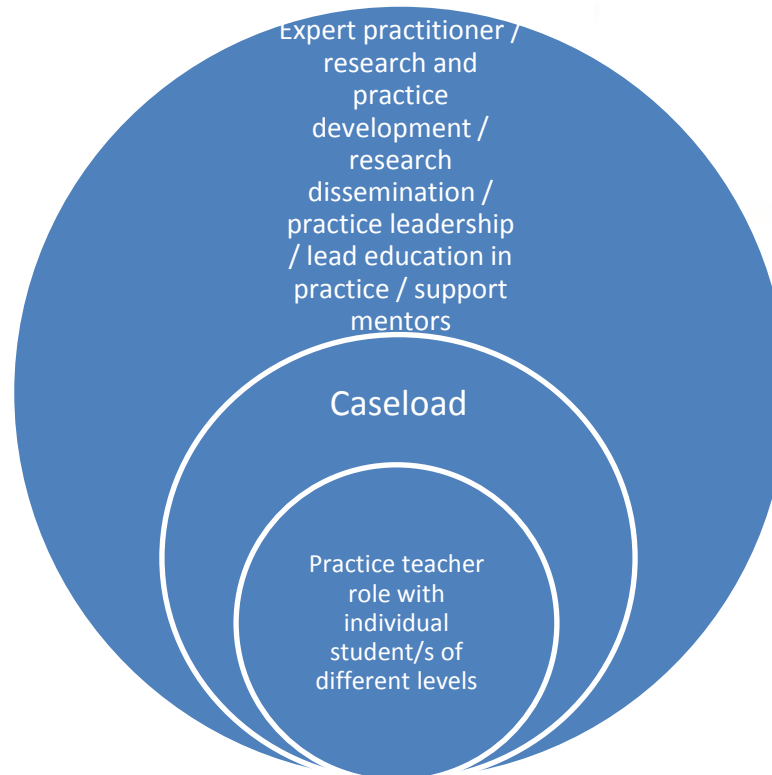


Figure 1.

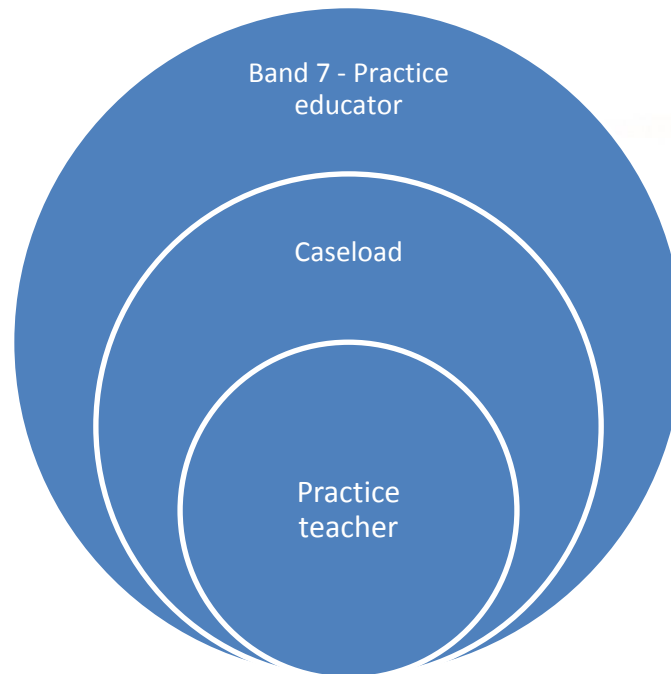


Figure 2

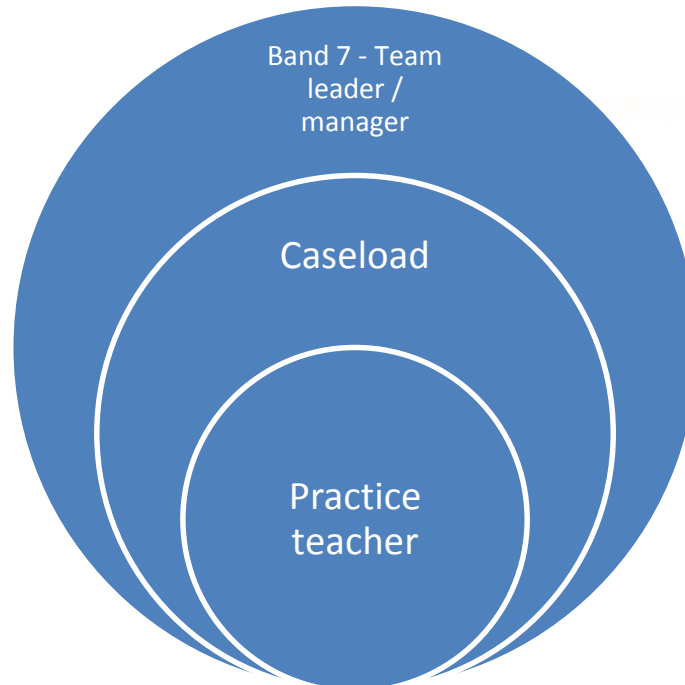


figure 3.

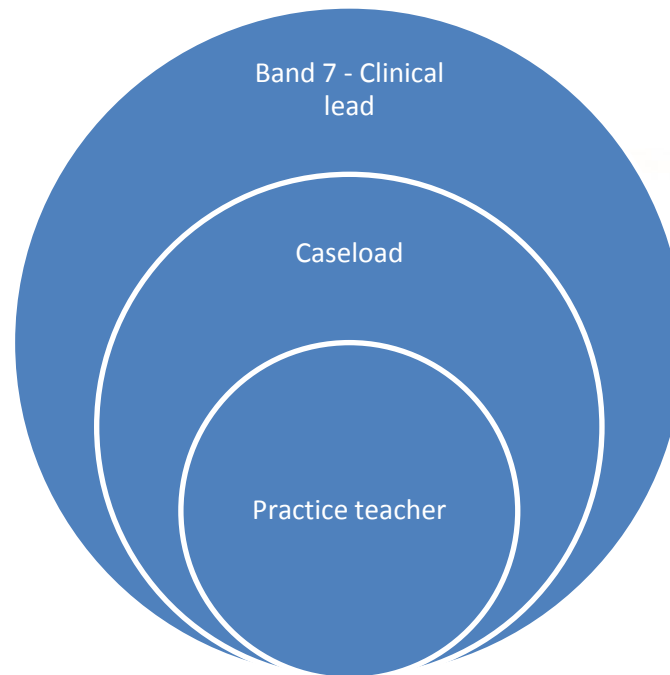
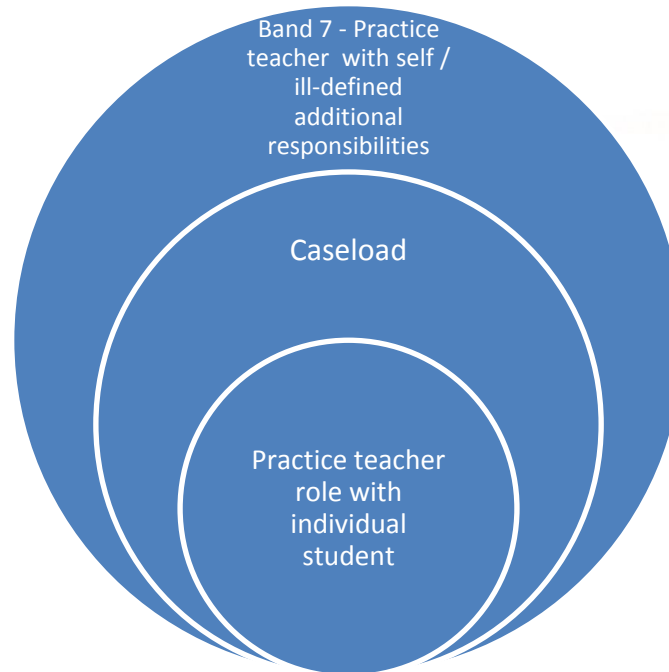



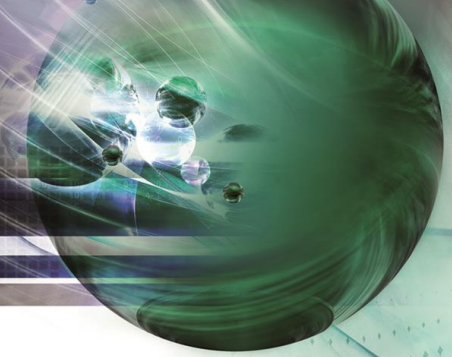
Figure 4.



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

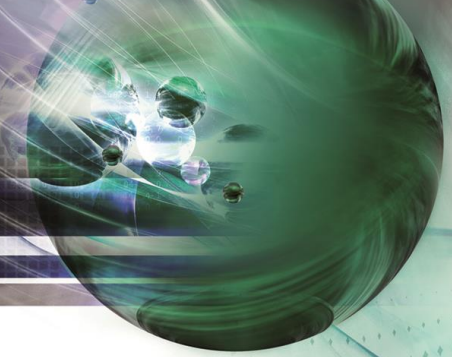
- Development of a clearer professional identity is essential in strengthening the position of practice teachers.
- Nurse educators have a significant role in shaping the curriculum in order to influence professional identity development

- 
- 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 upI 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 role 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



- 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.

- Educating Practice Teachers and Specialist Practice Mentors for Their New Roles

(HEE 2014)

Provides a national role descriptor for PT's

Competency framework

Recommendations for future education & training



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