The Development, Implementation and Evaluation of Personal Tutor Guidelines in a Pre-Registration Nursing Curriculum

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The Development, Implementation and Evaluation of Personal Tutor Guidelines in a Pre-Registration Nursing Curriculum

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Abstract

Aim of the Study**:** Personal Tutoring is a scholastic mechanism to aid and support students while on a demanding academic and clinically orientated pre-registration nursing programme. Personal Tutoring is widely used in nurse education programmes, although it is often poorly structured with a minimal evidence base and rarely evaluated. The increased numbers of student nurses has seen the role of the Personal Tutor as an intrinsic factor towards a positive student experience. Attrition is an important consideration, but this study aimed to enhance the staff and student roles through tutoring.

Methods: this study, influenced by ethnography, adopted an action research methodology as it encapsulated a constant problem-solving technique. This involved the exploration of academic staff and student perceptions of a Personal Tutor's role within a School of Nursing and Midwifery. Staff and students contributed to semi-structured interviews after a series of focus groups. The focus group discussions utilised the nominal group technique to rank the key points of the posed questions. These priorities were the basis of five staff and five student follow-up semi-structured interviews; the transcripts were manually analysed for trends and complemented with the use of the computer software NVivo 7. This resulted in the development and implementation of School Personal Tutoring Guidelines based on 'good practice', along with supporting evidence from published research. A follow up focus group and questionnaire evaluated the staff's and students' experience of the guidelines, along with a more detailed analysis of two case studies using appreciative inquiry.

Findings: the staff and student focus groups both agreed on areas of good and poor practice in relation to Personal Tutoring; there was also clear agreement about what did and did not contribute towards a supportive Personal Tutor commitment. The Personal Tutoring guidelines were formulated around eight key and shared areas of responsibility, which was a shift from previous approaches. The guidelines were implemented for staff and students through formal mechanisms and the Personal Tutor relationship became a central instrument for existing and future curriculum development and teaching and learning strategies. The follow-up evaluation continued to illustrate variable commitment from both staff and students towards Personal Tutoring, although the majority of the data indicated a positive influence on staff and student experience.

Conclusions: the established guidelines form a standardised Personal Tutoring system based on academic staff and student perceptions of the tutoring role. This has subsequently been disseminated to all areas of the faculty, therefore utilising the cyclical ethos of action learning. Kolb's (1984) experiential learning cycle is used to illustrate the originality of this work and demonstrates how it has added to the existing body of knowledge on Personal Tutoring.

Glossary of Terms and Abbreviations

LECTURER refers to a member of staff who is employed by the university to teach nursing

PERSONAL TUTOR is a title used throughout this work. It refers to a university academic member of staff who assists a group of students relating theory to practice, contributing to the emergence of an autonomous, accountable practitioner (Gallego and Walter 1991)

PRACTICE MENTOR is the title used within this work to denote those registered nurses who take on the role of providing 'support guidance and role modelling for students in the practice setting' (United Kingdom Central Council of Nurses, Midwives and Health Visitors 1997:1). This title includes the terms preceptor, practice placement supervisor, clinical supervisor and all the other titles that different placements and universities currently use for this role

PLACEMENT refers to a community-based or clinical setting with the university in which the pre-registration student nurse is placed for experiential learning purposes (May et al 1997)

DH - Department of Health

ENB - English Nursing Board

FOUNDATION TRUSTS are new types of hospitals that will have more independence from the Government. Foundation trusts are not private; they are part of the NHS and continue to provide patients with free healthcare. Foundation trusts are different from other NHS hospitals in a number of ways; foundation trusts are not managed by the Department of Health. Therefore, the hospital executive is able to choose how they spend money, and make decisions based on the needs of the local community

HE - Higher Education

HEI - Higher Education Institution

NHS - National Health Service

NHS Plan - The plan outlines a new delivery system for the NHS as well as changes between health and social services, and changes for NHS doctors, nurses, midwives, therapists and other NHS staff. The plan also outlines changes for patients and in the relationship between the NHS and the private sector. The remainder of the plan sets out strategies for cutting waiting time for treatment and improving health and reducing inequality. Actions for tackling clinical priorities and for services to older people are discussed and the reform programme outlined. On current plans, the plan expects more than 45,000 new nurses and midwives to come out of training and over 13,000 therapists and other health professionals. There will be further year-on-year increases in the number of training places available for all health professionals. As a result of this NHS Plan there are 5,500 more nurses, midwives and health visitors being trained each year, resulting in 20,000 more nurses.

NHS Trust - The NHS at a local level is managed by strategic health authorities and trusts. The whole of England is split into 28 strategic health authorities. These organisations were set up in 2002 to develop plans for improving health services in their local area and to make sure their local NHS organisations were performing well. Within each strategic health authority, the NHS is split into various types of trusts that take responsibility for running the different NHS services in the local community. The different trust types are Acute Trusts, Ambulance Trusts, Care Trusts, Mental Health Trusts and Primary Care Trusts.

NMC - Nursing and Midwifery Council

PCTs - Primary care trusts refer to all of the primary health care services offered by the NHS. There are about 300 primary care trusts in England, each one covering a separate local area. PCTs decide what health services a local community needs, and they are responsible for providing them. They must ensure that there are enough services for people within their local area, and that the services are accessible. For example, these services include general practitioners, dentists and pharmacists.

QAA - Quality Assurance Agency

RCN - The Royal College of Nursing

UKCC - United Kingdom Central Council for Nurses, Midwives and Health Visitors

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CHAPTER ONE

INTRODUCTION

AND

CONTEXT

1.1 Context for the Study

The NHS has previously struggled to recruit qualified nursing and midwifery staff in a time of high staff turnover rates and low staff morale (Gage and Pope 2001). The problems are most acute in inner cities and large teaching trusts (Finlayson et al 2002). The Government has focused on tackling this crisis, but the reasons behind the staff recruitment and retention problem were more complex. Moreover, O'Dowd and Doherty's survey (2006) illustrated that in some HEI institutions only 14.5% of newly qualified nurses had successfully secured nursing employment on qualification. Despite this HEIs identified that student applications have not reduced for pre-registration nursing programmes; therefore, prospective students were facing even more competition for jobs when they qualified. Generally, the numbers of accepted applicants to HE in the UK have increased; students entering via the University and Colleges Admission Service (UCAS) increased from 332,000 in 2002 to 2003 to 346,000 in 2006 to 2007 (the Comptroller and Auditor General 2007). Applications for courses dipped in 2006, but recovered in 2007. In recent years the nursing shortage appeared to be resolved; the figures from the Information Centre for Health and Social Care show the vacancy rate for qualified nurses on the 31st of March 2007 was down 0.9% from 1.9% in the previous year.

The Government has a long-standing mission to 'modernise' Britain's health service; this includes the nursing workforce within the NHS (DH 1999). Yet this is a service that is still struggling to retain already qualified nursing staff in practice (Wilson et al 2006), despite the current NHS climate that reflects financial constraints, nursing job freezes and potential job redundancies (O'Dowd and Doherty 2006). This issue is also mimicked within the pre-registration nursing programmes. This research study concerns the development of a mechanism in contributing towards retaining students on a demanding academic and clinically orientated pre-registration nursing programme, essentially through the implementation of a structured Personal Tutoring system. This is especially important as the future opportunities for employment once a nurse has qualified have recently become more problematic and uncertain (Vere-Jones 2006).

The total number of students enrolled on pre-registration nursing programmes has dramatically increased in Britain in alignment with the Government agenda for more qualified nurses working within the NHS. Since Labour came into government in 1997 it has taken action to address nursing shortages by increasing the numbers entering the profession by previously recruiting a large number of qualified staff from overseas; Vere-Jones (2006) identifies that the number of overseas nurses working in practice increased by 23%. Of the 30,000 new nurses in 2001 to 2002

who joined the NMC register, 15,000 were from abroad — double the figure from the previous year (NMC 2002a). Although this has significantly reduced in recent years, of the 27,202 new entries to the NMC register in 2006 to 2007 only 4,830 were from overseas and 1,484 were from European Union countries (NMC 2007).

Despite the recent flux in nursing recruitment the Government stands by the NHS Plan targets (DH 2000), where it outlines the need for increased numbers of student nurses into HE. The RCN in 2005 proposed that the number of new nurses will need to double by 2014 just to keep existing staffing levels constant (Editorial 2005). According to Hall (2006) out of 19,995 nursing students whose courses were completed in 2004, a total of 4,956 dropped out (24.8%). This is compounded by Finlayson et al's (2002) study, which identified how 34% of newly qualified staff failed to register with the NMC and practice. Of those who do, 10% leave within the first year after the initial qualification. This is multifarious as research shows 95% of nurse managers had had a problem with nurse recruitment in 2004 to 2005, and that 'heavy or increased workloads' were among the most common reasons nurses gave for leaving the profession (op. cit.). Moreover, Ball and Pike (2004) identified that 11% of currently qualified nurses plan to leave the profession and the number of nurses who say they would leave if they could is higher at 29%. The number of nurses and midwives seeking employment outside the UK and choosing to work abroad has shown a consistently upward trend; the verification checks made by regulators outside the UK for nurses and midwives on the NMC register (although not all may chose to take the employment overseas) show that the numbers increased from **7,772** in **2005 to 2006** to **10,087** in **2006 to 2007** (NMC 2007).

As a result of high attrition rates for pre-registration student nurses, HEIs have implemented a variety of structures to help reduce the number of students leaving the programme (Deary, Watson and Hogston 2003). Personal Tutoring is just one of those strategies often referred to within nurse education (Dobinson-Harrington 2006, Gidman 2001, Rhodes and Jinks 2005, Richardson 1998). With the increased numbers of student nurses the role has been seen as an intrinsic factor in successful completion (Glossop 2002). The role of Personal Tutor is one of the many multi-faceted roles of the present-day nurse lecturer and is usually undertaken without any formal or structured preparation, this research will explore and illustrate a planned and strategic approach to Personal Tutoring. This is to provide a useful platform for staff to work with, along with enhancing the student's experience on the programme and contributing towards student retention.

1.1.2 The Practitioner as a Researcher

Adelman (1993) attributed the origins of practitioner research in education to the work of social psychologist Kurt Lewin and of John Collier. While theirs was clearly an important influence, there are others, for example McKernan (1996) and McTaggart (1991), which contributed to the adaptation of practitioner research as part of the study of educational problems and issues. Individuals can not protect professional autonomy unless they have a voice in their own workplace and this can be achieved through completing and participating in research (Zeichner and Noffke cited in Richardson 2001). However, Huberman (1996) has raised important questions about the value of practitioner research and its effects on teaching practice and student learning. For example, practitioner research, as a form of educational scholarship, is an inferior form of research with less rigorous standards than those of academic research (Borg 1981). In fact, Huberman (1996) has questioned the ability of those who study their own practices to rise above or bracket their preconceptions and avoid distortions and bias. In addition, Huberman (1996) was concerned about the lack of lecturer qualifications to conduct research, and the demands of their jobs make it difficult for them to find time to do research and that, when they do so, their attention is drawn away from their main task of educating students. It is felt that practitioner research is a form of exploitation of lecturers that undermines the quality of education for students (Zeichner and Noffke cited in Richardson 2001).

Despite these criticisms of practitioner inquiry as a legitimate form of educational research, there has been growing support for its knowledge-generating potential. For example, practitioner research highlights the need to examine the meanings of professionalism in educational organisations in light of the interests they represent (Popkewitz 1994). In a widespread shift, the conception of lecturers as merely consumers of educational research is changing to one of lecturers, especially nurse lecturers, as producers of educational knowledge (Richardson 1994). Cochran-Smith and Lytle (1993) have asserted that lecturers, because of their position in the classroom and their relationship with students, can offer special insights into the knowledge-production process than those studying someone else's practice.

Zeichner and Noffke (cited in Richardson 2001) outlined the major traditions of practitioner research in education; these include the teacher-as-researcher movement (Atwell 1987, Elliott 1991), self-study research (Somekh 1995), also the convention of participatory research (Hall cited in Husen and Postlethwaite 1993) and finally the tradition of action research. This latter approach is adopted within

this study as is subsequently discussed in more detail (**see Chapter Three**), however it is also important to highlight here that it underpins the practitioner as researcher approach. For example, Stephen Corey, Dean of Teachers College at Columbia University, brought the term 'action research' into educational work to reduce the gap between research knowledge and instructional educational practices (Olson cited in Olson 1990), for example Personal Tutoring. Action research is a form of collective self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices and the situations in which these practices are carried out (Kemmis and McTaggart 1988). Corey (1953), like Kemmis and McTaggart (1988, **see Appendix Two**) saw action research as a cyclical process with each cycle of research affecting subsequent cycles of planning, acting, observation, and reflection. Corey (1953) believed that teachers/lecturers would make better instructional decisions if **they** conducted research to determine the basis for those decisions and that others would be more likely to pay attention to research that they conducted themselves. It was anticipated that the recommendations from this study would be embraced by colleagues, as I professed to be 'one-of-them'.

Practitioner researchers, like many traditional researchers, do not always report their reasons for engaging in a particular area of study. Their purposes often must be inferred from the topics of their study and from the tone of their presentation. An analyses of practitioner research (Zeichner and Noffke cited in Richardson 2001), indicates that researchers are heavily influenced by the works of other academics, which set out theoretical or conceptual frameworks derived from social science theories, instead of reporting any personal weight of their work.

The personal dimension of practitioner research is evident in several ways (McNiff 1993). First, as in this study, much of practitioner research involves the careful investigation of the participants in educational practice, very often involving the student, what and how they learn. This research study is personal, because it represents not only the search for general principles or theories of Personal Tutoring but also the search for understanding and improving one's everyday practice, as a practitioner. The catalyst that influenced this study was a casual conversation after a lecture with an undergraduate student nurse, she asked for a personal reference for a part-time job she was applying for. However I had only been teaching her group for a few weeks, and I did not know anything about this particular student that could be included in a reference. I asked a more experienced colleague about the 'policy' for personal references and it became apparent that Personal Tutors had this responsibly along with a myriad of other activities.

Nevertheless, there were no formal guidelines, role descriptors or policies on tutoring. This was my catalyst for this research study. Dadds (1995) explored the personal element of practitioner research and the impact of the research process on the practitioner, especially in a context in which practitioner research is seen as a strategy for curriculum improvement (Calhoun 1994), the potential for management to manipulate the goals of practitioner researchers can be a limitation. Lecturers who engage in practitioner research (especially using action research) are never certain of the exact path of the action they will take as a result of their inquiry (Hart 2001). However Elliott (1991) emphasised the ways in which practitioner research have as their central purpose, the improvement of practice, and the ways in which the personal aspects form an integral part of that beneficial process.

1.2 Aim and Objectives of this Research Study

Aim

1.2.1 To implement Personal Tutor guidelines within the School of Nursing and Midwifery

Objectives

1.2.2 To critically analyse the staff's and students' perceptions of the academic Personal Tutor's role within the School of Nursing and Midwifery

1.2.3 To develop a set of Personal Tutoring guidelines for the school based upon students' and staff's perceptions of good practice

1.2.4. Following the implementation of the guidelines, to critically evaluate their impact in educational practice and then its wider dissemination

1.3 Structure of the Thesis

This thesis is presented in several distinct parts:

Chapter One: outlines the context, purpose and position of the study.

Chapter Two: provides a critical review of the existing body of knowledge and practices of Personal Tutoring and student support in education and specifically in relation to nurse education.

Chapters Three and Four: provide a rationale for the methodological foundations and tools used for the execution and evaluation of this study, as well as the appropriate considerations for research ethics; this is followed by the depiction of the results.

Chapters Five and Six: the final section of the thesis includes two chapters and an end piece. These chapters serve to move the inquiry on, providing an analysis and perspective of what it means to implement the Personal Tutoring guidelines into the School of Nursing and Midwifery. The final chapter reviews the wider scholarly implications of this study on curriculum design, practice and educational management and policy.

CHAPTER TWO

LITERATURE

REVIEW

2.1 Introduction to the Literature Review

This chapter contains a critical analysis of the concepts underpinning the research study. An extensive computer assisted literature review for publications is undertaken using BNI (British Nursing Index), British Education Index (BEI), Academic Elite Search and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Fleming and Briggs (2007) evaluated the effectiveness of search strategies for nursing related research and found CINAHL the most useful when using a simple search strategy. However, it is necessary to use more than one database for a wider and deeper literature review.

The literature review does not reveal any published studies that analyse the implementation of a Personal Tutor strategy for nurse education specifically. Rather, some studies review the concept of different types of Personal Tutoring models that can be employed within nursing. The key words of Personal Tutor in education, and combined with nursing, and Mentorship as well as the term student support are used. English language literature from a 15-year period is included, from 1991 to 2007. This aims to capture and incorporate literature from the pre- and post-Project 2000 era **(see Table One).**

Database	Keywords	Results (Hits)
British Nursing Index and Archive	Personal Tutoring	**0**
British Nursing Index and Archive	Tutoring	**8**
British Nursing Index and Archive	Mentoring	**785**
British Nursing Index and Archive	Mentoring and Education	**325**
CINAHL	Personal Tutoring	**2**
CINAHL	Tutoring	**96**
CINAHL	Mentoring	**1295**

Data Base	Keywords	Results (Hits)
CINAHL	Mentoring and Education	**450**
British Education Index (BEI)	Personal Tutoring	**2**
British Education Index (BEI)	Mentoring	**347**
British Education Index (BEI)	Student Support	**46**
British Education Index (BEI)	Mentoring and Student Support	**0**
Academic Elite Search	Personal Tutoring	**3**
Academic Elite Search	Mentoring	**2745**
Academic Elite Search	Student Support	**218**
Academic Elite Search	Student Support and Nursing	**12**
Academic Elite Search	Mentoring and Student Support	**4**

Table One: The Utilised Databases along with the Keyword Search and Subsequent Results

The articles indicated in **Table One** are reviewed for their appropriateness to the subject of the research. Carnwell (1997) emphasises the importance of reading research articles critically rather than simply agreeing with their contents. The articles that were pertinent were printed out as an electronic journal via the university library's website, manually photocopied or requested by interlibrary loans. The research for this literature review is systematically scrutinised utilising a framework produced by the Critical Appraisal Skills Programme (CASP) (**see Appendix One**) and advocated by Lee (2006a, 2006b).

Caution is applied when choosing a framework, to adequately match this to the questions posed within the study (**see Appendix One** for an exemplar of the CASP appraisal tool for a systematic review). There are frameworks tailored respectively to both quantitative and qualitative approaches to investigation (Benton and Cormack cited in Cormack 2000 and Bray and Rees 1995). This CASP framework is

utilised because of its eclectism. It provides a mechanism for a literature review that is equally adaptable to the analysis of random controlled trials, case studies, cohort studies, qualitative research and systematic reviews. Finally, in order to increase the volume, and hopefully the quality of search, the selected articles, references and bibliography are to assess the completeness and to indicate if other work that has not been included might add to the richness of the search. This technique is resonant with what has been termed 'ancestry searching' and, indeed, several more papers are located and utilised (Cooper 1995).

By way of context and background the next section of this thesis will explore the historical background of the nursing profession and the development of nurse education and training along with the role of the nurse tutor.

2.2 History of Nurse Education

In 1848 a founder of modern nursing, Florence Nightingale, commenced her vocation of caring for the sick in hospitals which were described as

> *...places of wretchedness, degradation and squalor. Gin and brandy were smuggled into the wards and fearful scenes took place*. (Woodham-Smith 1954 cited in Vicinus 1990: 50)

In 1860 the Florence Nightingale system of nurse education at St Thomas's Hospital insisted on impeccable character for potential nurses. There was no regulation or educational assessment of nurses, although 'The Medical Act' of 1858 provided the statutory registration of doctors. Baly (1995) states that of the 67,000 nurses and midwives recorded at the 1901 Census, less than 10,000 had received any training. In 1902 'The Midwives Act' required all practising midwives to undergo training and register with the Central Midwives Board; the registration of nurses followed. Reed and Proctor (1995) stated that doctors, who were overwhelmingly male, filled the instrumental, scientific clinical role whereas nurses, who were female, attended to the domestic and hygienic role in keeping with the gender norms of the period. This led to a largely unregulated practical apprenticeship for a nurse that was qualitatively superficial in relation to medical training but it meant nurses were subservient and non-threatening to the dominance of the doctors, which was quite acceptable to the latter (Maggs 1996). This resulted in the formation of the General Nursing Council (GNC) in 1919, which determined the direction and nature of nurse education, although nurses continued to learn on the job with ritualistic actions. It was not until 1916 that the College of Nursing was formulated.

The formation of the UKCC in 1974 quickened the pace of change, establishing itself as an independent regulatory body. The Report of the Committee on Nursing (Briggs 1972) further addresses the long-term strategic needs of nursing. These assisted the nursing profession to consider how it might generate a research culture to enhance its clinical practice, elevate its academic status and differentiate and liberate itself from the orientation of traditional medicine. However, there has been an intellectual debate on what is construed as nursing knowledge and how this has influenced the expansion of nursing theory and practice (Jasper 1994). Rutty (1998) and Pesut and Johnson (2008) suggested that it is essential to reflect the epistemology of nursing knowledge in order to gain an appreciation of theoretical progression. However, it appears as if science had become an appealing label in nursing and a piece of research named as 'scientific' implied some special merit, although the basis of this authority is not explicit (Chalmers 1992). Indeed, it was Thomas Kuhn (1970) who acknowledged the philosophical shift of scientific knowledge by identifying the notion of paradigms that are applicable to the development of nursing knowledge. This is supported by Johnson's (1990) bibliometric analysis of nursing literature (1966–1990) which depicts a shift from a scientific medical model to a model based on holism.

Parse (1987) further categorises nursing into the totality paradigm versus the simultaneity paradigm. The totality paradigm involves the entirety of the individual as a biopsychosocial whole where he or she is made up of separate but interacting parts, associated with quantitative methodologies On the other hand, the simultaneity paradigm regards the individual as human and unitary, much more than as different parts of the sum of the parts, and employs a qualitative methodology. These two paradigms are often viewed as being opposing, yet the consideration of one should not eliminate the other (Newman 1992).

To further support this general approach, even Carper (1978) suggested that nursing knowledge is diverse but it can be taxonomically identified as empirical, ethical, personal and aesthetic. This is used for the framework of reflection by Johns (1995) and by Turnbull (1999) for the existence of a quite 'unscientific' intuition. Furthermore, Cull-Wilby and Pepin (1987) acknowledges that nursing theory has evolved from diverse origins, and in contrast to Newman's two-paradigm theory, simply put, nursing knowledge has no particular base of its own, but it has now structured itself as its own theory (Booth, Kenrick and Woods 1997).

There is, furthermore, a practical need for nurses to have credible sources of nursing knowledge, as nurses are expected to rationalise and justify their actions (Castledine 2002). According to Hall (2005) this presents nurses with conflict of

competition between the two fundamental types of knowledge; it is often referred to as the 'theory-practice' gap or 'art and science' debate (Haines and Donald 1998). Although Schultz and Meleis (1988) recognised that both types of knowledge are needed for effective patient care, Joyce (2000) suggests that theoretical knowledge simply needs to be translated more clearly into clinical practice. Wales made the transition to an all-graduate pre-registration nursing provision where all students have to complete a degree to qualify. The DH (2006) explored the strategy for modernising nursing careers and has reignited the debate of whether English nurses should follow Wales, Scotland and Ireland and qualify with a degree as an all-graduate profession.

This higher academic stance encompasses the educational constructivism theory, considered an epistemology framework, of Jean Piaget (1963, 1972), who argued that humans construct meaning from current knowledge structures. Constructivism is a philosophy of learning founded on the premises that, by reflecting on experiences, students construct an understanding of their learning which, in its purest form, assumes that learners build up their own meanings and understanding of a topic and that they discover the basic principles for themselves (Schunk 2000).

Constructivism offers an alternative to traditional pedagogy in that it is student focused and considers previous learning done by the students as a foundation upon which to modify, build, and expand new knowledge (Wertsch 1997). Constructivism also appears to be congruent with adult education theory and, therefore, offers great potential for the enhancement of self-directed learning as it enhances empowered learning because of the consideration of prior knowledge and the ownership of learning by the students (Peters 2000). Constructivist learning frameworks provide learning skills that enhance knowledge acquisition with understanding (Twomey 2004).

In the 1980s and 1990s nurse education went through dramatic changes; the curriculum content had remained static for 30 years and had not significantly evolved. It was against this backdrop that in 1985 the ENB highlighted the need for change (Burnard and Chapman 1990). The main aim focused on restructuring the pre-registration nursing programmes to include a foundation year followed by a specific branch programme of a further two years (UKCC 1986). Initial investigations by the UKCC into developing a new pre-registration course showed a worrying demographic feature (Buchan 2006). The number of 18-year-olds (the most popular recruit into pre-registration programmes) was declining (op. cit.). This 'demographic time bomb' illustrated by Burnard and Chapman (1990: 64) provided a rationale for a fresh approach to the pattern of nurse education in

Project 2000. It was this type of nurse education that was to reflect a more knowledgeable and competent practitioner (UKCC 1986).

The implementation of Project 2000 was heavily criticised. Maben, Latter and Macleod Clark (2006) discuss the disparities between the best-practice ideals and values taught in the classroom and those encountered in everyday practice.

The transition from nursing colleges to universities in the early 1990s encouraged nursing knowledge to be recognised as more academic. This transition in itself caused some concerns for academics, students and nurses alike; Quinn (1995) suggests how nurse teachers (now nurse lecturers) have mixed feelings about the move into HE. Carlisle et al (1999) suggest that conflict often occurs when rapid changes happen in organisations. It is plausible that education did not have time to keep up to date on changes outside with their own insular environment, therefore, leading to wide spread criticism.

Despite the stream of intended improvements, there are always detractors. The graduate provision of nurse qualification is viewed to develop key skills in nursing practice faster than diploma qualified nurses (Hart 2004). While Lord Mackenzie, when General Secretary of the Confederation of Health Service Employees (COHSE), suggests that nurse education was too academic, Brian Sewell, a journalist, suggests that nurses now achieve the academic level that far exceeds those of other equivalent university programmes and views this qualification as a waste when applied to their 'bedpan level'. This latter proposition does not reflect the change within the whole of the health care system, where nurses are being required to undertake expanded clinical roles, mainly those of junior doctors (Hopwood 2006). It is added that the conflict that occurs involves the presupposition that nurses will not be required to undertake a caring role within the clinical setting because they are required to pick up work from other professions as the other disciplines are being re-organised or restructured (Hall 2005). This shows that, as the concepts of profession and nursing have become increasingly linked, this has had a significant impact on the ideas of authority and learning within nursing.

2.3 Concept of Professionalism in Nursing

Bayles (1989 cited in Trewowan 1990) observed that there is generally no accepted definition of the widely used term 'profession' and this is probably due to the numerous attributes considered necessary for any group to claim the status of a professional. The most common characteristics include extensive training, a

significant intellectual component to the occupation or unique body of knowledge to a specific job, the provision of an important service to society, an identifiable system of acknowledged credentials or a licensing control and a stringent control of its members with a recognised autonomy in their work (op. cit.). A yet further analysis of these concepts illustrates that different authors place more or less emphasis on the different facets of professionalism depending on their own perspective and research paradigm. For example, Etzioni (cited in Rashid 1992) suggested that an individual should have a minimum of five years' specialist training before being deemed a 'professional'. Those requiring less, like those involved in pre-registration nursing, should be classified as semi-professionals, which involves three years of either a diploma or degree. However, qualified nurses have to continually update and extend their knowledge and skills which comprises more than five years' training and are monitored by the NMC as the regulatory body (NMC 2006a). Therefore, this would establish nursing as a profession in contrast to Etzioni's (cited in Rashid 1992) dated categorisation; yet it rests on an application of timescale rather than knowledge or expertise *per se*.

Conversely, Heath (1991) described nursing as less of a profession due to the lack of independent knowledge, the lower level of education and the lack of autonomy, thus linking lack of knowledge to lack of professionalism. In fact, Boore (1996) described the integrated postgraduate nursing programme introduced by the University of Ulster, which was the first Doctorate of Nursing Science programme in Europe. The recognition of the benefits of doctoral preparation towards national and international developments has resulted in the expansion of nursing career opportunities. These higher degrees are aimed at developing nurses who have the necessary knowledge and skills to function as advanced practitioners and scholars (Kim, McKenna and Ketefian 2005, Ketefian and McKenna 2005), and they are able to execute high quality research which contributes to the existing knowledge and theoretical basis of nursing. Therefore, the observations on the lack of nursing knowledge and level of education by Heath (1991) and Etzioni (cited in Rashid 1992) is unsubstantiated in the present-day environment and Pyne (1998) suggested that British nurses will eventually follow the USA where nursing is defined in law as a profession.

There is still considerable debate within nursing about the status of nursing within society. Despite nursing constituting the largest professional group involved in health care, the prestige and influence of the occupation has diminished in recent years (Freshwater and Bishop 2004). Also Furthermore, a more aware and educated public has resulted in nurses needing to become experts within specific areas of clinical practice (Guest et al 2001), rather than following a medically

dominated approach. Arguably, this has led to the rise of the Personal Tutoring model.

2.4 The Development of Personal Tutoring in Nurse Education

The Commission of Nurse Education Report (Peach 1999) identifies the increased need for an effective student support mechanism. Personal Tutoring in nurse education should ideally align itself to a core curriculum educational theory which is a predetermined body of support provided to all students (Aslup 2005). A core curriculum model requires all students to have the same knowledge and understanding; unfortunately, in nurse education there is a growing conflict about what core topics should be included. Some advocates limit the core to basic principles, while others would insist on more complex areas of problem solving and critical thinking. However, Billett (2003) identifies core curricula existing in some form across most educational establishments and Kelly (1992) argues that a core curriculum should be no more than broad procedural principles that are used for the basis of curriculum planning. Therefore, core curriculum theory should underpin a Personal Tutor strategy where all programmes of study have a core support mechanism for nursing students.

Since the transition of nurse education into higher education, the role of the nurse–lecturer has changed to include teaching at a higher academic level, integration with other interprofessional disciplines, greater demands to be research active and, according to Camiah (1997), a greater emphasis on student-centred learning. These requirements have been adopted into the Personal Tutors' role in addition to many other responsibilities, which has resulted in the relegation of Personal Tutoring as a priority.

Nurse education has historically applied the term 'personal tutor' to mean any individual, usually a lecturer, who has the continuous responsibility for the student throughout the entirety of his or her programme. A Personal Tutor is

> *… a teacher who has been assigned the responsibility of guiding a student, or group of students, towards meeting objectives. These objectives may be formal as indicated by the programme curriculum, but also more subtle and personal to assist each student to maximise personal potential…* . (Phillips 1994: 217)

The components of this illustration are variable as identified by a number of authors. Phillips (1994), for example, identified three key elements within the role of Personal Tutor; teaching, counselling and supporting. She suggested that the

Personal Tutor acts as a facilitator, adviser and critic, friend and examiner, and that the role involves balancing assistance and facilitation. On the other hand, Quinn (1995) went further and illustrated that Personal Tutoring is all encompassing. He recommended that Personal Tutors should embrace Rogers' (1983) qualities of genuineness, trust, acceptance and empathic understanding. Charnock (1993) also illustrated that the role of the Personal Tutor is vital to smooth the path for student nurses within their education. The quality of student support in nurse education programmes have a significant impact upon the retention and quantity of nurses successfully completing the programme. Dearing (1997: 5) stated,

> *There is a growing diversity of students in higher education with a growing number of mature entrants, part-timers, and women students.*

The recruitment of students from a widening participation pool is clearly evident in HE and has resulted in an increased number of students from a range of backgrounds (Higher Education Funding Council of England, HEFCE 2006a). This has occurred with a decrease in staff:student ratios. Universities United Kingdom (2001) illustrated that this expansion has not been accompanied by an equal increase in university workload or resource allocation, so there is a greater reliance on large key lectures and less small and personal group teaching. Although widening participation has been promoted and extended in HE (Rickinson and Rutherford 1995), students from lower socio-economic groups are still under-represented and these particular students appear less likely to seek help compared to their more traditional peers (Dodgeson and Bolam 2002), resulting in a greater risk of their non-completion (Glossop 2001). For example, Quinn et al (2005) found that many working class students have low levels of self-confidence and were hesitant to ask for academic and pastoral support when they needed it and that this contributed to a decision to withdraw from university early. According to the longitudinal cohort study by Deary, Watson and Hogston (2003) student nurses leave HE due to several reasons, yet some universities still do relatively little to manage this attrition (Taylor 2005), whereas, according to Rhodes and Jinks (2005), many issues which make student nurses leave could be addressed by the Personal Tutor. These tutors can hold a key position in positively influencing student nurses in their decision-making. The majority of teaching is still the core business of universities, so it is in the economic interests of the HEI to ensure students remain on the programmes and achieve their full potential. However, Richardson (1998), Litchfield (2001), Gidman, Humphreys and Andrews (2000) and, more recently, Rhodes and Jinks (2005) all identified that the role of the Personal Tutor is ill defined in nurse education; staff feel unprepared and conflicting professional demands are placed upon them to be simultaneously teacher,

researcher and clinician. A detailed review of the literature indicated three obvious aspects to the Personal Tutor role: these are the clinical, pastoral and academic components of the role as advocated by Gidman (2001).

2.5 Development of Mentoring, Preceptorship and Supervision

Mentoring as an educational concept has been widely embedded in nurse education, but it does differ from Personal Tutoring and this needs to be differentiated. This is supported by Goorapah (1991) who found conflicting views about the nature of the roles within the education of nurses. The overlap between these two roles is evident in reality and within the literature; consequently, these will be addressed separately to illustrate the key components of each.

Mentoring has its historical origins in Greek mythology (Watson 1999), where the Mentor and young son of a friend develop a nurturing, protective and educational relationship. The success of these three components working towards continual development of an individual is the rationale for its replication in present-day educational institutions, although writers often point out that Mentoring is an elusive term (Enrich and Hansford 1999) and, according to Vance and Olson (1991), it continues in present-day definitions. Researchers identified that the concept of Mentoring is difficult to define because it is often confused with other supporting roles such as Personal Tutoring which has been used interchangeably with Mentoring (Gibb 1999). Again, Mentoring has been variously defined and discussed within present-day nurse education (Enrich, Tennent and Hansford 2002); the practical implementation of its application appears to be variable and open to interpretation (Fowler 1996). From a brief document analysis, recommended by Elliott (1991) as a way of reviewing a wide concept, the role of a Mentor can be identified as fragmented. In an attempt to distinguish between the two roles, the literature relates to Mentors as being experienced nurses who work in partnership with a student or newly qualified nurse solely in **clinical practice**, whereas Personal Tutors are allocated within a **HEI** and assist with personal, professional and academic development. Communication and interaction between these two individuals often occurs in relation to the students' progression on their pre-registration nurse education (Hughes 2004).

The Mentoring role is usually short in duration and is primarily focused on specific prescribed clinical learning outcomes from the HEI (Clutterbrook 1995; Aspinall and Siddiqui 1996). The role of the Personal Tutor of nursing students is, however, less well circumscribed and has a more intense personal dimension rather than being confined to a module or two; it lasts over the entire three-year programme. A key

element of the Personal Tutor is to provide the student with a point of contact with the HEI and provide ongoing help to ensure he or she is engaging in effective learning which facilitates his or her development (Stephen, O'Connell and Hall 2008). It appears that Mentors would take responsibility for the overall educational quality of the clinical placement. Newton and Smith (1998) stressed the importance of clinical Mentors recognising that Personal Tutors have insight and knowledge about the student, which may be crucial in assisting them in providing an appropriate balance between the needs of students and the needs of the clinical setting and the level of support required. Evidence from Burns and Paterson (2005) suggested that the improved contact between the Personal Tutor, student nurse and Mentor has led to increased student and Mentor satisfaction and raised the profile of the HEI in the practice placement area.

Cahill (1996) highlighted the fact that effective Mentoring in clinical practice relied on regular contact. Moreover, Neary, Phillips and Davies (1996: 1085) noted that students were liable to be left 'hanging around' or 'tagging on' in the absence of their named Mentors, therefore lacking the direction required for clinical learning. Furthermore research by Gray and Smith (1999) and Jones, Walters and Akehurst (2001) showed that students who work clinically without the support of a named Mentor are likely to be given tasks similar to those appropriate to health care assistants rather than a qualified nurse. These various findings, therefore, highlighted the importance of working with their Mentor in facilitating the students' adaptation to the clinical speciality and developing not only technical nursing skills. In Burns and Paterson's (2005) study, through partnership working, the School of Nursing and Midwifery at the University of Dundee developed a Clinical Practice and Placement Support Unit (CPPSU) whose remit is to support learning in practice. Lloyd Jones, Walters and Akehurst (2000) conducted research using participant diaries (n= 81) and their findings further illustrate how Mentorship had an important part in enabling pre-registration nursing and midwifery students to gain the optimum benefit from clinical placements. In 1987 the ENB, now part of the NMC, stipulated that each student must have a named Mentor in clinical practice and this responsibility would involve the following:

> *… qualified staff must pursue a pattern of duty hours which will render them available as teachers, Mentors or supervisors for students, as appropriate.* (ENB 1987: 53)

Additionally, Neary, Phillips and Davies (1996) suggest that the Mentor can not only provide an accommodating setting for students in terms of both appropriateness and quality of learning but, equally important, they enable the students to derive emotional satisfaction from their experience. This fundamental feature underpins

the new NMC (2006b) standard which states that all students on NMC-approved pre-registration programmes must be supported and assessed by Mentors. Since September 2007 an additional 'sign-off' Mentor makes the judgement about whether a student has achieved the required standards of proficiency for safe and effective practice required of a qualified statutorily registered practitioner. This initiative illustrates the joint accountability between clinical practice and education to provide nurses fit for practice and it overcomes some of the issues raised from Duffy's (2003) grounded theoretical study of clinical staff (n= 14 lecturers and n= 26 Mentors) not failing students accordingly.

Successful Mentoring and Personal Tutoring depend upon the preparation for Mentor, Personal Tutor and student. In fact, in Spouse's (1996) small-scale longitudinal study (n= eight pre-registration students), all Mentors in clinical practice had undergone the ENB 998, a teacher preparation programme, plus a short induction programme, along with a minimum requirement of a year's clinical experience. Furthermore, Beecroft et al's (2006) larger survey results (n= 314) strengthened the belief that more time and devotion is needed when mentoring student nurses. This will result in competent, confident and satisfied students, which will in turn increase retention (Almada et al 2004).

Mentoring focuses on the support available to students when on placement, whereas Personal Tutors base their support for students in the HEI. This overarches both the academic and clinical part of the student's experience but this ends on the students qualification (Jarvis and Gibson 1997). Within the nursing literature, a Preceptor is described as a qualified nurse who teaches, counsels and inspires, serves as a role model and supports the growth and development of the novice for a certain amount of time, in order to socialise them into a new role (Bain 1996). Alternatively, Kaviani and Stillwell (2000: 219) suggests that Preceptorship involves

> *…contact with an experienced and competent role model and a means of building a supportive one-to-one teaching and learning relationship. This relationship tends to be short term [and is aimed at] assisting the newly qualified practitioner or nursing student to adjust to the nursing role.*

It is important that the concept of Preceptorship be viewed as distinct from the concept of Mentoring (McCarty and Higgins 2003; Watson 1999); an understanding of the clear characteristics between these two concepts provides a clearer communication for the nursing profession about Preceptorship and Mentorship. Furthermore, Burnard (1989, 1990) made a distinction between the role of Mentor and that of Preceptor, with a Preceptor being more clinically active and more of a role model and having greater involvement in the teaching and learning aspect of

the relationship. On the other hand, the Mentor, while interested in these aspects, seeks a closer professional relationship.

Preceptorship evolved in response to the 'reality shock' felt by newly qualified nurses (Kramer 1974), and was more recently echoed by Charnley (1999). It is anticipated that Preceptors ease the transition and change of identity and status from learner to practitioner (Mahen and Clark 1996). Furthermore, the NMC (2002a: 11) recognised the need for the newly qualified nurses to receive structured support on qualification as recommended in *Fitness for Practice and Purpose* (UKCC 2001: 5):

> *All newly-qualified nurses and midwives should receive a properly supported period of induction and preceptorship when they begin their employment.*

Any Preceptorship programme should provide a structured, supportive bridge during this transition from student nurse to practitioner. It also aims to produce competent professional nurses to work in the clinical area (A Guide to Preceptorship, www.merseycare.nhs.uk).

It was purported in a qualitative content analysis by Godinez et al (1999) (n= 27) that the clinical component of undergraduate education inadequately prepares students for professional nursing; therefore, Preceptorship programmes became more prevalent to address this transition. Practitioners who take on the role of Preceptor are first-level registered nurses or midwives who normally have at least twelve months' (or equivalent) experience within the same or associated clinical fields as the practitioner requiring support (NMC 2002b). Other authors extend these criteria to include other personal and professional features that a Preceptor requires to fulfil the role effectively (Vrahnos and Maddux 1998, Billay and Yonge 2004). For example, Cerinus and Ferguson (1994) agreed that personal characteristics should include an eagerness to support those entering nursing practice, along with self confidence, motivation and enthusiasm, whereas the professional characteristics of a Preceptor include the ability to recognise personal educational needs of their preceptees and the aptitude to update their own knowledge and skills. The role of a Preceptor is varied; they often carry out one-to-one teaching, in addition to regular clinical duties. Thus they require skills in teaching, identifying learning needs, prioritising and time management as indicated by Carlson, Wann-Hansson and Pilhammar (2009) in their ethnographic study using focus groups (n= 16) and participant observation (n= 13).

Kaviana and Stillwell (2000) suggest that Preceptors who made themselves available and had similar duty rosters to newly qualified staff were a valued support

mechanism. The nature of the role and relationship between a preceptee and the Preceptor is dependent on the previous experience of each, the practice setting and the nature of the care to be given. Preceptors must have sufficient knowledge of the preceptees' pre-registration programme in order to identify learning needs, and have the ability to help the practitioner apply the knowledge to practice. They need to understand how preceptees integrate into a new practice setting and be able to assist in this process, thus facilitating the transition from pre-registration student to registered and accountable practitioner.

Previous studies have considered Preceptorship from only single perspectives. For example, Earnshaw (1995) completed a structured questionnaire survey (n= 19) on third-year student nurses that suggested that the students found mentorship to be a valid means of support, particularly in the early stages of their programme. Alternatively, Dilbert and Goldenberg (1995) completed a descriptive correlational study (n= 59) that examined the relationship among Preceptors' perceptions of the benefits, rewards and commitment to the preceptorship role. The authors sent questionnaires to 59 nurse preceptors in a teaching hospital and found a positive correlation between all of the aforementioned variables. As preceptor perceptions of benefits, rewards, and support grew, so did their commitment to the role. Moreover, the more experience a preceptor had in the role, the more likely they were to be committed to the role. However, Udlis (2008) unites these perspectives and explores sixteen research studies that examined the measurable changes in newly qualified staff as a result of preceptorship. Overall, 56% of the studies reviewed supported the use of Preceptors in clinical experience, whereas the remaining 44% found no significant differences in staff after a Preceptorship experience. Specifically, Preceptorship failed to demonstrate significant benefits over other traditional approaches in facilitating critical thinking and clinical competence in newly qualified staff.

Preceptorship is viewed as a short-term relationship between the Preceptor and preceptee, long enough to smooth the transition into a new role. A continuation of this support through the nurse's professional career is identified as clinical supervision. The UKCC (1995: 2) produced a position paper on clinical supervision and identified the following:

> *Preparation for prospective clinical supervisors needs to address the particular requirements of the role through a range of formal and/or informal educational arrangements. This will necessitate the incorporation of preparation for clinical supervision in future pre and post-registration education programmes.*

The purpose of nursing clinical supervision is for a practitioner to review with another person his or her ongoing clinical work, as well as aspects of his or her own reactions to that work (Severinsson 1994). Clinical supervision has been discussed in the literature in various ways; historically, the DH (1993) and the UKCC (1995) viewed this as a formal professional process which enabled nurses to enhance their knowledge and skills through reflective practice. According to Critchley (1987) and Farkas-Cameron (1995) clinical supervision is a developmental process involving three stages — introductory, implementation and finally consolidation — and this linear process can be implemented and facilitated through different models. For example, Proctor (cited in Marken and Payne 1986) and Hawkin and Shoher (1992) recommended a triple-function interactive model of clinical supervision that can be applied to any nursing situation and experience. These authors referred to these interactive functions as formative (educative), restorative (supportive) and normative (managerial).

There is a myriad of evidence available on the strategic benefits of clinical supervision. These include enabling nurses to cope better with the changing nature of the delivery of care (Wood 2004), supporting new practice developments (Butterworth et al 2008) and the fact that it is an important recruitment strategy in retaining high-quality staff (Winstanley 2000, Lynch and Happell 2008). These studies emphasise the benefits for the nursing profession and its subsequent organisation and development, whereas other literature has stressed the importance of clinical supervision to the nurse as an individual practitioner. For example, Žorga (2002) cites the growth and development of their personality, along with Marrow et al (2002) who identifies increased personal confidence and decreased occupational stress while participating in supervision (Butterworth et al 1997). These benefits have increased the interest in clinical supervision and as a consequence it has gained momentum throughout the nursing profession. It does, however, appear that the increased emphasis on lifelong learning, continuing professional development and the ongoing pressure to continually improve standards of care are drivers for the implementation of clinical supervision (DH 2004, 2006). These sentiments also mirror the rationale to develop and strengthen Personal Tutoring in HE, and this role is often seen as a general part of any academic's responsibility but there is no apparent guidance or good practice to follow.

2.6 Clinical Role of the Personal Tutor

The main aim of nurse education is to provide the NHS and the private sector with skilled and knowledgeable practitioners. In order to achieve this, HEIs and service

providers work together to provide an underpinning knowledge base and the collection of skills to enable student nurses to deal with the complexities of nursing practice (Cope, Cuthbertson and Stoddart 2000). Historically, Gott (1984) noted an inability on the part of the student to transfer classroom learning into clinical practice. She argued that the students' critical and analytical thinking need to be embedded into the nursing curricula, to enable them to question and improve out-dated practice and narrow the theory–practice gap when they become a qualified clinical practitioner. According to Crotty (1993a), since nurse education has become merged with established HEIs, the traditional links with the clinical setting have dissipated although universities already have stringent mechanisms to monitor and support learning in clinical practice (QAA 2001, 2007, DH 2001a).

The DH (1999) clearly identified the need for nurse lecturers to have clinical credibility; otherwise, without this competence lecturers will not have the ability to facilitate the integration of the taught theoretical concepts to the practice area of nursing and to understand their personal students' perceptions and experiences. Clinical credibility is also associated with the student's opinion of the lecturer's ability to apply theory to practice (Fisher 2005). The actual nature of 'clinical credibility' remains elusive and vague within the literature, and Pegram and Robinson (2002), Fawcett and McQueen (1994) and Webster (1990) all argued that nurse lecturers cannot have credibility unless they have regular hands-on patient care. On the other hand, Acton, Gough and McCormack (1992) suggested that it is adequate to have expert knowledge rather than participating in actual care delivery and Maslin-Prothero and Owen (2001) agree that having knowledge about the research based practice in the clinical environment is sufficient. The lack of any agreed definition of clinical credibility means that there was no structured approach or framework for maintaining it as an aspiration or concept as an academic member. This conflict exists in terms of whether nurse lecturers need to be involved in direct patient care to claim clinical credibility, as few nurse lecturers adopt a regular clinical presence to do this (Jowett, Walton and Payne 1994), whereas Johnson (2007) suggests that the importance of credibility is linked to the fact that students' opinions of lecturers as 'out of touch'. However, individual nursing academics must make a decision about whether engaging in clinical practice is beneficial to their career and the students they teach (Elliott and Wall 2008).

Camiah (1998) suggests that, because of the failure for nurse lecturers to seal the theory–practice gap and maintain their clinical credibility, a solution would be a joint appointment between a HEI and clinical practice as a Lecturer–Practitioner. Originally, Vaughan (1987, 1989) introduced the concept of the Lecturer–

Practitioner into the literature. The role was intended to improve teaching, standard-setting and policy development in clinical areas, with some limited remit to inform and help develop curricula in nurse education programmes without having a formal teaching role in a university. This was an attempt to combine the sapiential with positional and executive authority in both areas; these commitments are divided equally between the HEI and clinical practice.

Furthermore, this commitment to a university would include the Lecturer–Practitioner having a Personal Tutor responsibility; there are presently two Lecturer–Practitioners in this university. These roles are effective in marrying the theoretical taught component within the university and what is practised within the clinical area (Pegram and Robinson 2002). However, there can be disadvantages with the role responding to different managers with opposing agendas and, therefore, increasing occupational stress and dissatisfaction (Camsooksai 2002). Fairbrother and Ford's (1998) literature review describes this role as having a dual function of lecturing and nursing practice, but little else is clear about the job. In fact, Williamson (2004) concedes that having split loyalties between practice and education, along with an unclear career structure and a heavy workload, can limit the potential effectiveness of the Lecturer–Practitioner role. However, Carson and Carnwell's (2007: 228) study revealed that a Lecturer–Practitioner could develop an 'in-between' role; this made them distinctive from other established positions of Mentors or link lecturers.

According to Hislop et al (1996) lecturers who have a lack of recent clinical experience provide fragmented teaching, which results in a significant gap in the theory that student nurses are exposed to and the practice they encounter in clinical areas. Thus, if students are having different experiences than anticipated, they need additional support to optimise their clinical learning. The usual support mechanism for students in clinical practice is a Mentor, a qualified nurse who is allocated to the student for the duration of the practice experience who assesses the individual against set learning outcomes.

To monitor this process most HEIs have a Link Lecturer approach to facilitate student learning in clinical areas (QAA 2001). Crotty (1993b) suggested that the Link Lecturer role was introduced to assist the link between theory and practice. In agreement, Saarikoski and Leino-Kilipi (2002) saw the clinical area (not academia) as the ideal environment for this integration to occur. However, Humphreys, Gidman and Andrews (2000) concede that the Link Lecturer strategy is associated with a variety of problems. For example, Lee (1996) suggested that administration and classroom teaching dominates the lecturers' time to the detriment of clinical

linking and clinical working. As a consequence, any prospect of innovative working between the student and Link Lecturer does not often occur, despite the potential for this opportunity (Smith and Gray 2001).

Moreover, the longer the Link Lecturer stays removed from hands-on clinical practice the longer it takes to regain those skills. For example, Mitchell (2005) and Carlisle et al (1999) identify that nurse lecturers aged over 40 and/or who have been in the post for more than five years were least likely to spend time in the clinical setting having lost their relevant clinical skills.

It is apparent that the Link Lecturer and Mentor role has restrictions in supporting students in clinical practice. In fact, Carnwell et al (2007) clearly identify the confusion between these roles (and the Lecturer Practitioner) in student support. An alternative suggestion offered by Newton and Smith (1998) is that the Personal Tutor is the ideal individual to support students during their placements. Their research, conducted using a self-administered questionnaire (n= 94), identified that the majority of student nurses being supported by their Personal Tutor valued his or her input in both the clinical and academic environment, as it was a model opportunity to maximise on the continuity of encouragement. This relationship could be further explored to directly include the student's Mentor from practice; this would be a tripartite association, where all sides of the student's learning process collaborated together for a seamless integration of theoretical knowledge into practice learning. Although Turner (2001) recognises the reality of nurse education, a small population of nurse lecturers as Personal Tutors would be required to support a large number of their personal students in the clinical setting. In this university this translates into 84 full-time equivalent members of academic lecturing staff supporting in excess of 1200 undergraduate student nurses. Humphreys, Gidman and Andrews (2000) challenges nurse education to develop, along with the practice setting, innovative and dynamic strategies to ensure that Mentors and student nurses have the appropriate level of support to meet their identified needs. The limitations of the link lecturer role is illustrated but the Personal Tutor in supporting their personal students can overcome the problems of lecturers linking with clinical areas that do not match their own clinical expertise (Lambert and Glacken 2004). The Personal Tutor continually follows the student to the different clinical settings within his or her programme rather than different academic staff offering fragmented support for one placement at a time.

2.7 Pastoral Role of the Personal Tutor

In addition to potentially supporting students during clinical placements, the Personal Tutor's role also includes an aspect of pastoral care. Richardson (1998) identified this as the 'supporter' label of Personal Tutoring, which is construed as one of the most complex areas of the role. Both Darling (1984) and Stephenson (1984) in literature published over 20 years ago identified the importance of a student having encouragement and a trusting relationship with a Personal Tutor. In fact, Birchenall (1994:1) suggested a Personal Tutor 'must always find time for a student who needs support', but this pastoral responsibility is often poorly understood and executed and, therefore, Wilson (1996) recommended a framework of practice to help remove the confusion for Personal Tutors and students alike.

More recently, Rhodes and Jinks (2005: 393) completed in-depth interviews with Personal Tutors (n= 10) that illustrated they that had a mix of academic and pastoral responsibilities, and one participant in their research described their role as 'parental'. According to Richardson (1998) the pastoral aspect of the Personal Tutor is most valued by both students and tutors alike, and Jinks (1997: 123) importantly illustrated the following:

> *How pre-registration nursing students are cared for by nurse teachers is important in terms of students replicating this behaviour when delivering patient care*.

Similarities between the nature of the nurse-patient relationship and the supervisory role of the Personal Tutor relationship is numerous; both are characterised by closeness, collaboration and a professional degree of intimacy (Page and Wosket 1994). Faugier (cited in Faugier and Butterworth 1992) identified this as a 'parallel process', which can be traced back to Eckstein and Wallenstein (1958). They described this term as referring to the way in which the experience of the patient–nurse relationship may be reflected or enacted in the Personal Tutor and student relationship. Feelings, thoughts and behaviours experienced by nurses in their relationships with patients (or colleagues) may be consciously or unconsciously brought to the tutor relationship. This phenomenon is central to an understanding of the nature of relationships from a psychodynamic perspective (Malan 1979).

There are several models of helping that could underpin the pastoral role of the Personal Tutor (Heron 1991, Taylor 1992, Egan 1994). However, Wilson (1996) stated that none of these offer an approach that is able to manage all of the issues

that might present themselves to a Personal Tutor from a student nurse. Therefore, it would appear that levels of amelioration can be identified as giving information, listening and problem solving.

2.7.1 Giving Information

When the Personal Tutor provides students with information it is often as a referral agent. For example, this can be a student requiring direction towards a source of information in the library, or alternatively an upset student who is having marital problems and is looking for counsel. This latter scenario needs to have careful acknowledgement of the expertise and professional boundary of the Personal Tutor, although it is recognised that distress and anxiety can influence the academic performance of students (Ross, Cleland and Macleod 2006, Jones and Johnson 2005). However, Ratigan (1986), and more recently Gidman (2001) and Por and Barriball (2008), discussed a current lack of training and support provided for Personal Tutors who can emotionally burn themselves out and increase their own stress levels in an attempt to support their personal students (Universities United Kingdom 2006). This additional stressor to a busy academic can lead to staff burn-out. Maslach and Jackson (1981) and Maslach (1982) noted that burn-out is a well-established phenomenon owing to excessive professional demands being experienced over a period of time. Yet, according to Wilson (1996), it is not necessary to overwork Personal Tutors because of students' personal problems when most HEIs have a dedicated student counselling service. However, Easton and Van Laar (1995) acknowledged that, despite the availability of professional counselling, students still prefer to access their Personal Tutor.

The inadequate management of student anxiety due to ignorance, lack of interest or training from the Personal Tutor could prove costly to both the HEI and the students themselves, especially if the student leaves his or her programme (Rhodes and Jinks 2005). Easton and Van Laar (1995) questioned a small number of HE tutors who reported that the incidence of helping students in distress was 97%, and this distress had numerous origins. The most common reasons for stress amongst student nurses was centred around career and programme decisions, death and bereavement, depression, relationship problems, lack of confidence, homesickness and loneliness (Gidman 2001). Rhodes and Jinks (2005: 394) noted in their exploratory qualitative study that nurse lecturers applied their skills as a nurse to their personal tutees and this reinforced the concept of nursing lecturers taking on student personal issues. For example, in one of their semi-structured interviews with a Nurse Lecturer (n= 10) a research participant stated, 'I brought in the sort

of skills I was using as a nurse in supporting patients and relatives', therefore illustrating how a Personal Tutor cares for students is analogous to how the Personal Tutor previously cared for his or her patients.

A four-year longitudinal survey using the 28-item General Health Questionnaire (Baldwin 1998) illustrates that Scottish student nurses (32%–55%) displayed a higher level of stress than qualified nurses. The additional stressors experienced by students were identified as meeting the academic requirements along with the clinical demands of their nursing programme. Chaffer (1999) reports that nursing students are also suffering increased levels of distress due to the financial hardship that their programme places upon them. In fact, Castledine (1998) illustrates that the low morale of students is often attributed to their financial hardship. Student nurses often received low-rent accommodation in the traditional 'nurses homes' on the hospital sites, but the majority of this housing has been sold, and students have high rents or their own mortgages to maintain. Diploma students are entitled to a non-means tested bursary but this still involves working inflexible shift patterns over an academic year of 45 weeks, without significant vacation times to earn additional income. This puts them in a difficult position compared to other university students who normally receive around 22 weeks of vacation time and have the opportunity to earn additional income. This is also compounded by the recent reports that NHS trusts are not recruiting into newly qualified jobs due to the hiring freezes and budget cuts (Vere-Jones 2006), which provides student nurses with an uncertain future while completing their programme of study. There is, therefore, an obvious need for a student support system, and Kirk, Carlisle and Luker (1996: 1257) identified that the pastoral role of the Personal Tutor within nurse education should be restricted as the role is 'very demanding'. The student nurses should be directed towards other support agencies within the university to avoid the burn-out of the Personal Tutors.

2.7.2 Listening Skills

Wilson (1996) acknowledged listening as a pastoral skill required of a Personal Tutor. Often this was allowing the student to just 'have a moan' at the Personal Tutor about issues that concerned them but not wanting their tutor to actively participate in finding a solution. This is a very passive and unproductive activity that nurse lecturers may struggle with, because they have historically had authority and the responsibility to find answers for patients and now students. Non-defensive listening can present itself with specific problems, especially when the student is complaining about an individual such as another lecturer or Mentor; it would be tempting to defend the individual that is been condemned.

2.7.3 Problem Solving

This Personal Tutor approach supports the students in identifying their own learning issues and needs. This can be referred to as Personal Development Planning (PDP); the Higher Education Academy (2006) suggests this helps students to learn better and to take responsibility for their own learning. It can also direct universities to improve the support they give to students; again this can facilitate student responsibility for their own learning and ease the pressures on their Personal Tutors. PDP is very suitable for the students who appear to be disaffected or disengaged with their programme, and blame everyone else (apart from themselves) for all that is wrong with their experience (Gould, Berridge and Kelly 2007).

Direct confrontation by Personal Tutors does have its place and in one way clearly identifies where the problem originates from (Neville 2007), which may be with the student themselves. The defence mechanism of external projection to others often leaves the student nurses feeling in the right. If the Personal Tutors facilitates a problem solving and PDP activity with them, they may begin to realise that they have played a part in their own problem situation. This revelation can be salutary and they may need support through the process to plan salvaging issues that have previously being ignored, for example academic and clinical practice failure.

2.8 Academic Role of the Personal Tutor

The academic responsibility of the nurse lecturer has increased since the development of the original Project 2000 programme. Nurse training prior to Project 2000 was mainly based upon a hands-on approach, where students carried out ritualistic practice without the application of research or rationale (Clark et al 1997), whereas now the evidence based aspects of nursing practice is embedded within the curriculum and is a requirement within all pre-registration nurse education provisions. Nurse education has, therefore, evolved into allowing students to adopt a new way of learning by having the responsibility for their own learning needs and, as a consequence, lecturers have relinquished the didactic approach to teaching. Purdy (1997) acknowledged that the move of nurse education into universities has resulted in student nurses having to become accustomed to an independent learning style promoted by HEIs. This transition can be attributed to the students' increased educational stress that Personal Tutors are presented with, and the support their students require during their academic progression. However, Nolan and Nolan (1997a, 1997b) identified that student nurses do need particular support and direction, especially at the beginning of their

programme. Gidman (2001) goes further by suggesting that this could be accomplished by an education model of cooperation, where lecturers contribute to the students' learning strategy but the student also takes responsibility for their own learning and development, again under the influence of PDP. This model can present conflict to some nurse lecturers who see their role as solely monitoring students, but this can limit the PDP effect. The monitoring of the student is required for professional registration but it can be negatively viewed by students as 'policing' them, and belittles the assessment of the student's progress (Crotty 1993a). Rhodes and Jinks (2005) proposes that this disciplinary and monitoring role was viewed as the least popular by Personal Tutors, especially when scrutinising the students' sickness and absence patterns.

The Personal Tutor can facilitate the students' development through student responsibility. This may involve directing them to external agencies to aid management of any programme related issue, such as financial aid, counselling and learner support. Rather than attempting to solve the issues themselves, this approach can reduce the stress the Personal Tutor experiences as a result of being a tutor (Carlisle et al 1996).

2.9 The Models for the Personal Tutoring

There is a wide range of Personal Tutor frameworks that could be adopted within education (Earwaker 1992, Wheeler and Birtle 1993, Warren 2002 and Owen 2002); many models have evolved to meet the changing needs of the current educational system. Yorke and Thomas (2003) suggested that different approaches to Personal Tutoring can be underpinned by different philosophies, and student and education requirements as well as the widening participation agenda.

Earwaker (1992) identified three models of Personal Tutoring: a traditional pastoral model, a model based upon providing professional support services and, finally, an integrated curriculum model. Earwaker's (1992) pastoral model of tutoring involved a specific member of academic staff assigned to each student to provide personal as well as academic support. Furthermore, Wheeler and Birtle (1993: 15) identified with this model but they referred to it as an Oxbridge model and illustrated the 'caring' component of its approach more explicitly:

> *Oxbridge colleges have always had a tutorial system with a specific member of staff assigned to each student to guide them on the path through their degree programme. This member of staff is described as a moral tutor and traditionally gives guidance on personal and moral issues as well as academic support.*

In this model all students are allocated a tutor; the major disadvantage is the availability of staff to a potentially large cohort of students. Some students may access the availability of their Personal Tutor more than others, therefore compromising the provision to other students or, as Thomas (cited in Thomas and Hixenbaugh 2006) suggests, staff who are frequently off campus or out of their office may limit the students' access to the Personal Tutor support.

This approach lacks a systematic integration into the curriculum design, although this model does have a universal application due to its generic framework. This method often occurs when Personal Tutoring is implemented as a blanket approach at a university in an attempt to promote a positive student experience. Owen (2002) views this as 'added value' which she considered to be a buzz word of the moment and is aligned with many institutional audits. In fact, the HEQCE (1996b: 46) stressed this:

> *…. institutions will wish to offer a range of student support services appropriate to the needs of students, and to establish quality assurance and control systems to ensure the suitability and effectiveness of these services.*

Alternatively, the pastoral model of Personal Tutoring can also address these issues of quality, although it can be criticised as attempting to meet too many opposing educational agendas. It is viewed as a reactive (rather than proactive) approach to student support: a student only seeks help when there is a perceived 'problem', which results in crisis management rather than based around their personal, academic or professional development. Earwaker (1992) viewed the pastoral model as promoting a constructive relationship between staff and students but this can be inhibited or promoted depending upon the availability of the Personal Tutor and student. Owen (2002) viewed this model as a traditional model which ideally addressed the one-to-one personal care of the student. Presently, in the HEIs the pastoral care provided to students takes a huge amount of 'people-hours' as well as emotional demands of the staff concerned.

The second model identified by Earwaker (1992) is the professional model of Personal Tutoring, which is centred on the provision of academic, personal and professional support that is centrally coordinated and is usually a generic approach provided by student services. These individuals are not lecturers but specifically trained support staff who are sometimes referred to as 'super tutors' or Student Support Officers (SSO) (Marr and Aynsley-Smith cited in Thomas and Hixenbaugh 2006), as this is their full-time role. This approach advocates that support is always available to students in need and almost on demand, and they can receive

professional and structured guidance which can be matched against quality standards (HEQC 1996a). The University of East Anglia (2005: 8) explored the implementation of having these super tutors but concluded,

> *an advisory system that removed from academics the primary responsibility for providing academic and pastoral advice to undergraduate students was likely to create an unnecessary … and unhealthy distance between faculty and students.*

Lago and Shipton (1999) suggest the philosophy of Personal Tutoring is about enabling students to achieve and to successfully learn, although the evolution of HEIs and the widening participation agenda cannot have these goals as the sole duty of the Personal Tutor. In fact, Marr and Aynsley-Smith (cited in Thomas and Hixenbaugh 2006) recommended that tutors need to share this responsibility with other support mechanisms within a university in a role like SSO. This generic model is not programme specific and is based on students in need rather than focusing on their progress; this system also relies on students being able to identify their own issues and accessing the support available.

The professional model in some institutions has been further developed into a 'one-stop-shop' approach. Layer et al (2002) propose students can have open access to a variety of support from professionally trained advisors based within academic departments. Previous approaches have criticisms of the limited access or unavailability of tutors; the continuity of accessing the same staff can be overcome with this approach. Professional advisers are highly trained but they are still are not academic members of staff and this could be viewed as a cheaper option to lecturers. Some university programmes, like nursing, have a complex delivery and the 'one-stop-shop' may not be able to ascertain the depth of knowledge required to provide the detailed understanding of the programme for the students expectations and needs (Marr and Aynsley-Smith cited in Thomas and Hixenbaugh 2006).

Earwaker's (1992: 115) third Personal Tutor model is the integrated curriculum model:

One approach which appears to have been gaining ground in recent years puts the emphasis on the curriculum itself and attempts to provide support through the actual programmes which students follow.

In this model the allocation of the Personal Tutor is incorporated into the accredited programme. Earwaker (1992) modified the University 101 approach that is exemplified by the University of South Carolina, and suggested six objectives required for an integrated curriculum model for Personal Tutoring **(see Table Two).**

1. To introduce students to the institution
2. Show the student what is expected of them
3. To help them understand their own learning
4. To develop institutional and discipline expectations and engagement
5. To encourage and facilitate mutual peer support
6. To enable students to seek professional help where necessary

Table Two: Earwaker's (1992) Six Objectives for Support Delivered by an Integrated Curriculum Model for Personal Tutoring

This represents a proactive system where sessions with the student group and Personal Tutor are regularly planned into the programme timetable; this avoids students only seeking out the Personal Tutor for advice when a problem arises. Therefore, all students benefit from this engagement rather than just the unconfident or troubled individual.

Earwaker's (1992) model of Personal Tutoring, although the most recognised, is not the only scheme. Warren (2002) also defined three other positions, which are recognised as three further subsections of Earwaker's (1992) integrated curriculum approach: separate, semi-integrated and integrated. A separate approach implies that the intervention of support is offered in addition to the mainstream programme delivery, as in Earwaker's (1992) professional model. A semi-integrated approach includes support which is aligned to the curriculum content and is, therefore, more proactive than remedial but it is curtailed by the subject domain. Finally, the integrated approach makes the student development central to his or her experience and is firmly embedded into the curriculum development and content and it cannot be separated out into separate components.

2.10 Summary

From this literature review there appears to be variety of perceptions and expectations of the Personal Tutor role. This is supported by Litchfield (2001), Rhodes and Jinks (2005) and Newton and Smith (1998) who all find conflicting views about the nature of the role within the education of pre-registration nurses.

Despite Personal Tutoring being a requirement by the National Boards for Nursing and Midwifery (Welsh National Board 1998, NMC 2002c), its formal integration and implementation are not made explicit as to how to make this operational, regardless of Harrison's (1990: 44) illustration that 'the role of the personal tutor has become an essential part of the facilitation of learning'. Price (2003) supports Personal Tutoring as an intrinsic part of student success.

This thesis aimed to establish guidelines for a standardised Personal Tutoring system based on the academic staff's and student nurses' perceptions of the tutoring role utilising an ethnographic approach and an action learning framework. This utilised Diploma in Higher Education Nursing students from an undisclosed English university. Currently, there is minimal available literature to establish an effective working model for Personal Tutoring within a pre-registration nursing curriculum.

CHAPTER THREE

RESEARCH DESIGN

AND METHODOLOGY

3.1 Evolution of Nursing Research

The idea of nurses using research to examine nursing and educational issues was alien to many historical nurse practitioners (Simpson 1971). Lelean and Clarke (1990) illustrated that any research completed within nursing before 1970 had been sporadic and conducted by a few elite nurses with the findings not fully applied to clinical practice or promoted within education. Nursing research and practice have since become increasingly integrated and discussed in tandem. It was the Report of the Committee on Nursing (Briggs 1972) that first popularised the idea of nursing becoming a research based profession. Briggs (1972: 108–109) identified over thirty years ago that

> *Nursing should become a research-based profession. … Research in these and many other fields is necessary if the profession is to shape its own future.*

From the 1970s, research resource centres were formed in Great Britain which organised a structured approach to the investigation of clinical nursing and educational issues. These worked collaboratively with the NHS, professional organisations, statutory bodies and HEIs to disseminate completed nursing research findings more widely than the academic community. These developments have made three important contributions to the present research agenda in nursing.

1. Preparing nurses to carry out research
2. Development of further research centres
3. Distribution of research findings (Simpson 1971).

However, it could be suggested that a further focus on the third point could better use research to improve patient care. Clay (1987) pointed out that research has been identified as solving a multitude of practical and common problems, especially in providing better care for patients and clients.

Yet an array of nursing research is heavily criticised for not being relevant to clinicians in practice and lecturers within education. For example, Fish and Purr (1991) saw the progress of research, practice and education as separate entities. Furthermore, Reed and Proctor (1995) illustrated the difficulties encountered by nurse educationalists that teach, deliver and implement research: usually only one of these disciplines prevails. Brown (1995) further identified tensions between lecturers and clinical practitioners: one being encouragement to utilise research in practice, the other being the inability to implement such research. Further, Hicks (1996) suggested that if a nurse is described as a good researcher then his or her

traits are seen to be incompatible with those of a good clinical nurse. Moreover, the converse also applies, in that a nurse who is a good clinician is assumed to possess characteristics which may not befit a good researcher. More recently, Ven Veeramah (2007) explores the barriers to nurses using research findings within their own practice, many consistent with findings from other studies (Rassool 2005, Parkin and Bullock 2005).

Yet, counter to the approach that perceives research and practice as mutually exclusive or potentially problematic entities, nursing research could be considered as developing professional practice, skills and knowledge. Holloway and Fulbrook (2001: 541) suggested that if nurses and midwives were to regard research as a 'craft skill', they might investigate simple problems that affect their clinical practice rather than focusing on philosophical dilemmas. Nursing as a whole discipline was rated 69 out of 69 subject areas of UK research in the Research Assessment Exercise (RAE) in 2002, and in the 2001 RAE only three percent of nursing academic department received a top five or 5* rating in 2001 compared to 16% of social work academics (Crouch 2002). In fact, Hart (1996) believed that narrowing the theory–practice gap is important in establishing nursing as an individual professional identity, thus encouraging not only the utilisation of research but active application and future participation. In this way, research on a local level improves nursing practice as a whole. Therefore, to increase this profile the DH has distributed £2,000,000 in research grants for the Nursing Quality Strategic Research Initiative; this is along with a further £4,300,000 towards a research scheme involving nurses and other allied health care professionals (DH 2002).

3.2 Epistemological and Ontological Considerations

Paradigms are based on the relationship of inquiry between distinctive ontological, epistemological, methodological and axiological positions. Initially proposed by Thomas Kuhn (Kuhn 1970), the concept is appropriately applied when a consistent level of professional consensus is recognised to exist regarding aspects of philosophical beliefs, theories, standards of research and its findings. The formation of a paradigm is related to and based upon philosophical assumptions illustrated by Kuhn (1970: 4) as follows:

> *Effective research scarcely begins before a scientific community thinks it has acquired firm answers to questions like the following: What are the fundamental entities of which the universe is composed? How do these interact with each other and with the senses? What questions may be legitimately asked about such entities and what techniques employed in seeking solutions?*

Here Kuhn (1970) highlighted the fact that in the execution of research, philosophical positions are adopted about the nature of the research matter, involving what can be known, and this knowledge can be attained. Data collection and analysis techniques are not linked exclusively to paradigms, as opposing paradigms may utilise the same data collection technique. Sandelowski (2000) argues that the key difference between paradigms is the attitude toward the treatment of raw data. Although tools can be mixed, the results will still reveal a researcher's own paradigm and understanding of the research area.

Yet recognising and understanding the differences between qualitative and quantitative research allows a researcher to make appropriately informed decisions. It should also assist a researcher to better understand underlying assumptions, research designs, the research setting and role of the researcher (Kelle and Erzberger cited in Flick, Von Kardoff and Steinke 2004). A qualitative approach may be distinguished from quantitative research in reference to its underlying philosophy. This is seen most vividly in the contrasting views about the essential nature of the world being studied and in the preferred logic of analysis used to describe it (Marvasti 2004). Qualitative research encompasses a wide range of theoretical positions; according to Martin (1994) the majority are within the constructivist–interpretivist paradigm. In contrast, quantitative research derives from a positivist paradigm based on the assumption that the social world can be investigated using scientific approaches and, according to Grbich (1999), there is an independent reality that can be found by applying the proposition that independent variables affect dependent variables in a cause–effect manner. This is different to the context based nature of most qualitative investigations, where researchers only qualify their outcomes as to the example under study (Martin 1994).

The rationale for the selection of qualitative methodologies is compelling. The topic of Personal Tutoring requires a naturalistic approach that seeks to understand phenomena in context-specific settings, whereas research in the form of logical positivism uses strict measurements to test hypothetical generalisations. The use of qualitative methods in the current study allowed illumination and exploration of Personal Tutoring rather than a specific focused answer. However, Janesick (cited in Denzin and Lincoln 1994) discouraged methodolatry: the idolatry of methodology is where the methods become more important than the content of the research.

The following illustration is of a theoretical approach from philosophy and the social sciences that exemplify the associations between particular theoretical perspectives and qualitative research methods that have directed this study. This is the

particular paradigm that has been utilised for the purposes of this research. Leininger (1987) explained that the term ethnography has Greek origins, with 'ethos' meaning 'nations' and 'people'. Clarification definitions of ethnography can be extracted from the literature. Spradley (1980: 1) defined ethnography as

> *… the work describing a culture, and to understand another way of life from the [other person's] point of view*.

Both Fetterman (1989) and Spradley (1980) elucidate ethnography as involving a researcher gathering information about people first hand, through observing and/or questioning the participants. Ethnography within health care and an educational context is valuable for a number of purposes, including the exploration of perceptions (Hodgson 2000). There has been growing interest in the application of anthropological approaches to nursing and its educational context, for example the transition for student nurse to qualified practitioner (Holland 1999) and in clinical practice the investigation of the nursing role in delivery primary care (Rapport and Maggs 1997). Ethnography seeks to explain both explicit aspects of a culture, such as the HEI's School of Nursing and Midwifery existing approach to Personal Tutoring, and any tacit elements (influencing factors) that impacted on this. For example, Hammersley and Atkinson (1995) interpreted this style in a flexible manner, viewing it as a set of research methods that involved a researcher participating in people's lives (for example students and academics) for a period of time and collecting data to explain the study topic of Personal Tutoring. McNiff and Whitehead (2000) suggests that human behaviour and experiences can only be understood within the context in which they occur, as it is assumed that this is inextricably linked with the meaning that a situation has for him or her. Thus to explore how Personal Tutoring is experienced for the student and academic staff at the time of the research, I refrained from taking any control or manipulating the situation as another member of academic staff.

Conducting research in my own work environment could inevitably influence the behaviour of the participants involved in this study. This problem may be overcome by a researcher integrating into the environment prior to commencing any data collection by spending additional time with the participants. Reid (1991), for example, spent two additional months integrating and familiarising herself with the area preceding her research. As the researcher for this study, I was already familiar with the school as a member of staff, although this presented additional problems of potential role conflict for the data collection process. This was reported as a common problem by ethnographers. Gerrish (1995: 90) stated,

> *Throughout fieldwork I was acutely aware of the dissonance between my responsibilities as a nurse towards patients should I observe nursing practice that I considered detrimental to their wellbeing, and the effect I would have on the research should I challenge a particular nurse's practice,.*

Others have also drawn attention to these concerns and have highlighted how nurses' (as well as an academics') individual professional identities present them with moral responsibilities that may be in conflict with the norms of the social groups they are trying to access and understand (Johnson 1992, Rudge 1995, Fitzgerald 1997).

Ethnographers may want to contribute to the clinical or academic work to resolve problems instead of being an independent observer. Indeed Reid (1991) suggested that successful ethnographic research occurs when there is an environment of trust, respect and rapport. So to correct or report poor practice can jeopardise this trust. Hammersley and Atkinson (1995) identified this as the researcher been able to live simultaneously in two different worlds: that of the researcher and that of a participant. This ambiguity can be stressful to manage (Rosenthal 1989); when an ethnographer goes 'native' with the participants of the research it can be questioned whether they have become too compliant. The data collected, therefore, may be distorted due to over friendliness with the research sample.

Despite the constant concerns and debate about the quality and validity of qualitative research (Sandelowski and Barroso 2002, Morse et al 2002), Rolfe (2006) summarised the quandary by acknowledging that it is unlikely for there ever to be a consensus of what constitutes valid and reliable qualitative research. He highlighted the fact that the whole approach to qualitative research is open to interpretation, as is the case in the study reported here. Morse et al (2002) suggested that it is the rigour of the application of the qualitative methodologies that ensures validity and reliability. Furthermore, Morse et al (2002) placed the responsibility of ensuring the qualitative methodological rigour upon the researcher, rather than the readers of the research. Indeed, Rolfe (2006) argues that qualitative research is fundamentally different from quantitative research and requires a completely different set of terminology. Validity refers to the extent to which a test or instrument measures what it claims to measure (Sandelowski 1993). The term reliability refers to the consistency of the research findings (Rice and Ezzy 1999). If a study can be repeated and obtain the same or similar results, it is assumed that the results are an accurate reflection of the external reality under study. Validity and reliability in quantitative research are achieved through the application of strict measurements such as measurement tools, statistical methods and the data analysis regime.

In contrast, Lincoln and Guba (1985) outlined several alternative criteria for rigour in qualitative research. These indicators are credibility, dependability, confirmability and transferability (Hamberg et al 1994). The credibility is similar with the notion of internal validity in traditional research; furthermore, credibility is assessed by the examination of the findings and interpretations. Hansen (2006) purports that the dependability of a research project is related to issues such as the suitability of methods and the transparency of methods and analysis. On the other hand, confirmability is a more complex indicator; it refers to the importance of some degree of neutrality in research and establishes that a researcher has tried to avoid distorting the reality he or she is describing. Finally, transferability refers to the generalisability of the findings; according to Lincoln and Guba (1985) this is rare for qualitative research. To be generalisable, quantitative projects require significant statistical results often with large randomised samples. However, the results from qualitative studies are often derived from small samples and are presented as interpretation and description. Nevertheless, Lincoln and Guba (1985) proposed that the results from qualitative research may be transferable: if the study contexts, methods, sampling and results are transparent they can be relevant to other similar situations.

In recent years, the benefits of combining qualitative and quantitative methods in health research have been accepted by many researchers (Shih 1998, Barbour 1999, Sandelowski, Barroso and Voils 2007). According to Punch (1998) it is generally agreed that integration will capitalise on the strengths of different methods, while compensating for their weakness. It could be argued that a qualitative influence is being used to legitimise and mask the inadequacies of quantitative research, in particular the problematic issues of providing salient data on subjective meanings and knowledge production (Sandelowski 1993).

The qualitative/quantitative methodological distinction is often taken to be identical to the positivist/interpretivist epistemological distinction. The resulting alignment of quantitative research with positivism and qualitative research with interpretivism has led to the debate of whether it is possible or desirable to mix methodologies in a study. According to Rolfe (2006) 'methodology' can merely refer to data collection methods; therefore, mixing should not pose an issue, although the epistemological and ontological significance of methodology can reveal philosophical problems resulting in the combination of research methods. It is important to distinguish between combining findings, data and methods of quantitative and qualitative approaches. The findings of two types of investigation may be jointly presented without combining methods or data. Secondly, the two types of data can be brought together during the analysis, which contributes to the findings. Finally,

studies can combine all areas of methods, data and findings. These are attempts to synthesise various research strategies at different stages of the research process (Coyle and Williams 2000). For example, in this study exploratory focus groups were utilised to develop qualitative measures, and the data collected from this qualitative instrument was enhanced by further paradigms of investigation through an interview schedule and, finally, by using manual and Computer Assisted Qualitative Data Analysis Software (CAQDAS), the latter in a limited way that contributed towards the analysis of the interview data, thus integrating some objective interpretation.

According to Shih (1998) combining methods are utilised to confirm that findings of one method can be checked against the findings of another. Begley (1996) also suggested this approach could ensure a more accurate and complete picture of the social experience of the participants in the research; in this scenario it would be the Personal Tutor experience of staff and student nurses. Barbour (1999) also outlines four specific ways in which qualitative data can enhance the quality of quantitative data: it is able to identify variables and themes for further investigation, explain anomalous findings, generate future research areas and, finally, provide insight into the process of new knowledge. However, these four areas could be also explored and explained by other quantitative methodological approaches.

Coyle and Williams (2000) challenged Barbour's (1999) claim for the adoption of qualitative research to enhance quantitative approaches, as other qualitative investigations can indicate variables and themes for research, provide explanations for deviant cases and generate hypotheses and research questions. For example, Coyle and Williams (2000) illustrates how personal experiences and narrative diaries can generate new areas for research exploration.

The epistemological advantages in using qualitative data to develop quantitative measures are distinct; it is a false assumption that quantitative methods are founded on the epistemology domain of positivism (Sale, Lohfeld and Brazil 2002). It is a false assumption that qualitative approaches share the epistemological influence of anti-positivism as the majority of contemporary sciences are no longer positivist in its purest sense but post-positivist. The objective of positivist research is to identify the truth and, according to Clark (1998), this is achieved through the replication of findings from perceivable entities. Truth is, therefore, dependent upon the existence of fact. Phenomena of meanings and experiences are outside the measurement of truth and are not considered by positivists. Clark (1998) argues that the post-positivist approach rejects the epistemological stance of positivism which assumes the existence of a tangible and understandable reality, and it is

possible to obtain a realistic interpretation of this reality from observation; this is akin to qualitative views. Guba and Lincoln (cited in Denzin and Lincoln 1994) proposed that this be termed 'critical realism' and that reality cannot be fully understood and must be examined and accepted imperfectly and probabilistically. While positivism centres on objectivity, post-positivism acknowledges the influences of the researcher and the research process on the object being studied. Therefore, this means that the data obtained by a post-positivist scientific way may be regarded in a similar way to that of qualitative research, in that it cannot be automatically generalised to all situations. For example, how effective Personal Tutoring becomes within this HEI is contextually based and can only be discussed with the probability that it will be held elsewhere.

3.3 A Conceptual Framework

For this study a recently published conceptual framework was utilised (Henderson, Winch and Heel 2006) for the investigation of developing Personal Tutor guidelines. There are many theories, models and frameworks available for curriculum planning and development (Cowan and Harding 1986, Beattie cited in Allan and Jolley 1987, Clegg and Bradley 2006) but Henderson et al's (2006: 104) framework was selected as it centered on 'partner, learn, progress'. While the 'partner, learn, progress' model was originally presented in a linear fashion, for this study it was essentially utilised as a cyclical framework. This was diagrammatically illustrated as such, with the concepts of partnering, learning and progressing intrinsically interrelated in the development of Personal Tutoring (**see Figure One**). This conceptual model was originally intended for promoting learning in the clinical setting, but it was adapted for the development of Personal Tutoring as it explores how integration of these core components of 'partner, learn, progress' may assist in the organisation of teaching and learning, which is essential for the successful implementation of Personal Tutoring.

Any conceptual framework, according to Silverman (2001) is built on a set of concepts linked to a planned or existing system of methods, behaviours, functions, relationships and objects. Conceptual frameworks are a type of 'mid-way' theory that has the potential to connect to all aspects of the inquiry; therefore, the frameworks act like a map that gives coherence to any empirical findings (Evans 2002).

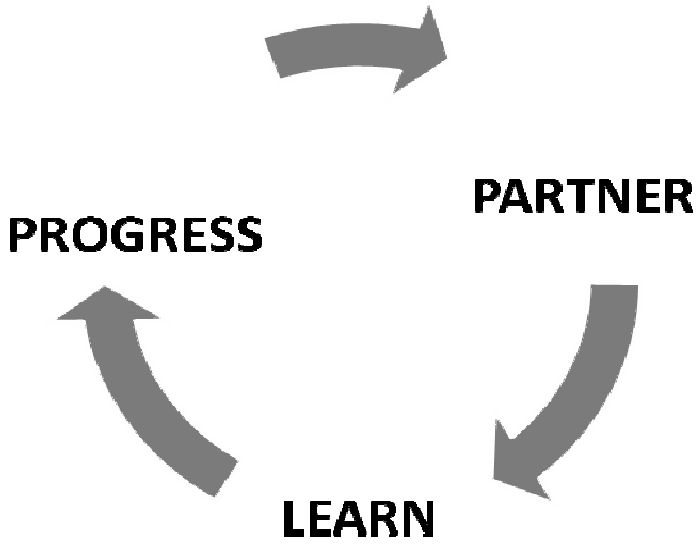

Figure One: Henderson, Winch and Heel's (2006) Conceptual Framework

The **partner** refers to the positive association between the learner and the experienced clinician (Henderson, Winch and Heel 2006), but in the research reported here it was the Personal Tutor. This interaction occurs on a personal level but within the context of a broader social and political environment of the university. Integration of the student into the HEI incorporates a socialisation process where the learner must first absorb and adopt the language, culture and rules of the institution (Tradewell 1996). If the student is not familiar with this socialisation process, because they are first generation into HE or a student from a widening participation area, then the tutor is even more important in the assimilation and transition (ibid). Chapter Two of this thesis gives full details of the changing profile the present-day student nurse and a subsequent rationale for the role of the Personal Tutor. Because both parties (the student and Personal Tutor) were explicitly involved in the formulation of the guidelines, partnering is the first step in the creation of a supportive environment to facilitate learning. This crucial relationship can develop to the extent where both partners are able to interact with each other with trust and openness.

The second stage of the framework discussed **learning**, which, to be effective, needs to be progressed through structured supervision which would be facilitated through the guidelines. Such learning is only possible when the learner has been assimilated or, according to Henderson, Winch and Heel (2006), 'partnered' with a Personal Tutor. Spouse (2001) recognises the value of the transformation of

epistemological knowledge into educational knowledge; the results of this study were envisaged to accomplish this.

Personal Tutors are often required to be cognisant of the learners' existing knowledge level so that the activities and accompanying discussion assist in making connections between theory and practice. Learning incorporates mutual collaboration whereby the learner is able to practise the application of knowledge in a safe context and make his or her own connections. Paterson (1997) described adverse reactions where learning was inhibited by a lack of opportunity for students to integrate; this is particularly identifiable in reports where students are viewed as guests or visitors to the organisation. As guests there are limitations to their participation in activities and, consequently, opportunities to engage and develop their knowledge. Although Henderson, Winch and Heel (2006) perceive this as clinical practice, the framework was adapted to incorporate the student's whole academic **and** clinical experiences, whereby the Personal Tutor should be able to assist the student to navigate through these presenting issues.

The final part of the conceptual framework is to **progress;** progress arises when the learner is able to build on his or her programme experiences. This progression of clinical and academic development can be assimilated to Benner's (1984) escalator of 'Novice to Expert'; this sequence of development does not acknowledge the individual or holistic background of students (Field 2004). Therefore, the Personal Tutor guidelines have the principle of continuity and individualised student support to monitor and facilitate this development.

In summary, this conceptual model by Henderson, Winch and Heel (2006) has been modified for the current study to ensure its simple adoption for the development of Personal Tutoring within the School. **Figure Two** illustrates a schematic diagram of the study design that was underpinned by this conceptual framework and the subsequent discussion expounds on the rationale for the utilisation of these methods.

	Stage of Action Research *	Stage of Conceptual Framework **
1. Selection of Conceptual Framework (Henderson et al 2006)	CYCLE 1 PLAN ACTION OBSERVE REFLECT CYCLE 2 ACTION	PARTNER.PROGRESS.LEARN
2. Selection of Instruments		
3. Action Research and Ethnography		
4. How Data were Collected		
5. Staff and Student Focus Groups Analysed by Nominal Group Technique		
6. Staff and Student Semi-Structured Interviews Based on Focus Group Findings		
7. Analysed using Manual Template Analysis and NVivo 7 Analysis		
8. Development and Formulation of Guidelines		
9. School Launch and Implementation of the Guidelines		
10. School Personal Tutor Guidelines Evaluation Following the Implementation		
11. Staff Macro Level Evaluation using a Focus Group and Analysed by Nominal Group Technique		
12. Student Macro Level Evaluation using a Questionnaire		
13. Micro Level Evaluation Using a Single Staff and Student Case Study with Appreciative Inquiry Analysed using Template Trends		
14. Wider Faculty and University Dissemination of the Personal Tutor Strategy		

* Kemmis and McTaggart (1998) (**see Appendix Two**)

** Henderson, Winch and Heel's (2006) (**see Figure Two Page 59**)

Figure Two: A Schematic Diagram to Illustrate the Methodological Approach

3.4 Place of Action Research in Nurse Education

Action research is not new, and it is not new in nurse education research. The term 'action' research was originally coined by social psychologist Kurt Lewin (1944), who utilised this method to respond to major social problems of the day. He promoted this methodology to research practice and to reduce the theory–practice gap in society. According to Sanford (1970: 4) action research is described as consisting of,

> *... analysis, fact finding, conceptualisation, planning, execution, more fact finding or evaluation; and then a repetition of this whole circle of activities, indeed a spiral of such circles.*

This visualisation of 'circles' is incorporated into Collier's (1945: 293) ideas as he saw this as a cyclical, 'action–research, action–research' process **(see Appendix Two,** Kemmis and McTaggart 1988**).** Action research is an approach that aims at both taking action and creating knowledge or a theory about that particular action (Gummesson 2000), thus representing the spiral-like process as outlined by Collier (op. cit.).

DiChiro et al (1988) mentioned that action research gathered its impetus between the years 1944 and 1955 and subsequently declined from 1953 to 1957. Indeed, Sanford (1970) highlighted four inter-related factors that precipitated the decline of action research. Firstly, researchers moved into educational institutions, thereby separating themselves from the society they were studying; he called this the separation of action from research. This is relevant to nursing as the traditional hospital based Schools of Nursing merged with HEIs in the 1990s. Secondly, the whole process of action research methodology was viewed as an amateur approach in comparison to other positivistic approaches (DiChiro et al 1988). Thirdly, there was a progressive drift of interest of academic researchers from problems identified by practitioners such as nurses. It appeared that researchers had moved towards the policy interests of the academic advocates, thereby furthering the research activities of the educational institutions rather than societal issues. Finally, action research became displaced to other alternative research methodologies that became more popular to try in the late 1950s.

Action research did commence its revival in nurse education in the early 1970s, mainly through the work of the Tavistock Institute for Human Relations. It developed a model for its adoption with educationalists in the UK. For example, there is a strong interest among nurse educational researchers in helping specialist practitioners' deal with vocational issues. This development is aimed at

collaboration between practitioners (nurses) and researchers, thus gaining commitment for the implementations of findings as described and discussed by Davis (1980). A problem occurred if the agendas of the practitioners were different to that of the researchers. For example, practitioners may want to change clinical practice to see immediate positive results. A researcher may prefer to analyse the correlation between actions and apparent improvement in practice within a tight framework, thereby delaying the implementation of results. To establish an ethical framework that is mutually acceptable to the researcher and the participants is ideal, although difficult to implement. De Raeve (1996) proposed the perceived relative power of the researcher in relation to the 'researched'; this often meant that participants became hesitant about the extent to which they contributed. In this study students were actively encouraged to contribute to the focus groups and staff knew management of their personal students would intrinsically alter depending on their contributions. For example, any poor management of their personal students would be required to be improved in line with new recommendations. Therefore, the academic staff apparently used the focus groups as a forum to promote their 'good' Personal Tutoring practice, thereby not identifying a need for change or improvement.

Action research as a methodological tool is often deemed an appropriate approach in nurse education. Coghlan and Casey (2001) suggested that nurse educationalists are increasingly engaged in action research as it is able to improve aspects of educational provision that are directly related to clinical practice such as Personal Tutoring. Mentors in clinical practice would have a clear direction as to the role and responsibilities of the Personal Tutor as a result of this research.

The developments of Personal Tutoring guidelines in pre-registration nursing programmes fulfil a dual purpose. They meet future quality audits such as the Major Review of Health Care Programmes (QAA 2003) of the nursing provision; they will improve the students' experience of Personal Tutoring during their programme and give Personal Tutors a clear direction on the parameters of the role. From January 2007 all final-year students on NHS educational programmes were able to contribute towards the National Student Survey (NSS) (HEFCE 2006b, Surridge 2006); again a structured and strategic approach to Personal Tutoring can contribute towards a more positive student experience and perception, which in turn can contribute to student recruitment. Applicants can review league tables from the NSS, which can influence their (or their parents') decision as to university selection.

Specific factors influenced the choice of action research as the research methodology of choice. The first was the inadequacy and dissonance of the positivist and interpretive models (as discussed in 3.2); Bennis and Nanus (1997: 13) refer to this as 'axial points', where positivist and interpretive paradigms seemed to contradict the ontological, epistemological and methodological dimensions of this study. This research aimed to embrace a holistic but evidence based foundation to Personal Tutoring development, facilitated by action research.

Secondly this study focused upon an actual problem within the university; therefore, it was possible to complete the research at the same time as teaching and managing the curriculum. Coghlan and Brannick (2001) highlight the implications for action research being utilised within the researcher's own organisation such as this university. They identify the advantages of this approach as allowing the researcher to review the organisation with an unsullied perspective. It was possible to have direct access to primary and secondary sources and a good understanding of the organisational structure. In fact Coghlan and Brannick (2001: 54) state,

> *… organizations are centres of love, hate, jealously, goodwill and ill will, politics, infighting, cliques, and political factions, a stark contrast to the formal rational image which organisations tend to portray.*

Furthermore, action research provided an insight into the faculty's approach to Personal Tutoring. This topic was influenced by internal issues that required care to avoid any organisational conflict, for example the impact of Personal Tutoring on staff workloads. This involved having a dual role, a researcher and permanent member of staff. Indeed Coghlan and Casey (2001) acknowledge that dual roles in nursing action research have been well explored. For example Titchen and Binnie (1993) when they implemented primary nursing into a ward environment, had a clinical nursing role and also a researching role and described as a 'double-act'. However, Coghlan and Casey (2001) argue this as a temporary dual role. Other permanent staff saw them as 'friendly outsiders' and less of a threat and therefore, as more accommodating towards their research demands. Coghlan (2001) stated that the utilisation of action research can be difficult, especially time consuming and frustrating in the attempt to depict a dual role when executing research.

The final factor having a bearing on choice of research paradigm was the experience of confusion, Johnston (1995: 69) referred to this as a 'cloud of unknowing'. What began as a straightforward exercise in compiling a Personal Tutor strategy was soon revealed to be a multi-faceted and multi-layered challenge. As a researcher I identified with Schon's (1995: 28) concept of the swampy lowlands of

professional practice where research problems are often 'messy, confusing, and lack a logical solution', therefore the action research process allowed the navigation around some of these conflicts.

3.4.1 Ethics of Action Research

Ethical issues also had to be considered when employing action research, general ethical considerations to this study are discussed later in this chapter (**see Section 3.8**). However, Tickle (2001) illustrates how reconciling ethical dilemmas in action research can be problematic. Moreover, Winter and Munn-Giddings (2001) suggested that ethics in research depends on not doing harm, maintaining confidentiality, upholding informed consent (**see Appendix Three** and **Appendix Four**) and allowing the participants to withdraw at any point of the research. Due to the unique relationship of a practitioner researcher to the participants in action research, it makes these ethical considerations more difficult to apply, but it is still important to do so. Williamson and Prosser (2002), for example, discuss how action research can have an implication for the insider researcher. It was well acknowledged in this School of Nursing and Midwifery that this research was being conducted and involved data collection about opinions from staff and students on Personal Tutoring. Therefore, distinguishing data in the completed thesis could be problematic when maintaining confidentiality. All lecturers were anonymous in this study and identified as **L1, L2, L3, L4** and **L5**, and students similarly as **S1, S2, S3, S4** and **S5,** and in the later evaluatory case studies **L2** and **S3** were identified as **L2a** and **S3a.**

Furthermore, action research takes a spiral procedure with often an unknown conclusion (Kemmis and McTaggart 1988 **see Appendix Two**); it is more difficult to apply informed consent to a research project where neither the researcher nor the participants know what they are consenting to. For example, a randomised trial involving drug treatments could be refused to be taken at any time, or a qualitative interview could involve the participant refusing to answer a question and leave the room. In Lathlean's study (cited in De Raeve 1996) a participant refused to complete a questionnaire but the observation of their clinical work could not be refused as they had taken on a paid-employment trainee role. However, the staff and students who consented to partake in this study could have refused to participate in any of the original focus groups and the follow-up interviews on Personal Tutoring, although none did. As this study followed the action research spiral (Kemmis and McTaggart 1988, **see Appendix Two**), the evaluation of the guidelines was completed via a staff and student single case study (Yin 2003a), a further staff focus group and a final year student group questionnaire to further

provide a holistic evaluation of the Personal Tutor strategy. The evaluation of the Personal Tutor strategy was not detailed in the original university ethical approval. However, when the evaluation tools were planned, these were presented at the ethics committee and accepted under the original approval. This highlighted how the action research often has an unknown conclusion that can not be accounted for when original approval is sought.

May (1993) provided an ethical code for all research to be based on; this involved theories of deontology and consequentialism. Deontology requires a researcher to abide by universal and external rules that are never flexible, although Seedhouse (1988) suggested these are not applicable where an open and transparent dialogue between participants is required. For example, the student focus groups could have highlighted examples of poor academic support from lecturers. According to deontologists this would require further investigation. However, by using action research for this study, I would not want this practice to be established within the future Personal Tutor guidelines and will use these examples as what not to do as a Personal Tutor. Deontology rejects some basic core principles of nursing such as caring, which according to Williamson and Prosser (2002) is a moral concept and should be central to research ethics for nurses. While consequentialism is based on real-life issues and is more flexible to the action learning approach, Galliher (cited in Bulmer 1973) argued against the application of **any** rigid ethical code for action research, as it would impede the influence on the outcome of the research. The concept of an ethical framework for this research was sought from *The Code of Professional Conduct* (NMC 2008a), which clearly outlines how all nurses and midwives should safeguard the interest of patients and clients and this can be equally utilised and applied by nurse researchers/lecturers to their projects.

Reliability and validity are ways of demonstrating and communicating the rigour of the research process and the trustworthiness of these findings. This School of Nursing decided to replace the existing Personal Tutoring system with another more effective strategy based on the results of this study, and then the staff and students can justifiably expect the decision to be based on good, rather than flawed research evidence. This trustworthiness of this work depended on a number of research features — the initial research question, methodology and data collection — along with the analysis strategy and concluding recommendations. However, Waterman (1998) postulated a scarcity of literature on issues of validity and reliability of action research, and according to Altrichter, Posch and Somekh (1993) any analysis can only be discussed for individual action research projects and not applied universally to all similar initiatives, due to the personal and subjective basis of the data. Moreover, according to Clark (cited in Cormack 2000) researchers need

to objectively present an analysis of decisions made during the conduct of the study to facilitate any understanding of the research validity.

Focus groups, interviews and case studies come under the umbrella of qualitative methods; these approaches identify reliability as the trustworthiness of the procedures that produce the data. Therefore, according to Bryman (2001) reliability is concerned with how the results of this study could be repeatable in different circumstances. Weber (1990) suggested this involved avoiding researcher bias by having an independent researcher to verify the data collection interpretation; this is an example of inter-rated reliability. For this study a paper based diary was also used which depicted the whole research experience; this reflected all of the decisions made throughout the completion of the investigation and will add to the scrutiny and reliability of the study. The NVivo 7 programme does have a facility to document a researcher's own thought processes; QSR (2007) compares this to notes jotted down in margins or recordings in note books. This capability was not utilised in this study as the NVivo 7 software was only licensed to one computer in this university, which restricted access to it; therefore, the diary entries was solely paper based.

This study also utilised simplistic strategies to maintain reliability such as tape-recorded interviews that were accurately transcribed with the inclusion of non-verbal cues. The data analysis technique for this research partly utilised NVivo 7, a computerised data analysis package that can enhance reliability (Roberts and Woods 2000), although the over-reliance of computer software may separate the data from its context so much that it almost becomes meaningless (Burton 2000). Roberts, Priest and Traynor (2006) suggest that a qualitative researcher should have an intensive engagement with data, moving backwards and forwards between the data and the interpretation of it, thereby establishing links; this all increased the reliability and readability. Manual analysis using template analysis was, therefore, used.

Punch (1998) outlined validity in terms of how well the research tools (focus groups, interviews and case studies) measure the phenomena under investigation. A potential difficulty in achieving validity in qualitative research like this is researcher bias that is selective collection of data and the interpretation of this; for example, distortions can arise through the analysis and interpretation (Burns and Groves 2005). As the researcher I was familiar with this subject area, therefore, nuances and ambiguities from the data collection may be overlooked because of my familiarity with the topic. Being accustomed to this area of the university, its staff, students and general organisation is potentially advantageous, as well as

problematic. Such insights were useful in authenticating responses and findings, but familiarity can also obscure any ambiguous issues that others, from outside the field, might query. Cutcliffe and McKenna (1999) suggest this latter issue can be avoided by minimising researcher bias by 'bracketing', where a researcher would attempt to suspend his or her experience, judgement and beliefs. Although bracketing is often difficult to undertake, the credibility of the study is increased if researchers make explicit their presuppositions and acknowledge their subjective judgements (Ashworth 1997a, 1997b). It is not unusual for qualitative researchers to declare their own personal biases and to consider how this influences the research and on themselves as researchers; this is sometimes referred to as reflexivity (Freshwater and Rolfe 2001). For example, my views as a Personal Tutor were internally compared to those reported by the interviewees.

The reduction of bias can also be facilitated by respondent validation. Bryman (2001) describes this as the practice of researchers sharing interpretations and theorising with the researcher participants, who can check, amend and provide feedback as to whether the data is a recognisable account of their contribution. Lincoln and Guba (1985) acknowledged this as test validity, and the use of the Nominal Group Technique (NGT) process prior to the construction of the semi-structured staff and student interviews assisted this validation process. In the write-up of the findings verbatim quotations from the staff and student interviews were used to demonstrate the results are grounded within the data. Johnson (1997) referred to this as low inference descriptors, although the practice of 'cherry picking' selected quotations to over illustrate a point should be avoided.

In summary, this study selected action research as a method for focusing on the developmental aspects of the Personal Tutor provision. Sandow (1979) suggested this is the bridging between pure and applied research. These findings resulted in a change for the area of tutorial support within a complex nursing provision, which may trigger several other issues, but they were fed back into the ongoing action research cyclical regime.

3.5 Focus Group Method of Data Collection

There are a variety of group interview techniques that facilitate the selection and development of responses to a particular research question. Macphail (2001) proposes three of the most common group interview approaches as brainstorming, Delphi technique and focus groups; the latter was used for this research.

This utilisation of focus groups is not new; focus groups have been well established as a valuable research tool in the literature (Stewart and Shamdasani 1990, Krueger 1994). Information collected from focus groups can produce rich data that reveal a deeper level of meaning and connection. For example, Sloan (1997) collected evidence using focus groups in an attempt to understand opinions of clinical supervision. Furthermore, Webb and Kevern (2001) and Bloor et al (2000) noted its increased popularity in nursing research in recent years. Kitzinger and Barbour (1999: 200) also stated that focus groups provide 'an invaluable contribution to the trinity of questionnaires, observation and interviews.' However, it is important to acknowledge that having previously been a neglected methodological tool, it does not become a convenient accessory that is adopted into research in an unquestioning style. Focus groups have been used in a variety of studies to good effect, for example defining objectives and standardised measures of hospital quality by nurses (O'Brien cited in Morgan 1993) and health surveys to assess the effectiveness of education programmes (Rudolph and Hill 1994). A focus group is a qualitative method used to learn about a topic or area with respect to personal as well as professional views (Sloan 1997). Krueger's (1994: 10) simplistic definition stated,

> *The focus groups interview … taps into human tendencies. Attitudes and perceptions relating to concepts, products, services or programs and developed in part by interaction with other people.*

This definition exemplified the core principles underpinning the use of focus groups, which involved the inclusion of participant interaction and the significance of this. Alternatively, Kitzinger and Barbour's (1999: 4) definition was selected as it more accurately reflects the application of focus groups methodology to this project.

> *… group discussions exploring a specific set of issues that are focused because the process involves some kind of collective activity.*

In this study it was completed by encouraging the staff and students to answer questions and they explored the issues surrounding Personal Tutoring and reflecting the start of the action research cycle (Kemmis and McTaggart 1998 - **see Appendix Two**). Webb and Kevern (2001) acknowledge that this probing could compromise the asking of straightforward questions, exchanging anecdotes, and commenting on other participant's experiences and points of view.

In 1977 Calder and, more recently, McLafferty (2004) describes the focus group approach as having the following specific purposes: firstly, to contribute to the development of fundamental theory and knowledge, for example the principles of student support as a Personal Tutor; secondly, to determine the effectiveness of

summative and applied research of a topic; and finally, to problem solve a particular issue within an organisation, such as developing and implementing a robust Personal Tutor strategy for undergraduate student nurses. Therefore, focus groups had the aim of maximising the students' and staff's subjective experiences and perceptions of Personal Tutoring.

Morse and Field (1996) suggested this option is particularly appropriate when the study's focus is embracing people's interpretations of events and experience. The use of focus groups was, therefore, highly relevant to this area, and was chosen in preference to questionnaires, as these have limited opportunity for interaction between respondents (Nyamathi and Shuler 1990). Focus groups demonstrated a domino effect with respect to providing information, in which one student can put forward a comment and others expand upon it. Stycos (1981) described this type of expression of ideas as being in a 'crowd'; the synergism created by the interaction is considered significant to the stimulation of new ideas and high levels of energy in discussion. In this study it became apparent that if a participant provided misleading information in the focus group, other participants stifled its development, hence enhancing reliability, validity and trustworthiness of the evidence. Stewart and Shamdasani (1990) considered that this group coherence is demonstrated when group members are stimulated by the topic that interests them. The actual focus groups did not demonstrate any dictatorial behaviour. On the contrary, they created a supportive peer environment when several key sensitive issues were discussed: topics such as managing large groups of students and staff availability for students. In fact, Basch (1987) suggested that focus groups enable a researcher to check various sensitive responses with other group members to confirm or contrast opinions. In this study several key areas were verbally clarified by the researcher with the participants in the focus groups and as part of NGT; this would not have been possible with the use of a questionnaire.

According to McLafferty (2004) focus groups involve interviewing a homogeneous group such as students and staff, who are asked to reflect on a series of questions posed by the researcher. As a result, student and staff participants hear the others responses and are allowed to make additional comments as they go along. According to Robinson (1999) it is not necessary for the group to reach a consensus or to disagree, but this research study utilised NGT to formulate the most popular accord. Group interaction, as previously mentioned, is an integral part of this research method with the staff and student groups encouraged to talk to one another. This enables complex dimensions to be revealed that are not accessed by more traditional methods and can identify cultural values and group norms as a result of the shared and common knowledge (Davis, Rhodes and Baker 1998), for

example on Personal Tutoring. A focus group can be used to probe the underlying assumptions that gave rise to a particular opinion associated with Personal Tutoring. According to Robinson (1999) focus groups also challenge what the participants think but also why and how they think it. Millar et al (1996) used them to evaluate both nurses' and users' levels of satisfaction with health services; the groups met on three separate occasions with the express purpose of allowing each group to challenge ideas from three other groups, in order to gain consensus for a project. It was possibly the support of other members of the focus group that reinforced their consensus. Therefore, it is viewed as an advantage to the use of focus groups as the data is expressed in the participants' own words and is not constrained by questionnaire categories (Tuffrey-Wijne et al 2007).

The staff and student focus groups produced masses of interaction between participants; verbal discussions were videotaped to allow this researcher to concentrate on facilitating the groups. Steps were also taken that ensured that appropriate control was used over the group, thus utilising effective communication and interpersonal skills and encouraging participants to share their views, for example, but avoid the dominance of one individual over another. According to Frankel (1987), owing to the way in which a discussion is organised when using NGT, such 'ambient factors' are avoided and equity is achieved.

Ideally, this research should have been conducted in a physical setting that is conducive to assimilating a comfortable environment. Sloan (1997) suggested that research should be executed away from any threatening factors. She gave the example of managing interviews on staff job satisfaction in a room next door to the Director of Nursing; this scenario is fraught with conflicting issues. Unfortunately, research on the focus groups could not be conducted away from the university where the student participants attended their classes and lecturers taught them. The large classroom environment did not affect any of the discussions as it was private with pleasant surroundings.

3.6 Nominal Group Technique

According to Macphail (2001) NGT can be an interview technique where participants work in the presence of each other and write down ideas independently rather than verbalising them. The NGT method is designed to receive input from all group members such as the students and staff within this study, and not from a few vocal members (Lloyd, Fowell and Bligh 1999). The first utilisation of this technique was reported by Delbecq, Van de Ven and Gustafson in 1975 as an outgrowth of psychosocial studies of group process. Since then this method has been employed

as an evaluation tool in medicine, health care, information systems, management, behavioural research and nursing to prioritise and identify areas for improvement or development, for example discussing teaching practice to identify areas requiring improvement and change for Personal Tutoring within nurse education. Delbecq and Van de Ven (1971) describe NGT as a structured meeting that seeks to provide an orderly procedure for obtaining qualitative information from target groups who are most closely associated with a problem area. Research studies that have applied NGT as a qualitative approach have been driven by the opinions and needs of the participants and not by the perceptions of a researcher. These include Miller et al (2000) who explored self-care issues amongst patients with diabetes through NGT. However, most literature like this is concerned with reporting findings generated by NGT rather than the methodology of NGT, with the exception of Trickey et al (1998), Davis, Rhodes and Baker (1998) and Fleck, Cumming and Connolly (2001), who produced clinical guidelines for primary health care and nurse education based on the NGT processes.

A number of preliminary actions had to be taken before the NGT meetings for staff and student took place. This included identifying the information required from the group, selecting and preparing the meeting area, providing the necessary equipment and presenting the opening statement and introduction. The questions presented in the NGT meeting needed to be clearly understood by the participants, (Delbecq, Van de Ven and Gustafson 1975: 19) with the importance of the NGT meeting being transparent.

> *NGT is like a microscope. Properly focused by a good question, NGT can provide a great deal of conceptual detail about the matter of concern to you. Improperly focused by a poor or misleading question, it tells you a great deal about something in which you are not interested.*

There are a number of critical discussions within the literature on the adaptation of NGT to other evaluation approaches. Denscombe (1995) proposed that the balance of representation needs to be equal amongst the NGT group, as all of the participants have the opportunity to put forward their own statements and have the choice to allocate votes to their own and other statements. In fact Basch (1987), Webb and Kevern (2001) and McLafferty (2004) all illustrate how a dominant individual in a group can have an inhibiting effect upon responses when other group interview approaches are used, whereas in the NGT a voting phase (stage four) occurs which avoids any exclusion. Furthermore, NGT also has a focused effect where the group's participants pursue a single idea for a long period of time. These meetings approached a topic like Personal Tutoring from different perspectives, and

it produced creative solutions whilst involving the participants in dialogue and proposing solutions.

It is important for this research to include the student perspective on Personal Tutoring within the nursing and midwifery programme, and any new curriculum recommendations need to meet their expectations of the role. Brooker and Macdonald (1999) argue that students are rarely represented in curriculum reform projects, even though these reforms can directly affect them. Therefore, both Arrowsmith and Jamieson (1995) and Cooper (1995) note a lack of student involvement in programme development. Giroux (1994) and Fullan (2001) suggest the experience of students as significantly voiceless in educational discourse. As students were a central focus of this research on Personal Tutoring their involvement was crucial and the utilisation of NGT facilitated this involvement. Macphail (2001) suggests group techniques like NGT are a popular method for working with students; a key consideration is the generation of data through the interactions with group members. Along with NGT, action research developed a model of emancipatory educative interaction that gave a voice to the voiceless students as active agents in their own learning. In doing so, this transformed negative experiences of exclusion and powerlessness through educative processes that are participative and democratic. The administration of NGT was less arduous than anticipated, as the data were accurately recorded though the ranking and voting process. I did not have to recall the flow of conversation or interpretation of group dynamics (op. cit.). Finally, because of the rigid format of the implementation of NGT through a series of predetermined steps, there was less likelihood that the implementation of the procedure would differ from one group to another.

Six focus groups were used for this research, three involving lecturing staff and three involving student nurses from different branches, and each group had between seven to 14 participants **(see Chapter Four for breakdown).** Nyamathi and Shuler (1990) stated that four focus groups are sufficient, but that consideration of response saturation should be made after the third; therefore, this study used three for each of the participant groups. Although Stewart and Shamdasani (1990) suggested that there can be no absolute rules on the ideal number of focus groups, they proposed that one focus group may well be enough. According to Allen, Dyas and Jones (2002) the ideal size of a NGT is between nine and 12 participants, as this allows for a broad range of opinion but within a group size that is manageable. However, other authors recommended that groups should consist of six to 10 people (Howard, Hubelbank and Moore 1989), or four to eight (Kitzinger cited in Mays and Pope 1996), or four to five (Twinn 1998). Nevertheless,

Merton, Fiske and Kendall (1990: 137) stated that a focus group should not be so large.

> *… as to be unwieldy or to preclude adequate participation by most members nor should it be so small that it fails to provide substantially greater coverage than that of an interview with one individual.*

In fact, the research on the utilisation of larger groups is limited; Lomax and McLeman (1984), for example, used NGT for 122 students but suggested that enlarging the groups to this size might influence and invalidate the results. Thus numbers of participants may vary from four to 20. This study duplicated focus groups and applied the NGT data, rather than having large groups.

Gallagher et al (1993) suggested that the participants of an interacting group value and enjoy the friendliness and agreement that can occur between group members. This was particularly relevant for the student focus groups using NGT, as they formed a cohesive group as they all were student nurses. However, Van de Ven's (1974) early work described how participants can also feel dissatisfied and frustrated that they have not completed a task. This was evident from staff who were anxious to find out how their contributions were going to be implemented into practice even before any groups had been conducted. It may be assumed by some participants that their own historical approach to Personal Tutoring was the correct and only way which should be adopted by others!

This research study combined focus groups along with NGT, as the latter can avoid the problems associated with dominant personalities monopolising group discussions (Gaskin and Hall 2002, Perry and Linsley 2006). There could still have been pressure on the participants in the focus groups to conform along with others and inhibit their own thoughts, despite the facilitator's encouragement to only view their own opinions. This was overcome by combining focus groups with a NGT technique which allowed the ranking of responses of all participants. Moore (1987) postulated how agreement or disagreement on the topics could be quickly identified using NGT; this also facilitated prompt feedback and other further exploratory discussion.

I acted as the facilitator to the group discussion, the control and recording of the focus groups is generally managed by the facilitator (Gallagher et al 1993). Basch (1987: 415) described the role of the facilitator as being

> *… to create a non-threatening supportive climate that encourages all participants to share views; facilitating interaction among members; interjecting probing comments, transitional questions and summaries*

without interfering too brusquely with the dialogue; covering important topics and questions while relying on judgements to abandon aspects of the outline, noting non-verbal responses.

In this study the facilitator collected ideas rather than contributing towards the discussion on Personal Tutoring (Lloyd, Fowell and Bligh 2000). Ideally, the facilitator should be aided by assistants to scribe key points and rank them in order (Chapple and Murphy 1996). Due to the constraints of available staff to support these focus groups, the focus groups were audio taped (with permission of the participants). Therefore, this left the facilitator available to scribe and rank the discussions. The utilisation of a NGT with focus groups was applied through the following stages.

3.6.1 Stage One: The Silent Generation of Ideas

In this stage the staff and students were encouraged to individually brainstorm all ideas that occurred to them from each of the focus group questions that were introduced and read to them by the facilitator (**see Appendix Five for focus group questions**)**.** These were noted down by each participant and they were not shared by other members of the group, including the researcher. Carney, McIntosh and Worth (1996) suggested a strict schedule; this stage was allocated only ten minutes due to time restrictions on the whole session. Furthermore, Lloyd, Fowell and Bligh (1999) stated that they would terminate the 'silent' section even when the participants continued to write down their answers. Lloyd, Fowell and Bligh (1999) also recommend that the results are written concisely and the participant opinions are phrased in a sentence for clearer recollection, which was also encouraged by this facilitator.

3.6.2 Stage Two: Round Robin

This second stage involved the dissemination of the stage-one ideas between the participants of the group. In turn, the participants read out their brainstorming and these responses were recorded on flip-chart paper by the facilitator. If participants repeated themes, they were not written down again, but were noted and recorded using a tally score on the same flip-chart paper. There was no time restriction on this stage, but participants were encouraged along when they became overly descriptive and chatty. This process of promulgation ensured that all members of the focus group had an equal chance to participate, and it also allowed the depersonalisation of responses. Thomas (1983) highlighted the fact that ideas accumulated from a NGT should be viewed as a product of the group, rather than

being owned by the proposer. As a result a large list of ideas and suggestions were generated at this stage.

3.6.3 Stage Three: Clarification of Ideas

This is the most important stage of the NGT, as it established the validity of the findings. This was achieved by inviting all of the members to offer verbal explanations or further ideas on their own or others' responses about Personal Tutoring. The participants had the questions repeated to refocus the group on the topic; again the facilitator interrupted those who went off at a tangent and safeguarded any display of judgmental or critical comments.

3.6.4 Stage Four: Voting and Ranking of Ideas/Themes

To reduce the groups' list from stage three to a manageable proportion the individuals prioritised the recorded ideas that were listed in the 'round robin'; this activity involved two steps. Initially, they wrote down five ideas on five separate pieces of paper from the scribed list; these were what each person considered to be the most important to them in response to the related questions posed about Personal Tutoring. They were asked to prioritise these ideas from **1** to **5**, with **1** being the most important and **5** being the least. Each person submitted his or her top three ideas to the facilitator. These were listed on another piece of flip chart for the participants in the focus group to observe.

At the end of the above process the ranked items were thematically grouped to aid analysis; for example, 'support and supportive' were categorised together. This approach was adopted in this study as a pragmatic response to handling a large volume of data; such amalgamation has been executed in other studies using NGT (Carney, McIntosh and Worth 1996, Fuller, Gaskin and Scott 2003, Grant, Berlin and Freeman 2003).

The top three ranked responses for each question were included as key basis to the follow-up interviews and the first initial drafting of the Personal Tutor guidelines to be implemented within the school. The whole process was concluded by this facilitator with a brief discussion of the results and what it yielded and how and when this would be utilised.

3.7 Development of Semi-Structured Interviews

Following on from the staff and student focus groups, ten follow-up semi-structured interviews were conducted. Ten participants were selected from the original student and staff focus groups; these represented nursing branch specialities (adult, paediatric, mental health and learning disabilities). According to Merkle Sorrell and Redmond (1995) a review of nursing studies revealed an increased use of interviews as a method of data collection. There are several types of interviews and interviewing skills (Burns and Grove 2005, McCracken 1988); this study utilised a semi-structured approach. In its application the interview stem directed the participant to complete the statement and to provide additional information about the subject area, for example Personal Tutoring from a personal experience or view point. According to Leininger (2000) this type of interview is important and is a dominant approach in ethnonursing and ethnographic research because it lets the participants' ideas and perceptions be revealed rather than those of the interviewer. Essentially, Leininger (2000: 54) refers to this as 'getting inside their heads'; by listening to the words of these participants it gained an understanding of the way the academic staff and students viewed and experienced Personal Tutoring. It was recognised that the thoughts and feelings of these participants are not always based on facts or are objective, but merely their own accounts of how they have experienced, interpreted and construed the Personal Tutoring system at the time of the interview. The interviews did not truly present the participants' perceptions, even with advanced data analysis software. Riessman (1993) suggested that no researcher can have direct access to the interviewees' experiences and that there is never congruence between participants' perspectives and their representations by a researcher.

The predetermined topics of the interviews were Personal Tutoring, but participants can develop a framework within the boundaries of the research area. They were not bound by a strict interview schedule with fixed or predetermined responses; the interview allowed all of the participants to tell their stories in their own frames of reference rather than meeting subjective expectations. For example, as an academic member of staff and a Personal Tutor, I could have a predetermined stance on tutoring and other more structured interviewing techniques could have spoiled the responses. For example, structured interviews tend to produce straightforward 'factual' responses that can be analysed more statistically. These types of interviews are highly reliable, as each subject answers the same preset questions, asked in the same manner by the interviewer (Gilbert 2006). However, Gilbert (2006) also highlighted the fact that such rigidity limits the subjects' responses and many people often wish to expand on their given answer. Whereas a

semi-structured interview is a compromise between these two opposites of the interview technique continuum, it enabled participants of this study to verbally expand on their replies and combined both open and closed questions. This is why Gomm (2004: 174) describes this tool as a 'loosely structured interview', whereas Rubin and Rubin (1995) referred to it as a guided conversation and Burgess (1984) termed it a conversation with a purpose. Benton and Cormack (cited in Cormack 2000) suggests that this methodology is most useful for investigating the meaning of a particular issue, rather than proving or disproving a hypothesis. Again, this corresponded with the aim of the study which is establishing and implementing a School Personal Tutoring strategy; therefore, a semi-structured or loosely structured interview methodology was adopted.

Whatever the type of interview it is important for the researcher to relax the participants and listen attentively rather than simply documenting the answers to questions, as this could be obtrusive and disruptive. In this research the interviews were audio taped and this was included in the interview schedule. Despite many ethnographers viewing this as interfering with the interaction with the participant and researcher, the schedule actually structured rather than inhibited any interaction (**see Appendix Six**)**.**

Collecting information through direct, face-to-face contact with the student or lecturer via semi-structured interviews had its advantages. This interview process allowed for clarification on areas of ambiguity and uncertainty. Furthermore, where a participant became vague his or her answers, I probed in a non-directive manner in order to gain clarity (Benton and Cormack cited Cormack 2000). Moreover, Graesser and Black (1985) encouraged the interviewers to identify a clear response from the participant. Cormack (1996: 229) illustrated this process with an example involving a three-stage approach:

1) First, ask the respondent the questions.
2) Invite the respondent to either add further information or clarify the initial response.
3) Finally, reflect back on the core of the response, seeking confirmation that their understanding is correct.

Example
Interviewer: How do you feel about working with people with AIDS?
Nurse: I'm not sure. I guess I feel a bit wary. There is so little we know.
Interviewer: Can you tell me a bit more about that? What are you wary about?

Nurse: Well, the virus ... I mean they say we're not at risk providing we take the right precautions. But I've read about people catching the virus, without having full contact.
Interviewer: So you feel as if you're at risk, in some way?
Nurse: That's right; I think we focus upon the patient's welfare too much
(op. cit.: 229).

This method of clarification was adopted within the semi-structured interviews and was clearly identified within the staff and student interview schedule (**see Appendix Six**) and within the exemplar of a lecturer's transcript (**see Appendix Seven**). The interviews were used as an exploratory tool within the action research process, meaning that the careful application of the participant's responses was vital, as the cyclical nature has an impact on each stage.

3.8 Ethical Considerations

Research ethics refer to rules of morally good conduct for a research study, and are considered to be a communal discipline upheld by the communities of researchers who, according to Gomm (2004), police each other's conduct. This study committed to an ethical approach which was certified by a robust ethical approval system through the university ethics committee. Further evaluation strategies for this were also presented at this committee and accepted. Although there is not a binding contract of employment, breaching the institutions local ethics committee can result in approval being withdrawn and the progression of the research being halted (Eby cited in Gomm and Davies 2000). This study is also regulated by the NMC (2008a), as the researchers' professional regulatory statutory body and also by the Data Protection Act (HMSO 1998).

Wagstaff and Gould (1998) suggest that health care professionals have a duty to undertake research; this includes clinicians, managers and educators. With the multitude of research being conducted it is important to ensure that all ethical considerations are taken into account. Research participants such as colleagues and student nurses may be in danger of being seen as a means to an end and as objects to be used for mere research purposes (Dimond cited in De Raeve 1996). The purpose of research can be either therapeutic or non-therapeutic (Wagstaff and Gould 1998). As the topic of this current research study is the development, implementation and evaluation of a Personal Tutor support system, the improvements can enhance the educational provision for the future. Therefore, the students who participated in the research would not immediately benefit from any alteration or enhancement that was prompted by the research. It is argued that, by

researching and determining an improved Personal Tutorial provision, the research has a non-therapeutic purpose. If the students knew they could have directly benefited, there is a possibility of providing self-motivated responses.

The research entailed a duty to gain informed consent from all participants in the study. Ideally, consent is part of the contracting process recorded within a formal document as a consent form, and advocated by Hart and Bond (1995) (**see Appendix Three and Appendix Four**)**.** Beauchamp and Childress (1989) suggested that informed consent can be broken down into five elements that are necessary to prepare all participants: disclosure, understanding, competence, voluntariness and consent (op. cit.). These issues are considered in more detail later on in this chapter, with regard to the current research study.

Although no pressure was placed on the participants, it has been noted in the nursing literature that there is evidence of nurse/patient relationships that can be equated to the lecturer/student relationship (Beauchamp and Childress 1989). Thus there is a possibility that students who chose to participate would feel obliged to consent because they believed that as a lecturer I could positively or negatively influence their assessment grades, which obviously did not occur. Ashcroft and Foreman-Peck (1994) highlighted the fact that some educationalists delude themselves into thinking that students would not comply with their wishes, as it could be perceived that their tutor has a certain amount of obvious power and authority over the student. Again, this can be mirrored with the interaction between myself as the researcher and other academic members of staff, as declining to participate in the focus groups could have been perceived as attempting to hide their own poor tutoring practices.

A clear distinction was made between participation and non-participation to all of those involved in this research. For example, Pretzlik (1994) described participant observation as a scenario where a researcher takes an active role in the phenomenon being observed; in this study this would have involved the researcher observing the everyday activities of the group being studied in an attempt to understand the phenomenon by observing from within. This would have only involved the inclusion of my Personal Tutor group for the focus groups and subsequent follow-up interviews, thereby reflecting data on one person's Personal Tutor abilities and skills. This would have made it difficult to reinforce the validity of these findings and it would have limited ability for dissemination of generalised practice. Therefore, none of my personal students were used in the data collection. According to Turnock and Gibson (2001) this was being a 'quasi-insider', having insight into the institution as a Senior Lecturer but not sharing the experience of

having a Personal Tutor group for staff participants to compare their own practices with.

Alternatively, non-participant observation would involve non-contribution towards the everyday activities of the selected participants and trying to minimise the influence of their actions. Turnock and Gibson (2001: 474) referred to this as 'blending into the background', although this can sometimes be difficult. Gerrish (1995), through non-participant observation, researched staff undertaking continued professional development and, despite trying to minimise her influence, was still approached by staff to enquire about academic referencing techniques as she was known to them as a lecturer. Through the process of this research I became closely affiliated with the concept of Personal Tutoring, both staff and students began to expect that I could solve any of their problems related to tutoring. Particular questions and issues were not ignored, so as to avoid alienating staff and students, but to ensure independent research, directed towards other sources of support.

As this research involved staff and students the benefits to and burdens on the participants who consented to be involved had to be considered. It could be argued that for student nurses, who have to work shifts as part of their programme of study and many of whom also had families, participating in this study was adding to their personal burden. Similarly, nursing academics are also stretched between clinical, research and teaching responsibilities. Therefore, Silverman (cited in Goldworth, Silverman and Stevenson 1995) suggested that the already 'stressed' nurses often are over selected for such research proposals. On the other hand, this research study gained information from the focus groups and interviews that would improve the Personal Tutor provision. If there were no research in this area there would only be limited improvement and progress in developing Personal Tutoring.

Researchers are required to take all reasonable precautions to prevent any production of misleading results from their data collection. Amongst purists in quantitative research there are mechanisms to prevent advertently or inadvertently biasing research data; this could be through blinding experiments and surveys and inter-rater reliability tests. Often researchers using qualitative methods regarded these disciplinary measures as interfering with their capacity to glean the truth from the data. According to Gomm (2004) the over regulation of qualitative research distorts whatever it is that the researcher is trying to study; there is an acknowledged agreement between researchers from both paradigms that losing data which goes against their main anticipated conclusions is unacceptable (Back and Solomos 1993). For example, if the focus groups had not illustrated a

fragmented approach to Personal Tutoring this would have not provided the impetus to improve the system through further research.

3.9 Sampling Strategy

The purpose of sampling is to produce an accurate estimate of the frequency of distributions in the actual research population. In all research it is important to distinguish between the target population, study population and the sampling frame used. These are described below in relation to this research study.

The target population is the total population that forms the focus of the study, therefore all pre-registration nursing students and the associated Personal Tutors in HE (Hanson 2006). The study population is a subset of the target population from which the sample is taken. Clearly it would not have been practical to recruit all of the pre-registration students and staff in HE, instead this study population included only the pre-registration nursing students and academic staff in this University. The students and staff were recruited who fitted the inclusion criteria for this study derived from a sampling frame. A sampling frame is therefore a comprehensive list of all people (pre-registration nursing students and academic staff) which comprise the study population, from which a sample will be taken.

Quantitative research studies generally reply on large selected samples, Patton (1990:169) identifies *'the logic and power or probability sampling depends on selecting a truly random and statistically representative population that will permit confident generalisation from the sample to a larger population'.* Random sampling provides a sample of people along a continuum of varying quality on the topic of interest. In contrast, sampling in qualitative research, like this study, is not concerned with producing findings that can be statistically generalised to the whole population (Rice and Ezzy 1999). According to Sandelowski (1999) qualitative research sampling is concerned with the quality of obtained data rather than the quantity, instead of the aforementioned *'logical and power'* of probability sampling (Patton 1990:169). In this study, the sample required in depth study and therefore a smaller sample using non-probability.

The most likely situation where non-probability sampling is needed is when there is either no sampling frame or the population is so widely dispersed that cluster sampling would be too inefficient. Non-probability techniques are cheaper than probability sampling, and are often used in exploratory studies (Proctor and Allan cited in Gerrish and Lacey 2006), as in this study. There is a variety non-probability purposive sampling techniques (sometimes referred to as theoretical) (Barbour

2001), these are convenience (Cochran 2007), snowball (Lofland and Lofland 1995), self selection (Patton 1990) and finally quota sampling (Denscombe 2007). True representation can occur through a variety of mechanisms; quota sampling was applied for the selection of staff and student participants in the preliminary focus groups. Quota sampling operates on very similar principles to stratified sampling; it establishes particular 'strata' which are considered vital for the inclusion of the sample, in this study the strata was the branch of nursing. It involved formulating quota lists that specified the respondents who needed to be recruited in order to build a sample which was a small-scale model of the population under study: in this case the staff and students in the School of Nursing and Midwifery from children's, mental health, learning disabilities and adult branches of nursing. For example the quota sampling required the sample focus group to have 11% (n=4 students) of the children's branch students because they made up 11% of the whole School of Nursing and Midwifery pre-registration student population. Subsequently the focus group population included 25% (n=9 students) from the mental health branch, 54% (n=19 students) from the adult branch. However, to represent students from the branch of learning disabilities in each focus group, it was necessary to over represent them as they only reflected 3% of the whole student population, but to have a student in each of the three focus groups (n=3 students) this increased their representation to 8% of the focus group sample. This information about the student's branch of nursing came from the university enrolment statistics to establish the parameters of the student population for this study (**see Appendix Eight Table One to Eight** for raw data).

Furthermore, the staff focus group sample represented the branches of nursing of the academic staff in the school. This included 13% (n=4 staff) from the children's branch, 16% (n=5 staff) from the mental health branch, 63% (n= 20 staff) from the adult branch and finally 10% (n= 3) from Learning Disabilities. The staff's branch speciality is freely available for consultation and view from the university web page for the School of Nursing and Midwifery (accessible on http://www.dmu.ac.uk/faculties/hls/staff/nm/index.jsp); also both staff and students were asked to complete a consent form for the focus groups and interviews (**see Appendix Three and Appendix Four**)**.** It is notable that the quota samples for the staff representation of the focus groups do not match the student quota samples, therefore staff : student ratios were not equal.

This study applied multi-stage sampling, as the name suggests, it involves selecting samples from samples, each sample being drawn from within the previously selected sample (Denscombe 2007). In principle, multi-stage sampling can go through any number of levels, each level involving a sample drawn from the

previous level. For example, the quota samples for the staff and student focus groups were the sample population for the follow up semi-structured interviews.

The sample selection for the follow up semi-structured interviews utilised a far more crude methodology of convenience sampling. According to Wallen and Fraenkel (2001) convenience sampling is a group of individuals who are (conveniently) available to study. All participants who attended the focus groups were asked, on registration and signing in, whether they would be willing to participate in a follow-up interview. The names of the staff and students who verbally consented to participate were placed in a box, and five names of students and five names of staff were pulled out by the student representative of the University Learner Council. All branches of nursing were represented by either staff or students in the follow-up interviews. Therefore, as the proposed Personal Tutor guidelines were for all branches of the pre-registration nursing programmes, no differentiation of content was included. All staff and students who were identified all voluntarily attended an interview; one staff member did cancel due to personal reasons but soon rescheduled for the following week.

Further multistage sampling was applied when selecting staff and student representatives for the case study evaluation interviews, following the implementation of the guidelines. The sample frame was reduced as it consisted of the participants from the semi structured interviews (5 staff and 5 students). A case study design allows for flexibility in its use and application; for example, the case study sample and design can be planned from the outset or alternatively a single case study can lead to multiple cases (Yin 2003b). The latter approach was applied in this study, as the researcher, I did not decide to use a single staff and student case study for evaluation purposes until after the launch and implementation of the guidelines and apparent good practice had emerged, hence the application of appreciative inquiry. This is typical case sampling, when a researcher selects one or more 'typical' cases (Hanson 2006). This method required considerable insider knowledge to enable the identification of such cases, indeed 'the cases can make a point quite dramatically, or are, for some reason, particular important in the scheme of things' (Patton 1990:174). A lecturer and student representative was selected by this researcher who was considered to be 'information-rich' (Rice and Ezzy 1999:43) and also willing to contribute to a final interview. This is an example of intensity sampling (op. cit), this technique does not select unusual or deviant cases, instead, it chooses those who will provide resonant information about the phenomena under interest.

However, to provide a more macro-evaluation of the Personal Tutor guidelines, the entire final year nursing students (n=88) and their Personal Tutors (n=9) were offered an opportunity to evaluate their experiences a year after the implementation of the guidelines and associated strategy. The students completed an end of programme evaluation (**see Appendix 18**), again these students were selected using convenience sampling, convenient because the students were finishing their programme and had experienced no structured Personal Tutor approach and then an approach underpinned by the Personal Tutor guidelines (**see Appendix 15**). The Personal Tutors to these students was invited to another focus group, again they ranked their responses using NGT (**see Appendix 21**). Morse cited in Munhall (2007: 537) identified this technique as 'sampling for verification', the verification can be a deductive process but it seeks opportunities to confirm emerging relationships from the data. Thus, sampling verification occurs when links are made between categories (staff and students) and the data collection continues to reaffirm emerging themes, again this continues to be supported by the action research spiral (Kemmis and McTaggart 1988, **see Appendix Two**), and the original conceptual framework (Henderson, Heel and Winch 2006) used to illustrate the partnership approach to this study.

3.10 Analysis Strategy

The results of the three staff **(A, B, C)** and 3 student **(One, Two and Three)** focus groups utilised the NGT which then identified the question areas for the follow up interviews (**see Appendix Five** for staff and student focus group questions; **see Appendix Six** for interview schedule). There were four main data analysis options available for the focus groups; transcript based analysis, taped based analysis, note based analysis and finally memory based analysis (Bryman and Burgess 1994). Transcript based analysis is considered to be the most rigorous but also the most time consuming (Lynch 1993), whereas according to Hansen (2006) taped based analysis would involve listening to the recording of the focus groups to produce a shorter abridged transcript of the focus groups. Krueger (1998) illustrated how a transcript based analysis for three focus groups (six in total were conducted for this research) might take up to 48 hours for actual transcription and an additional 48 hours for analysis process, whereas a taped based approach would involve around 24 hours including analysis time. The note based option would rely primarily on a researcher's field notes with any recording would simply verifying direct quotes. Obviously if a more detailed analysis is later required the audio tapes would be still available. Krueger (1998) again pointed out that for three focus groups this would take a researcher a total of 12 hours using this method. Finally, memory based analysis relies primarily on a researcher's own recall of events as opposed to audio

or video tape. It is used frequently in market research where the primary investigator is observing the group from behind a one-way mirror. Memory based analysis is very rapid and almost instantaneous. Out of all of these options, note based analysis was utilised, as common themes from the staff and student focus groups were further explored at the follow-up semi-structured interviews. As this study was conducted by a single researcher, the time factor was an important consideration, as no administrative or staff support was available with the execution of the focus groups.

All of the focus groups for staff and students occurred in the same room in the university campus; the Estates Department arranged the room to be set up with no tables (apart from the catering department to set up for the lunch and drinks) and the chairs to be in an equal circle with the correct amount of chairs, so there was no opportunities for anyone to sit on their own, thereby encouraging integration and interaction. A video camera was utilised instead of an audiotape to note the body language of the participants; unfortunately neither assistant nor moderator was available and, therefore I facilitated the focus group. There was a continuing concern that a video camera would be obtrusive and change the group dynamics and influence participant spontaneity. Both staff and students had been familiar with the use of video cameras at the university, as it was common practice to record student presentations as part of the curriculum. The room also had a prepared set of flip charts which logged all of the responses using NGT.

All of the focus groups occurred over a three-month period and were timetabled over a lunchtime period, with lunch provided for all of the participants. Participants were asked to arrive for lunch and registration 30 minutes prior to the commencement of the focus group. Perry (1994) suggested that all focus group facilitators should watch for any unusual respondent behaviour when the participants register or sign in, for example a hostile individual or someone who has difficulty in communicating, hearing or listening. None of the participants appeared to demonstrate any unusual behaviour; some of the student participants did mention that the lunch was ‘very nice’.

The introduction of the focus group is critical. This facilitator needed to create a thoughtful and permissive atmosphere, providing the ground rules which set the tone and context of the discussion. It was important to achieve and maintain a fine balance between excessive formality and rigidity that can stifle the possibility of a flowing dynamic interaction amongst the participants and too much informality and humour that may result in the participants viewing the focus group as a joke and

not contributing in a serious manner. This study followed Krueger's (1998: 21–22) recommended pattern for introducing the group discussion:

1. Welcome to the participants
2. Overview of the topic and the rationale for the focus
3. Clarification of the guidelines and accepted ground rules
4. Opening ice-breaking question.

Below, in italics, is the script for the facilitator to introduce the staff and student to the focus groups; therefore, this ensured no deviation when introducing the six focus groups. Krueger (1998) recommends that the introduction had to be short with clear directions, no shorter than 90 seconds or longer than five minutes. A short introduction would have undoubtedly missed key points and anything longer than five minutes would have lost the attention of the participants and given the audience the impression that a researcher wanted to talk to them rather than listen to their responses. Therefore, this introduction for both staff and student focus groups was informal and aimed to relax the audience and encourage involvement.

Good morning, and welcome to this focus group session. Thank you for taking the time to join this discussion on Personal Tutoring. My name is Abigail Moriarty, and I represent the School of Nursing and Midwifery. I want to hear how staff and students feel about Personal Tutoring. I have invited people who represent different branches of nursing to share their thoughts and experiences. I am particularly interested in your own experiences over the time in this nursing programme, and I would like to tap into those experiences.

Today I will be discussing your opinions about Personal Tutoring. I basically want to know what you want and don't want in a Personal Tutor, and what might be done to improve your experiences. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that I am interested in negative as well as positive comments; both are equally as helpful to future developments.

Before we begin, let me suggest some things that will make our discussion more productive. Please speak up — only one person should talk at a time. I am video recording the session because I don't want to miss any of your comments and I will be noting some things down on my pad. I also will be listing down the groups top three responses to the five questions I will ask. We are on a first-name basis **[participants wearing name labels collected on registration]** *but in later*

reports there will be no names attached to any comments. Please be assured of complete confidentiality.

My role here is to ask questions and listen. I will not be participating or contributing in the conversation, but I want you to feel free to talk with one another. I'll be asking several questions, and I'll be moving from one question to the next. There is a tendency in these discussions for some people to talk a lot and some people not to say much. But it is important for me to hear from each of you because you all will have different experiences. So if one of you is sharing a lot, I may ask you to let others talk. Also if you aren't contributing a lot, I may ask for your views. You all have name badges on to help us remember each other's names. Let's begin. Let's find out some more about each other by going around the room. Tell us what branch of nursing you are studying and where you are presently on placement. I'll start, my name is Abi and I am not on placement but my clinical work areas are gynaecology [or for the staff focus groups] *my name is Abi and I am a Senior Lecturer and an Adult Registered Nurse.*

The purpose of this first question was to 'break the ice'. Krueger (1998) suggests that these ice breakers encourage the participants to talk and it becomes easier to speak again when the focus groups' questions are posed. In addition, this first question clearly demonstrates the common characteristics of the participants and the fact that they have some basis for sharing information, therefore, as a student nurse having a Personal Tutor or as an academic member of staff being a Personal Tutor.

The study of the focus groups was completed over a three-month period. Each group took between 1 hour 14 minutes and 1 hour 36 minutes to progress through the five questions and rank responses using the NGT. The top responses were then the basis of the 10 follow-up semi–structured interviews questions (**see Appendix Six**).

The interviews produced a wealth of data, but this had to be interpreted fairly to provide a meaningful way forward. Holloway and Fulbrook (2001:546) acknowledge the problem of interview interpretation as lacking a theoretical framework, therefore resulting in a 'mere description', rather than providing a conceptual analysis and Gomm (2004) did identify several mechanisms by which interviews can be analysed. Adopting a broad ethnomethodological approach enabled a thorough investigation into the meaning and experiences of Personal Tutoring for staff and students with the interview transcripts being the evidence of the strengths and weaknesses of different perceptions.

CAQDAS (Computer Assisted Qualitative Data Analysis Software) has been developed for widespread use amongst researchers, along with the rise of the personal computer (Webb 1999). Many software packages are available for nurse researchers but, according to Weitzman and Milnes (1994), they have varying degrees of capability and usefulness. A common application used within the UK is the Ethnograph and Non-Numerical Unstructured Data Indexing, Searching and Theorising (NUD.IST) and more recently NVivo 7 (NVivo 8 was published at the time of writing but not available for the purposes of this research). According to Gibbs (2002) NVivo 7 is not an upgrade of NUD.IST but a rewrite that offers different facilities to NUD.IST, and was available for licence within this university.
Nissen, Klein and Hirschheim (1990) and Cash and Lawrence (1989) illustrated how a qualitative paradigm is needed to capture the holistic real-world answers to real-world problems, like Personal Tutor development, in a way that is not possible by using only a pure quantitative approach. This has been further enhanced by the development of computer based tools (Lee and Fielding 1991), as the analysis of qualitative studies can become prohibitively time consuming by using only manual methods. This research study used both approaches to complement one another. Before the analysis of the raw qualitative data, the staff and student interview transcripts were word processed and saved in the appropriate format so it can be directly imported into the software package (**see Appendix Seven** as an example of an interview transcript of **L2**).

In total there were ten completed interviews, five student interviews (labelled **S1** to **S5** for confidentiality) and five staff interviews (labelled **L1** to **L5** for confidentiality), all which were transcribed from the audio tape. With qualitative research the analysis commences not with the transcribed interview but the beginning of the interaction of the interview. All research demands researchers to be reflexive (Freshwater and Rolfe 2001), this meant that the significance, relevance and meaning of what research subjects say and do were critically questioned from the beginning of this study, and this can be completed in a manual manner and was completed when transcribing the interviews from the staff and students. Although manual and NVivo 7 coding were used, the actual coding process intellectually started to occur during the process of data transcription. The formation of a research journal also assisted the development of the template analysis (Ashmore and Reed 2000). Ideas about emerging categories can be documented within journals; Bernstein (1976) acknowledged these initial categories as 'first-order constructs', which are the foundation of an analysis framework for data analysis. A journal was, therefore, used to develop a practical 'history' of the study that identified who was interviewed and when, and also any points of pertinent interest followed by the manual interview transcription itself. Secondly, it

developed an intellectual biography of the study; it showed how particular ideas about what research subjects said and did emerged through the progression of the study and how these ideas influenced its development. An example of this is from Durham (1999) who conducted a grounded theory study of women's preterm home labours. This study focused on how women managed this experience; 25 in-depth interviews were conducted with women being treated at home for preterm labour, and the interviews lasted from between one to four hours and were audio taped. All of these interviews took place in the women's homes, which provided an opportunity to observe the women in their natural environment. Durham (1999) simultaneously manually collected, coded and analysed the data from the interviews. The codes were collapsed into categories and memos linked the categories together. These continually developed themes were then confirmed and verified (or not) by the women in subsequent interviews.

Crabtree and Miller (1992) declared that there are many examples of manual qualitative analysis strategies. These styles can be placed along a continuum from one extreme of a systematic standardisation to the other extreme of interpretative and intuitive styles, for example, quasi-statistical, editing analysis and continuum is the crystallisation analysis style (op. cit).

Half way along this continuum is the template analysis style, where a researcher develops an analysis template to which the narrative data is applied. This manual approach was used in this study along with a limited application of NVivo 7 (**see Chapter Four, sections 4.5** and **4.6,** and **Chapter Five, section 5.1** and **Appendix 11** and **12** for example of manual template analysis). The template in this study started very simply (King, Thomas and Bell 2003), but it developed as the researcher added more data from the staff and student interview transcripts. In template analysis it is common to identify some themes in advance – usually referred to as 'a priori' (Crabtree and Miller cited in Crabtree and Miller 1999) themes. Usually this is because a research project has started with the assumption that certain aspects of the phenomena under investigation should be focused on. Quasi-statistical analysis and template analysis can be formulated in the same manner but the latter results are **not** analysed numerically but interpretatively (Pope, Ziebland and Mays 2000), hence why it is more likely to be adopted by a study underpinned by ethnography (REF). The a priori themes identified in the initial template analysis were extrapolated from the literature review (**see Chapter Two** and Phillips 1994, Birchenall 1994, Richardson 1998, Gidman 2001, Rhodes and Jinks 2005 and Por and Barriball 2008). These priori were the academic, pastoral / counselling and clinical roles of the Personal Tutor. These were then further developed through the template analysis to the formulation of the eight

themes of the Personal Tutor guidelines (**see Appendix 15**)**.** This was done by applying the template to each transcript in turn (**L1-L5** and then **S1-S5**), coding all relevant segments, and then modifying it when material relevant to this research question was not adequately covered by the template. When significant changes were made to the template, coding of the previous transcripts were amended accordingly. It was also necessary to delete themes from the template because the material it covered was better included under a different theme.

NVivo 7 was used in a limited manner in this study; predominately the manual template analysis was used to code the interview transcripts. NVivo 7 had only limited ability to print the content with pertinent codes; it required users to select 'book' layout with codes appearing on a separate page or on half of the page. The small size of the coding stripes and the large area for code displays including all codes existing in that document made it difficult to review the code; this technical limitation of NVivo 7 was also noted by Sorensen (2008). For this study the NVivo 7 software was only available at the university, and the printing limitations were, therefore, more problematic; for that reason a manual approach became the predominant analysis tool.

However coding is conducted, it is always the process of identifying and recording areas from the text that exemplifies a theoretical idea and is an essential procedure for any qualitative research. According to Strauss (1987: 27),

> *… any researcher that wishes to become proficient at doing qualitative research must learn to code well. The excellence of the research rests in large part on the excellence of the coding.*

NVivo 7 application identifies and correlates similar themes together in a 'node'. Some other authors working with qualitative data use other terminology like index or category, but NVivo 7 uses nodes. QSR (2007) described a node as a collection of references from the data about a specific theme. Nodes can be collated differently, either a structural role as a tree node or simply a collection of text produced by a search, therefore a free node. Dey's (1993) principles of good practice were considered in creating nodes for this research which are illustrated in **Table Three.**

1.	Become thoroughly familiar with the data
2.	Always be sensitive to the context of the data
3.	Be flexible - extend, modify and discard nodes
4.	Consider connections and avoid needless overlaps
5.	Record the criteria on which coding decisions are to be made
6.	Consider alternative ways of categorizing and interpreting the data

Table Three: Dey's (1993) Principles of Good Practice in Creating Nodes

For example, once data were gathered together under descriptive codes, thematic ideas emerged from this process with the data connected together through memos; it is possible to begin coding again, with only thematic codes being applied. The purpose of this stage of analysis is to ensure that the theoretical ideas which have emerged in the first round of coding can be systematically evidenced in the data. This was reaffirmed with the manual template analysis thus addressing the validity of the research findings (King, Thomas and Bell 2003).

The template analysis of the transcripts identified and reported patterns (themes) within data (**see Appendix 11** and **12**); in fact, Hansen (2006) acknowledges themes as recurring patterns in the data. Using template analysis in this study illustrated adaptability as one of its advantages and it can be applied across a range of theoretical and epistemological approaches. According to Braun and Clarke (2006) the theoretical freedom of template analysis provided a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of the data. Researchers conducting template analysis often consciously move between analysing and collecting new data and analysing and reflecting on data they have already collected. This approach was particularly useful when analysing the interviews (**L1** to **L5** and **S1** to **S5**) as the data were building upon the focus groups that had already been studied. Leininger (1987:60) suggested that themes are identified by 'bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone'.

In this research project it was possible to see codes (and the development of themes) quite easily on paper without actually needing to electronically code. This was possible because of the small sample size. NVivo 7 node coding report was also used, where all the pieces of text coded at one node (which is the location of coded text) was drawn together in any one category, which contributed towards the formulations of the key themes.

NVivo 7 also permitted other textual documents to be imported into the programme for this study, which included demographic information and focus group results as well as interview transcripts. Not all of this was included in the analysis but it was useful to have it available and to refer back to when actually reviewing the transcripts. NVivo 7 can auto code structured data like transcripts and questionnaires; this is a quick way to find themes in the data. The data needs to have headers and subheaders; headers identified the interviewee (**L1** to **L5** and **S1** to **S5**), and other information such as date and time, whereas the subheaders (interview questions) divide the main text into sections. Once the data is entered into the programme it automatically assigned nodes to the text so that when codes are entered it is immediately possible to identify the exact location in the text, for example personal problems, or academic or practice data. However, auto coding was not used for these interview transcripts because, according to Gibbs (2002), the construction of nodes and a node structure is an analytical process.

It is possible to formulate nodes without reference to the data; these preconceived ideas can be based on themes identified from a literature review. Alternatively, there could be benefits in approaching data with an open mind and no preconceptions. Strauss and Corbin (1997) advocated that a researcher simply read the text and tease out themes and ideas; therefore, nodes are structured from close reading and immersion of the text. Both approaches to coding the interview transcripts (**S1** to **S5** and **L1** and **L5)** were applied. The extraction of text from the interview transcripts and the comparison with other like passages in other transcripts can be done manually and also through NVivo7; again both were used in this study (**see Appendix 11** and **12**).

When using template analysis, text is often presented away from its original document; for example, **L2** interview transcript (**see Appendix Seven**) identifies, 'Well, helping with their assignments and sorting out problems,' as the response to being asked '**What do you understand to be the role of a Personal Tutor?**' for this study. According to Gibbs (2002) this is decontextualising the text, but the node browser in NVivo 7 allows the selected text to be displayed and highlighted within the area of the original document. As illustrated below, using NVivo 7, 'helping' is searched for and is consequently highlighted in all of the other interview transcripts but it also displays the surrounding text within the narrative, thus recontextualising as follows:

'Well, ***helping*** with their assignments and sorting out problems. I have had students with **so many** [strong emphasis] issues. I had one student who was a one-parent family that had got on the programme with an NVQ and had a variety of financial and relationship issues. She didn't think that any of these issues were a problem when starting but suddenly she is on my doorstep expecting me to solve them for her. No acknowledgement of personal responsibility' **(Interview Transcript from L2).**

The preliminary list of node categories for this research was checked by a colleague within the university, who was not a participant in the research but very experienced in research using qualitative methodology. The process involved both individuals separately coding the transcripts. I predominately used NVivo 7 (with some manual paper based coding); the other colleague exclusively used a paper based cut-and-paste method. Following this process the results of the exercise were compared and the salient nodes (and associated definitions) were decided. These agreed nodes were the basis of the coding process and this is called intercoder reliability and this study utilised this to avoid coder bias or drift (Neuendorf 2002). As suggested by Lonkila (cited in Kelle 1995), qualitative research should not be only about coding data to identify the meaning, but it should be focused upon the hermeneutic interpretation of the findings. I was also used to review and pilot the focus group, interview and case-study questions; therefore, I had ongoing information about this research project.

The temptation when using NVivo 7 is to overextend the coding process when analysing the data because it is so easy to do so; this could potentially compromise any real benefit in understanding the data. Furthermore, Buston (1997) warned against a 'coding fetishism'; this can result in the oversimplification and breaking down of complex transcriptions into meaningless nodes. For example, NVivo 7 allows the identified nodes to be further broken down into a hierarchy of smaller nodes called tree nodes. According to Weitzman and Milnes (cited in Kelle 1995) this is a 'top-down' approach, whereas the true philosophy of qualitative and an ethnomethodological approach is a clear 'bottom-up' strategy**.**

NVivo 7 has the ability to 'theorise'; this means the package searches for co-occurrences of themes within nodes, identifying themes which occur closely together, as well as those which are 'nested' within similar segments of data, for example the same interview question but answered by different members of staff

and/or students. It can detect possible associations of themes, including those indiscrete associations that cannot be easily identified by manual methods of cut and paste. The basic analysis was also assisted by attaching notes or 'memos' to specific nodes, or by producing separate memos to identify and record theoretical ideas and analytical progress; for example, it was possible to search for commonalities such as the problems and strengths associated with the Personal Tutoring.

Another criticism of the utilisation of NVivo 7 is the possible separation of a researcher from the qualitative data. Webb (1999: 325) refers to this as 'alienation from the data.' However, the original designers of NUD.IST (Richards and Richards 1991) disputed this and highlighted how any CAQDAS does not isolate the researcher but illustrates a fundamental difference from qualitative content analysis as the researcher does not identify occurrences of words without having a theoretical framework to underpin them. Moreover, Prein and Kelle (cited in Kelle 1995) suggested codes themselves are 'theory laden'; thus coding is not simply a mechanical process of labelling but it forms a part of the analysis and involves theoretical perspectives and interpretation. Even when utilising NVivo 7 in this study, there was a constant referral between the complete text and the coding, thereby not fragmenting or decontextualising the raw data and leading towards misinterpretation. Furthermore, Cotterell and Maclaren (1997) indicated that this is particularly necessary to avoid errors in temporal sequencing that could influence interpretation of causal relationships.

3.11 Staff and Student Evaluation of the Personal Tutor Guidelines

The final objective of this research study (**see 1.2.4**) was to critically evaluate the impact of the Personal Tutor guidelines, following their implementation, in educational practice and then its wider dissemination. To determine, therefore, the effectiveness of this approach, a structured student evaluation was formulated which considered their satisfaction with the process and their perceptions of the value of the initiative. A variety of evaluation methodologies are available (Chambers 1999), the most prevalent of which is the completion of a standardised rating form by the students at the end of the session, module or programme. This was utilised at the end of the students' programme for the evaluation, as the students had experienced the Personal Tutor guidelines for a full academic year (**see Key Area Eight Appendix 15**).

A simple evaluation form was used (**see Appendix 18**); this was adapted from the work of Litzelman et al (1998) who produced an instrument for evaluating clinical

and academic teaching and support. The most important aim of this evaluation was to improve the future effectiveness of Personal Tutoring for the student nurses.

The purpose of the evaluation process was made explicit to the students at the beginning of their final class of the programme; confidentiality and anonymity were assured with no names being included on the form. It was anticipated that the results from this evaluation would impact on subsequent cohorts of students and have no direct benefit for them for completing the evaluation form. Therefore, it was important for the students to perceive that their views were taken seriously and would be acted upon wherever possible.

The introductory questions used a Likert scale (Cronbach 1990, Friborg, Martinussen and Rosenvinge 2006) to evaluate the student's opinion of the access, support and overall personal expectations of Personal Tutoring. The students were then encouraged to provide comments on the strengths and limitations of their Personal Tutor experiences, thereby clearly illustrating emerging positive and negative themes for future development or wider dissemination. These students had first-hand experience of the new Personal Tutoring initiative; this experience enabled them to reflect on its benefits and limitations. They were requested to give an overall grade (out of ten) for their experience, with zero being poor and ten being excellent (**see Appendix 19**). They were also asked for their views on the strengths and weaknesses of their Personal Tutoring experience (**see Appendix 20**).

In addition to this student evaluation of Personal Tutoring, it was also important to complete the staff evaluation of tutoring following the implementations of the guidelines. Staff who were the Personal Tutors for the students who completed the end of programme evaluation (**see Appendix 21**), also participated in an evaluation; another focus group was facilitated to allow staff the opportunity to feed back their experiences of being a Personal Tutor. This contributed to the identification of strengths as well as areas that need to be developed in relation to the Personal Tutor approach; **ten** out of **19** of the Personal Tutors invited attended a focus group meeting. The focus group questions were amended from those of the original staff focus groups to reflect the structure of the guidelines and the role and responsibilities of the Personal Tutor (**see Appendix 15**)**.** The following questions were the basis of the staff focus group, and NGT was used again to rank and list the staff responses where several responses were provided for the same question.

1. What have your personal students generally come to see you about?
2. Have you had regular one-to-one tutorials with your personal students?
3. Have you referred your personal students to any other people/centres for support?
4. Do you understand the content of the portfolio and are you aware of the launch of the portfolio and its content?

These questions were also distributed to staff who were not able to attend and they were encouraged to feed back any comments. Despite this invitation none of the absent staff provided any additional comments (**see Appendix 21** for the staff focus group responses for the evaluation of the Personal Tutor guidelines).

The final stage, 'reflect' of the action research spiral (Kemmis and McTaggart 1988, **see Appendix Two**) underpinned this evaluation. Following the launch and implementation of the guidelines into the school, as indicated, students completed a simple questionnaire **(see Appendix 18)** and staff participated in a focus group to evaluate their experience of tutoring using this framework. This provided an insightful overview (**see Appendix 19, 20** and **21**) but the importance of taking a holistic and individualised approach was acknowledged and was lacking in this approach, and a case study methodology appeared to address this concern. Therefore, a single staff and student case study was completed alongside the student questionnaire and staff focus group; the questionnaires and focus groups gave a macro review of the initiative whereas case studies were well suited in retaining and exploring deeper holistic and meaningful characteristics of the research (Yin 2003a). The 'Planning-Evaluation Cycle' by Trochim and Donnelly (2007) (**see Figure Three**) illustrated a more sequential approach to action research evaluation compared to that of Kemmis and McTaggart (1988, **see Appendix Two**) and especially the evaluation process. Trochim and Donnelly's (2007) evaluation phase involved a ***series*** of stages, instead of a single step, which typically included different evaluation tools.

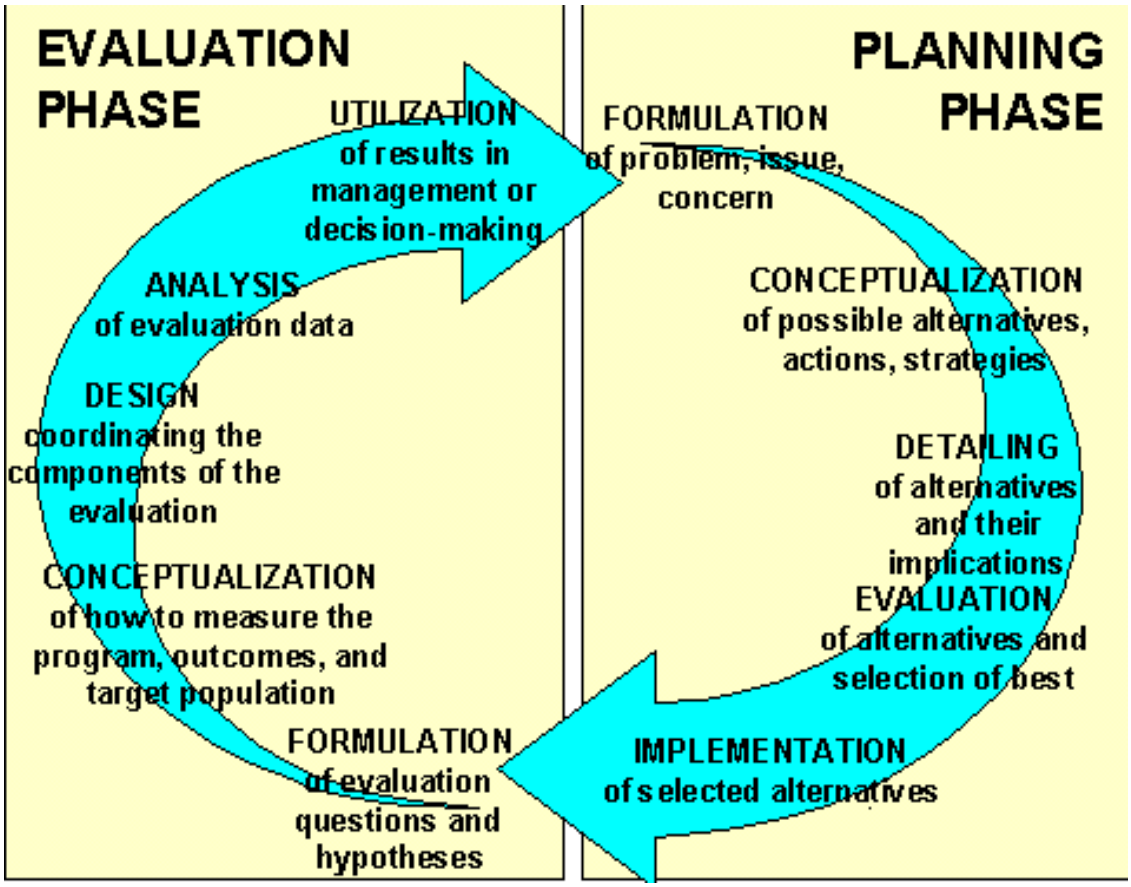

Figure Three: The Planning-Evaluation Cycle by Trochim and Donnelly (2007)

3.12 Case Study Methodology to Evaluate the Personal Tutor Guidelines

Case study methodology offers a valuable means of exploring a phenomenon in its context and assumes that the context is of significance to understanding the phenomenon; therefore, this staff and student case study approach allowed understanding of the phenomena (Personal Tutoring) within the contemporary and real-life situation (School of Nursing and Midwifery) from a staff and student perspective. Yin (2003a) argued that the case study is a separate research strategy distinct from other empirical research designs, for example an experiment, a life history or participant observation.

Case studies can involve a detailed examination of a single case within a situation as with this research, and use multiple sources of information (Robson 1993, Wellington 1996). Yin (1993) stated that the need to use a case study arises wherever an empirical inquiry must examine a contemporary phenomenon in its real-life context, especially when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used. A case study according to Woods and Catazaro (1988: 553) is

> *… an intensive, systematic investigation of a single individual, group, community or some other unit, typically conducted under naturalistic conditions in which the investigator examines in-depth data related to background, current status, environments and interactions.*

A case study design has been demonstrated in nursing practice and education by Walshe et al (2004) and Luck, Jackson and Usher (2006). Yin (2003b) highlights the different types of case designs. Initially there are two types, 'single' and 'multiple'; only one student and lecturer were selected for this research and, therefore, these were single case studies. These can be sub-divided further into the following:

1. A unique case - this could involve exploration of a situation so rare a single case is worthy of investigation
2. A typical case - a common experience or pattern from the participants
3. A revelatory case - explores phenomenon previously inaccessible by the researcher, for example Goffman's (1961) study of mental institutions
4. A longitudinal case - the same case viewed at different points in time.

This study selected Yin's (2003b) single critical case testing or, according to Stake (cited in Denzin and Lincoln 2000), the instrumental approach; these were the most appropriate as it involved exploring the established premise of the guidelines (**see Appendix 15**). According to Munhall and Boyd (1995) this type of design is appropriate as this research was interested in exploring the same phenomenon (Personal Tutoring) with a dissimilar group (with a student and staff member). However, Norrie (2004) describes a number of issues concerning the use of case studies that should be considered. Yin (2003b) does acknowledge that these issues can be seldom resolved, although he put forward a vigorous strategy to defend the use of case studies, for example using multiple sources of information and, therefore, establishing a transparent chain of evidence. As previously illustrated the development of the guidelines in this study used focus groups and NGT, followed by semi-structured interviews and a simple application of NVivo 7 and template analysis for thematic identification. The use of multiple sources of evidence helped to achieve what Webb et al (1965) termed 'triangulation', because in case studies there are no external criteria against which to check an observation; multiple internal measures can provide a form of validation (Patton 1987, Yin 2003b). Ayer et al (1997) utilised case studies in their clinical supervision study; they used participants from their sample to review and validate the material in the case studies. This procedure was a way of minimising bias and inaccuracies and it ensured that the facts had not been misconstrued. However, there was no

opportunity to validate the case study of the lecturer **L2** and the student participant **S3.**

On the other hand, reliability can be a slightly more complex issue to determine; a reliable case study literally means that a repeat of the case study would produce the same findings and interpretation (Polit, Beck and Hungler 2001). This represents a perpetual problem for each case study is unique; for example, **L2** only represents a single academic member of staff and **S3** represents a single student. Their attitudes and opinions of Personal Tutoring may not illustrate all other students or academic staff of the school or university, although the framework of the Personal Tutor guidelines (**see Appendix 15**) does allow for some control of this. Payne et al (2007) also acknowledges this as a limitation of case studies and their generalisability is largely restricted to similar organisations. Although case studies cannot be replicated, I followed Yin's (2003b) suggestion of involving observable guidelines which should and could be independently scrutinised. Koch (1994) suggested an audit trail where each step should be derived from the previous one and an auditor should be able to follow the research process and findings of the study. However, the purpose of conducting this approach was to examine the uniqueness of the cases and to illustrate the usefulness of the Personal Tutor guidelines to staff and students after their implementation; they were not to be considered representative of the wider population (Denscombe 2003). Sampling in case studies is somewhat different than the other research approaches mentioned in this chapter. A case study design allows for flexibility in its use and application; for example, the case study sample and design can be planned from the outset or alternatively a single case study can lead to multiple cases. The latter approach was applied in this study and as the researcher I did not decide to use a single staff and student case study for evaluation purposes until after the launch and implementation of the guidelines and apparent good practice had emerged; this was known as an appreciative inquiry.

3.13 Appreciative Inquiry

Appreciative inquiry is an approach to organisational evaluation and learning which begins with identifying and examining known examples of good practice and successful working, and further explores ways of improving and embedding these (Cooperrider Whitney and Stavros 2007), for example through case studies and appreciative interviews. Appreciative inquiry has emerged in recent years as an approach that supports and facilitates educational and organisational change during a transitional period or any disruptive innovation, such as the implementation of Personal Tutoring.

It takes the ideology of social construction of reality to its positive extreme, especially as a source of generative theory (Gergen cited in Srivastva and Cooperrider 1990) and, according to Bushe and Pitman (1991), is the most important advance in action research in the past decade. Appreciative inquiry is a 'strengths based' approach, which begins from an exploration and appreciation of the ways in which **L2a** and **S3a** have positively experienced the Personal Tutor guidelines and their general experience since its launch. According to Reed et al (2008) appreciative inquiry is a useful approach when addressing issues that can easily become focused in outlining the difficulties and negatives rather than strategies adopted to respond to them. During completing this study it was observed that staff and students appeared to grumble about any new initiatives, including Personal Tutoring, which perpetuated further resistance to change and development.

The critics of appreciative inquiry suggest that a researcher can be accused of wearing 'rose-coloured glasses' (Carter 2006: 52); if the positive things are looked for hard enough it does inevitably mean that they are likely to be found. Although similar criticism can be applied to problem based approaches, it is equally certain that if you look for problems you will find them. The major difference here was that positive opinions of Personal Tutoring could be used more proactively than any negative considerations. The most significant difference between appreciative inquiry and other approaches to research is the focus on what is good, strong, already working and being achieved. Postma (1998: 55) explained the potential good that can come out of using this approach:

> *There is much to be gained, learned, affirmed, and celebrated when we draw upon moments of organizational experience within which members felt personal satisfaction, high levels of commitment, and excitement because of their role in the organization's work. When we do stop and reflect upon good things that have already happened in our organization, we may very well uncover some powerful ingredients that can move us forward, in our planning, our doing, and even our defining of where we wish to go.*

Therefore, the follow-up case study evaluations applied Whitney and Schau's (1998) 4-D appreciative inquiry framework (**see Figure Four**) to identify any positive experiences and good practice from **L2a** and **S3a.**

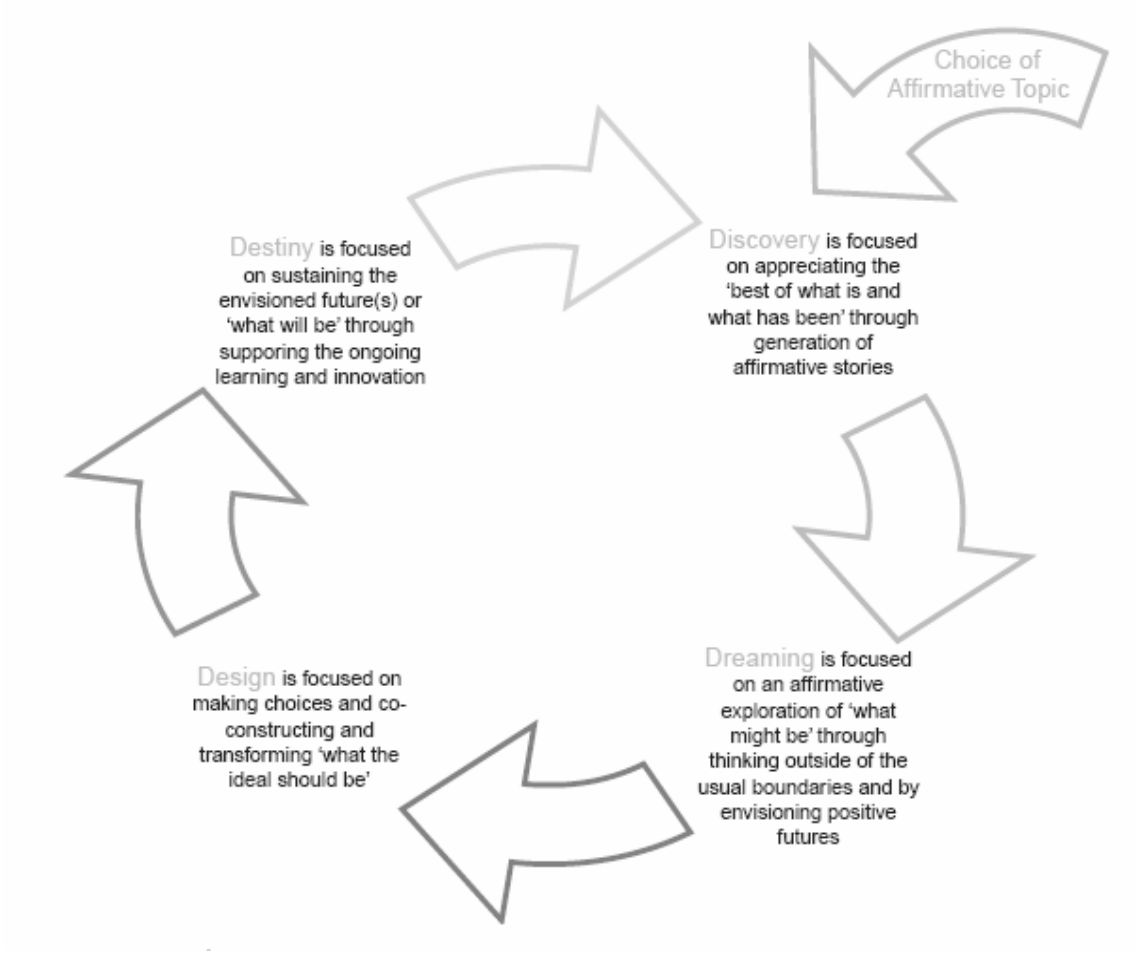

Figure Four: 4-D Appreciative Inquiry Framework (Whitney and Schau 1998)

The 4-D cycle consists of four phases (Whitney and Schau 1998) which were applied to the case studies of **L2a** and **S3a**:

1. **Discovery** - *the best of what is or has been following the implementation of the Personal Tutor guidelines*
2. **Dreaming** - *what might be the potential development of the Personal Tutor strategy within the school and university*
3. **Designing** - *what should be*
4. **Destiny** - *what will be*

Discovery Phase - within this phase the unstructured interview questions were used in an appreciative interview (Truschel 2007) to trigger story telling about positive experiences of Personal Tutoring following the implementation of the guidelines (Pesut 2001). A prescriptive interview schedule was not included as it was felt to curtail the recording of opinions and experiences of tutoring from staff **(L2a)** and students **(S3a)**; the interviews were simply audio-taped which documented the participants' responses without stripping them of the context. The same simple questions were posed to the participants.

Questions for **L2a**:

1. As a Personal Tutor tell me about a time when you had a good experience of being a tutor since the implementation of the Personal Tutoring guidelines
2. As a tutor what made Personal Tutoring so exciting, meaningful and satisfying?
3. As a Personal Tutor describe your positive skills and/or attitudes you have demonstrated as a tutor

Questions for **S3a**:

1. As a student tell me about a time when you had a good experience of Personal Tutoring since the implementation of the Personal Tutoring guidelines
2. As a student what made Personal Tutoring so exciting, meaningful and satisfying for you?
3. As a student, describe the positive skills and/or attitudes you have seen from your Personal Tutor.

Dream Phase - this stage elicited the potential strategic development of Personal Tutoring. Cooperrider and Whitney (cited in Holman and Devane 1999: 247) state that this phase is the one where 'the interview stories and insights get put to constructive use'. The dreaming element of appreciative inquiry allows the dissemination of affirmative experiences of tutoring to a wider audience, for example other areas of the faculty and university. Provocative propositions that realistically sum up 'what could be' were created. Participants, like **L2a** and **S3a**, could perpetuate further dissemination of good practice to a wider audience, even if their comments appear ordinary to them, as the influence lies in the fact that they have been constructed by the participants based on their own individual experiences of tutoring (Hammond 1998).

After the **L2a** and **S3a** appreciative interviews they were transcribed and were printed out for analysis. The process of transcription, while it may be seen as time-consuming, frustrating and, at times, boring, can be an excellent way to start familiarising yourself with the data (Riessman 1993). This process of transcription allows for the opportunity to reflect and become immersed in the content of the interviews. This was again followed by a manual template analysis of the transcripts (**see below**)**.** Using this approach again was particularly useful when analysing the case studies (**L2a and S3a**) as the data was building upon previous interviews and the basis of the formulation of the guidelines. The eight areas of the Personal Tutor guidelines (**see Appendix 15**) were the initial codes that were applied (along with

colours for differentiation) to the transcribed interview data;

Area 1 – General Aspects of the Role of the Personal Tutor

Area 2 – Academic Progress

Area 3 – University Regulations

Area 4 – Monitoring Attendance, Illness and Absence

Area 5 – Module Choices and Career Planning

Area 6 – Professional Requirements

Area 7 – Progress in Practice

Area 8 – Portfolios and Personal Development Planning

These codes identified features related to the guidelines that were both semantic and latent, the codes developed insight into the interpretative analysis of the key areas of the guidelines. Boyatzis (1998: 63) suggests

> *The most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon.*

Using appreciative inquiry made the positive aspects clearly outlined but also areas of the guidelines to be developed were illustrated (**see Figure Five** for examples of template analysis of the case studies).

Design Phase - this involved creating an 'ideal' Personal Tutor initiative; this 'ideal' was based on grounded examples that emerged from the success of tutoring recorded by **L2a** and **S3a** and these were coded in a different colour (for example, **ideal**). It is precisely because it was reported by existing staff and students in the school that the 'ideal' is not completely unrealistic or unachievable.

> *Despite the Guidelines, the amount of time allocated to the Personal Tutor role and the realistic time needed just don't match. I have had students that I literally spend hours with. I know, I know I can refer to other agencies in the University. But sometimes it is a familiar face that they want.* **(L2a)**

> *I would really appreciate having more than one session a Semester meeting with my tutor, I suppose I could go and see them outside the table tabled Personal Tutor session, but one compulsory session doesn't appear much.* **(S3a)**

Figure Five: Examples of Template Analysis of the Case Studies

Destiny Phase - this final stage of the 4-D framework (Whitney and Schau 1998) required the positive experiences of tutoring to be more widely disseminated and

embedded. Therefore, any practices identified in the discovery stage by **L2a** and **S3a** would be considered the normal expectations for Personal Tutoring across the school and faculty. According to Cooperrider and Whitney (cited in Holman and Devane 1999: 248) the destiny phase is focused on creating networks that facilitate new ways of working and 'let go of accounts of the negative'.

Case studies and appreciative inquiry did not act as a filter in preventing **L2a** and **S3a** reporting negative experiences of Personal Tutoring, but the application of this methodology along with case studies provided an excellent opportunity to disseminate and build upon a new initiative.

3.14 Time Span of the Research

The time needed for data collection and analysis was far in excess of what had been anticipated. The original plan was for the focus group meetings and the follow-up interviews to take a maximum of one to two months; on reflection, a longer time allocation was necessary to take into account the availability of staff and student participants' availability away from class commitments. The focus groups were planned alongside the staff's and students' timetables in a semester. This allowed for the information sheets and consent forms to be sent to all participants and returned. The completion of the focus groups permitted the commencement of the follow-up interviews of five students and five staff members.

All of the staff and students attended the appointments for the follow-up interviews in their own time and at a mutually convenient time. It was anticipated that the interviews would take between approximately 35 to 50 minutes (and were to be recorded on audio tape); the scheduling of these interviews contributed to the longer time commitment than was originally anticipated. Wagstaff and Gould (1998) note that it is apparent that those involved in undertaking research need the time to do it well, and this equally applies to research participants. Therefore, the data collection from the focus groups and semi-structured interviews for the implementation of the guidelines took six months.

The evaluation following the implementation of the guidelines was also lengthy; the student questionnaire was easily distributed to students at the end of their programme. However, the staff focus group took a longer length of time to arrange and facilitate, as did the staff and student single case study **(L2a and S3a).** Therefore, the evaluation of the guidelines was concluded a year after their launch and took three months to complete.

3.15 Summary

This chapter has described the ethos and practice of qualitative research. Contrary to popular belief, qualitative research is not 'easier' than quantitative research as it requires planning and care in its execution, and calls on a wide range of skills. This study was designed to investigate existing and future provision of Personal Tutoring. The deficit of previous research meant that there was limited guidance when constructing an adequate theoretical framework, but the exploration and interpretation of student and staff experiences of tutoring were central elements contributing to a body of knowledge.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.1 Biographical Data from the Focus Groups and Follow-up Semi-Structured Interviews

The student and staff participants involved in this research are visually represented in terms of age, gender, ethnicity and nursing branch (**see Appendix Eight, Table One to Table Eight**) below is a verbal summation of the results**..** This information was derived from the university's equal opportunity statistics formulated from students' enrolment details and the Faculty Strategic Plan (**see Appendix 16**), and also available on the university intranet. This information presented is available to all of the university students and staff and does not breach confidentiality as names and addresses are omitted.

4.2 Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in Focus Group One - (see Appendix Eight Table One)

Focus Group One comprises ten students. 80% are male and 20% female, with 60% being white, and 20% equally black and Asian. Participants come from a range of nursing branches, comprising Adult (most participants are based here), Mental Health, Child and Learning Disabilities. The age range is from 20 to 42 with an even spread.

4.3 Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in Focus Group Two - (see Appendix Eight Table Two)

Focus Group Two comprises 11 students. 27% are male and 73% female, with an ethnic breakdown of 82% white and 18% Asian and black. The age range is 20 to 41 with a fairly even spread, and participants come from a range of nursing branches with a bias towards Adult.

4.4 Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in Focus Group Three - (see Appendix Eight Table Three)

Focus Group Three comprises 11 students, with 36% male and 64% female. 72% are white, 27% black and there is, furthermore, one Chinese and one Asian student. The age range is 19 to 57 with a fairly even spread, and 36% of participants are based in Mental Health.

4.5 Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff Participants in Focus Group A - (see Appendix Eight Table Four)

Focus Group A comprises 11 staff members. The age range is significantly higher than in student groups, being 38 to 53. Ethnic breakdown is similar to student groups, with 73% being white, 18% Asian and 9% (one staff member) black. Gender breakdown is significantly different from student groups, with an increased ratio of male to female: 54% of participants are male. Participants come from different areas of nursing but, like the student groups, there is a bias towards the Adult branch.

4.6 Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff Focus Group B - (see Appendix Eight Table Five)

Focus Group B comprises 11 staff members. Again, the age range is significantly higher than student groups, being 40 to 49. Gender breakdown is the same as Focus Group A, with 54% male participants. 82% participants are white and 18% Asian and, again, most staff are based in the Adult branch.

4.7 Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff Participants in Focus Group C - (see Appendix Eight Table Six)

Focus Group C comprises seven participants. The age range starts slightly lower than the previous two staff focus groups, being 35 to 53, but, again, ethnic composition is similar, with 86% white and 14% Asian (one staff member). 57% are based in the Adult branch (four staff members) with the rest spread evenly (three staff members respectively) between Mental Health, Child and Learning Disabilities.

4.8 Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in Semi-structured Follow-up Interviews - (see Appendix Eight Table Seven)

There are five students in the sample. The age range is 19 to 42 to allow for an investigation of the age variable in attitudes and experiences of Personal Tutoring. Four students are white and one Asian, with two from the Adult branch and one each from Child, Mental Health and Learning Disabilities to allow for an investigation of the branch variable. 80% are female and 20% male.

4.9 Variables of Age, Gender, Ethnicity and Branch of Nursing of the Staff Participants in Semi-structured Follow-up Interviews - (see Appendix Eight Table Eight)

There are five members of staff in the sample. The age range is 44 to 53. 80% are white (trailing the student sample) and 20% black, whilst the male to female ratio (60:40) gives a fairly accurate representation of the ratio present in the larger staff samples. Again, there is a good spread of branches, with two from Adult and one each from Child, Mental Health and Learning Disabilities, which parallels the student sample for semi-structured follow-up interviews.

4.10 Focus Group Responses from Students which Explored their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery

The focus groups answered five questions pertaining to Personal Tutoring, and three main answers were agreed upon and ranked by the group. Following the execution of the student focus group's responses to the same questions as below the results were ranked using NGT (**see Appendix Nine** for a simple visual representative of student results from groups **One, Two** and **Three**) overleaf is a summation of the results to the five questions.

1. What do you understand to be the role of a Personal Tutor?
2. Do you need to have regular meetings with your Personal Tutors?
3. What do you generally go to see your Personal Tutors about?
4. What other support has your tutor referred you towards?
5. In what circumstances do you need to discuss the university regulations with your Personal Tutor?

Question 1: What do you understand to be the role of a Personal Tutor?

The three focus groups ranked respectively 'someone to guide students', 'someone to support student nurses throughout their course' and 'student support' first.

Question 2: Do you need to have regular meetings with your Personal Tutors?

They ranked respectively 'once a semester', 'whenever needed' and 'whenever problems/issues arise' first. The suggestion of 'never' was not in the top three responses of any of the groups.

Question 3: What do you generally go to see your Personal Tutors about?

They ranked respectively 'personal problems', 'exam or assignment worries' and 'personal problems' first, with the groups One and Two respectively ranking 'money' and 'academic' problems second and Group Two ranking 'problems with mentors or placement' second. This shows some divergence between groups as to the reasons for seeing personal tutors, with all groups mentioning 'worries' and 'problems' that straddled personal, academic and training issues.

Question 4: What other support has your tutor referred you towards?

They ranked respectively 'programme leader', 'none' and 'student support' first. For Group One, 'none' was not listed, whereas it came in second for Group Three. 'The library' was mentioned once, being ranked third by Group Two. This shows some divergence of referral by personal tutors, but this may be relevant to the problems discussed.

Question 5: In what circumstances do you need to discuss the university regulations with your Personal Tutor?
The groups ranked uniformly 'academic failure' first. 'Cheating' and 'plagiarism' were ranked second by all groups.

4.11 Focus Group Responses from Academic Staff which Explored their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery

Following the execution of the staff focus group's responses to the same questions as below the results were ranked using NGT (**see Appendix Ten** for a simple visual representative of student results from groups **A, B** and **C**) below and overleaf is a summation of the results to the five questions.

1. What do you understand to be the role of a Personal Tutor?

2. Do you need to have regular meetings with your students as a Personal Tutor?

3. What do you students generally see you about as a Personal Tutors?

4. What other support have you referred students towards?

5. In what circumstances do you need to discuss the university regulations as a Personal Tutor with a student?

Question 1 What do you understand to be the role of a Personal Tutor?

All three focus groups (**A, B** and **C**) perceived that the primary role of the Personal Tutor was to give 'advice' or 'guidance' to students. The three focus groups also ranked issues of personal concern second, mentioning ensuring students are 'fit for practice' or 'meet programme requirements' and 'address the impact of students' personal difficulties'. Where being responsible for professional concerns was mentioned, it was ranked third. This shows that there is a fair amount of agreement amongst staff that the primary role of a Personal Tutor is to offer personal support to students, which reflects staff experience of Personal Tutoring. However, the ambiguity of the concept of 'personal support' leads to a divergence in how this role is construed, with each focus group conceiving of the Personal Tutor–student relationship in different ways. Interestingly, staff make a distinction between offering 'personal' and 'professional' support, showing that they perceive themselves responsible , as Personal Tutors, for issues that go beyond the sphere of professional nursing. Again, as staff also perceived themselves as ensuring students are 'fit for practice'; this explains the ambiguity in being able to make a strong distinction between the personal and professional.

Question 2 Do you need to have regular meetings with your students as a Personal Tutor?

The focus groups gave varied responses to the question of how often they meet students as a Personal Tutor. Focus Group A responded 'once a semester in a group'; Focus Group B responded 'as required by students' and Focus Group C 'once a semester'. However, all three groups mentioned 'as required by student' as one of the three main responses to this question. This shows the conflict in the perceived role of the Personal Tutor. It seems ambiguous to staff whether Personal Tutors should be responding primarily according to a standard procedure (that is. meeting once a semester) or whether they should be responding primarily to student need (that is. meeting upon student request). The responses to this question also show some mild divergence amongst staff about whether to best carry out the role of Personal Tutor through dealing with students on an individual or group level.

Question 3 What do you students generally see you about as a Personal Tutors?

There was some divergence amongst groups surrounding what students generally came to see Personal Tutors regarding, reflecting the different experiences of staff as Personal Tutors. Whilst groups A and C ranked 'personal worries' or 'personal concerns' in the first place with 'academic worries' in the third, Group B ranked 'academic worries' in the first place and 'personal concerns' in the last. This shows primarily that staff make a strong distinction between the personal and academic spheres when dealing with students as Personal Tutors. It also illustrates the fact that it is perceived that students will use a Personal Tutor for a wide variety of issues, most of them couched by staff in the language of 'concern', 'worry' or at one point 'academic failure'. This also reflects the perception that students use Personal Tutors primarily as a 'support' for a wide range of issues.

Question 4 What other support have you referred students towards?

Staff had also directed students to a range of other support services. Both groups A and C ranked 'programme leader' as the primary point of direction to students, reflecting either the nature of students' concerns in the relevant instances, or the fact that the programme leader is a readily available point of contact and internal authority. Focus Group B ranked 'student support' in the first place, reflecting either the nature of students' concerns in the relevant instances, or the fact that student services is perceived as a more readily available point of contact for students than academic staff. Again, this shows a tension as to whether students should be given support by the 'professional' or the 'personal' support networks available. Furthermore, 'counselling service' was mentioned frequently.

Question 5 In what circumstances do you need to discuss the university regulations as a Personal Tutor with a student?

There was most agreement between all groups in response to the question of in what circumstances had staff discussed the university regulations with their personal students. All staff responded that this would happen in response to failure of the 'Evaluation of Professional Code of Conduct' in professional practice or else 'cheating' or 'plagarism' in academic work in the first and second places, whereas 'request to transfer' was ranked third by all groups. This shows that staff have a ready grasp of the university regulations and judge when — and how — to raise this accordingly. The agreement between all groups in this circumstance could be accounted for by the fact that staff are making similar professional judgements as professionals where clear standards and guidelines apply.

4.12 Interview Results from Academic Staff to Further Explore their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery - NVivo 7 / Template Analysis (**see Appendix 11** for a simple visual representative of staff results from **L1, L2, L3, L4** and **L5** and the template analysis). Below is a summation of the results.

The analysis shows that staff briefly explore a range of issues, centring on 'support' and 'advice'. They perceive both these concepts in relation to both personal and academic spheres, and also mention discipline.

4.13 Interview Results from Students to Further Explore their Perceptions and Experiences of the Personal Tutor's role within the School of Nursing and Midwifery - NVivo 7 / Template Analysis (**see Appendix 12** for a simple visual representative of student results from groups **S1, S2, S3, S4** and **S5** and the template analysis)**.** Below is a summation of the results.

The analysis shows that students also explore on 'support' and 'advice' but further introduce the idea of 'guidance' and relate university regulations to failure. This trails the results from focus groups, where 'academic failure' was a prevalent worry amongst all groups.

4.14 Statistical Information from the Student End of Programme Evaluation on Personal Tutoring (**see Appendix 19** for a simple visual representative of results). Below is a summation of the results.

88 out of 123 students completed the Student End of Programme Evaluation on Personal Tutoring, which represents 78% of students. Students ranked Personal Tutoring from 0 to 0, with 8.42 being the mean score. This shows that students generally perceive and experience Personal Tutoring to be of high quality. The highest distribution fell around the top of the 0 to 0 scale, with 21% choosing '8', 19% choosing '9'; and 39% choosing '10'. This reflects a positive experience on the part of students. However, one student chose '1'; three students chose '4'; and five students chose '5', reflecting a more negative experience on the part of students. Of those who did not complete the evaluation, it could be held that they were either ambivalent about Personal Tutoring, that they were happy with Personal Tutoring, or that they were dismissive of Personal Tutoring.

4.15 Qualitative Comments from the Student End of Programme Evaluation on Personal Tutoring (**see Appendix 20** for a simple visual representative of results). Below is a summation of the results.

There are in total 213 comments relating to strengths. The most frequent comment centres on 'supportive', having a frequency of 43. 'Approachable' tallies next with 35, followed by 'good access' with 30. This shows a strong positive response amongst students to their personal tutors, and shows that tutors are meeting student expectations most generally. In terms of weaknesses, there are 45 comments; 'more time' ranks first, with a frequency of 19 — under half of the top frequency comment relating to strengths.

4.16 Staff Focus Group Responses for the Evaluation of the Personal Tutor Guidelines (**see Appendix 21** for a simple visual representative of results).

Staff were asked to answer a total of four questions:

1. What have your personal students generally come to see you about?
2. Have you had regular one-to-one tutorials with your personal students?
3. Have you referred your personal students to any other people/centre etc for support?
4. Have you any specific comments about your current experiences of Personal Tutoring and the student portfolio?

Following the execution of the staff focus groups using the same questions as above; the results were ranked using NGT, in terms of responses and their ranks: Below is a summation of the results.

Question 1 What have your personal students generally come to see you about?

Clarification of information was ranked first, followed by personal issues and then 'they haven't been to see me' was ranked last. This shows some discrepancies with the student data, as clarification of information was not mentioned, and personal issues was perceived more important. Furthermore, none of the students reported never seeing their personal tutors, although they did mention seeing them 'whenever necessary'.

Question 2 Have you had regular one-to-one tutorials with your personal students?

Most staff reported they had one-to-one tutorials with students. This is broadly in agreement with the student perspectives.

Question 3 Have you referred your personal students to any other people/centre etc for support?

Overall, tutors directed students to a small number of specialist advisors. These comprise support services, whereas some tutors did not seem aware of other support services available. This shows some discrepancies with student reports.

Question 4 Have you any specific comments about your current experiences of Personal Tutoring and the student portfolio?

The main issue was clarification of the portfolio, as some students found it confusing.

4.17 Examples of Template Analysis of the Case Studies

Eight areas of the Personal Tutor guidelines were in the template analysis (**see Appendix 22** for an example of the simple visual representative of results). Below is a summation of the results.

Area 1 – General Aspects of the Role of the Personal Tutor

Area 2 – Academic Progress

Area 3 – University Regulations

Area 4 – Monitoring Attendance, Illness and Absence

Area 5 – Module Choices and Career Planning

Area 6 – Professional Requirements

Area 7 – Progress in Practice

Area 8 – Portfolios and Personal Development Planning

The template analysis of the case studies illustrated that their experience (**L2a** and **S3a**) of Personal Tutoring was embraced within the guidelines in an overwhelming positive manner; therefore, they provided direction and structure. The eight key areas appeared to cover the experiences encountered by staff and students and no major deficit was indicated, although time and staff development was mentioned as an area for further consideration. These findings supported the staff and student evaluations of the Personal Tutor guidelines as indicated and illustrated (**see Appendix 21**) but on a far more personal and intimate level. These over-arching comments are on the whole extremely positive and provide details of high quality Personal Tutoring following the implementation of the Personal Tutor guidelines (**see Appendix 15**) and, therefore, go some way in addressing the students' expectations of student support. Case studies and appreciative inquiry did not act as a filter in preventing **L2a** and **S3a** reporting negative experiences of Personal Tutoring. Indeed, both participants reported these but, more importantly, they were told alongside the positive.

CHAPTER FIVE

DISCUSSION OF THE RESULTS

5.1 Rationale for Implementing Personal Tutor Guidelines

The staff and student focus groups and interviews indicated, generally, that this School of Nursing and Midwifery operated an unstructured and loose system of Personal Tutoring. The initial assessment showed that Personal Tutoring was underused by students and misunderstood by staff; therefore, it provided an ineffective support mechanism for these students. The school previously employed an ad hoc system; students were informally aligned to staff with no details about regular meetings, role specification or support. Apparently, some Personal Tutors never saw their students **at all** and students did not automatically go to them for support but sought out their 'favourite' or 'approachable' member of staff. As a consequence some lecturers were consistently targeted for support by students, including students that were not allocated to them as a Personal Tutor. This fragmented practice had been a part of the nursing programme for several years and had not been challenged. HEQC (1996a) clearly acknowledged evidence of concern about the effectiveness and utility of Personal Tutoring systems in HEIs. The political drivers of increasing student numbers, the demands for measurable outcomes for retention and achievement statistics and the importance of the student experience were a catalyst for a more strategic approach to Personal Tutoring.

The initial staff focus groups and interviews (**see appendices Five to Ten**) have illustrated that some staff are committed in principle to Personal Tutoring. Grant (cited in Thomas and Hixenbaugh 2006) suggest tutoring is one of the most rewarding aspects of teaching. However, in these staff focus groups and interviews the role of Personal Tutoring is also seen as increasingly demanding and some see the non-academic nature of Personal Tutoring as unnecessary, or find it difficult and time-consuming to sort out a wide range of students' personal problems. Not all academics are naturally suited to an advisory role or are prepared to undertake it. Therefore, at an institutional level this School of Nursing and Midwifery has a challenge of ensuring consistency of practice and quality of support by the staff. One member of staff dismissing the importance of Personal Tutoring will not only affect his or her personal student's experience, but this often places additional responsibilities on others who embrace the concept. The recent National Framework Agreement (University and College 2003) has been accepted by the teaching trade unions and implemented at this university and the different role descriptors for the academic staff clearly outline that it is a key responsibility of all senior lecturing staff to have Personal Tutoring responsibilities and actually refer to the 'pastoral support' of a group of students (**see Appendix 13 – point 7b**).

There have been significant changes to nurse education policy over the last ten years. This involved the development of the widening participation agenda, which has had a significant impact on the size, diversity and expectations of the student body and, at the same time, increased demands upon academic staff (Dobinson-Harrington 2006). The Government target is that 50% of the population under 30 years of age will have access to HE by 2010; as a consequence there is diversity in the student population with an increased representation of mature, part-time and female students (Dearing 1997). The HEQC (1996a) referred to the impact of this diversity amongst the student population on Personal Tutors. For example, these non-traditional students (common in this School of Nursing and Midwifery) were more likely to withdraw (RCN 2008). This is supported by earlier research by Universities United Kingdom (2002) who found that mature students were more likely to have considered leaving university in the early part of their course.

A decline in per capita funding for undergraduate teaching for the School of Nursing and Midwifery in this university has worsened the staff: student ratio for Personal Tutor allocation. Grant and Woolfson (2001) reported that academic staff knew their personal students were less well supported than in the past and cited increased pressure on time and increasing student numbers as the cause. Getting to know students is even more difficult where modular programmes like this nursing provision allow them to study across a number of different academic divisions and geographical areas of the university.

The HEQC (1994a, 1996a) and Yorke and Thomas (2003) revealed that, generally, the historical and recent practice of Personal Tutoring has been inconsistent, but the importance of the Personal Tutor cannot be overemphasised in relation to the success of the student and the HEI. Wheeler and Birtle (1993) described a Personal Tutoring system as an 'anchor', which is a useful analogy incorporating images of a consistent point of contact between the student and the university. The university's strategic plan (**see Appendix 14 – Point 6.2**) identified the transition into higher education as a considered target. The embedding of students from non-traditional and diverse backgrounds into the university to enable them to become successful in their programme can be addressed by the Personal Tutor, as illustrated by Read, Archer and Leathwood (2003) who find that students from non-traditional backgrounds are often disadvantaged by an alien institutional culture. Nursing is a relatively new provision in higher education and the typical university student is often assumed to be young, with no other responsibilities. However, the current nursing students are drawn from diverse social and educational backgrounds and often enter nursing programmes through routes other than the traditional modes as

illustrated in **Chapter Four 4.1 to 4.9** and **Appendix Eight Tables One - Table Eight,** which illustrates the diversity of this study's student sample.

Tutoring has the advantage of enabling all students to engage with their peers and gain support from them, which is often an underestimated source of support and help (Thomas 2002). According to Quinn et al (2005) Personal Tutoring can fulfil a variety of roles for the student: information about the educational establishment, academic procedures and development, personal development, personal welfare and referral to other services. This, therefore, establishes a relationship with the university and provides a sensing of belonging and hopefully reduces attrition rates. All of these concepts were discussed by staff and students in the focus groups and interviews.

There are risks for any institution when a Personal Tutor strategy is wrong or ineffective. There may be exposure of a poor provision through the published National Student Survey (HEFCE 2006b) and individual problems from disgruntled students, which can lead to damaging and time-consuming complaints and appeals. On occasion, students who are still not satisfied with the outcome of appeals can seek referral to the Office of the Independent Adjudicator (OIA) for Higher Education (OIA 2007). Education has entered a society of consumerism and has to meet the demands and expectations of the customers, which in education is the student and for fee-paying programmes (not nursing) this is often the parents of students.

In an attempt to meet the needs of staff and students and to cater for a complex educational provision, a more formal Personal Tutoring strategy was introduced, including clear information about what a Personal Tutor will provide for the student and what the student will do for the Personal Tutor. The data collection and subsequent analysis of the staff and student focus groups and follow-up interviews were the basis and rationale for *The School of Nursing and Midwifery Personal Tutor Guidelines*. No two Personal Tutors are likely to perform their duties in a similar manner; therefore, the guidelines considered and encouraged the diversity of tutoring practice but reinforced the parameters of a quality provision that should be adhered to and was supported by an evidence based approach, which is reflected in the following discussion.

5.2 A Selected Model for the Personal Tutor Guidelines

Existing models of Personal Tutoring were reviewed when formulating the School of Nursing and Midwifery version, from the structured to unstructured tutoring

system. The approaches to Personal Tutoring, along with the extensive literature review is addressed in **Chapter Two,** this identified how different models, strategies and frameworks can be implemented to benefit educational practice. The challenge remained for this study to develop a more integrated and proactive Personal Tutoring framework, which made the most appropriate use of professional services and academic staff expertise, was educationally effective and provided a quality provision for student nurses.

There is a wide range of Personal Tutor frameworks that could be adopted within education (Owen 2002); many models have evolved to meet the changing needs of the current educational system. Yorke and Thomas (2003) suggested that different approaches to Personal Tutoring can be underpinned by different philosophies, and student and education requirements as well as the widening participation agenda. Thus Earwaker's (1992) integrated model was applied along with Warren's (2002) semi-integrated approach as the foundation of the guidelines. Both models were used as they clearly complemented each other and provided a student centred philosophy to student support. The rationale for this selection was influenced by the necessity for students to be aligned into groups (tutor groups) as a requirement for the present nursing curriculum. This encouraged and facilitated consistent mutual peer support and directed the students to an identified individual for assistance, their Personal Tutor. The professional model (Earwaker 1992) advocated that students access help from a generic internal or external agency such as student services, thus distancing them from any Personal Tutor. It is aimed at supporting students 'in need' rather than following the beliefs of professional, academic and personal development and growth that is central to nurse education. Secondly, the integrated model is not seen as an 'add-on' to the programme, either by the staff or students, as Personal Tutor group sessions are clearly incorporated into the student academic and clinical experiences and were timetabled for both staff and students. As a result students attend classes and the support and guidance provided by Personal Tutors is integrated; therefore, all students benefit from this provision and not just when they are perceived to be in need. This represents a proactive and planned approach which allows for relationships to develop between student, staff and peers.

Following the student and staff focus groups the NGT responses were considered when constructing the semi-structured questionnaires. The transcripts from the five staff and five student questionnaires were analysed using content analysis and NVivo 7 software (**see Chapter Four Section 4.10** to **4.13** and **appendices Nine, Ten, 11 and 12**). This resulted in the identification of eight key themes that were the basis of the role of the Personal Tutor.

These are:

1) General aspects of the role of the Personal Tutor

2) Academic progress

3) University regulations

4) Monitoring attendance, illness and absence

5) Module choices and career planning

6) Professional requirements

7) Progress in practice

8) Portfolio/Personal Development Planning.

The guidelines were drafted and presented to the Subject Authority Board (SAB) in the school, as well as the Student Learner Council and the main academic trade union, National Association of Teachers in Further and Higher Education (NATFHE) (now the University and College Union). The rationale for the structure and content of the guidelines is discussed below, with any changes identified and discussed in the following chapter. Through the Subject Authority Board (SAB) it was agreed that the guidelines would be implemented from the beginning of the academic year for all students, even for those students part way through their programme.

A year after their launch the guidelines were evaluated by both staff and graduating students to identify any areas of improvement or change; this cyclical progression is the basis of the 'reflect' element of the spiral action research methodology (Kemmis and McTaggart 1988, **see Appendix Two**).

5.3 Development and Implementation of the Personal Tutor Guidelines

This first area of the guidelines had been influenced by student requests for regular timetabled and earlier access to their Personal Tutor. None of the student focus groups (**One, Two and Three**) identified **not** having regular contact with their Personal Tutor. Staff appeared equally as ardent in their focus groups to have regular contact with their students and ranked having habitual sessions with personal students as high. However the follow-up interviews with staff revealed a more lax approach. The previous format in the school had Personal Tutors initiating contact with new groups when they 'saw fit'; this resulted in a fragmented approach and confusion for the student nurses as some Personal Tutors appeared to never make contact.

> *Personal Tutors will be timetabled to meet students as a group during the induction programme.*

Personal Tutors will meet with their student group once a semester in a 1 hour timetabled session – normally towards the end of the semester; a group register should be taken as a record of attendance (**see Key Area One Appendix 15**)**.**

Hixenbaugh, Pearson and Williams (cited in Thomas and Hixenbaugh 2006) do note increased student satisfaction from those students who had engaged early in their programme with their Personal Tutor and more importantly on a regular basis. The school's guidelines also advocated that the Personal Tutors should have regular drop-in sessions for their students; it was recommended that this be advertised in advance. The rationale for these drop-in sessions was for students to use the sessions proactively and not expect their Personal Tutors to answer a barrage of queries in an ad hoc manner, as illustrated by the academic staff in their interviews who described coming across their personal students outside a lecture theatre. Also, how they had a barrage of personal students approach them at the end of a lecture.

This is further substantiated by the selection for Earwaker's (1992) integrated curriculum model, this demanded that Personal Tutor and student sessions to be mandatory and, therefore, proactive in nature. This encouraged all students to engage with their Personal Tutors, and vice versa, and did not separate those out who were in more need (for whatever reason). As already illustrated Price (2003) pointed out that students most in need were least likely to seek out any help.

Secondly, this study illustrated the need for Personal Tutors to have dedicated time to see their own students, instead of constantly being expected to be available. For example, in this research there was some indication from the interviewed students' past experience that tutors were constantly busy and the personal tutees approached them about 'silly things' and were perceived to be a bother and a hindrance. Owen (2002: 14) found in her research that students were 'paranoid about approaching and burdening their tutors'. She demonstrated this in an empirical study of the personal tutor system in one of the faculties in a university in the north-west of England, drawing upon in-depth interviews with both students and tutors.

There was a perception from some of the interviews academic staff of an inequitable workload linked to the role of Personal Tutor. For example, if drop-in sessions were available it would mean more work for staff; therefore, do not be available.

Despite drop-in sessions being pre-planned and intended to streamline the demands of the role, staff perceived that students gravitated toward staff members

who were overtly available to their students. This is adopting Cowan's (1996) observation of cynical compliance, where staff overtly do the role but not in the spirit of Personal Tutoring, which is of 'an anchor on which the support system of the university rests' (Wheeler and Birtle 1993 : 3).

The nursing students at this university had a complex programme of theoretical input distributed over theory weeks at the beginning of a module then followed up by weekly study days for the duration of that module. Several Personal Tutors within the school did not have any teaching contact with their own personal students and they relied on the students accessing them on their study days while on the university campus. Evidently, clashes can occur when students are available when not at lectures but their Personal Tutor is teaching; therefore, it has been reported that e-mails, as a method of interaction, can be used but should not replace the one-to-one contact between student and Personal Tutor. Therefore, the joint staff and student responsibilities are stated as follows (**see Key Area One Appendix 15**):

> *At first meeting with students, the Personal Tutor should provide each student with full contact details in writing; this should include office number and location, direct dial telephone number and email address.*
>
> *Students are encouraged to provide the Personal Tutor with contact details including a contact telephone number and email address (and to provide an update as and when these change).*

This joint responsibility of providing each other with a variety of contact details was the basis of developing an approachable and accessible relationship, but with clear parameters. The overwhelming request from students in the focus groups and interviews was the request to have access to their Personal Tutor. The technological advancements of education have resulted in nurse lecturers being able to access e-mail, text messages and voice-mail from within and outside the university 24 hours a day. It appeared that some staff accessed their messages from home and responded accordingly; this included out of hours, weekends and when staff were on annual leave. Apparently, some students came to expect this rapid communication response, especially if they had experienced it from one or more lecturers.

Students also reported frustration with tutors who neglected to respond to e-mails or telephone calls at all. For example an interview described how she e-mailed her tutor (at their request) to organise a tutorial but she either neglected to respond or answered after the assignment had been submitted. The Personal Tutor guidelines

originally stipulated a 'five-working-day' time limit on responses to communication between Personal Tutors and students, although the Student Learner Council and Subject Authority Board (SAB) removed this caveat as some situations would demand a quicker response and would be left to the discretion of both parties.

E-mail as a mode of communication does have its advantages and disadvantages for staff and students in Personal Tutoring, although Barker (2002) does note it is easy for a Personal Tutor to be misunderstood on emails, as equally as likely as are students, especially if the topic of the communication is of a personal nature. The impact of e-mail counselling is the loss of visual and non-visual cues for conveying feelings and emotions (Robson and Robson 2000). There are distance learning programmes that are completed solely online but they also use other technological methods (apart from e-mail) to maintain Personal Tutor support (DH 2001b, 2002), for example the use of webcams. The importance of this method of Personal Tutor support is referred to as computer-mediated communication (CMC), and it has the linguistic and communicative strategies for overcoming the lack of face-to-face contact (Liu and Ginther 2002). The majority of staff and student participants in the focus groups and follow-up interviews did make comments on the utilisation of e-mail for communication, although it was varied.

The use of email for counselling or discussion of personal issues may create other unforeseen problems. However, a student drafting an e-mail to a Personal Tutor about a personal issue could be an advantage over an impulsive and unprepared conversation; equally, a Personal Tutor has the time to reflect and plan his or her response before replying. However, Promnitz and Germain (1996) recognised the extra time that is involved with online tutoring and it is not a quicker or an easier alternative to face-to-face contact. Some of the students in this school had limited access at home to information technology. Nevertheless, all students have 24-hour access at the university library, but even when having access to the facilities some students did not have the skills to use it.

This first section of the guidelines intends the Personal Tutor and student to have regular meetings to discuss the learner's progress and achievement; this may also include welfare issues and other personal discussions that may negatively affect his or her development while on the programme. Morley (1998) asserts that Personal Tutor support is heavily reliant on emotional labour, and Shelton (2003) further proposes that pastoral care of students needs Personal Tutors to be approachable, demonstrate respect for and confidence in students, and listen to and have a genuine interest in their well-being. The personal qualities of the Personal Tutor were clearly highlighted as important by the students in the focus groups and

follow-up interviews. All of the student focus groups identified the Personal Tutor's role as a mechanism for 'support'; this relationship was obviously seen by students as optimising learning opportunities and more emphasis was placed on the type of person the Personal Tutor should be rather than the quality of support provided. Nursing students have historically regarded attitudes and behaviours of their teachers, tutors and Practice Mentors as important factors in promoting learning and teaching (Papp, Markkanen and Von Bondorff 2003). A person identified as a 'good' support mechanism from a student perspective is cited as having a good sense of humour, a positive attitude and being accessible as well as friendly (Cahill 1996, Gray and Smith 2000). Furthermore, a student in their follow-up interview provided a verbal descriptor of what she wanted from a Personal Tutor but most of the description was more about personal characteristics.

This description depicts a nurturing relationship for a Personal Tutor, and is supported by Gray and Smith (2000) who acknowledged staff that supported students had a genuine concern about their well-being. In Aagaard and Hauer's study (2003) medical students had the choice to choose their own Personal Tutor; the results indicated that the students overwhelming selected mature women as tutors, which reaffirms the nurturing skills and perceptions of Personal Tutors required by students. Also student participants in this study wanted a Personal Tutor to have clinical knowledge and recent experience. In fact the results suggested that to teach people to care tutors have to practice what they preach; therefore, clinical credibility was valued by these students (Pearcey and Elliott 2004).

All of the academic staff reported that as tutors they are often presented with far more demanding issues. Tutors often fear being overwhelmed by the demands of their personal students, especially if they are expected to deal and manage students with complex personal issues (Owen 2002). Moreover, Wheeler and Birtle (1993) accepted that a Personal Tutor may also be responsible for academic support of the learner as well as pastoral care, which does not necessarily have to create conflict as long as the student is aware of the dual roles. The school's guidelines, therefore, cited (for the Personal Tutors responsibility) the following:

> *At each one-to-one session Personal Tutors should initiate discussion about personal concerns and professional/academic development, and should complete the portfolio checklist.* (**See Key Area One Appendix 15**)

By comparison the student's role is to '… (subject to her/his right to privacy) identify issues which could affect academic, personal or professional progress' (**see Key Area One Appendix 15**). Additionally, Sosabowski et al (2003) proposes that

only a few students do not want to share problems with their Personal Tutors; consequently, this aspect of the role had to be considered within the guidelines. Some students in the study explained a personal problem and how it had impacted on his/her attendance to class and to their placement.

Rickinson and Rutherford (1995) proposed that supportive tutors had a positive effect on increased student satisfaction rates. Thus pastoral care as a part of the role was important to include in the staff guidelines. Psychological support of student nurses by academic staff was equally valued by the student as functional support (Hanson and Smith 1996). According to Shelton (2003), however, it is less frequently cited as part of any structured tutoring initiative. It was considered to be the remit of the role of the Personal Tutor for this school as it had been identified by students in the focus groups and interviews, but also the majority of staff had acknowledged pastoral care of students could not be ignored by a tutor. Grant's (cited in Stanley and Manthorpe 2002) survey of students indicated that they were unlikely to casually seek guidance on personal matters from central university services and were reluctant to ask for advice from family members.

The establishment of counselling services in higher education began in America in the 1940s and 1950s and broadened to include the UK during the 1970s (Hart 1996). Now all universities have some form of student counselling service run by professionally qualified staff. However, such services are not the only place where students seek help, McLennan (1991: 150) suggested,

> *There is general recognition among counselling service personnel that troubled students seek and receive counselling help from a variety of informal sources, both on and off campus, including academic staff, friends and family members.*

Wheeler and Birtle (1993) advocated a close relationship between Personal Tutors and the counselling services. This university has always allowed students to self-refer themselves to the counselling service and the Personal Tutor would not be informed if one of their students independently accessed this support. Even if the tutor advises the student to access this resource he or she will not necessarily get to know if the student attends an appointment or of any outcome as the counsellor is bound by a professional code of ethics and confidentiality (this confidentiality would only ever by breached in exceptional circumstances: if the student or others were in danger).

The guidelines identified that the role of the Personal Tutor involved some acknowledgement of student pastoral care (**see Key Area One Appendix 15**):

> *At each one-to-one session Personal Tutors should initiate discussion about personal concerns and professional/academic development, and should complete the portfolio checklist.*
>
> *Where necessary, Personal Tutors will be able to encourage students to access services such as the student counselling service.*

In comparison the student also accepted responsibility to

> *… identify issues which could affect academic, personal or professional progress.*

In Malik's research (2000) medical students (n= 144) and Personal Tutors (n= 28) were randomly selected to complete questionnaires regarding their experience of the Personal Tutoring system, with qualitative data collected from semi-structured interviews and e-mail communications with student group representatives and telephone interviews. The student and Personal Tutor relationship indicates that students who had failed academic assessments were far more likely to be experiencing personal difficulties than those who had passed. Alarmingly, half of these failing students still did not seek any help from their Personal Tutor (or anyone else). According to Malik (2000) whether or not a student approached their Personal Tutor for support was influenced by the relationship he or she had with the tutor and the tutor's perceived approachability. On several occasions the focus groups and interviews referred to 'bad' and 'good' Personal Tutors. The student's differentiation between these two labels was based on the tutor's accessibility to the students and also his or her willingness to help the student with his or her personal problems. On the other hand, staff referred to their role as 'fire fighting' against the complex problems of their students, which often are long standing issues.

From these results the guidelines include two types of Personal Tutor meetings. The first are set group timetabled sessions that will be included in the semester schedule for both staff and students; these will be labelled separately on all of the timetables as a 'Personal Tutor Briefing Session' and, therefore, clearly illustrate the expectations of the meeting. Secondly are the negotiated one-to-one tutorials that are left to the discretion of both parties to organise. These two types of tutorials would continue throughout the students' programme with the same Personal Tutor, consequently maintaining continuity of support. A member of academic staff illustrated a clear opposition to regular tutorials with his/her students as he/she saw his/her role as 'fire fighting' and making tutorials compulsory was a waste of time.

Several of the academic participants illustrated a negative description of similar types of personal students they had encountered. This is supported by Barlow and Antoniou (2003) who find how some students became clingy with regards to their Personal Tutors and they used the descriptor of 'clingons', not unlike some of the academic staff who described a students as a 'stalker'. Furthermore, Ridley (cited in Thomas and Hixenbaugh 2006) illustrates that this is a common experience amongst Personal Tutors, especially when new to the role (although they was a range of experienced and inexperienced staff in this study). The guidelines provide staff with parameters and boundaries that are equitable amongst tutors. The regular timetabled sessions also remove one of the barriers that inhibited staff from organising frequent tutorial meetings and also provide personal students with realistic expectations of time parameters. For example, each student will see their Personal Tutor for a scheduled group meeting and will be able to have the opportunity to plan a one-to-one tutorial. It also addresses the student need for regular support that has been illustrated in the focus groups and interviews of this study**.** The HEQC (1994b, 1995) published a series of papers that stated how students should have regular access to a designated Personal Tutor or academic advisor and the guidelines address these.

Silver and Wilkerson (1991) indicated that students' satisfaction with a tutorial system is largely based on the type of relationship they have with their tutor and the frequency of meetings. Invariably, the fact that students and tutors meet on a regular basis will contribute to the development of a positive relationship. This integrated Personal Tutor briefing sessions within the syllabus does reflect the selected Earwaker's (1992) curriculum model, and also captures the students suggested by Silver and Wilkerson (1991) who do not seek guidance, even when faced with academic failure. It gives Personal Tutors a point of contact with the students to arrange follow-up meetings. The relationship acknowledged between the Personal Tutor and student in the guidelines can be mapped against Watson's Theory of Human Caring (Watson 1999) which emphasised the broad concept of caring within the nursing profession. Nurses pride themselves on caring for their patients and their families but nurse lecturers do not always extend this caring intention to their personal students. Furthermore, Watson (1999: 35) listed ten curative factors, two of which are the most pertinent to the tutor–student relationship: 'being sensitive to self and others' and 'developing helping–trusting, caring relationship'. Therefore, Watson's model (1999) can be applied to nurse education in which students experience creativity and development cultivated by a caring climate. Moreover, Birx and Baldwin (2002) stated that student nurses who experience caring in their educational programme are better prepared to be caring practitioners and colleagues in the future.

It is strongly acknowledged in the guidelines that Personal Tutors 'will be able to encourage students to access services such as the student counselling service' (**see Key Area One Appendix 15**). Therefore, Personal Tutors need to be aware of their professional boundaries, as they can emotionally burn themselves out and increase their own stress levels in an attempt to support their personal students, not only with regards to the students' expectations but also the time demands in supporting students with complex personal issues. Academic staff in the focus groups and interviews all voiced concerns of the pastoral nature of being a Personal tutor, and students in their participation also requested this as a part of a tutors role. Maslach and Jackson (1981) noted that burn-out is a well-established phenomenon owing to excessive demands being placed on staff (possibly by students) over a period of time. Occasionally the student and Personal Tutor relationship lacks boundaries, unlike those exemplified within the guidelines (**see Appendix 15**), resulting in Personal Tutors having increased workloads. In 2006 a University and College Union (UCU) survey of more than 1,000 lecturers in UK universities revealed that almost half (47%) have suffered ill health because of their job and even more (55%) would not recommend a career in higher education. The survey revealed that lecturers came second in a list of which professionals worked the most overtime; lecturers do, on average, an extra nine hours of unpaid overtime every week. If they were actually paid for the unpaid overtime they would earn an extra £10,216 a year (UCU 2006).

It is impossible to dictate to staff where Personal Tutors should draw the professional boundary; therefore, tutors are advised to refer the students to independent support when they feel it appropriate. It is traditionally seen as part of the Personal Tutor's role to facilitate student access to specialist help and advice (Owen 2002). Hart (1996) acknowledged that a strategic Personal Tutor system promotes student independence by equipping them with the necessary skills and information to make their own decisions; therefore, these guidelines give the student as well as the Personal Tutor direction. Some Personal Tutors may refer their students automatically if pastoral issues are raised with them, while others may deal with some common complaints more readily. Van Laar and Easton (1994) identified that 94% of university lecturers advised one or more distressed student in a single academic year. Therefore, despite having the availability of expert counselling services in universities, academic staff were still expected to emotionally support their students and evidence does suggest that unqualified counsellors like Personal Tutors often informally counsel and manage differently from trained and qualified counsellors when dealing with student problems (Gomes-Schwartz and Schwartz 1978). Therefore, this area of pastoral advice which has previously been addressed is extremely fragmented causing, confusion for both the

staff and student population. These guidelines are aiming to make student support often in difficult circumstances more transparent and to encourage the use of specialist help and counsel.

5.4 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor and the Student's Academic Progress

The pre-registration nursing Personal Tutor within the School of Nursing and Midwifery will have the responsibility of identifying what is expected from him or her in academic support (**see Key Area Two Appendix 15**):

> *Personal Tutors should distinguish between 'general' academic support (which they should provide) and 'specific' academic support (which would be better referred to the module team).*

Students have constant concerns about the standard of their learning and undertaking academic assignments and examinations, especially when the student has not undertaken any of these types of assessment for some time (Quinn et al 2000). Some students reiterated this strongly in their interviews. This is supported by Lago and Shipton (1999: 14):

> *The underlying intentions of tutoring are geared towards enabling students to achieve, to learn successfully, both academically as well judgementally*.

It is expected that Personal Tutors will provide guidance about the programme's academic expectations and provide feedback to the students so as to equip them with skills for future academic success. The school's Personal Tutoring guidelines embraces the benefits of good and consistent academic feedback as indicated by Juwah et al (2004), the essence of this work embraces the development of student reflection, encourages student motivation and clarifies what is good academic performance.

Consequently to build upon Juwah's et al (2004) key points the guidelines also adopted a strategy for Personal Tutors to support and assess the student's first academic assignment at the beginning of the programme (**see Key Area Two Appendix 15**): 'The initial written assessment (for example, PRUN 1100) completed by the student should be used to identify learning needs for initial action planning'. This inclusion was submitted to the relevant Programme Team Meeting and Subject Authority Board and accepted. It was a mechanism that encouraged academic engagement between the Personal Tutor and student from the very beginning of his or her experience, therefore conditioning the student into adopting this behaviour throughout the programme. This particular piece of academic work is

a 1500-word literature review on a topic of the student's choice; the assessment criteria are separated into key areas that included study skills, language, comprehension, referencing technique and structure. This preparatory diagnostic assessment is where the Personal Tutor would identify the student's academic strengths and weaknesses, providing them with clear feedback on what to access additional support on and where to access this additional help from: for example, Student Support Services could address some of the deficits. The guidelines (**see Key Area Two Appendix 15**) clearly indicate to the staff that

> *Personal Tutors should be aware of all the academic support resources that exist within the School of Nursing & Midwifery and the wider university, and should refer their students to such resources as appropriate.*

The student should also accept that

> *Students should follow up any arrangement /referrals made to access academic support resource.*

This approach would not accommodate all students (Price 2002), this study identified them as 'anxious silent running' students, in that they fail to attend planned tutorials with their Personal Tutors and avoid any contact with them. Alternatively, others have had recent educational experience and successful grades that assure their ability to study independently. However, Rassool and Rawaf (2007) acknowledges that the widening entry gate to pre-registration nurse education has led to a more mature and diverse student profile; it is common for this School of Nursing and Midwifery to have Price's (2002) first type of student who would employ an avoidance tactic when interacting with their Personal Tutor, possibly because they had previous negative experiences with tutors who have been unhelpful. Price's (2002) research is associated to one of the student participants in the interviews. Typically, this type of student identifies a competent peer and constantly accesses them for advice and guidance and only when the student exhausts the patience of the friend does he or she reluctantly ask advice about his or her concerns, which is often close to the assessment submission date. This was referred to as 'fire fighting' by some of the academics in this study and the lack of time was often insufficient to address all of the student issues.

Students who seek help often feel exposed (Easton and Van Laar 1995): they do not want their request for help to be judged as a lack of ability or as a weakness. To overcome these concerns at the launch of the PRUN 1100 'Foundations to Nursing' module it was explicitly identified that **ALL** students had to see their Personal Tutor about the selected topic for the literature review, thereby

standardising the expectations of the student and not separating out anyone that did or did not seek support.

This key area of the guidelines clarified staff parameters in supporting students with their academic work. Several staff members commented on how the profiles of the students entering this programme were from non-traditional routes. In fact, Billings and Halstead (1998) point out how the non-traditional student is now the norm and it is a constant challenge to have adequate support for these students in higher education. Brookfield (1990) proposed that students may regress into a child-like state and exhibit authority dependence when entering educational settings. This translates into students constantly seeking out approval from academic staff before progressing on; this can overburden staff and prevent students from developing their self-directed learning strategies and critical thinking. Similarly, all nurses need these aforementioned skills to provide competent delivery of patient care.

This reveals a strong student pedagogical learning style that requires positive lecturer feedback. According to adult learning theorists (Knowles 1980, Mace cited in Boud and Miller 1990, Johnson cited in Boud and Miller 1996) this is a common demand from students but it promotes a dichotomy between academic staff and students as it fails to develop deeper student learning strategies. All staff in their interviews declared that Personal Tutoring could be time consuming and/or occupied a great deal of their time. So it was important to exemplify in the guidelines that academic student support from a central service was available to students and should be promoted by Personal Tutors to their students, therefore reducing the staff time and effort.

The university has a variety of additional student support services available for students to access help for problems that overarch both academic and personal issues; this should be where students are directed towards if they have been identified as having a particular learning need (possibly identified from their first diagnostic assignment marked by the Personal Tutor).

Several academic staff in the focus groups and the interviews identified how students are reluctant to access student support services and they were being used in this capacity instead. This is supported by some of the student transcripts that make reference to how they felt ‘stupid’ and ‘daft’ when they went to Student Support Services to get assistance with their maths and specifically drug calculations, after they saw a poster advertising the service in this university. Therefore, the student expectations had to be clearly identified in the Personal Tutor guidelines which would be communicated to the student by the Personal

Tutor. Burris (1990) maintained that student support by faculty services is a key factor in determining a successful academic outcome, although students need to perceive learning support as an empowering strategy for success rather than a punishment for not being good enough, as this can generate feelings of inadequacy. It is anticipated that the endorsement of the Student Support Services by Personal Tutors in this School of Nursing should be the norm; this augmented promotion will decrease the student stigmatisation of accessing this assistance, thereby preventing students from simply developing coping strategies rather than learning strategies. Brookfield (1990: 55) described how survival in higher education is directly related to a 'supportive learning community'; in this university the guidelines has the Personal Tutor and Student Support Services as part of that community.

It is debateable whether Personal Tutoring can have an influence on the academic attainment level of students, this study did not explore this correlation Also Hylan and Postlewaite (1998) could not quantify whether students were more successful in exams if they had a Personal Tutor compared to those who did not have a Personal Tutor, due to the complexity of other variables that also influence academic success. McSherry and Marland (1999), however, suggest that a student discontinuation for either theoretical or practice failure does suggest questionable levels of academic and clinical support and students with Personal Tutors do report higher levels of confidence and self-esteem in their approach to their studies. Furthermore, Rickinson and Rutherford (1995) and the Association for University and College Counselling Research Subcommittee (1998) suggested that having access to a Personal Tutor has a positive effect on examination grades, student retention and completion rates, levels of psychological distress and student satisfaction. Obviously, a consistently failing student would be discontinued from the programme because of failing the university academic regulations, and Hall (2006) recognises that the failure of students to complete their pre-registration nurse education programme cost the NHS £157 million. According to Turkett (1987) and Castledine (1995) when a student is discontinued (for whatever reason) there will be a great deal of anger, frustration and resentment for the student and all parties involved.

The Personal Tutors may feel very remorseful and regretful when students are discontinued, especially when they have managed to get through the programme until the very last hurdle and then fail. In fact, the students simply felt apprehension; all students in their interviews inferred the fear of failing. The psychological impact of students failing can be clearly recognised (McGimpsey 1988), but the economic implications cannot be ignored. This research area

previously had a fragmented approach to student support and Personal Tutoring (Newton 1996); therefore, staff did not necessarily get attached or bonded to students because they did not have such a structured approach to Personal Tutoring that these guidelines are advocating.

Hylan and Postlewaite (1998) also acknowledge a list of specific skills required for tutors; record keeping skills is one of these. The guidelines have a constant theme of maintaining accurate records of the Personal Tutor–student relationship (**see Key Area One Appendix 15**):

> *Un-notified or unreasonable non-attendance by a student at the Personal Tutor session should be recorded in the student's personal file* ***(by means of a standard form)****.*
>
> ***Records of one-to-one meetings with personal students should be maintained in a School of Nursing & Midwifery approved format and should be dated and signed by both parties****. Records should be legible, informative and accurate.*
>
> *Personal Tutors should keep a summary analysis of student academic and professional progress;* ***this should be dated and signed by the Personal Tutor****.*

Bullock and Wikeley (2004) agree that most Personal Tutors across a variety of disciplines had some form of documentation as a record of student and tutor one-to-one discussions; these were either written down or in an electronic format. However, there is an apparent lack of enthusiasm and motivation for this process. According to Obholzer and Roberts (1994) it is not uncommon for members of staff to have different opinions about their responsibilities of maintaining documentation of their interactions with students.

As a consequence of the staff interviews and apparent lack of documentation maintained by Personal Tutors, I constructed a triplicate form, in consultation with the nursing Programme Leaders. This was structured around issues discussed, followed by a list of actions to be taken and by whom and an associated time deadline and then both parties sign and date the document (**see Figure Six** for the Personal Tutor documentation).

RECORD OF STUDENT/LECTURER MEETING

Student's Name
Programme
Date/Time
Main Focus of Meeting

Group
Venue

Pastoral ☐ Academic ☐ Practice ☐

Issues Discussed/Comment

Actions	By Whom	By When

Outcome and/or Further Action

Teacher's Name
Signature
Student Signature

Relationship

Top copy to Student's file
Second copy – Student copy
Third copy – Tutor copy

PC1569

Figure Six: Personal Tutor Documentation

The form was produced in triplicate to enhance joint ownership in the documentation process; a copy was retained by the student, one by the Personal Tutor and final copy was filed in the student's personal file that was centrally maintained by student services. Student-centred recording systems could be viewed as tokenistic if the power relationship in other aspects of the association is slanted towards the tutor, but the guidelines consistently advocated an equal and shared relationship with both Personal Tutor and student having equal responsibilities. Pole (1993) discussed the importance of allowing students to have access to their own tutorial records, because if students retain a sense of detachment from the tutorial process then they would be unlikely to proactively engage with their tutor. According to the guidelines whatever documentation was produced by the Personal Tutor should also be given to the student. However, having a standard proforma for documentation did not ensure its utilisation by Personal Tutors, and this 'hit-and-miss' approach would lead to a fragmented approach. Therefore, Lewin's (1944) model of change was applied to reinforce the application of this documentation method. Lewin (1944) recognised three distinct stages of change that were applied to this enhancement: it starts with unfreezing, then transition, and then refreezing. This change management model is a simple and easy approach to implement and monitor change (Bargal 2006).

The majority of nurse lecturers tended to stay within certain safe zones and they were hesitant of change. These people were inclined to become comfortable in the unchanging environment and became resistant when any change occurred, even this minor one of the standardisation of the recording of one-to-one tutorials with students. In order to overcome this 'frozen' state, an unfreeze period was initiated and facilitated through promoting the benefits of using the form for the Personal Tutor and the student, endorsing the benefits including minimising any barriers to its utilisation, such as ensuring all staff had copious supplies of the form, and there was a mechanism for restocking a central supply when they ran out. The transition period was when the change occurred; it corresponded with the implementation of the guidelines and it did not happen instantly and occurred over a period of time. This was because a small number of staff resisted and blatantly refused to use the form. This is when senior leadership was critical for this part of the change process to work; the Head of the school not only supported the implementation of the guidelines but also corroborated these subsidiary issues. At the end of the transitional period came refreezing; the consolidation of this stage is vital to ensure stability is maintained within the area.

The main disadvantage of this model is that at the refreezing period, many people are worried that another change will occur; this has been described as 'change shock' (Stuart 1995). People who are confronted by change can demonstrate resistance as established patterns of academic life are altered, or viewed by staff as being threatened. This negative anticipation causes staff to be less efficient and effective in their roles. Lewin's (1944) model as a tool for a planned and structured approach was used for this research, to move staff through change effectively and minimise conflict but maximise compliance (Bargal 2006).

5.5 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor in Monitoring the Student's Attendance, Illness and Absence

The staff interviews explored the conflicting 'hats' that they had to wear as a Personal Tutors. Wilkes (2006) explores the difficulties that occur when supporting students that conflicted with other professional, clinical and operational demands. This was a potential difficulty which was apparent when reviewing the Personal Tutor's role in monitoring the students' attendance as illustrated in the guidelines (**see Key Area Four Appendix 15**). This programme required specific activities in relation to professional and academic expectations. According to the NMC (2002c) all student nurses and midwives had to attain 2300 hours of theoretical learning

and another 2300 hours of clinical learning experiences. The guidelines cited the following:

> *The Personal Tutor should actively encourage attendance on the programme and should inform students of the expectations regarding attendance, and the personal, professional and academic implications of a poor attendance record.*
>
> *At the beginning of each semester, Personal Tutors should review the attendance in practice for each student (for the previous semester), using, for example, the record associated with the CAP book. At the end of each semester, Personal Tutors should analyse the total picture regarding student attendance, illness and absence. This should be done for the individual semester and cumulatively. Any implications of the student's attendance should be discussed with the student.'*

This monitoring of attendance was necessary as each student had to meet the NMC requirements for registration to practice (NMC 2002c, 2004), along with the understanding of the implications of failure to meet these requirements. Historically, student nurses' attendance was not systematically monitored by anybody specifically. At the end of the student's programme the student's hours were added up by the administrative staff to ensure the 2300 theoretical learning hours and 2300 clinical practice experience hours were met for registration with the NMC (NMC 2002c, 2004). Davidhizar, Guider and Sevier (1985) revealed that students' absence from the programme was a predictor of their likelihood of being absent during future employment. The greater the non-attendance the worse the students performed during formalised assessments (Doyle et al 2008). However, Timmins and Kaliszer (2002) suggests little correlation between student absence and performance in examinations.

Previously, in this School of Nursing and Midwifery, if students had a deficit in hours this was passed onto the Programme Leader to address. Students discussed their experience in their interviews, of how some students who had excess hours to make up in theory and practice and were delayed in registering with the NMC (2004) at the end of the programme, which, therefore, setback employment opportunities. Consequently, this consistent and continual monitoring mechanism by the Personal Tutor would prevent any last-minute scramble to retrieve lost hours which could have been completed months or years ago. Attendance and sickness monitoring was illustrated as a key area for the Personal Tutors' responsibility despite this never having previously been in their role before.

Personal Tutors addressing monitoring as more of a holistic part of the role is desirable. Among nursing student groups Bailey (1984) demonstrated a reduction in absenteeism by reducing stress in the group and Henshaw (1998) noticed an

improvement in attendance using adult learning strategies. Furthermore, Timmins and Kaliszer (2002) recognises evidence relating nurse absenteeism to stress and satisfaction. However, reviewing studies over a longitudinal period of time only revealed a weak link between these concepts and absenteeism; in fact, absenteeism is multifactorial and often an individual rather than a group response (Clark 1975, Price 1984, Northcott 1990).

Orland-Barak (2002: 452) suggests that Personal Tutors who 'police' their own students are often presented with a conflicting role: 'we are some kind of mutation, something in between a teacher, an inspector and a counsellor'. This is combined with having responsibilities to multiple stake holders — the HEI, the professional body and the student — and, therefore, being 'pulled in different directions' and 'trying to please everyone' (op. cit.). Therefore, Cavanagh (cited in Canham and Bennett 2002: 187) reiterates the dichotomy of the Personal Tutor's role: 'So many roles within one role, such a complex web, but perhaps that is what makes it all worthwhile'. Staff participants reported general reluctance to police their personal students, almost as it contravened some code between the two parties; in fact, Bennett (2002) refers to a tutor as being a 'knowledgeable friend'. Academic staff recognised their professional responsibility to prevent unsafe and failing students from progressing, but when the actual deed had to be done staff were more comfortable in referring this to the Programme Leader and preferred discipline rather than being in the role of the Personal Tutor. Lankshear (1990) agreed with Duffy's (2003) description of 'failing to fail' students, where Practice Mentors did not failing students in clinical practice. Both research studies are applicable to this research study and subsequent findings; again academic staff examined how difficult they found being the 'bad guy' and 'telling students off'.

The guidelines ensured that Personal Tutors were provided with regular information about their student's theory and practice attendance and sickness. Student services already collated student time sheets recording practice hours, along with registers completed by academics representing the theoretical hours. The collation of these hours only occurred at the end of the students' programme, and liaison with the Administration Manager in the school instigated the process for a print out to be automatically sent to Personal Tutors every month listing their students' absence and sickness (as the omissions are most significant to the staff). The production of this information was not problematic but it became apparent that student services did not have a list of students allocated to specific Personal Tutors; therefore, I addressed this oversight by coordinating the allocation of Personal Tutor–student allocation and recording this on a database. This database was updated twice a

year, after enrolments of new students and the completion of programmes (in October and February). This database was never a 'live' or completely up-to-date as students left and resumed studies outside these two census points in the academic year, but it did provide an overview of Personal Tutor workload and student allocation. Initially, this information was kept locally but it became apparent that other staff valued this information; therefore, it was circulated after the biannual up date to the Head of School, Heads of Divisions, Administration Manager and Academic Leads. The database evolved in its sophistication in collating and presenting information; it was separated out into the branches of nursing (adult, child, learning disabilities and mental health) and the different programmes (diploma and degree) as illustrated in **Figure Seven** overleaf.

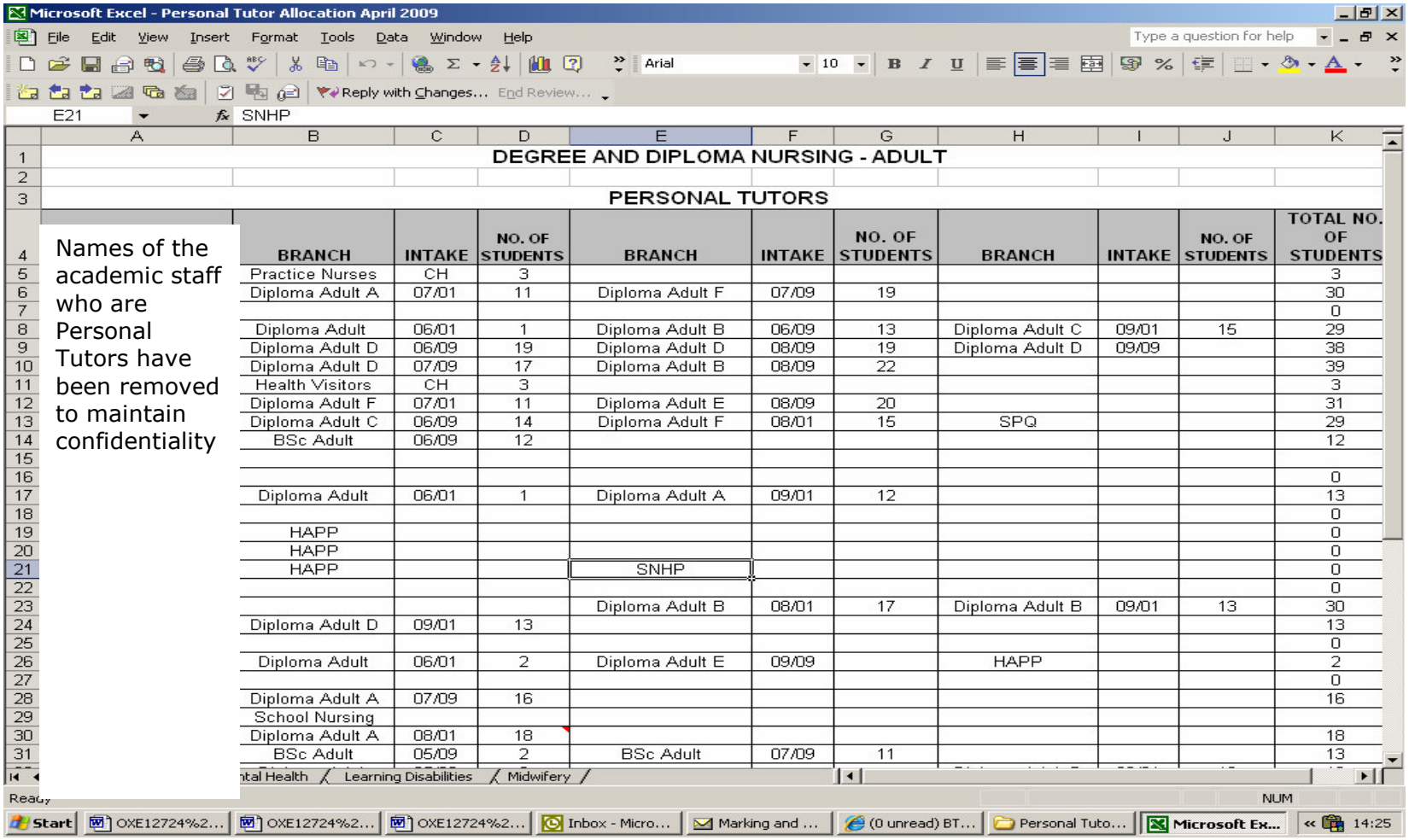

Figure Seven: Personal Tutor Database for Student to Staff Allocation

5.6 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor and Student's Module Choice and Career Planning

This section of the guidelines comprised two distinct areas: one as a curriculum requirement and the other as part of continued development of the nursing profession. The first is an elective component of the students' programme; when the nursing curriculum was validated it included the option for students to complete an optional clinical practice experience of a week that could enhance the student's' profile. It was envisaged that this could be an overseas practice experience or possibly revisiting a local area that the student had a particular interest in or going to a new clinical area. The role of the Personal Tutor would be to facilitate stretching the students' professional boundaries, as they would have a more detailed overview of the students' practice profile and be able to direct them to address any individual deficits. The elective placement experience encouraged students to go to other clinical areas outside the university catchment area, so as to familiarise themselves with somewhere that they may consider for employment: therefore, this facilitated recruitment and was popular with students.

As a consequence, the logistics of managing this process for large numbers of student nurses was providing Programme Leaders with a problem. It was unclear whose responsibility it was to support the student through the process of arranging an elective placement and as a consequence students were resistant to pursing this option. Therefore, during the staff focus groups, Programme Leaders requested the elective organisation and arrangements be placed exhaustively on the Personal Tutor and be formalised in the Personal Tutor guidelines.

It appeared the guidelines were seen as an opportunity to discard an organisational problem. This was reflected in the staff interviews where they reported they felt the role of the Personal Tutor was very time consuming and involved several facets. Thereby adding to them would compound this issue with the staff's perception of the role of a Personal Tutor. This does impact on the students' experience, several of the student focus groups and subsequent interviews discussed occasions when they had felt as if they were 'harassing' their Personal Tutors. Despite concerns the following is illustrated within the guidelines (**see Key Area Five Appendix 15**):

> *The Personal Tutor should advise the student regarding any elective modules available on the programme, ensuring that students make informed and appropriate choices.*

Research studies by Altbach (1997) and Martin (1999) indicated low morale amongst academic staff in universities. Staff appeared to be overwhelmed with the enormity of workload and pace of change and felt undervalued and overworked. Martin (1999) states that two factors that contribute to this are lack of consultation on important issues influencing academic staff and disempowerment against unreasonable work demands. This sentiment was acknowledged in this research, and participation, consultation and debate at all levels of the guidelines formulation were encouraged prior to their submission to the Subject Authority Board (SAB) for official mandate and implementation.

The second component of this key area of the guidelines involved career planning and preparation for qualification as a nurse. Marsland (1996) demonstrated an unmet requisite for career guidance during nurse education, and a large proportion of pre-registration students did not receive career planning during their programme (Marsland 2004). None of the participants within this research, even the academic staff, recognised Personal Tutors as having an important role in preparing their students for the commencement of their careers, apart from writing the student reference for employment. This is not surprising; Crofts' (1992) research using a quantitative structured questionnaire revealed an equally inadequate provision with 90 second - and third-year student nurses being questioned about their career guidance. Only 12% of the sample (n= 90) had been offered any advice, although students in this research identified their Personal Tutor as the member of staff they were most likely to approach for support. In the same research the Personal Tutors questioned commented that they had never received career guidance themselves and consequently they did not feel confident to provide it for students.

Kramer (1974: 34) coined the term 'reality shock' which describes the panic felt by new lecturers when they join nurse education from clinical practice. In this study the term reflects the disparity between the students' expectations of qualifying as a nurse and the actual reality encountered; a plethora of research has since acknowledged the lack of preparation for students when graduating (Gerrish 2000, Kilstoff and Rochester 2004, Mooney 2007). In fact, Charnley (1999) and Whitehead (2001) both suggest these difficulties are attributed to the sheltered student life and the limitations of clinical experience due to the supernumerary status. Marsland (1996) identified how some newly qualified nurses express a sense of utter desertion, of having been brought to the point of qualification and then apparently abandoned by the university. Moreover, the transition from student nurse to new qualified nurse impacts on all staff in the clinical environment (Rosser and King 2003). Therefore, appropriate preparation during students' pre-

registration programme has other macro benefits, apart from addressing the students' expectations when qualifying.

The guidelines address this well-researched deficit to some extent; the responsibility is shared between the student and Personal Tutor. The students as adult learners are responsible for obtaining information and being proactive, therefore, as cited within the guidelines (**see Key Area Five Appendix 15**):

> *The Personal Tutor should, where appropriate, assist the student to prepare for job interviews; this may include support in the preparation of a professional CV.*

A recent RCN (2006) survey show that three-quarters of newly qualified nurses were still searching for a permanent job months after qualifying. The survey of both newly qualified and student nurses highlighted the impact of the current financial crisis hitting the NHS, with many trusts halting recruitment in a bid to save money. The Personal Tutor's role in contributing towards the preparation of students for qualification in the current climate of the NHS is important; the continuity of support from a Personal Tutor will contribute towards long-term guidance from the earliest part of their career.

Neither the focus groups nor the interviews included specific questions about career guidance but they did include curriculum issues; such as student requests to change branch programme, or change universities' to the focus group question 'In what circumstances do you need to discuss the university regulations with your Personal Tutor?' These both requested for a clear link for the Personal Tutor to support students with internal and external programme transfers. Therefore, the guidelines (**see Key Area Five Appendix 15**) indicated that the following:

> *The Personal Tutor should support and advise the student who is being transferred between programmes of different academic levels (e.g. between diploma and degree programmes*
>
> and
>
> *… the Personal Tutor should advise the student on how to request to change branch programme/specialism/programme, and (in collaboration with the appropriate programme/programme leader(s) should provide appropriate documentation and references in connection with such a request.*

Moreover, the student is

> *… advised to consult her/his Personal Tutor in the first instance. The student should provide her/his portfolio and Personal Development Plans to support such a request to change branch or specialism or programme'.*

5.7 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor and Students' Professional Requirements and University Regulations

Betterton and Nash (1996) suggested that the time invested in tutoring and student support improve the behaviour of students; this can fulfil the expectations of the NMC (2004, 2008b) and professional conduct in practice. This university's provost deals with discipline of students; for student nurses this included academic and practice issues. The provost in this university is highly qualified in the essential aspects of academic regulations that include student discipline.

Prior to the formulation of the School of Nursing and Midwifery Personal Tutoring guidelines, the method of monitoring the requirement of the student's professionalism in the clinical area was problematic, although this was needed to ensure a clear demonstration of fitness for practice and purpose for a newly qualified nurse (NMC 2004, 2008b). Previously, there had been a fragmented approach in communicating student discipline issues to appropriate staff in the HEI. Therefore, it was appropriate to include professional requirements within these guidelines (**see Key Area Six Appendix 15**), especially as they indicated that the Personal Tutor would be responsible for the student's final reference for employment with the student clearly aware that their clinical documentation will be the basis of the reference and any professional issues will have been recorded by their Practice Mentor:

> *At the required time in the student's programme of study, the Personal Tutor should prepare and submit to the programme leader a final reference for each student. This should be in accordance with the standard adopted by the School of Nursing and Midwifery.*

The following applies to the student:

> *The student should provide an up-to-date portfolio and all relevant Clinical Assessment of Practice books for the Personal Tutor to use to develop such a reference.*

The staff focus groups and interviews illustrated split opinions on the apparent 'policing' of their personal students for the formulation of student references (included within the guidelines (**see Key Area Five Appendix 15**). Watts (1999) recognises that the Personal Tutor is in a better professional position to write final references, this is important considering the increased competition for jobs on qualification for registered nurses (Tremayne, Harrison and Moriarty 2007). Employers are less interested in just the student's academic transcript but more focused on the kind of person the candidate is and their time management and

attendance record. The Personal Tutor indicated a developmental and supportive role rather than a controlling mechanism.

> ***Pre-registration Programme Only:*** *Personal Tutors should, at one-to-one meetings with students, ensure that they understand the implications and importance of the 'Evaluation of Professional Conduct' page in the CAP booklet.*
>
> ***Pre-registration Programmes Only****: At the end of each semester, when CAP booklets are submitted, Personal Tutors should review the 'Evaluation of Professional Conduct' page, and all other comments by Practice Mentors to ensure that no issues have been raised.*

Furthermore, students have the following responsibility:

> *… inform their Personal Tutor as soon as they are made aware of concerns over their professional conduct, and also any other issues which may affect professional or academic progress.*

Behaviour exhibited by students in the clinical setting often seemed insignificant to the student but could affect or potentially affect the well-being of the patient (Solomon and Denatale 2000). Baxter and Boblin (2007) suggests that unethical and unprofessional behaviour by a student nurse is a concern for nurse lecturers and this has the potential to greatly influence quality of patient care. The nursing profession is underpinned by a philosophy of honesty, trust and integrity but in recent times there has been an observed increase in unethical behaviour (Hoyer et al 1991). This nursing programme continually emphasises the importance of professionalism in clinical practice and the Personal Tutor now has these guidelines to monitor their student's achievement in demonstrating this. The student has to clearly demonstrate professional behaviour as a mandatory standard in every clinical placement which is monitored and processed at the Subject Authority Board (SAB); if the student demonstrates unprofessional behaviour in two consecutive placements this constitutes discontinuation from the programme:

> *Personal Tutors should follow instructions from the Student Authority Board regarding the implementation of the 'Evaluation of Professional Conduct' policy.* (**see Key Area Six Appendix 15**)

With the Personal Tutor monitoring this through regular one-to-one student tutorials, it allows the student to recognise after one professional conduct failure that they have only one more 'life', as a subsequent failure to meet the professional standards in practice results in discontinuation. This also clearly addresses the recent NMC (2008b) dictate that requires all programme providers of pre-registration nurse and midwifery education to ensure that students meet the obligation of good character and health. This strengthened the regulators previous

stance where students only had to be declared 'of good character' at the end of the programme. The NMC (2008b) now stipulates this has to be monitored and documented on a yearly basis; therefore, the Personal Tutor's role is key in reviewing the student's professional conduct.

These guidelines also include an area explicitly concerning the university academic regulations (**see Key Area Three Appendix 15**). This policy applies to all undergraduate and postgraduate students and covers all academic rules; consequently, a student nurse has both academic and clinical requirements to maintain.

There is an apparent increase in student plagiarism in higher education (Kenny 2004), but for student nurses it has particular implications as they are bound by the NMC Professional Code of Conduct (2008a), which states that it is the responsibility of nurses to maintain a professional reputation. Although the NMC does not have specific guidance on academic plagiarism, Lewenson, Truglio-Londrigan and Singleton (2005) proposes that students who academically cheat may continue to do so in their clinical practice. There is a notable rise in Internet plagiarism when students can buy completed assignments (for example on EBay) or cut and paste text from published electronic sources and claim it as their own (Levinson 2005, Girard 2004). Eysenbach (2000) calls this 'cyberplagiarism'. Both of these examples are cheating. Research does indicate that between 40% and 80% of students have cheated on an academic assessment at least once (Harper 2006). Furthermore, Brown (2002) finds that 61% to 94% of the student nurses surveyed had seen their peers cheat and 8% to 39% admitted to cheating themselves. Therefore, this increased prevalence of academic misconduct that can be attributed to technology needs to be considered within the guidelines. Therefore, the Personal Tutor has the following responsibility:

> *… direct students to the location of specific documents, regulations and policies not distributed to individual students.*
>
> *… advise students on the implications of policies and regulations regarding academic failure.*
>
> *… as necessary, explain to students the meaning of, and implications of 'Academic Offences' as defined by the University.*
>
> *…, as necessary, explain the potential implications (personal, professional and academic) of disciplinary action taken against students.*

Obviously, plagiarism is not the only academic offence and Personal Tutors will be expected to have 'thorough working knowledge' of other regulations. The student will be expected to take ownership and take the consequences of being ill informed.

Students are required to be in possession of, or seek a copy of, and to have read and understood the relevant regulations, policies and procedures.

There is a consensus in the research that plagiarism among nursing students is a serious issue (Bellack and Tanner 2004, Tanner 2004) but none of the students or staff highlighted this as a matter in the focus groups or interviews. In an investigation of student attitudes towards plagiarism, Szabo and Underwood (2004: 188) found that 20% of 291 university students surveyed in the UK would 'definitely resort to plagiarism to escape failing a module'. Another 34% indicated that they would 'probably' plagiarise, leaving only less than half of those surveyed that would accept failure of the module. Research indicates some students are more like to commit academic offences; for example, offences were more likely committed by men than women, and students in their first and second year of the programme are more likely to cheat (McCabe et al 2001). Other individual factors have also demonstrated correlations with academic dishonesty, including low grades for entry requirements and an overwhelming desire to do well (Love and Simmons 1998). The widening participation profile of nursing students does reflect this, and Dodgeson and Bolam (2002) points out that these non-traditional students do not seek help as actively as other students and this may encourage the students to plagiarise assessments instead of accessing academic tutoring from their Personal Tutor (Quinn et al 2005). On the other hand, Wajda–Johnson Handel and Brawer (2001) determine that contextual student factors are more significant than individual factors when considering cheating, such as the pressure to maintain a good academic profile and lack of time to complete assessments. This pervasiveness cannot be ignored as a concern, especially when reviewing nursing research conducted in the 1980s that illustrated a correlation between academic dishonesty and propensity to employ unethical clinical behaviour that included taking hospital property, lying about being sick, breeching patient confidentiality, falsifying nursing documentation and finally reporting to duty while under the influence of alcohol and drugs.

Despite the guidelines including parameters for Personal Tutors and students on academic offences, the school recognised that the student's behaviour in the classroom (as well as in clinical practice) would also be included under the guise of professional behaviour, as cited in the guidelines (**see Key Area Six Appendix 15**):

Personal Tutors should, as necessary, explain to students the meaning of, and implications of 'Academic Offences' as defined by the University'.

Several students in the focus groups voiced annoyance about fellow students who habitually turned up late for class and the lack of disciplinary actions from attending lecturers. Therefore, along with the formulation of the guidelines, a Fitness for Practice Committee will be established. This faculty committee will address student misconduct that falls outside the university assessment and regulations but clearly breeches the vocational ethos of nursing and midwifery but is endorsed by the university and the Academic Registry and, therefore, is able to enforce its penalties. The Fitness for Practice Committee could see cases of student lateness, swearing in class and the demonstration of inappropriate attitude towards staff and peers while at the university.

It is envisaged that the Personal Tutor will inform the student of the 'meaning of, and implications of these Academic Offences', (**see Key Area Three Appendix 15**). Harper (2006) advocates this type of initiative, when reviewing research on HEIs that established honour codes. McCabe and Pavela (cited in Harper 2006) developed ten principles of academic integrity, which include aspects of classroom behaviour and misconduct. For these committees to be effective students need to recognise the likelihood of being found out and the subsequent significant disciplinary action (Smith, Dupre and Mackey 2005). Therefore, it is anticipated that the Personal Tutors would regularly reinforce this issue with their students although Baxter and Boblin (2007) does acknowledge that academic staff often find it difficult to address this issue with their personal students or admit its occurrences with others because of embarrassment that one of their students might engage in this behaviour and it could reflect negatively on their professional performance. Therefore, students who have presented poor behaviour in class could present the Personal Tutor with an internal conflict if they are aware of confidential mitigating circumstances; the Fitness for Practice Committee would be able to review each case individually but tutors could possibly avoid reporting such incidences in the first place. Harper (2006) did acknowledge the reluctance from staff to self-report academic and professional misconduct, even if anonymity is guaranteed. This supports student comments in these interviews regarding tutors' lack of apparent action over poor behaviour in class, for example habitual lateness.

This element of the guidelines aims to address the joint ownership of academic and professional regulations between the student and Personal Tutor. The transparent methods of curtailing academic and professional dishonesty and misconduct should guide the student away from such behaviour. This guide will also empower the tutor to implement the consequences of any breeches, as the university fully supports this approach and prevents the academic member of staff from being isolated.

5.8 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor and the Student's Progress in Clinical Practice

The role of the Practice Mentor as vital for the student's progress in clinical practice (Wilkes 2006), in each of the student's placements they will have the support of a Practice Mentor, who is a registered nurse (or midwife) and who will support and guide. The practice placement bridges the links between theory and practice, and the Practice Mentor is essential in facilitating a successful experience for the student (Cope, Cuthbertson and Stoddart 2000). According to Pulsford, Boit and Owen (2002) the personal attributes of a Mentor and the type of relationship he or she has with the student is crucial to the success of the mentoring process, Benner (1984) recommended that an experienced nurse (Mentor) can facilitate the student transition of novice to competent practitioner.

In the focus group question **'**What do you generally go to see your Personal Tutors about?' the student focus groups cited placement and mentoring as key issues, and this was reinforced in the follow-up student interviews of how they would like the Personal Tutor as a contact and a source of support when mentoring relationships break down.

Morton-Cooper and Palmer (2000) refers to 'toxic mentoring', which is a dysfunctional student–mentoring relationship as mentors have total responsibility for the student's assessment, which determines his or her fitness to practice and qualify (NMC 2005). Therefore, any break down of this relationship or issues of student progression need to be resolved. The guidelines for the Personal Tutor identified that (**see Key Area Seven Appendix 15**):

> *The Personal Tutor should advise students about the respective roles and functions of Practice based Lead and (where appropriate) Associate Mentors.*
>
> *Personal Tutors should review skills development in their students. Any concerns should be reported in writing to the programme leader, and*
>
> *the Personal Tutor should advise the student on skills necessary to optimise practice based learning opportunities.*

Therefore, the guidelines expect the Personal Tutor to be able to identify with their student's clinical experiences and have the relevant insight into current nursing practice, and if needed resolve or forward any practice related concerns, such as an unsupportive Mentor. This may involve liaising with the student's Practice Mentor to clarify any issues of concern. This as area of possible uncertainty for Personal Tutors in that they are involved with clinical practice areas outside their subject

'expertise', almost like having their professional clothes stripped from them and leaving them vulnerable (Watts 1999). Similarly, staff focus groups also identified clinical issues as a reason for personal students seeing them; therefore, the inclusion of these facets within the guidelines of the lecturers is acknowledged.

However, Practice Mentors often have conflicting practice roles and responsibilities and are unable to fulfil the students' expectations (Watson 2000), especially when a Practice Mentor is unable to legitimise the role of the student in a learning context and the student is 'offloaded' to work alongside unqualified staff. The quality of the Practice Mentor–student contact has a direct influence on the type of clinical practices the Practice Mentors engage in while on placement (Jones, Walters and Akehurst 2001). Some students in the preliminary focus groups accepted that in their experience the quality of Practice Mentor support is variable and despite the variation in Practice Mentors each student will have the same Personal Tutor throughout the programme. The tutor could provide a more consistent approach in the facilitation of the students practice development. This will be accomplished through the fact that 'Each semester, the Personal Tutor should monitor and review the Assessment of Practice documentation submitted by the student' (**see Key Area Seven Appendix 15**). Despite Phillips (1994) curtailing the Personal Tutor's role as mainly academic, in this vocational programme a Personal Tutor has the ability to cultivate a student nurses' confidence (in practice and academia) over a period of time based on mutual respect (Newton and Smith 1998). The guidelines do connect the Personal Tutor and the student together through the documentation completed in practice with the Practice Mentor and student:

> *Students are required to submit Continuous Assessment of Practice documentation books at the specified times and to the specified person* (**see Key Area Seven Appendix 15**).

Again, in a follow-up student interviews, students identified that ideally his/her Personal Tutor would be able to visit them while in clinical practice; it was revealed that this had happened occasionally but it was not a structured approach but had happened by chance.

Some examples describe a triad approach to student support while in clinical practice, involving the Practice Mentor, student and Personal Tutor; this would follow the system described by Preheim, Casey and Krugman 2006). Therefore, the student has a Practice Mentor who is available to the student, clinically competent and able to address the student's practice learning needs. Secondly, the Personal Tutor, who has a complete overview of the student's progress in theory and practice, therefore fosters, with the Practice Mentor, the student's progress and clinical development. Students' stress levels are significantly decreased if the

Practice Mentor is approachable and enthusiastic to have learners allocated to them (Spouse 1996, Cude and Edwards 1998). Although, students do quickly learn to recognise poor Practice Mentors, as well as outstanding ones. Gray and Smith (2000) indicate these Mentors as promise breakers, lacking knowledge and appearing unapproachable to students. Therefore, a triad philosophy would support the student if mentorship is lacking, but also support the Practice Mentor if the student's progress is deficient (Duffy 2003).

When this was presented to the school's Senior Management Group (SMG) for consideration (along with a draft set of guidelines), the complexities of staff visiting only their own personal students in several different placement areas was felt to be too much of a challenge for the staff's clinical knowledge and credibility in those diverse areas. Osborne (1991: 29) stated the following: 'to ensure confidence in their clinical credibility the nurse teacher would require to be virtually in full-time attendance in the ward area'. Thus nurse lecturers need to be involved with direct patient care to maintain their credibility. Therefore, no matter where the Personal Tutors visited their personal students, they would not have access to hands-on patient care and would see their role as visiting, supporting and liaising with students and Practice Mentors to aid relating theory to practice.

This is following the remit of Gallego and Walter (1991) who viewed the role of the Personal Tutor as 'assisting' students to relate theoretical concepts into practice. Assisting can be a remote activity and does not necessarily need to be a clinical hands-on action. This is despite several of the student participants in the focus groups and interviews identifying the Personal Tutor as a positive mechanism for support while in practice. Literature generally accepts that student nurses expect to be visited in clinical practice by their lecturers (Humphreys, Gidman and Andrews 2000); whoever completed these visits they were valued by the students. Brown et al (2005) recognises that students with the prospect of being visited by 'any' member of academic staff (Personal Tutor, Visiting Lecturer, Link Lecturer) were more motivated in their practice and normally would complete preparatory work for the visit, which generally focused on support and advice from the academic member of staff. Therefore, the considerable similarity and overlap in the functions of a Practice Mentor, Personal Tutor, Link Lecturer and Visiting Lecturer can cause confusion. Morel (1990) and Phillips (1994) agreed that these roles could be perceived as perplexing, although it appears from the research of Browns et al (2005) that student support in clinical practice does not necessarily have to be from the Personal Tutor. Therefore, the guidelines advocate the utilisation of the Assessment of Practice documentation instead of the Personal Tutor completing a clinical visit, but still encourage the student to use reflective practice to link theory

and practice. This can be accommodated in the suggested one-to-one student and Personal Tutor tutorials with the tutor acting as a bridge between what is taught in the university and what the student experiences in the clinical setting (Charnock 1993, Hughes 2004).

New roles have now been established within the NHS to abridge clinical practice and HEIs, and reinforce the role of the Practice Mentor and Personal Tutor. Turner (2001) highlights the need for strategic role development and recognises that nurse education has a large number of student nurses in diverse practice placements with a relatively small number of lecturing staff to support and oversee them, either as Personal Tutors, Visiting Lecturers or Link Lecturers. Link Lecturer or Link Tutor is the formalisation of an historical role for the clinical nurse tutor (Day, Fraser and Malik 1998). According to Ramage (2004) this role was implemented at the time when nurse education shifted into HEI and turned clinical nurse tutors into nurse lecturers; they supported learning in practice rather than previously delivering teaching in practice. None of the students or staff members noted that the Link Lecturer could be a line of communication between the student in clinical practice and the Personal Tutor, despite Duffy and Watson's (2001) research identifying the role of a Link Lecturer as supporting students on placement and carrying out clinical assessments of students. Difficulties in executing Link Lecturer activities are often exacerbated by the limited amount of time available to nurse lecturers due to the rival demands from the HEI (Pegram and Robinson 2002). Topping (2004) suggests that in a HEI the priority is towards publications, research activity and income generation as these are indicators of effective performance for a lecturer, and not clinical linking or even student support such as Personal Tutoring. Therefore, the likelihood of academic staff as Link Lecturers developing communication networks to Personal Tutors about their personal students in their link areas is remote. Gidman (2001) thereby advocates the development of Personal Supervisors as an alternative. These are academic members of staff who take the responsibility for a group of students in practice throughout the duration of their programme. The Personal Supervisor can adopt a pastoral role for the student but Gidman (2001) does not include the academic component of the course as part of a Personal Supervisor's responsibility, unlike within this university's proposed guidelines for Personal Tutoring (**see Appendix 15**). This role would not be feasible as a replacement for the Link Lecturer role or the intended role for the Personal Tutor to support students in practice; the geographical diversity of the allocation of student placements in this university would make it logistically difficult to implement.

Instead, this School of Nursing and Midwifery has collaborated with the Strategic Health Authority to develop the Practice Experience Coordinator (PEC) role; this has

been created to develop mechanisms that support learning in practice as advocated by the QAA (2001) and DH (2001a). Consequently, the PEC, employed by clinical practice and not by the HEI, the Practice Mentor, the student and Personal Tutor will establish innovative strategies that contribute towards an appropriate level of support to meet student needs for practice.

5.9 Development and Implementation of the Personal Tutor Guidelines and the Role of the Personal Tutor and Personal Development Planning and the Student's Portfolio

Reflection is often regarded as an imperative part of professional learning; this involves students taking their learning experiences, analysing it and then evaluating it to facilitate a change in their personal, professional or academic actions. To facilitate this learning process and to make it more 'real' for students this nursing programme utilises a professional portfolio to demonstrate developing knowledge and competence. A professional profile is a mandatory requirement for nursing and midwifery registration in the UK (UKCC 1994, NMC 2006a, 2006b); portfolios were cited as an acceptable example for a profile. Peach's Report (1999) reinforces the emphasis on student portfolios as increasing the potential of learning through practice. According to Redman (1994) a portfolio is a record of what someone has done, whereas Wenzel, Briggs and Puryear (1998) and Karlowicz (2000) were more explicit, focusing on a purposeful collection of traditional and non-traditional work that represents students' learning, progress and achievement over time.

This School of Nursing and Midwifery aims for students to engage in life-long learning, and the portfolio is a showcase for their achievement and also a practical document of the evidence required to ensure that on completion of the programme students are fit for practice in accordance to the NMC (2004) and the university regulations (Valencia 1990). However, portfolios should not simply be a random collection of evidence (Williams 2003), but an illustration of how students develop and progress in both the theoretical and clinical aspects of the programme, and should provide a framework for recording and monitoring personal and professional development. The portfolio referred to within the guidelines was already formulated before the construction of these guidelines; the recommendations of Dearing's report (1997) and Knowles (1975) influenced the development of this programme's portfolio. Dearing (1997) identified that a progress file or portfolio should be available for all university students; this would enable students to monitor, build, and reflect upon their personal development. There are a variety of frameworks for portfolio development (Joyce 2000). Webb et al (2002: 897) reviews the four main models for portfolio development. First, there is a 'shopping trolley' approach,

which includes anything and everything relevant to the student's learning experience but tends to be lacking in structure. Alternatively, a far more structured approach is the 'spinal column' method which involves the spine of the portfolio being a central set of generic outcomes, with the vertebrae being the evidence or assessment of these outcomes. A 'cake mix' portfolio is the different composites of the student's experience blended together to produce a finished 'cake'. In this School of Nursing and Midwifery, the 'toast-rack' portfolio framework has been adapted; the portfolio was constructed to have 'slots' that were filled with the student's collection of evidence and reflection.

The Personal Tutors would monitor the students' development in both theory and practice through the evidence they 'slotted' into the portfolio, but they would not be reassessing this evidence as it would have already been assessed as part of the nursing programme. The recommendations of Dearing's report (1997) and Knowles (1975) have influenced the integration of the portfolio in these Personal Tutor guidelines (**see Appendix 15**). The use of portfolios were historically used in the School of Nursing and Midwifery but they were vaguely aligned to modules within the curriculum; therefore, students perceived the value of a portfolio as being fragmented and not an integrated approach between the theoretical component of the programme and the students' clinical experience.

The continuous nature and structure of a portfolio allowed the Personal Tutor to facilitate their own student's personal, professional and clinical development. Karlowicz (2000) recognises that portfolios can act as a focus between student and tutor discussions. The Personal Tutor guideline (**see Key Area Eight Appendix 15**) consistently advocates the philosophy of student autonomy and development; therefore, the portfolio would be a natural conduit between student and Personal Tutor. Although Mitchell (1994) warned that tutors could dominate student one-to-one discussions with their own agenda, although portfolio development can also encourage student independence.

None of the lecturers' interviews mentioned portfolios as a connection with their students as Personal Tutors, despite many students approaching them for references for part-time jobs. The present portfolio included a variety of information Personal Tutors needed to know for a personal reference and this responsibility has been maintained within the guidelines, thus encouraging consistency and accuracy for any university reference. This is particularly important when providing student references for caring jobs which require a professional judgement from the referee as to whether the candidate is suitable for the vacancy (**see Area Five in Appendix 15**):

> *On specific request from the student, the Personal Tutor should complete an interim reference (in an agreed School of Nursing and Midwifery format) in support of an application to undertake part-time work whilst still on the programme. The Personal Tutor should discuss the implications of such work with the student in the context of the possible effects on patient care and study.*

Portfolios appeared to offer the promise of integrating theory into practice (Harris, Dolan and Fairbank 2001, Gallagher 2001) through the application of the reflective process, and Murrell, Harris and Tomsett (1998) identifies that when continued after initial registration portfolios can result in the improvement to clinical practice and subsequently ensure nurses are taking control of their own learning needs. Therefore, to facilitate this process the guidelines outline the role of the Personal Tutor (**see Area Eight in Appendix 15**):

> *Personal Tutors should ensure that students are aware of all the requirements associated with the portfolio.*
>
> *The Personal Tutor should review the student's portfolio each semester throughout the programme to ensure that it has been completed, including collection of/marking the reflective account.*

The student, on the other hand, is expected to do the following (**see Area Eight Appendix 15**):

> *Students should take personal responsibility for the care and maintenance of the portfolio.*

According to Harris, Dolan and Gavin (2001) most student portfolios include some element of reflection. This is essential in this portfolio as it is a vehicle by which students learn from their experience in theory and practice. The relationship between critical reflection and transformation in student learning enables these students to become more aware and critical of their own and others' assumptions (Mezirow 1990). This portfolio has always included an annual summative 'reflective account' which utilises Gibbs' (1988) reflective cycle to illustrate the student's development throughout that academic year.

Using the Personal Tutor as the key individual to help and assess his or her own personal students for this piece of work will provide consistency of support and direction. In order to increase the potential for learning from this reflective account, students are given a definite structure to support this and appropriate preparation from their Personal Tutor. The Personal Tutor is provided with clear direction in a marking criterion when assessing the reflective account, as well as the structure of the portfolio. The guidelines explicitly instruct the Personal Tutor to monitor the development of the student's portfolio in every semester; this is married with the

expectation of meeting the student on a one-to-one basis every semester, thus this provides a rationale for the meetings.

An obvious issue that has been raised by academic staff in relation to these responsibilities for the Personal Tutor is the amount of time this role takes. This issue supports Cahill's (1997) concern about the unequal amount of time given to students by tutors. The facilitation of portfolio development with a student can be time consuming, particularly in the early stages of the student's programme where the portfolio gets relegated to a lower priority and other academic work is viewed to be more important. Therefore, Harris, Dolan and Fairbank (2001) suggests that this can be minimised by the Personal Tutor promoting the portfolio as a valuable tool towards the student's development as well as having the capacity to link theoretical learning with clinical experiences and this reduces the 'reality shock' which is experienced by many students when they move through their practice placements. None of the students in the focus groups or interviews acknowledged the benefits of having a portfolio, and they did not recognise it could enhance their reflective skills (Grant and Dornan 2001) or make them become more self-aware about their professional strengths and weaknesses (Priest and Roberts 1998). Furthermore, McMullan (2006) finds that third-year students were more disillusioned with the use and benefits of a nursing professional portfolio than first-year students, mainly due to the lack of programme support provided to the students through the programme. None of the students revealed whether or not he or she received adequate support with the portfolio development, but Harris, Dolan and Fairbank (2001) acknowledges the varying extent to which (Personal) tutors are committed to the students' portfolio development; therefore, this could result in the inequalities between students, some being given more encouragement and support from their Personal Tutors than others. For that reason, the portfolio was included within the guidelines for the Personal Tutor. This provides ongoing support and guidance on how to use and develop the portfolio. This occurred through the regular planned one-to-one tutorials with the Personal Tutor and student, therefore ensuring the student is demonstrating evidence of learning through reflection by integrating theory into practice experience. This research acknowledges the amount of evidence and reflection collected in a portfolio might be time consuming for the student (Mitchell 1994), likewise the monitoring by the Personal Tutor (Harris, Dolan and Gavin 2001).

This portfolio is underpinned by the inclusion of PDP; this is used to document the reflective dialogue in the portfolio between the student and Personal Tutor in identifying possible academic and practice learning opportunities. According to the Office for Health Management (2003:3) PDP is a

> *… process that enables people to make the best use of their skills and helps advance both the individual's plans and the strategic goals of the organisation. It also provides the framework to focus on development needs which may result from change in work roles, or from organisational or legislative change, or from challenges involved in managing people or working in teams.*

Throughout the guidelines there is reference to the utilisation of PDP to document a variety of actions (**see Key Area Eight Appendix 15**):

> *The Personal Tutor is required to ensure that each student develops an appropriate PDP for each semester. This should be dated and signed by both Personal Tutor and student (and a copy submitted to the relevant module leader if required).*
>
> *At each meeting with the individual student, the Personal Tutor should discuss the student's academic development, and should incorporate this information in future PDP.*
>
> *The Personal Tutor should ensure that the PDP is properly evaluated at the appropriate time, with that evaluation incorporated into the reflective account.*

PDP should be using reflection as the basis of professional development for the student, according to Burns and Bulman (2000). The Personal Tutor introducing students to reflection in this manner goes some way towards preparing them for clinical supervision after qualification and registration. PDP in the portfolio is made up of action planning, which focuses on areas in need of improvement which encompasses both theory and practice. Joyce (2000) acknowledges that students need support strategies to guide them through the formulation, implementation and evaluation of PDP. Therefore, the student and Personal Tutor have a joint responsibility in the development of PDP in the portfolio, although Paulson, Paulson and Meyer (1991) suggested that students should have the autonomy in developing their portfolio and should be encouraged to be self-directed.

Nursing portfolios are firmly embedded within the nursing curricula (Williams and Jordan 2007); this area does require evaluation for its effectiveness for students and their learning and practice. This research acknowledges the development of the Personal Tutor strategy, the portfolio development occurred at a different time, and neither has been central to each other's expansion. Therefore, the portfolio has been a fringe activity rather than a central consideration to the student and Personal Tutor. It is anticipated that within nursing the next stage of portfolio development will be its translation into an e-learning format where students will hold a virtual portfolio on the university's Managed Learning Environment (MLE) instead of the present paper based edition. Therefore, a more strategic approach into integrating an e-portfolio into the programme curricula and the development of

the role of the Personal Tutor could increase the students' and staff's 'perception' of its usefulness (Maiden et al 2007).

5.10 Positive Aspects Following the Implementation of the Personal Tutor Guidelines for the Staff and Students

5.10.1 Staff Induction and Staff Development in Personal Tutoring

The implementation of the guidelines (**see Appendix 15**) required the opportunity for staff to access training and development. The middle column of the document identified 'training needs/structures and processes'; these were included to direct staff to information they would need to effectively fulfil their role as a Personal Tutors. It was acknowledged that some staff may not know the existence of the processes. Therefore, 'training' was included to guide tutors to ascertain this information, which was promoted and disseminated within a series of formal launches and staff development events for the guidelines.

Some Personal Tutors felt there was no need for training as it was an inherent skill of all academic lecturing staff (Owen 2002), but Ratigan (1986) found that research into Personal Tutor training and development was scarce. Although the Heads of University Counselling Services (2003) recognises that the majority of staff wanted to help students as much as possible, they voiced concern about the lack of clarity of the Personal Tutor role. Therefore, Dall'Alba and Sandberg (2006) accepts the need for development of professional skills (like those required for Personal Tutoring), as a process of accumulation of knowledge and skills promoted by practical experience. Hence, the more experienced staff were assumed to be the most skilled in tutoring. The staff interviews generally illustrated a more negative approach to Personal Tutoring if the staff had been working within nurse education for a longer period of time (although only five staff were interviewed and a small sample). This is a broad assumption but it does overarch gender, branch of nursing and staff age. New teaching staff appeared to be more enthusiastic about student support in general. West et al (2002) suggests that staff development and training improved productivity, although in industry this could be applicable to the quality of provision of Personal Tutoring. Therefore, staff training events were provided to enable staff to develop and apply knowledge and skills to meet the demands of being a Personal Tutor (Gould, Berridge and Kelly 2007).

The training events were based on a four-stage process akin to Kolb's (1984) learning cycle; the four stages were learning needs assessment, planning, development and implementation and, finally, evaluation to inform the next training

cycle. Ellis and Nolan (2005) provides evidence of the negative impact of inappropriate and poorly planned professional development that fails to meet the training needs of the individual or the organisation; therefore, the launches were well planned in advance of the advertised launch of the guidelines. Hudson (1996) proposed that small group training was often ineffective and not cost effective; I delivered the sessions, so the events had to be effective when provided. Gould et al (2004) also acknowledges the barriers to attendance at these events. Academic staff were busy and planned teaching might prevent them from attending: therefore, the sessions were repeated several times over numerous weeks to maximise attendance. Barriball and While (1996) explored levels of attendance at training sessions and found that part time-staff were much less likely to attend; therefore, the days where the sessions were offered were varied to capture academic staff who only worked set days of the week.

Finally, Gould, Drey and Berridge (2007) demonstrate that there are sporadic examples of staff failing to access training events because their managers were not supportive of the individual. In a few instances this research suggested that managers denied access because they felt threatened by the superior knowledge their staff would gain. Managers within the school were considered to be a significant influence affecting uptake of professional development within Personal Tutoring, the Head of School, Head of Division and Senior Management Team all supporting the Personal Tutor Guidelines and their implementation. They all advocated accessing the sessions and, therefore, there was no advantage for one group to be denied attendance.

There was six launch events held within the school over a six-week period, which was combined with staff training on Personal Tutoring. The event reviewed the rationale behind the implementation and the formulation of the content of the guidelines, along with the explicit roles and responsibilities of the Personal Tutor. This was then followed by a question-and-answer session and a detailed review of the resources available for the Personal Tutor and also the student. The latter part of the session was intended to encourage the staff to refer the student to internal and external advice and support mechanisms, and to reduce the pressure on staff. Ridley (cited in Thomas and Hixenbaugh 2006) encourages Personal Tutors to realise that it is not their role to provide solutions to all their students' problems but to build the students' independence and their capacity to help themselves. Therefore, one of the aims of the training was to encourage staff to use the guidelines to make their own workload more manageable and to also provide a consistent and high-quality Personal Tutor provision. Some of the frequently asked questions in the launches were concerned with the staff's own performance

regarding tutoring. It was reiterated that the guidelines constituted a framework for tutors and students to allow for flexibility and creativity, and both should recognise there is no single correct approach. It was equally stressed that the role was not optional and the guidelines provided guidance on the minimum expected standard, which was underpinned by evidence based practice. This was the outcome of the focus groups and interviews of staff and students to disseminate the identified good practice.

This training was provided when the guidelines were first implemented; subsequent new staff appointed to the school was also sent on an individualised staff induction programme, where the guidelines and the Personal Tutoring strategy were introduced and promoted. Each new member of academic staff had a type of 'mentorship' which, according to Claveirole and Mathers (2003) and McArthur-Rouse (2007), should be offered to all newly appointed lecturers into nurse education. The guidelines on Personal Tutoring are now intrinsically included within the staff induction programme for all new staff in the School of Nursing and Midwifery. This was found necessary as not all staff were familiar with or experienced in student support. Maher (1985) found that Personal Tutors were not adequately prepared to take on this role. In a survey of 25 universities by Hardicre (2003) identified the prerequisite characteristics of a new nurse lecturer; only 12.5% of the responses requested experience of student academic and pastoral support. Therefore, it is vital that ongoing support and supervision for new staff taking on the Personal Tutoring role is provided.

After the initial training staff were encouraged to identify any areas of further development they personally needed. According to Gerrard (2005) common issues concern the information technology system, as well as counselling skills for student support. Lewis (1998) claims that lecturers find continued staff development a valuable tool, and I acknowledge that staff often require emotional and psychological support in respect of issues that arise from being a Personal Tutor. Ridley (cited in Thomas and Hixenbaugh 2006) accepted that policies like the enclosed guidelines (**see Appendix 15**) provide clarification on this role but found them supplemented further by continuing peer support from other members of staff. Wilcox, Winn and Fyvie-Gauld (2005) encourages the development of collegiate networks of staff support, as staff who felt confident in their Personal Tutoring role would find it more of a rewarding part of their job.

The university had increased student numbers enrolled onto the majority of their programmes, nursing and midwifery being no exception. Therefore, any new academic staff that joined this school had Personal Tutor responsibilities aligned to

them, often even before they started. Ridley (cited in Thomas and Hixenbaugh 2006) acknowledges that new academics were often anxious about supporting students and were fearful of not meeting the students' expectations. All of the lecturers interviewed as part of this study had previous experience of teaching in a HEI as well as familiarity in supporting student nurses as a Personal Tutor; the age profile of some of the staff (and many others in the school) will allow them to retire at 55 years of age which will occur in the next two to three years. There are a variety of clinical careers available to senior nurses in the NHS (DoH 1999). The RCN (2005) raised concerns about recruiting and retaining nurse lecturers in universities. The majority of new academic staff who were recruited to the school were experienced clinicians but had limited experience in education. The shortage of experienced academic nursing lecturers was the result of several key issues: mainly the aging population of academic staff entitled to retire as illustrated within this study and the inadequacy of university salaries when compared to clinical practice (Beres 2006, Bellack 2004).

When practice staff are appointed to HEIs they often lack proficiency in curriculum development, teaching strategies and evaluation skills (Bonnel and Starling 2003). There appears to be a definite lack of consensus from HEIs on the entry requirements for academic posts, in terms of skills, education and experience (Hardicre 2003). Therefore, clinical staff often apply for lecturing positions when previously they would not have had the job prerequisites. This research respects the value of clinical expertise and experience of new lecturers but nursing lecturers also need to know how to teach, assess and support students as well. I observed that new nurse lecturers experienced a difficult transition from the clinical to educational role, and Young and Diekelmann (2004) reported new staff often feel inadequately prepared in the required skills, strategies and practices. In fact, McArthur-Rouse (2007: 2) suggests how new staff have to 'muddle through', and often this muddling impacts on the students' experience, whether the new staff were acting as teachers or Personal Tutors. However, in an attempt to address this skill deficit in newly appointed lecturers, they were required to undertake a Post Graduate Certificate in Learning and Teaching in Higher Education if they had less than two years' teaching experience in another university. This programme of study has previously contained reflective processes on teaching methods and strategies of delivery, but no solid content on proactive and effective student support mechanisms and especially Personal Tutoring. As the newly appointed Faculty Personal Tutor Coordinator I liaised with the university's Academic Professional Development Unit, as the providers of this training, to include some content on Personal Tutoring within the programme. Although I had the remit of just one faculty in the university, the programme leader of this particular course felt it would

be valuable for all of the staff completing the programme, as the majority of them would also have Personal Tutoring responsibilities in the future. Siller and Kleiner (2001) concluded that programmes to prepare clinical staff for higher education positions decrease the uncertainty and stress often experienced by new lecturers.

Finally, to consolidate the official launch of the guidelines and the introduction of Personal Tutoring to new staff at induction, an ongoing Personal Tutor forum was developed. This was held once per semester and was open to all Personal Tutors, I facilitated sessions but the content was dictated by staff. They identified areas of concern for themselves or their students, and also good practices to share with other colleagues. Two tutors reported that the guidelines framed their practice but continued support was required. Both new and experienced tutors identified that the school documentation and guidelines could not provide all of the answers. Just as Wilcox, Winn and Fyvie-Gauld (2005) illustrated that social networks play a vital supportive role in the first-year students' experience; universities need to adapt a similar approach and encourage the informal collegiate network for Personal Tutors. Therefore, the Personal Tutor forum will continue as staff appeared to appreciate having a consistent point of contact to share and discuss common issues.

5.11 Negative Aspects Following the Implementation of the Personal Tutor Guidelines for the Staff and Students

5.11.1 Staff Conflict

Every effort has been made to involve all staff in the decision making process when developing this Personal Tutor strategy, although there was inevitably some uncomfortability about the changes that occurred. The follow-up staff focus group illustrated how two staff clearly resisted the Personal Tutor approach; they did not engage with their students and failed to meet with them on a regular basis. The majority of resistance focused on the specification of the role of the Personal Tutor, with anxieties concerning student expectation, time commitment, work load consideration and professional commitment. University education has led to radical amendments to the nursing curriculum, staff, student numbers and clinical practice (Sargent 2003), which could have contributed to some of the resistance to Personal Tutoring demonstrated by a minority of staff.

Since its move into HE nurse education had experienced cycles of under-investment and reduced student intakes, but more recent change focused on inflated student recruitment along with challenging targets to ensure minimal student attrition (Glen and Parker 2003). The increased student nurse recruitment targets were largely

achieved due to university entrance criteria accepting and encouraging diversity in gender, ethnicity and maturity of entrants (NMC 2007). However, it has been suggested that some nurse lecturers do not adapt their teaching strategies to recognise students' ability is more varied (Carr 2008). The constant environment of change has overwhelmed some nurse lecturers who were occupied with their own vulnerabilities in a new HE environment. Carr (2008) provides the analogy of how nurse education in HE has created a situation where the relationship between clinical practice and nurse education is akin to distant cousins rather than immediate family, and nurse lecturers are pulled by these 'sometimes' opposing factors.

HE presents nursing with a number of challenges and contraindications, and the challenges are concerned with attitudes within universities concerning the status of professional programmes such as nursing and midwifery (Mead and Moseley 2000). Universities that had a traditional link with programmes of a theoretical and propositional knowledge had more kudos than those with practical and interpersonal courses like nursing and midwifery (Miers 2002). Bourdieu (2000:137) aptly referred to this as 'scholastic blindness to the specificity of practical knowledge'. Some of the staff attending the evaluation staff focus group appeared to enjoy reminiscing about 'the good old days' when the School of Nursing and Midwifery was independent and not aligned to a HEI, and almost appeared to agree with Carlisle, Kirk and Luker (1996: 766) who stated 'they were of the opinion that nurse teachers did not have equal academic status to other higher education lecturers'. This was demonstrated by only a minority of staff but resistance, particular to the development and implementation of the guidelines, hindered the operationalisation and integration into the curriculum.

Providing resources and support for this initiative required planning for over a year, but the adjustment to any negative or apathetic staff attitude was a long-term goal, which is anticipated by this research once a critical mass of staff (and students) adopt this new system. Helping staff to implement this School of Nursing and Midwifery approach to Personal Tutoring was facilitated by a robust staff development system and a change strategy. Selecting the most appropriate strategy is dependent upon the outcome of the change, in this instance an embedded Personal Tutor approach. Haffer (1986) suggested three strategies that are commonly used to facilitate change. **The power coercive approach** is based on those in authority legitimately inducing change and compliance occurs through pressure, coercion and sanctions. This 'top-down' approach would be instigated in a hierarchal manner, for example from the Dean of the Faculty dictating an alternative approach to Personal Tutoring without any consultation or negotiation.

This would have rapid results but because of the lack of discussion with staff and students and a permanent and effective change to Personal Tutoring would be problematic and non-effective. Secondly is the **empirical rational approach**;, this is based on the belief that people are rational in their decision making and given appropriate information will make a positive change in their actions. What it does not take into account is the existence of personal agendas and alternate notions of rationality. However the **normative re-educative approach** was mainly applied for this study. This is based on an all-inclusive approach to change management and, therefore, involves those individuals most likely to be affected by the change process (staff and students). This was a 'bottom-up' participative and democratic approach; therefore, staff and students in the preliminary focus groups and follow-up interviews provided information that was the basis of the Personal Tutor guidelines (**see Appendix 15**). The central concept of ownership (especially for academic staff) made it more likely to succeed. This method of change is time consuming and does not accommodate all of the participants' individual personal wishes. The abundance of literature on the process of change depicts a controlled and planned linear process, whereas in reality there is often internal politics to overcome, as well as a continual shifting of goals and expectations. Due to the complexity of this change process the key guiding principles from the NHS Centre for Reviews and Dissemination (1999: 1–15) was used, which were referred to and adapted when implementing the guidelines **(see Table Four).**

Approaches to Implementing Change	
1.	Be clear about proposed change, why it is necessary, what is to be achieved, what the anticipated outcomes will be, and what evidence supports it
2.	Assess how prepared individuals are to implement the proposed change and consider how the proposal for change will be presented to them
3.	Identify and, where possible, include representatives from all groups and individuals involved in, affected by or influenced by the proposed changed; a wide range of people may be involved
4.	Ensure that this group feeds information and plans back to their colleagues so that those not directly involved are provided with the opportunity to discuss and influence the change
5.	Identify any barriers to the change and consider how these might be addressed
6.	Identify any potential barriers to the change and consider how these might be addressed
7.	Identify any factors that may support the change, including individuals and resources
8.	Most change strategies are effective under some circumstances; none are effective under all circumstances

Table Four: NHS Centre for Reviews and Disseminations (1999: 1-15)

In reality a combination of change strategies were adopted to progress the implementation of Personal Tutoring within the school; at times the power of a coercive approach was resorted to, which was assisted by the authority of senior managers, which overcame resistance. For example, one member of academic staff refused to have personal students allocated to them despite their availability, capability and job description. I held no managerial responsibility over the academic staff. The lack of engagement with Personal Tutoring from one member of staff provided a catalyst for less engaged staff members. Therefore, his line manager called a meeting to remind him of his responsibilities as a Senior Lecturer, and he then agreed to take on this role. Albrow (1970) maintained the acceptance of authority of the line manager is due to several separate influences; one of these is compliance to the legal and contractual implication of the job description which expects academic staff to support students.

This reaction to change by a minority of school staff was identified and explained by Morgan (1986); culture is a process of reality construction, which these lecturers would use in their everyday lives. As the nature of culture is found in values and assumptions that underpin social rules and norms, compliance with these norms results in successful construction of an appropriate social reality. Shared meaning, shared understanding, and shared decision making allowed these staff members to see and understand events and situations in distinctive ways and provided a basis for making their own behaviour reasonable and sensible. This environment had been changed by introducing a 'new' way of working; a few appeared unhappy and even felt threatened. Marris (1985) suggested that when situations change those affected may experience a sense of loss; this possibly related to how some staff felt a lack of control and the perception that they had not been 'good enough' as a Personal Tutor and this had resulted in the production of the Personal Tutor guidelines. These finding equated to the early stages of the staff grief responses to change described by Schoolfield and Orduna (1994: 57):

> *The process of unfreezing requires changing the most personal and intimate aspects of one's role: the values attitudes and customs of being a member of staff. During this stage, one can expect to encounter … denial, anger, bargaining and chaos.*

5.12 Summary

The purpose of these guidelines is multifaceted; it is primarily to assist all those new to nurse education and Personal Tutoring and to reiterate the role for more established academic staff. For both it is also to embed good practice with student support. The guidelines are not prescriptive and are more of a living document that

should be added to and developed by Personal Tutors as they support their students. In addition to these guidelines, a comprehensive induction for all new staff is provided in the school, as well as ongoing support for Personal Tutors.

CHAPTER SIX

CONCLUSION TO THE STUDY

6.1 Recommendations from the Findings of the Study for Personal Tutoring

a) Students joining the university straight from schools and colleges almost expect to have a Personal Tutor when commencing the programme. Potter (1997: 25) advocated that

> *Universities and colleges appreciate additional links with schools and their students to develop transferable skills through tutoring*

Therefore, in an increasing number of cases, universities now focus on ways in which to enhance students' experience of tutoring and so make it a compulsory part of programme provision. The HEQC (1996a) argued that whatever university policies are instituted, and despite the variation of practices across the institution, better coordination is required to ensure that all Personal Tutoring activities are monitored, developed and disseminated and their quality assured. As a consequence of this research I have secured a faculty and university role, designed to provide leadership for Personal Tutor development. A part of this role involves developing and delivering staff development opportunities for other academic staff that have a Personal Tutoring role. Malik (2000) identifies a similar role of Student Support Coordinator that was appointed by a university when a similar structured tutorial system was implemented. These roles provide the opportunity for continuity of implementation, as well as providing staff development and a general trouble-shooting service to the faculty on Personal Tutoring.

b) The qualitative student feedback on Personal Tutoring from the end of programme evaluation (**see Appendix 20**) identified a request for more contact with their Personal Tutor; although this accounted for only 19 comments out of 258 combined positive and negative comments. Staff resistance to the development of Personal Tutoring came from concern over work intensification; therefore, to acknowledge the students' appeal for more support, the School Senior Management Group proposed a time-allowance formula for Personal Tutors, which was based on the number of students allocated to them (**see Table Five**). This research recognises that any amount of hours would be judged to be insufficient by staff; therefore, this was notional but also advances the recognition of the Personal Tutor's work load when supporting students.

Semester One	Semester Two	Semester Three
½ an hour per student per semester **1 hour for Personal Tutor briefing**	**½ an hour per student per semester** **1 hour for Personal Tutor briefing**	**½ an hour per student per semester** **1 hour for Personal Tutor briefing**

Table Five: Staff Allocation of Hours for Personal Tutoring Responsibilities

6.2 Limitations of this Research

a) Some seminal research from the USA strongly suggests that Personal Tutoring has positive effects of students' academic performance, motivation and attitude towards education, self-esteem and self-confidence (Reisner, Petry and Armitage 1990). As previously indicated this research did not investigate the impact on establishing a structured Personal Tutoring strategy on retention and academic success. In fact, Potter (1997) criticised other UK studies because they lacked the rigorous methodology of using a comparative control group or before-and-after studies to establish the effectiveness of Personal Tutoring. Therefore, research with a more widely spread focus would be both beneficial and advantageous in the future developments of Personal Tutoring: for example, cross-programme or entire-faculty provision using a comparative control group to ascertain whether Personal Tutoring has an influence on academic success and student attrition, as well as improving the student experience.

b) As the researcher of this study I became immersed in the development of Personal Tutoring within the School of Nursing and Midwifery and then subsequently within the faculty. This provided excellent opportunities for disseminating my work and resulted in me being awarded a Teacher Fellowship. This further integrated the tutoring concept when combined with the Faculty Personal Tutor Coordinator role, as well generally elevating the profile of Personal Tutoring within the school, faculty and across the university. The disadvantage was that I became synonymous with Personal Tutoring, which did result in staff and student delegating me a variety of Personal Tutoring problems.

6.3 Personal Tutoring and Teaching and Learning

6.3.1 Resources

The resourcing of Personal Tutoring in the school and faculty had to be 'sold' to the SMG as the financial implications were outside my area of responsibility. In

Chapters One and Two the ad hoc way student nurses were supported on their programme was illustrated; this approach was not structured or managed in a particular strategic manner. Therefore, when this study commenced the support from the School of Nursing and Midwifery's SMG indicated staff time would be appropriately allocated, although the benefits of the guidelines had to be clearly illustrated.

The aim of this study was **not** to focus on the impact of Personal Tutoring on student retention; if and when this occurred then it was viewed as a positive byproduct of a successful strategy. Student attrition involves very complex issues (Woodley cited in Thorpe and Grugeon 1987, Wu, Fletcher and Olson 2007). Separating out these influencing variables would involve conducting a randomised control trial in which two groups of pre-registration student nurses with similar personal and academic characteristics would be compared, one group receiving no Personal Tutor interventions and the other with a Personal Tutor; such a trial has serious ethical implications. Therefore, a longitudinal study similar to that of Gibbs, Regan and Simpson (2007), could be a compromise, this would review the impact of Personal Tutoring on student understanding and to review student evaluations, the academic performance and the valued-added experience for the student nurse.

However, the implementation of this Personal Tutor approach did require a significant number of allocated staff hours to support the initiative. **Figure Seven** illustrated the number of students allocated to academic staff ensuring parity across the school and to ensure the proportionate hours to support the students are identified. The Personal Tutor guidelines (**see Appendix 15**) identified that each student will have one half-an-hour one-to-one tutorial per semester with his or her Personal Tutor, along with a one-hour Personal Tutor briefing in each semester.

As **Table Six** indicated, 5625 staff hours were required from the School of Nursing and Midwifery to resource Personal Tutoring for pre-registration nursing programmes. The school's academic staff role is split into three sections of teaching, management and administration including research, scholarly activity and clinical updating. The maximum timetabled teaching hours for each full-time lecturer, senior lecturer and principal lecturer is 550 hours per academic year with fractional appointments pro rata. Therefore, the resource implications of this strategy equates to teaching responsibilities for over ten full-time academic staff. However, the benefits of Personal Tutoring for the staff and students have been clearly expounded within this thesis — support mechanism, enhancement to the student experience, student progression and academic achievement— with strong links to increased student retention further substantiated by a wide body of

literature (Woodley cited in Thorpe and Grugeon 1987, Wu, Fletcher and Olson 2007).

No of Students	**PERSONAL TUTORING IN THE PRE-REGISTRATION NURSING PROGRAMMES**			
	Branch	**No of Personal Tutor Groups**	**No of Hours for One-to-One Tutorials**	**No of Hours for Group Personal Briefings**
	Diploma & Degree Combined	Diploma & Degree Combined	1.5 Hours per Student per Academic Year	3 Hours per Year per Personal Tutor Group
743	Adult	39 From **8–21** students per group	1114.5	117
142	Children's	6 From **9–25** students per group	213	18
224	Mental Health	6 From **7–18** students per group	336	18
33	Learning Disability	3 From **10–2** students per group	49.5	9
Totals		54	1713	162
School Academic Year Total for Staff Hours for Personal Tutoring		1713 + 162 = **1875 Hours** Diploma & Degree Nursing Programmes Combined		
3-Year Programme Total for Staff Hours for Personal Tutoring		1875 x 3 = **5625 Hours** Diploma & Degree Nursing Programmes Combined		

Table Six: Number of Staff Hours to Resource the School of Nursing and Midwifery Personal Tutor Guidelines and Strategy

The Personal Tutoring initiative had been disseminated through the action learning spiral according to Kemmis and McTaggart (1988), into the nursing programmes and the wider faculty**.** The evaluation of this tutoring initiative had indicated a positive impact from staff and students alike. In the faculty several curriculum areas had already identified how to develop and add Personal Tutoring into programme areas; ideally, Personal Tutoring should be an integral part of the curriculum development process when a programme is validated rather than being a 'bolt on'. As the Faculty Personal Tutor Coordinator I was involved with the scheduled validations across the faculty and this involved work with programme teams to address the university, faculty and student expectations of Personal Tutoring. For example, a Doctorate in Health Science (in the literature sometimes

referred to as a professional doctorate) was developed in the faculty. This was a unique programme of integrated professional practice and research rather than being solely a research programme as is a traditional PhD. A traditional PhD programme often neglected to include the student's other professional skills and it did not always adequately fill the growing need for development opportunities for practicing qualified practitioners. McEwen and Bechtel (2000) pointed to the tremendous growth in the number of doctoral programmes in the USA and, more recently, in the UK. Starck, Duffy and Vogler (1993) predicted a shortage of highly qualified and prepared practitioners and called for the increase of a doctoral prepared workforce. A review of the literature illustrated how doctoral students lacked familiarity with their programme of study and this deficit resulted in student attrition (Philips cited in Zuber-Skerritt and Ryan 1994). It was reported that students entered doctoral programmes without having a clear notion about the time commitment, perseverance and work required. Therefore, students needed to clearly understand what the Doctorate in Health Science involved but also what support mechanisms were available to them, including the Personal Tutor assistance.

It is the norm for PhD students to have a Research Supervisor, which is not unlike a Personal Tutor in many ways. When reviewing the role of a Research Supervisor Barber and Norman (1987:3) proposed that it is

> *… an interpersonal process where a skilled practitioner helps a less skilled practitioner to achieve professional abilities appropriate for this role. At the same time they are offered counsel and support'*.

On the other hand, Burnard and Morrison (1993: 90) suggested that the Research Supervisor is usually in a more hierarchical arrangement with a senior person facilitating the growth and development of another colleague in a professional and educational context. Both definitions assert the need for a Research Supervisor to have two key elements: direction and support. Similarly, this is also encapsulated in Wheeler and Birtle's (1993) description of a Personal Tutor being an 'anchor', which is a useful analogy incorporating images of a consistent point of contact between the student and the university. The Personal Tutor Coordinator facilitated the development of integrating Personal Tutoring into this new programme; uniquely, this type of programme would have been considered as not requiring a Personal Tutor because of its academic level. However, there is a paucity of research that suggested Doctorate in Health Science students do need to have support mechanisms in place as the programme is often informal and lacks structure; thus this strategic progression would strengthen the parity and quality of the advice.

The Doctorate in Health Science requires student motivation and commitment for a long period of time; therefore, the mechanisms of student support need to be clearly identified. Delamont, Atkinson and Parry (1997) suggested that problems that occur in relation to supervision and support arrangements stem essentially from a failure to set out the expectations for all parties involved. This programme now has guidelines that document the roles of the support team. Wisker (2001) advocated the use of such a document to ensure clarity of roles and expectations. These guidelines are underpinned by evidence from the literature on student support in higher levels of study (Morton-Cooper and Palmer 2000, Gray and Smith 2000, Marion et al 2005, Ketefian and McKenna 2005). This approach will ensure that students receive systematic, high-quality support throughout the programme and, therefore, clearly address the QAA (2004) expectations for post-graduate supervision at this higher degree level**.** The aim of this study **(see 1.2)** was to develop a Personal Tutor strategy for a pre-registration nursing curriculum, this approach for development and implementation has been adapted for a higher degree and in other subject areas in the faculty.

6.3.2 Development and Implementation of the Student Personal Tutor Guidelines

Phillips (1994) identified how lecturers may perceive and execute their Personal Tutor responsibilities in a unique and individual way. Equally students may also have unclear expectations of their Personal Tutor's role; this may include limiting ideals or an unattainable attitude of this role. Therefore, the School of Nursing and Midwifery guidelines have provided staff with a structured and endorsed approach to their role as a Personal Tutor (**see Appendix 15**). This document does differentiate between the student and Personal Tutor role with regards to the eight key themes; this supports a shared and collaborative relationship between the student and Personal Tutor as reflected within the original conceptual framework of this study adapted from Henderson et al (2006, **see Figure One**). Although, at present, the student does not have access to this document, some of the content of the guidelines that concerns the student is contained within several other resources that they already have access to: for example, the student handbook, module guides and induction information. The student participants in the focus group and follow-up interviews obviously influenced the content and structure of the Personal Tutor guidelines and, therefore, the student population need to have open access to guidelines that they find useful and understandable. The SMG was presented with an option to launch the same guidelines for Personal Tutoring to the student body but they felt that the terminology occasionally referred to within the guidelines was not familiar to the student body, for example using jargon such as SAB (Subject

Authority Board). For that reason, following the implementation of the staff guidelines, the identified student role and responsibilities in Personal Tutoring were slightly amended and transferred into the student portfolio in a document titled 'Guidance for Working with Your Personal Tutor' (**see Appendix 17**). To ensure clarity for the students this document was launched for consultation with members of the Student Learner Council. This is made up of 16 undergraduate group representatives and is chaired by the Faculty Head of Studies. Members were all given the document prior to a planned meeting for comment and then it was identified as an agenda item for the meeting. I attended to provide an overview to the background of the research project and launch of the 'School of Nursing and Midwifery Personal Tutor Guidelines'. None of the student participants who contributed to the actual focus groups or interviews were members of the Student Learner Council at this time (as they had already graduated). Several of the members appeared pleased to have such a document. It was further pointed out that the 'Guidance for Working with Your Personal Tutor' document (**see Appendix 17**), along with the 'The School of Nursing and Midwifery Personal Tutoring Guidelines' (**see Appendix 15**), clearly identifies the opportunity for the following:

> *If either party* **(student or Personal Tutor)** *feels uncomfortable in the relationship, there should be fair and non-judgemental mechanisms for changing Personal Tutors (requests should be referred to the programme leader)'.*

This was received with positive comments from all of the Student Learner Council members. Student members were provided with the opportunity to provide anonymous feedback from the document through the chair. Feedback resulted in the document being printed on 'brightly coloured paper' so it could be easily and clearly distinguished from other documents in the student portfolio; therefore 'Guidance for Working with Your Personal Tutor' will be included in the student portfolio on pink paper.

6.4 Management of Personal Tutoring — Faculty Personal Tutor Co-ordination

This research, as well as other recent papers (Por and Barriball 2008), illustrate that the Personal Tutor role is both demanding but rewarding in pre-registration nurse education. This research exemplified how the Personal Tutor is a key player in the student's integration to HE, their subsequent progression and success. The influence of the tutor on the student's personal, academic and professional development contributed to the improved retention and achievement of students (Cantor, Roberts and Pratley 1995). The potential of this research was recognised

on a wider scale in the faculty and then university, as a structured student-support mechanism that is significant in supporting a diverse student body outside the undergraduate nursing programmes. In recent years the British higher education system has become a mass system, recruiting students from increasingly diverse backgrounds. This has placed greater pressure on academia in supporting a rising number of students. The Dean of the Faculty requested the appointment of a Faculty Personal Tutor Coordinator and part of the Strategic Management Group (SMG), as illustrated in **Appendix 24;** I was successful in gaining this position after the completion of this study. This role had not been previously undertaken by anyone else and neither had it been the responsibility of any of the functional heads; this demonstrated that Personal Tutor development was a separate entity and now influential in its own right. Despite having a faculty responsibility and accompanied accountability, no management remit was held in this role, which would have been problematic when instigating further change without any authority. The SMG membership included other functional heads and heads of school, and the Dean as Chair, which facilitated the support in developing Personal Tutoring across these areas.

When joining the faculty SMG, I audited the faculty Personal Tutor activities to identify and establish the strategic priorities to ensure an equitable and progressive approach. These priorities were then included in the Faculty Teaching, Learning and Assessment Strategy 2006–2007 (**see Table Seven**), which was matched again the University Learning, Teaching and Assessment Strategy (ULTAS). This reflected the continuity of the action research cycle (**see Appendix Two,** Kemmis and McTaggart 1988), with a plan-action-observe and reflect recommencing.

Key Principle-ULTAS Target	**Faculty Target**
All programmes to monitor effectiveness of personal tutor activities, and identify good practice and areas for improvement	Programme specific guidelines on the implementation of the role of PT and student to be completed for all undergraduate programmes. All undergraduate programmes to evaluate the effectiveness of the Personal Tutor role through programme evaluations. • The Faculty Personal Tutor Coordinator to also conduct focus groups with a representative selection of staff and students to contribute to the evaluation. • This information relating to ULTAS target to be incorporated in SAB Annual Reports for future developments within Personal Tutoring.

Table Seven: The Faculty Teaching, Learning and Assessment Strategy 2006–2007

Having considered these objectives it provided a direction for change, Bridges (1991: 32) argued that there is a need for committed, concerted and informed support when implementing change and development in HE; he states,

> *The single biggest reason organisational changes fail is that no-one thought about endings or planned to manage their impact on people. Naturally concerned about the future, planners and implementers usually forget the people have to let go of the present first. They forget that while the first task of change management is to understand the destination and how to get there the first task of transition management is to convince people to leave home. You'll save yourself a lot of grief if you remember that!*

Bridges (1991) used a three-step approach to change management: the first is helping staff to let go of the past; the second is helping staff to move through a time of transition when all is uncertain and the future is far from decided; and finally is the new beginning. These factors were considered when formulating the strategic targets for the Faculty Learning, Teaching and Assessment Strategy for 2006–2007.

6.5 Policy Considerations and the Implications for Educational Practice

This university appeared to be committed to encouraging wider student participation into the HEI by offering opportunities and support to those who have the potential to benefit from it, and this is reflected as a strong theme in the Faculty and University Strategic Plan (**see Appendix 14** and **16**). The student's demographics of those who participated in this research illustrated typical trends in the wider student population in the pre-registration nursing programmes (**see Appendix Eight, Table One to Eight**)**.** They indicated a variety and diversity of ethnic backgrounds, mature entrants or students who are entering a vocational profession that is dominated by the opposite gender as well as an eclectic mix of academic qualifications and attainment. Often these students are ill-prepared for university, not because they lack ability, but because they are entering an educational environment with cultural, social and academic expectations of which they have no prior experience. The challenge for tutors is to support these diverse students; nursing students who enter HE face a number of increasingly complex and unique challenges in adjusting to university life and their experiences in their first year can set the foundation for subsequent achievement.

HEFCE (2001) identified how nursing students made the transition into and through an HE programme; they are exposed to a series of experiences. Six stages of a student lifecycle are identified and the authors acknowledged the challenge for some students to be integrated and make the transition into HE (op. cit.).

1. Aspiration raising: providing information and promoting awareness about higher education opportunities to potential students in schools, colleges, communities and workplaces
2. Pre-entry activities: supporting students in developing the confidence, skills and knowledge to apply to HE and to make the transition as effectively as possible
3. Admissions: ensuring that the process of applying to and being selected for higher education is 'fair'
4. First term/semester: the transition to higher education is difficult for all students, but especially for those with additional needs or with more limited family support. Central to this process is the induction arrangements — providing information about academic expectations and cultures, institutional systems and welfare support, and facilitating the development of social networks, particularly for students who are not able to participate in traditional student activities. Effective transition can help to improve rates of initial retention and ongoing success
5. Moving through the course: pedagogy, curriculum and assessment, finance and part-time employment, and student services may all enhance or inhibit student retention and success
6. Progression: to employment and/or postgraduate study. There is evidence of discrimination in progression opportunities for students from under-represented groups and thus institutions can prepare for, and support the progression of, graduates.

Generic module and programme evaluations were completed by students in the School of Nursing and Midwifery to identify that they have an extremely positive experience while completing the programme; therefore, they cope exceedingly well with the transition into HE. However, for some students, especially those from a widening participation arena, one or more of their early experiences make problems with progression through the programme insurmountable and as a direct consequence they leave university. This could result from unrealistic expectations of students on their chosen programme, home sickness, financial worries or academic concerns. An excellent diagrammatical representation from Eales-Reynolds (2006) illustrates the common issues that influence student transition and progression in HE and the correlation of these key factors (**see Figure Eight**). All of these areas are addressed by the role of the Personal Tutor which is illustrated within the Personal Tutor Guidelines (**see Appendix 15**).

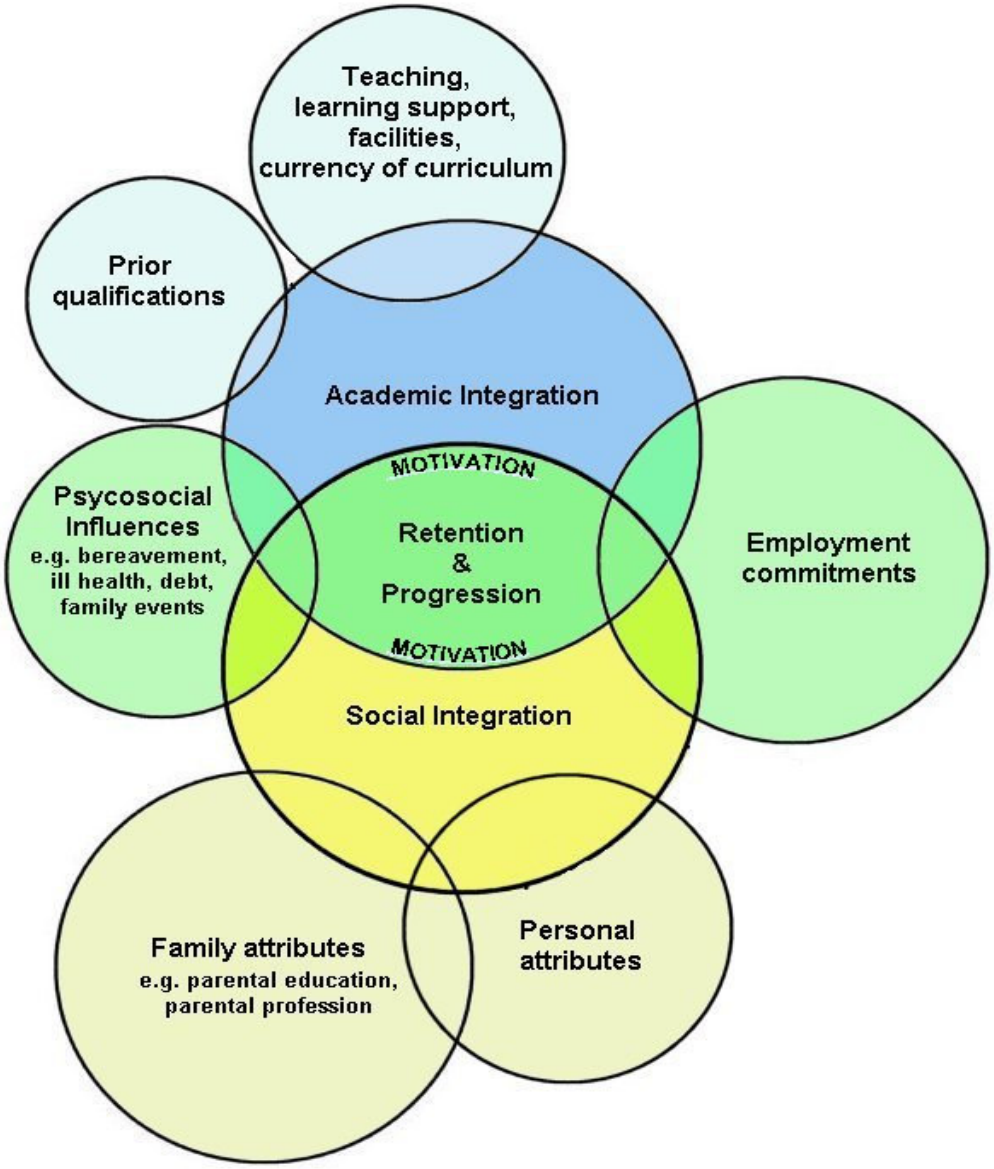

Figure Eight: Diagrammatical Representation of those Parameters that Influence Student Retention and Progression (Eales-Reynolds 2006)

There is a plethora of literature that outlines theories that provide the rationale for early student attrition or failure to progress in HE (Tinto 1975, 1982, 1988, 1993). Student attrition is generally influenced by four factors that impact on retention and progression.

1. Students becoming adapted to the routine of academic life
2. Provision of good communication paths and easy access to information about student life
3. Provision for student engagement in decision making in the classroom
4. Integration (Bean cited in Pascarella 1982).

Therefore, to improve success in student transition into this HEI, this faculty is actively integrating Personal Tutoring into current curriculum planning. As a consequence of the findings of this research project the philosophy of this work has been widely disseminated and applied to **all** other undergraduate programme areas in the faculty, using the same action research cycle (Kemmis and McTaggart 1988) (**see Appendix Two**). The Personal Tutor guidelines provided for nursing (**see Appendix 15**) were used as a template for other programme areas and adapted to reflect their student and Personal Tutor prerequisites within the programme.

As the Faculty Personal Tutor Coordinator I continued to facilitate the successful development and implementation of the Personal Tutor guidelines in all areas. This was initiated by approaching individuals within programme areas to 'champion' the expansion of Personal Tutoring. This involved ten individuals who covered Pharmacy, Biomedical Sciences, Forensic Science, Speech and Language Therapy, Police, Criminology, Psychology, Audiology, Medical Physiology and Youth and Community Development programmes within the faculty. This encompassed a micropolitical perspective (Hoyle 1982); this approach recognises how academic staff can use their influence to persuade others, often their peers. There had already been examples of successful change and implementation of innovation in the faculty and university, such as interprofessional education (I.P.E) and e-learning. This had flourished because it has been led by a faculty strategy, supported by senior management and had appointed advocates in key areas that had driven forward the proposal. Therefore, all three of these requirements were established before progressing with the initiative.

Personal Tutoring improved within the faculty by the identification of formal and informal power relations at all levels, particularly in relation to control of resources and agenda setting. This involved identifying those who actually made decisions in other schools in the faculty and illustrating and 'selling' the overt staff and student benefits of Personal Tutoring, followed by offering an abundance of support for them to facilitate their own guidelines. The senior management were enthusiastic about Personal Tutoring and as the coordinator I also benefited from their support; the 'champions' were volunteers and non-senior members of staff and were enthusiastic about taking on this coordination role. Personal Tutor improvement operated across a number of levels: at one end of the continuum was the macro level of the faculty which involved senior management, and the other end was the micro level which involved the academic staff and students. Although the meso level (Trowler, Fanghanel and Wareham 2005) was also employed, this was in the middle of the faculty's hierarchy and the 'champions' of Personal Tutoring had the influence to embed Personal Tutoring within their own areas.

The development of the role of School Personal Tutor Coordinators was crucial to the strategic development of tutoring and to maintaining the momentum of improvement. I met with the coordinators to establish a role descriptor to ensure it was not too ambiguous or restrictive, as detailed in the following.

1. Formally introduce the concept of Personal Tutoring to **new students** within the induction schedule
2. Formally introduce the concept of Personal Tutoring to **new staff** within the induction process
3. Be the conduit for cascading information to staff through established forums (for example exam boards, school meetings)
4. Link with student representatives and Student Services on Personal Tutor developments
5. Raise the awareness of the value and importance of Personal Tutoring.

When general consensus was established amongst the coordinators this remit was presented to the senior management and agreed. Although not an 'official' job description its existence was useful to structure the coordinators' sphere of activity within the schools of the faculty.

This research and subsequent wider dissemination of the guidelines by the other Personal Tutor coordinators resulted in the faculty being identified within the university as a beacon of good practice for Personal Tutoring. This had been formally recognised by internal and external audits and reviews, for example the Major Review of Health Care Provision (QAA 2003, 2006), as well as being scrutinised by statutory professional bodies such as the Nursing and Midwifery Council, British Psychological Society, Health Professions Council and Royal Pharmaceutical Society of Great Britain. The QAA (2006: 40) reported the following about this faculty:

> *The enhancement of the personal tutor role, originally piloted in the School of Nursing and Midwifery, with defined contact access has improved communication and acted as an early alert system to university staff if a student was having difficulty, so that extra tutorials and additional support from the mentors and placement facilitators can be offered. The University provides all students with an extensive range of central support services, including learning support.*

The University's Strategic Plan (**see Appendix 14**) in line with key policy drivers had clear priorities in relation to the development of widening participation, the National Student Survey results, recruitment and retention. The timely and positive feedback on the wider dissemination, implementation and application of Personal Tutoring in the faculty resulted in a more universal approach to personal tutoring

across the university. Therefore, a generic 'framework for Personal Tutoring' was developed at a strategic level encompassing a great deal of this research and its philosophy of Personal Tutoring: for example, having a partnership approach (see Figure Two Henderson et al 2006), a faculty coordinator, clearly differentiating the student's role as well as the Personal Tutor's, and also differentiating the parameters of the Personal Tutor and encouraging the utilisation of other resources for support for their students. However, it was recognised that despite the university having these espoused strategic aims in propagating Personal Tutoring, different faculties may have undisclosed aims that conflict with the university as a whole. The National Student Survey (HEFCE 2006b) had been heavily invested in and was an important part of the discourse that influenced compliance within faculties. At the time of writing the university was preparing for the 2008 National Student Survey and the 'University Framework for Personal Tutoring' (**see Appendix 23**) has been influential in expecting a higher ranking in the league table.

The evaluation of the 'University Framework for Personal Tutoring' (**see Appendix 23**) has not formally occurred, although the university's annual survey of new students' experiences of their programme, 'The New Entrants Study 2006–2007', has been completed by the university's marketing department which was open to all first-year undergraduates students (Kitts 2006). A total of 411 responses across the university were received, translating to a response rate of 4.8% (I do acknowledge that this is a very low response rate to this type of methodology). Baruch (1999) conducted a study that explored what could and should be considered a reasonable response rate to questionnaires in academic studies. The average response rate was 55.6% with a standard deviation of 19.7%. Therefore, Baruch (1999) suggested that the average and standard deviation found in this study should be used as a norm for future studies, bearing in mind the specific reference group. Therefore, despite the low response rate of this survey the results illustrated important considerations: the students were presented with a range of issues pertinent to the new student and they were asked to rate each from both on an importance and satisfaction perspective to capture an accurate picture. The results were calculated using a mean score index along an ascending four-point scale. Students' reported to have had a better experience of Personal Tutoring in the early part of their programme than anticipated (**see Appendix 25**); it is impossible to correlate this increased student satisfaction as a result of developments on Personal Tutoring from this study, but it does provide an insight into the students' expectations and experience.

The evaluation of the university-wide Personal Tutoring approach is ongoing through a process of consultation and negotiation. When using action research, I will continue to support and systematically monitor the process and outcome of change using the cyclical nature of action research (**see Appendix Two**, Kemmis and McTaggart 1988). Again as indicated in **Appendix 26**, from the New Entrants Study 2006–2007 (Kitts 2006) student opinions on the student experience, the decision to enrol and value for money could be improved. Therefore, student support through a structured and robust Personal Tutor mechanism can contribute to an improved student experience, as well as a clearer and well-thought-out role definition for staff.

Finally, Kitts (2006) explored with new students aspects of the university that, if changed, would improve their lives as students. The main themes were:

1. More one-to-one communication with lecturing staff
2. Extra academic support outside of lectures/tutorials
3. Clearer and more in-depth assignment feedback.

The survey reflected an important insight into the student's initial HEI experience (albeit a very small proportion of the university student population were included) but it does suggest that a further review of the student integration into the social, academic and institutional aspects of HE is required. Personal Tutoring can facilitate a successful integration between these activities, this does not only benefit the student but also the academic staff and provide a greater understanding of the students needs. However, a 'one size fits all' approach to Personal Tutoring is not appropriate nor will it solve problems of non-progression and attrition, as the factors which influence student progression through HE are individual to students and vary from year to year.

In summary, this chapter illustrated the educational implications when integrating Personal Tutoring into initially nurse education and then the wider faculty and university. Staff overwhelmingly want to work in the best interests of their students and Personal Tutoring is an excellent vehicle to harness this support, albeit a few staff believed that less Personal Tutor support was beneficial for students as it made them more self-sufficient. This study illustrated that staff resistance to Personal Tutoring came from two key issues. First was 'change fatigue' along with a mass of other strategic initiatives both on an internal and external level and the second was regarding staff concern over increased workload. It was anticipated that this Personal Tutoring model was underpinned by support for the tutor and, therefore, minimised, wherever possible, an additional workload. As Morely (1998)

indicated, supporting students as a Personal Tutor is often heavily reliant on emotional labour.

6.6 Conclusion

To conclude this thesis I applied Kolb's experiential learning cycle (Kolb 1984) to illustrate the originality of the work and demonstrate how this research has added to existing knowledge on Personal Tutoring and illustrate how the research aim and objectives have been met **(see Section 1.2).** Kolb's cycle (1984) is based on human learning theories and development, and is influenced by the historical work of Dewey (1897) and Lewin (cited in Cartwright 1951).

The learning cycle can begin at any of the four points, and has been approached as a continuous spiral, with the following progression: concrete experience, reflection, abstract conceptualisation and active experimentation. These dimensions define a holistic learning space wherein learning transactions take place between individuals and the environment. The learning space is multi-level and can describe learning and development in commensurate ways at the level of the individual, the group and the organisation. This cyclical progression may happen in a 'flash', or over days, weeks or months, depending on the topic (Kolb and Kolb cited in Armstrong and Fukami 2008). This research journey from beginning to end (concrete experience to active experimentation) took two years. The following description uses Kolb's (1984) cycle and maps this progression of Personal Tutoring.

1. Concrete Experience: is a central issue for HE and is the relationship between the student and the organisation. In the concrete experience stage, the first objective of this research was address by utilising reflection, staff and students were engaged in dialogue through focus groups and interviews, to explore and identify positive Personal Tutoring skills, attributes and experiences.

2. Reflection: the engagement in dialogue described in the previous section on Personal Tutoring became a pivotal linking pin between the 'individual' (staff and student) and the organisational; this initially was the programme and then the School of Nursing and Midwifery but eventually became the faculty through the dissemination of these finding facilitated by action research and resulted in guideline development across the faculty and university. Again this fulfilled the original aim of the research study.

3. Abstract Conceptualisation: the strategic development of Personal Tutoring required collaboration, vision and leadership to ensure the successful

implementation of this Personal Tutoring initiative, and this addressed the second objective of the study. All of these mechanisms were used to resolve any covert and overt conflicts between individuals; these were often from other staff and students as well as from those in management. The originality of this was the simultaneous application of the 'bottom-up' and 'top-down' approach to change the culture and attitude to tutoring.

4. **Active Experimentation**: 'action' resulted in the implementation of the Personal Tutor guidelines in the School of Nursing and Midwifery through a robust launch and staff development programme, along with continuous staff training and more importantly the evaluation of the guidelines. Again this fulfilled the aim and final objective of this study, following the implementation of the guidelines, to critically evaluate their impact in educational practice and then its wider dissemination.

This research addressed the issue of the potential unfriendly nature of university's enrolment process as a factor influencing increased drop-out and application rates by explicitly aligning Personal Tutors to students prior to their enrolment, along with a Personal Tutor group briefing session on the second day of the students' induction; this ensured they are aware and familiar with the role of their Personal Tutor as documented in the guidelines.

Following the completion of this research, Personal Tutoring is understood as a 'process', not a set of outcomes. To improve Personal Tutoring in HE and especially in nursing programmes, the primary focus should be on engaging students in the 'process' that best enhances their whole teaching and learning experience. This study has substantially advanced the shift and has fundamentally embedded Personal Tutoring within the pre-registration curriculum of the School of Nursing and Midwifery.

As illustrated above, initial aims of the research have been met by this study, in terms of fulfilling the research brief as set out in the initial chapters of this study. Employing mostly qualitative research methodologies, the focus groups and interviews to explore both students' and tutors' experiences and attitudes towards Personal Tutoring. Possible changes to Personal Tutoring guidelines have been presented, also drawing on an extensive critical review of the literature and exploration of the history of nursing practice, research and tutoring.

The current study has been limited by several factors. Firstly, the samples have been small in size and pertain to one institution only. Whilst this has allowed the research aims to be met, in providing specific information and suggestions for one institution, further research could be expanded in alternate institutions where I am not a pre-existing member of staff. Whilst it has been noticed that my background knowledge has better facilitated the research process, it would be indicative to compare research results when this is not the case, in order to get a more general understanding of Personal Tutor practice within nursing.

Secondly, the research samples have included students and Personal Tutors only, since the research paradigm was chosen to ensure a thorough investigation of those actually involved in the tutoring process. However, further research could focus on others not intimately involved in the tutoring process, in order to investigate and further contextualise the tutoring process within nursing. For example, focus groups or interviews with those involved in offering counselling services could be indicative in highlighting the balance of responsibility between councillors and Personal Tutors, and investigate whether similar issues and problems arise in terms of role conflict and difficulty in discerning the amount of time and attention necessary for this process.

Thirdly, this research has not explored the link between student retention and Personal Tutor support. Whilst this study has shown that further clarification of the role of Personal Tutors and their relationships with students is necessary, how much good support plays a role in allowing students to complete their training is important when evaluating resource and time allocation within Personal Tutor allocation. Furthermore, the link between Personal Tutor support and quality of student performance has not been explored. Whilst this study has focused on Personal Tutoring as a purely 'support' role for students, the ambiguities in the concept of 'support' has been shown — both in terms of what Personal Tutors are expected to offer, and in terms of what students themselves expect and need from Personal Tutors. A further investigation of the interplay between training, academic work and personal development within nursing practice could be indicative in further clarifying the actual and possible role of Personal Tutors. This could involve an explicit focus on quantitative data and a resultant change in research paradigm.

Fourthly, and finally, whilst this study has aimed to give a thorough overview of the development and history of nursing practice, its relationship with professionalism, academic research and tutoring, further research could contextualise these developments more broadly in terms of trends in the broader society. For instance, has the current importance of establishing nursing as a separate profession

reflected positive or negative trends in the role and perceptions of medical care more generally in society? Is the current importance of Personal Tutoring frameworks the result of a renewed focus on helping students to achieve to the best of their ability, or does it reflect a changing dynamic between the role of educational institutions and students' personal development? Is the difficulty in defining the boundaries of Personal Tutor care in nursing specific to nursing, or is it the result of a conflation of work and private spheres that impacts on other institutions?

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The Implementation and Evaluation of Personal Tutor Guidelines in a Pre-Registration Nursing Curriculum

Volume II of II

Abigail Moriarty

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the Doctorate in Education

September 2009

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Appendix One

Critical Appraisal Skills Programme (CASP)

10 questions to help you make sense of reviews

How to use this appraisal tool:-

Three broad issues need to be considered when appraising the report of a **systematic review:**

- **Is the study valid?**
- **What are the results?**
- **Will the results help locally?**

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions.

You are asked to record a 'yes', 'no' or 'can't tell' to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

The 10 questions are adapted from Oxman, A. D., Cook, D.J. and Guyatt, G. H. (1994) 'Users' guides to the medical literature. How to use an overview', *JAMA,* 272, 17, 1367-1371.

Screening Questions

1. Did the review ask a clearly-focused question?
Yes □ Can't tell □ No □

Consider if the question is 'focused' in terms of:

– the population studied □ _____
– the intervention given or exposure □ _____
– the outcomes considered □ _____

2. Did the review include the right type of study?
Yes □ Can't tell □ No □

Consider if the included studies:

– address the review's question □
- have an appropriate study design □

Is it worth continuing?

Detailed Questions

3. Did the reviewers try to identify all relevant studies?
Yes □Can't tell □ No □

Consider:

- which bibliographic databases were used _____

– if there was follow-up from reference lists _____

- if there was personal contact with experts _____

- if the reviewers searched for unpublished studies _____

- if the reviewers searched for non-English language studies
Yes □ Can't tell □ No □

4. Did the reviewers assess the quality of the included studies?

Consider:

– if a clear, pre-determined strategy was used to determine which studies were included. Look for:

– a scoring system _____

– more than one assessor _____

5. If the results of the studies have been combined, was it reasonable to do so? Yes □ Can't tell □ No □

Consider whether:

– the results of each study are clearly displayed Yes □ Can't tell □ No □
– the results were similar from study to study (look for tests of heterogeneity) Yes □ Can't tell □ No □

– the reasons for any variations in results are discussed

_____

_____

6. How are the results presented and what is the main result?

Consider:

– how the results are expressed (e.g. odds ratio, relative risk, etc)
_____
_____

– how large this size of result is and how meaningful it is

_____

_____
_____

– how you would sum up the bottom-line result of the review in one sentence
_____
_____
_____

7. How precise are these results?

Consider:

– if a confidence interval were reported. Would your decision about whether or not to use this intervention be the same at the upper confidence limit as at the lower confidence limit? _____

– if a p-value is reported where confidence intervals are unavailable _____

---

8. Can the results be applied to the local population?
Yes □ Can't tell □ No □

Consider whether:

– the population sample covered by the review could be different from your population in ways that would produce different results

Yes □ Can't tell □ No □

– your local setting differs much from that of the review

Yes □ Can't tell □ No □

– you can provide the same intervention in your setting

Yes □ Can't tell □ No □

9. Were all important outcomes considered? Yes □ Can't tell □ No □

Consider outcomes from the point of view of the:

– individual Yes □ Can't tell □ No □

–- policy makers and professionals Yes □ Can't tell □ No □

- family / carers Yes □ Can't tell □ No □

– wider community Yes □ Can't tell □ No □

10. Should policy or practice change as a result of the evidence contained in this review? Yes □ Can't tell □ No □

Consider:

– whether any benefit reported outweighs any harm and/or cost. If this information is not reported can it be filled in from elsewhere?

_____

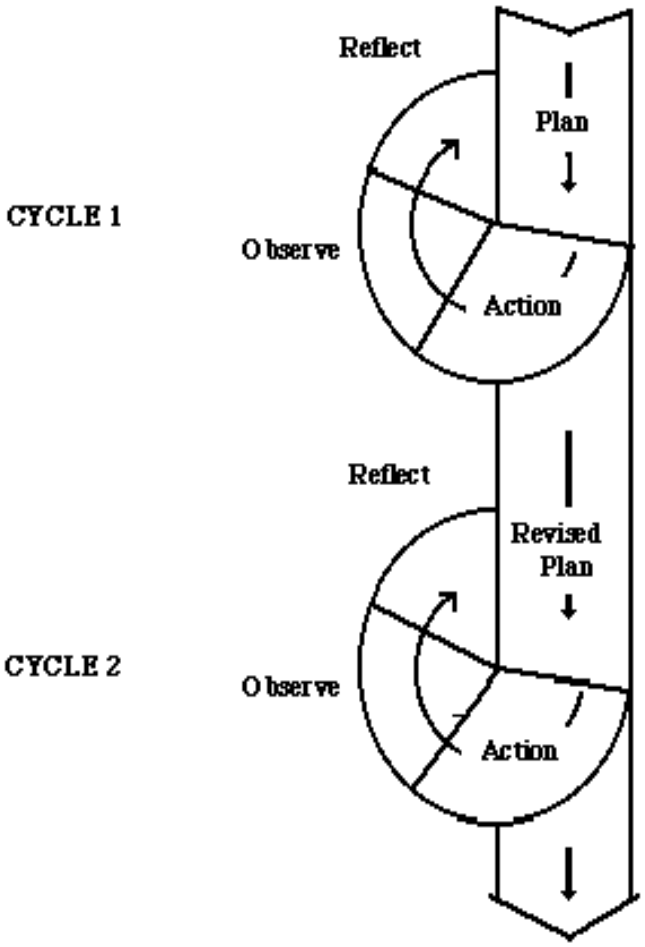
_____

_____

Appendix Two

Stages of the Action Research Spiral

Kemmis and McTaggart (1988)



Appendix Three

Consent Form and Information Sheet - STUDENT

Participation in a Focus Group and Follow up Interview

As a student on the Diploma in Higher Education Nursing programme, one of my aims as a Senior Lecturer is to develop a robust educational provision and a part of this is to examine the Personal Tutoring concept within the School of Nursing and Midwifery. To monitor the quality and relevance of the specification I am inviting you to participate in a focus group, this will involve answering set questions regarding the Personal Tutoring. This information will be analysed and you may be asked to attend a follow up semi-structured interview. Again the interview will be based upon your opinions and experiences of Personal Tutoring. All information is also to be used within my thesis for my Doctorate in Education qualification.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

1. All information collected in the focus groups and subsequent interviews is strictly confidential, no names and places will be included within the final paper. All information which is collected about you during the programme of the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be recognised from it.

2. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign the enclosed consent form and you will be given a copy of this to keep. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect any part of your progress upon the programme.

3. The focus group will last approximately 1 ½ hours; the time and place will be forwarded to you if you agree to participate. If you are selected to attend a follow up interview, this will last a further one hour.

4. The final completed copy of the thesis will be available for you to read at the University of Huddersfield's library at Queens Campus.

Finally may I thank you in advance for considering contributing to my research.

Abigail Moriarty BSc (Hons) RGN Dip. N P.G.C.E MA
Senior Lecturer

Please initial each box

1. I confirm that I have read and understand the information sheet dated *(removed for publication)* for the above study and have had the opportunity to ask questions ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my education being affected ☐

3. I understand that sections of any of my educational profile may be looked at by responsible individuals from the University. I give permission for these individuals to have access to my records ☐

4. I agree to take part in the above study ☐

_____ Name of Researcher

_____ Signature

_____ Date

_____ Name of Student

_____ Signature

_____ Date

Copies: 1 for Student: 1 for Researcher: 1 to be kept with research notes
Please return in enclosed stamped envelop to:
Abigail Moriarty, Senior Lecturer and Teacher Fellow - Work Address Removed For Publication

Appendix Four

Consent Form and Information Sheet - STAFF

Participation in a Focus Group and Follow up Interview

As a member of staff who has Personal Tutor responsibilities for students upon the Diploma in Higher Education Nursing programme, one of my aims as the Schools' Personal Tutor Lead is to develop a strategic approach to support students while on their programme. To monitor the quality and relevance of the specification I am inviting you to participate in a focus group, this will involve answering set questions regarding the concept of Personal Tutoring. This information will be analysed and you may be asked to attend a follow up semi-structured interview. Again the interview will be based upon your opinions and experiences of Personal Tutoring. All information is also to be used within my thesis for my Doctorate in Education qualification.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

1. All information collected in the focus groups and subsequent interviews is strictly confidential, no names and places will be included within the final paper. All information which is collected about you during the programme of the research will be kept strictly confidential. Any information about you will have your name and personal details will be removed so that you cannot be recognised from it.

2. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign the enclosed consent form and you will be given a copy of this to keep. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect any part of your Personal Tutor responsibilities.

3. The focus group will last approximately 1 ½ hours; the time and place will be forwarded to you if you agree to participate. If you are selected to attend a follow up interview, this will last a further one hour.

4. The final completed copy of the thesis will be available for you to read at the University of Huddersfield's library at Queens Campus. Finally may I thank you in advance for considering contributing to my research.

Abigail Moriarty BSc (Hons) RGN Dip. N P.G.C.E MA Teacher Fellow

Senior Lecturer

Please initial each box

1. I confirm that I have read and understand the information sheet dated (*Removed For Publication*) for the above study and have had the opportunity to ask questions ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my Personal tutor responsibilities being affected ☐

3. I understand that sections of any of my job role may be looked at by responsible individuals from the University ☐

4. I agree to take part in the above study ☐

_____ Name of Researcher

_____ Signature

_____ Date

_____ Name of Staff Member

_____ Signature

_____ Date

Copies: 1 for Staff Member: 1 for Researcher: 1 to be kept with research notes
Please return in enclosed stamped envelop to:

Abigail Moriarty Senior Lecturer and Teacher Fellow, Work Address Removed For

Publications

Appendix

Five

List of Focus Group Questions for Staff and Student Participants

Student Focus Group Questions

1. Welcome the respondents and introduce myself – Abigail Moriarty

2. Provide a brief rationale upon the purpose of the focus group

3. Explain the audiotape recording system

4. Reinforce the confidentiality of the discussion and the issues of consent

5. Explain the amount of time the focus group will be expected to take, approximately 1 hour [lunch available]

6. Ask if the students have any questions

7. Start the focus group

1. What do you understand to be the role of a Personal Tutor?

FOLLOW UP PROBING QUESTIONS

a) To help to interpret the University's regulations

b) To assist with the understanding of the subject of study

c) To discuss progress and academic achievement

d) To help resolve personal matters

2. How often do you need to meet with your Personal Tutor?

FOLLOW UP PROBING QUESTIONS

a) Who initiates these?

b) Are they one-to-one or in a group?

c) Where are they conducted?

3. What do you generally go and see your Personal Tutors about?

FOLLOW UP QUESTIONS

a) Concerns with the programme of study

b) For help with interpretation of the University regulations

c) To discuss assessments and end of semester results

d) For advice on future career choices

e) For advice on any professional body requirements on the programme

f) For help me resolve personal issues

4. What other support has your Personal Tutor referred you towards?

FOLLOW UP PROBING QUESTIONS

		Referred by Personal Tutor	**Own Initiative**
a)	Student Services		
b)	Student Union (Student Welfare)		
c)	the University Health Centre		
d)	Faculty office		
e)	Head of Studies		
f)	Programme Leader		
g)	Module Leader		

5) In what circumstances do you need to discuss the University regulations with your Personal Tutor?

FOLLOW UP PROBING QUESTIONS

a) Have you approached any one else about the University regulations?

Staff Focus Group Questions

1. Welcome the respondents and introduce myself – Abigail Moriarty

2. Provide a brief rationale upon the purpose of the focus group

3. Explain the audiotape recording system

4. Reinforce the confidentiality of the discussion and the issues of consent

5. Explain the amount of time the focus group will be expected to take, approximately 1 hour [lunch available]

6. Ask if the staff have any questions

7. Start the focus group

1. How often do you need to meet with your personal students?

FOLLOW UP PROBING QUESTIONS

a) Who initiates these?

b) Are they one-to-one or in a group?

c) Where are they conducted?

2. What do you understand to be the role of a Personal Tutor?

FOLLOW UP PROBING QUESTIONS

a) To help to interpret the University's regulations

b) To assist with understanding of the subject of study

c) To discuss progress and academic achievement

d) To help resolve personal matters

3. As a Personal Tutor, what do your personal students generally see you about?

FOLLOW UP QUESTIONS

a) Concerns with their programme of study

b) For help with interpretation of the University regulations

c) To discuss assessments and end of semester results

d) For advice on future career choices

e) For advice on any professional body requirements on my programme

f) For help me resolve personal issues

4. What other support have you directed your personal students towards?

FOLLOW UP PROBING QUESTIONS

a) Student Services

b) Student Union (Student Welfare)

c) The University Health Centre

d) Faculty office

e) Head of Studies

f) Programme Leader

g) Module Leader

5) In what circumstances do you need to discuss the University regulations with your personal students?

FOLLOW UP PROBING QUESTIONS

a) Have you approached any one else about the University regulations for your students?

Appendix

Six

List of Interview Schedule

Questions for Staff and Student Participants

STAFF INTERVIEW SCHEDULE QUESTIONS

Introduction

1. Welcome the respondent and introduce myself – Abigail Moriarty **(Principal Investigator)**

2. Provide a brief rationale upon the research project on the implementation of the School of Nursing and Midwifery Personal Tutoring strategy

3. Explain the audiotape recording system and establish if the lecturer accepts this method of recording

4. Reinforce the confidentiality of the study

5. Discuss and clarify the consent form sent to the participating lecturer prior to the interview

6. Explain the amount of time the interview will be expected to take, approximately 45 minutes to 1 hours

7. Ask if the lecturer has any questions

8. Start interview

Main Question	Notes and Possible Follow-up Questions
1. Can you just tell me about your teaching and Personal Tutor experience within the University?	a) Have you always been a Personal Tutor during your time at the University? b) How many Personal students do you have at any one time? c) How are personal students allocated to academic staff? d) Do you have a Personal Tutor group for the entire programme? f) Are the students all of the same branch and programme, or are they mixed?

Main Question	Notes and Possible Follow-up Questions
2. What do you understand to be the role of a Personal Tutor?	a) Explore pastoral responsibilities of a Personal Tutor b) Explore academic support of the Personal Tutor c) Explore clinical support of the Personal Tutor
3. As a Personal Tutor, what do your personal students generally come and see you about?	a) If not covered from the above question, explore here.
4. Do you have regular meetings with your present personal students?	a) Do you meet with your personal students as a group? b) Do you meet with your personal students individually? c) If they occur, who instigates the Personal Tutor and student one-to-one meetings? d) Where are any of these meetings conducted?
5. Have you directed your personal students towards any other support available in the University?	**Prompts: Examples of support services in the University:** Student Services Student Union (Student Welfare) The University Health Centre Faculty office Head of Studies Programme Leader Module Leader
6. Do you want hours allocated for staff for Personal Tutoring activities?	a) How much time do you think needs to be allocated to staff?
7. Before the interview is concluded, is there anything else you would like to add?	

Conclusion

9. Check recording of interview is successful

10. Ask the lecturer if they have any questions following the interview

11. Formally thank the lecturer for their participation in the research study

STUDENT INTERVIEW SCHEDULE QUESTIONS

Introduction

1. Welcome the respondent and introduce myself – Abigail Moriarty **(Principal Investigator)**

2. Provide a brief rationale upon the research project on the implementation of the School of Nursing and Midwifery Personal Tutoring strategy

3. Explain the audiotape recording system and establish if the student accepts this method of recording

4. Reinforce the confidentiality of the study

5. Discuss and clarify the consent form sent to the participating student prior to the interview

6. Explain the amount of time the interview will be expected to take, approximately 45 minutes to 1 hour

7. Ask if the student has any questions

8. Start interview

Main Question	Notes and Possible Follow-up Questions
1. Can you tell me about where you are in your nursing programme?	a) Have you presently got an allocated Personal Tutor at this University? b) If so, how many students are in your Personal Tutor group? d) If so, do you expect to have the same Personal Tutor for the entire programme? f) If so, are all the students in your Personal Tutor group of the same branch and programme, or are they mixed?
2. What do you understand to be the role of a Personal Tutor?	a) Explore pastoral responsibilities of a Personal Tutor b) Explore academic support of the Personal Tutor c) Explore clinical support of the Personal Tutor

Main Question	Notes and Possible Follow-up Questions
3. As a student, what do you generally go and see your Personal Tutor about?	a) If not covered from the above question, explore here.
4. Do you have regular meetings with your present Personal Tutor?	a) Do you meet with your Personal Tutor as a group? b) Do you meet with your Personal Tutor individually? c) If they occur, who instigates the student and Personal Tutor one-to-one meetings? d) Where are any of these meetings conducted?
5. Has your Personal Tutor directed you towards any other support available in the University?	**Prompts: Examples of support services in the University:** Student Services Student Union (Student Welfare) The University Health Centre Faculty office Head of Studies Programme Leader Module Leader
6. How much contact time do you spend with your Personal Tutor?	a) Do you think this is enough time? b) Do you think this is too much time?
7. Before the interview is concluded, is there anything else you would like to add?	

Conclusion

9. Check recording of interview is successful

10. Ask the student if they have any questions following the interview

11. Formally thank the student for their participation in the research study

Appendix Seven

Example of Interview Transcript [L2]

Interview of L2 (Lecturer 2) Interview Start: Time 15:04	
The interview conducted in a University private tutorial room, with 'Engaged' on the door.	
Name	**Questions and Responses Verbatim**
Principal Investigator	Ok, first of all thank you for agreeing to be interviewed today, this is very helpful. I am researching staff and students experiences, views and opinions of Personal Tutoring. The feedback from all of the focus groups and interviews will goes towards the development of The School of Nursing and Midwifery Personal Tutor Guidelines. I will record the interview on this tape recorder, but all identifying details will not be included in the transcription or any part of the research. I will also be making some additional hand written notes as well. Is that all ok?
L2	Absolutely.
Principal Investigator	You have signed your consent form that was sent to you prior to this interview date. Have you any questions about this?
L2	No, I am happy to participate.
Principal Investigator	I am going to check that the tape is recording [stops tape and rewinds and plays tape – good recording sound noted and resumes recording]
Principal Investigator	Have you any questions before we start?
L2	No, go ahead.
Principal Investigator	Ok, I want to start by asking you a few background questions. Can you just tell me about your experience within the University?
L2	Right [erm] ok. I have been a Senior Lecturer at this University for eight years now; I worked at another local university before that. I teach lots of things here.
Principal Investigator	Is that to a specific programme of students?
L2	I am an RGN, [erm] so that means I teach mostly adult students. But I teach some A and P on the CFP, so that is all branches isn't it?
Principal Investigator	Yes, it would be.

L2	In my time at the University I have been a module leader for lots of modules, and also I was an Admissions Tutor for a couple of years before Ali took over.
Principal Investigator	Right, have you always been a Personal Tutor during your time at the University?
L2	[Err] Mostly. I have had students allocated to me in some way or another. Personal Tutoring is the term now but we have had mentoring, tutoring, on allsorts. But basically it is the same thing no matter what it is called.
Principal Investigator	How are they allocated?
L2	By the Programme Leader I think.
Principal Investigator	How many students do you have at any one time?
L2	Well at the moment I have got about 40, but sometimes there are more or less. It all depends.
Principal Investigator	On what?
L2	I don't know really, you just get a note saying 'you are getting some students', and a list of names.
Principal Investigator	Is that before the students start the programme?
L2	Yep, usually when they are in for induction.
Principal Investigator	Do you have this group as a Personal Tutor group for the entire programme?
L2	Yes, to the bitter end [laughs].
Principal Investigator	Are the students all of the same branch and programme, or are they mixed?
L2	No they are all the same branch and programme, so I only usually have adult students on the diploma programme. Although there is no reason why I couldn't have degree students, I just haven't had any since I have been at [University name].
Principal Investigator	At the focus group you attended, there was a discussion on the role of the Personal Tutor. What do you understand to be the role of a Personal Tutor?
L2	Well it involves supporting students, doesn't it?
Principal Investigator	What kind of support do you mean?

L2	Well helping with there assignments and sorting out problems. I have had students with **so many** [strong emphasis] issues. I had one student who was a one parent family that had got on the programme with an NVQ and had a variety of financial and relationship issues. She didn't think that any of these issues were a problem when starting but suddenly she is on my doorstep expecting me to solve them for her. No acknowledgement of personal responsibility.
Principal Investigator	Ok.
L2	Definitely. All a Personal Tutor can **really** [emphasis] do is a series of fire fighting exercises.
Principal Investigator	Fire fighting?
L2	[erm] Yes, you don't know what crisis will be coming next. So deal with whatever crops up first. Whether that is divorce, sickness, childcare issues or a mentor from hell. Could be anything really.
Principal Investigator	[Erm] How do you deal with personal students problems?
L2	Well it depends?
Principal Investigator	On what?
L2	On what the problem is. The student usually comes sobbing and crying, asking for an extension or want to defer an exam.
Principal Investigator	Are the issues are usually around academic issues?
L2	It is usually around personal issues that impact onto their academic work and onto their placements. What I do is let them poor their heart out and try to sort some help out. God knows how many boxes of Kleenex I go through. Generally some of these girls have no one to turn to, or if they have they do they don't want to go and speak to them. If these students weren't on a programme like this, they would be struggling anyway, so being a student nurse just adds to it. On the other hand, this is often their only way to better themselves, and if they do it now then they never will. I feel so sorry for some of these girls. The young ones have their own issues, I know. But some of the mature students don't realise what they are getting into when

L2 Cont	they come to university [Laughs]. They often have loads of life experience, but have no real academic experience. These access courses have absolutely no preparation for the work they will do while here. I mean its all course work that doesn't test them.
Principal Investigator	You have identified a Personal Tutor's role in regard to academic support. Does the role of the Personal Tutor include support of the student while in clinical practice?
L2	It can do, for example I have had students come to me who are having problems with their mentors who are being nasty and unreasonable to them. Sometimes I can end up being a Visiting Lecturer to some of my own personal students and come across situations when the students are struggling to perform and meet their outcomes.
Principal Investigator	Is it planned within the programme for Personal Tutors to support their own personal students in clinical practice?
L2	Oh no. A complete fluke. The students are dished up amongst academic staff that does visits for a particular module. It isn't a formal arrangement.
Principal Investigator	So apart from supporting students as a Personal Tutor is there anything else you understand to be in this role?
L2	[Err] Well [pause] I suppose I get involved if they do anything wrong.
Principal Investigator	What would this be?
L2 **L2 Cont**	There was a situation when a student got caught copying an assignment from another student. I was her personal tutor but I was so happens to be her visiting lecturer in practice, she was supposed to chose a patient she can nursed while on placement. But something cropped up that made her selected patient look a bit odd. Something like she was on medical ward and her patient in the assignment was ventilated. Just didn't make sense, I wasn't marking it but that is the story I heard.
Principal Investigator	Right.
L2	Or it might have been using someone's work from another university as their own, [pause] some sort of shenanigans, anyway the Faculty Provost sent me an email to let me know.

Principal Investigator	What did you do?
L2	[erm] Nothing.
Principal Investigator	Did you see the student concerned?
L2	Not about that specifically, but they were very sheepish when I did see them. [Laughs] I think they didn't know whether I would know or not. I think it will go on their record won't it?
Principal Investigator	Yes.
L2	Students will only come and get help if they are in trouble. If I ask students to come and see me with no obvious issues – what am I to do with them?
Principal Investigator	So do you have regular meetings with your present personal students?
L2	Well, they know where to find me if they need me. But otherwise I just catch up with them when I can. Sometimes I will see them in class or be assigned to them on a module as a Visiting Lecturer or for assignment tutorials. Is all depends.
Principal Investigator	Do you see all of them?
L2	More or less, and they know where I am.
Principal Investigator	Yes.
Principal Investigator	So as a Personal Tutor, what do your personal students generally come and see you about?
L2	Well like I have said, when they have troubles.
Principal Investigator	Yes. Anything else?
L2	Sometimes to ask for a reference for a part-time job. Or sometimes they don't even ask and it lands on my desk. I think that is really cheeky, not asking.
Principal Investigator	Do you get these requests a lot?
L2	Absolutely. I think [names local hospital) would close down if it wasn't for our students banking their on a regular basis.
Principal Investigator	Really?

L2	The bursary is so little, part-time jobs is what keeps them afloat. Financially all of the students struggle and the mature students with a family especially find it difficult. I suppose the seconded students will be better off. I think they get their wage when they are studying but then have to return back to where they were as a HCA and work as a qualified nurse. That's right isn't it?
Principal Investigator	I believe they get 80% of their basic wage.
L2	Well still that is a hell of a lot better than the bursary. I don't know how many of mine are seconded.
Principal Investigator	Is there anything else you would like to add?
L2	No I don't think so.
Principal Investigator	Have you directed your personal students towards any other support available in the University?
L2	You mean like for counselling?
Principal Investigator	Yes, that is an example one of the services available to students.
L2	I haven't sent any of mine.
Principal Investigator	Have you directed them towards any other services?
L2 **L2 Cont.**	There was one of mine that hurt her back while on placement. She had loads of time off and wasn't going to meet her outcomes for the module. I was visiting her and I could never get to see her because she was always off sick, anyway I eventually caught up with her and she told me about this incident of moving a patient and pulling her back. She hadn't mentioned this to anyone on the ward, because she didn't want to get into trouble. So she just thought it would get better on its own. Anyway [erm] because of the length of time she eventually had off, I asked her to go and see Christine in 'ocky' health. Just to make sure she was fit to return to practice.
Principal Investigator	Was she?
L2	I assume so; she made up her practice time and achieved her outcomes.
Principal Investigator	Are there any other services that you have used?

L2	No, but I know there are other things available if needed.
Principal Investigator	Such as?
L2	Oh loads, it is all in the Student Handbook.
Principal Investigator	Do you refer them to that?
L2	Yeah, they get it at induction.
Principal Investigator	Do you have a copy?
L2	Somewhere and there is all the stuff provided by the Students Union.
Principal Investigator	Do your students use the NSU?
L2	I think so, but our nurses aren't like the normal university student, so I think they are a bit disadvantaged. I mean the normal Uni student has about 6 hours of lectures a week. Ours have that in one day and about 30 hours of clinical practice. So it doesn't give them much chance to be a student does it? Plus some of our older ones don't want to join the tennis club [laughs] but I know a few in the past that have contacted the NSU for support with academic appeals.
Principal Investigator	What has that been for?
L2	Well if they have failed too many modules and run out of academic lives, they will get discontinued from the programme won't they?
Principal Investigator	Yes that is right.
L2	So students can appeal against this decision if they feel they have extenuating circumstances. Sometimes a member of the NSU come with the student to some kind of formal meeting. I can remember when I was an Admission Tutor, a student really struggled throughout the programme and in her third year she was discontinued from the course. She said she had dyslexia but never had any help and I was asked to see if any particular learning difficulties had been mentioned at interview and been documented on the interview forms. But apparently she had never mentioned it until failed

L2 Cont	everything! I mean are we supposed to be able to read minds (laughs). Oo, Abi I am just going to have to nip to the loo, I will only be a minute.
Principal Investigator	No problem, I will let the tape carry on because I don't want to mess it up. There appears to be plenty of time left on it.
L2	Thanks, won't be a min. [**L2** leaves the room at 15:16 and tape continues to record. Sounds of paper shuffling from **Principal Investigator**]
Principal Investigator	[**L2** returns to the interview room 14 minutes later at 15:30] Hi, I will change the tape now before we carry on.
L2	Sorry, I got collared by somebody, I couldn't get away.
Principal Investigator	No worries, I will just change the tape now, I don't want it to run out mid-sentence. [Tape changed]
Principal Investigator	Ok just to recap, I asked you about what other support you have directed your personal students towards and you mentioned students themselves going to NSU for support with appeals against discontinuation.
L2	Yep that is right.
Principal Investigator	Anything else you would like to add?
L2	Just that as a Personal Tutor it is a lot of work for an academic member of staff. You don't get any hours on our loading for taking on this responsibility.
Principal Investigator	What takes up the time?
L2	Sorting stuff out for students, like when they have problems and issues that influence their progression on the course. It is the sort of stuff you can't plan for, and as I said, they just turn up at you door step with.
Principal Investigator	Could any of the support services available in the University help with any of these issues?
L2	Maybe in some circumstances, but our students aren't like other university students are they?
Principal Investigator	In what way?

L2	Well they are not like they are doing a history degree, where they have a few hours of lectures a week. This is a complicated programme, and students are here when the rest of the University are often on holiday. I don't even think the library is open in the summer! So you can't send students off to find help if it isn't there. That's when they always come back to us for support.
Principal Investigator	Do you want hours allocated for staff for Personal Tutoring activities?
L2	[**L2** nods her head] Definitely.
Principal Investigator	How much time do you think needs to be allocated to staff?
L2	Well we will never get what it actually takes, but a nominal figure would show that personal tutors are valued, instead of taking it for granted that staff will always fill in the gaps. I don't know, hmmmm, [sighs] about 50 hours.
Principal Investigator	Would that be for an academic year?
L2	Yes, for a group of 20.
Principal Investigator	I have not got any other questions. Before I stop the tape is there anything else you would like to add?
L2	No that's all.
Principal Investigator	Well that's been really helpful, thank you for being interviewed and thank you for your time.
L2	No thanks Abi, I have actually really enjoyed taking part.
Principal Investigator	No THANK YOU [laughs] – think we can stop thanking each other now. I am sure you have loads of things to do.
L2	I was on annual leave last week and I came back to 324 emails [laughs]. Good god, what did we do before emails. I haven't opened half of them; I think I will have a quick look at'em before I go home.
Principal Investigator	Ok and just to reiterate that the content of this interview is completely confidential and anonymous.
L2	Thanks Abi.
Principal Investigator	I am going to turn the tape off now. [**Principal Investigator** turns off tape]
	Interview Ended 15:57 **[Interrupted 15:16 – 15:30 = 14 Minutes]** **Actual Length of Interview Length 39 minutes**

Appendix Eight

Biographical Data from the Focus Groups and Follow-up Semi-Structured Interviews

The student and staff participants involved in this research are visually represented in terms of age, gender, ethnicity and nursing branch **(see Table One – Eight).** This information was derived from the University equal opportunity statistics formulated from students' enrolment details and the Faculty Strategic Plan available on the University intranet. This information presented is available to all of the University students and staff and does not breach confidentiality as names and addresses are omitted.

Table One: The Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in **Focus Group One**

Student	Age	Ethnicity	Gender	Branch
1	32	White	Female	Adult
2	21	White	Female	Adult
3	22	Asian	Female	Adult
4	37	Black	Male	Mental Health
5	19	White	Female	Child
6	42	White	Female	Mental Health
7	29	Asian	Female	Adult
8	20	Black	Male	Mental Health

Student Cont	Age	Ethnicity	Gender	Branch
9	30	White	Female	Learning Disabilities
10	24	White	Female	Adult

Table Two: The Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in **Focus Group Two**

Student	Age	Ethnicity	Gender	Branch
1	23	White	Female	Adult
2	34	Asian	Female	Adult
3	25	White	Male	Learning Disabilities
4	19	White	Female	Adult
5	41	Black	Male	Mental Health
6	24	White	Female	Child
7	39	White	Male	Mental Health
8	31	White	Female	Adult
9	28	Black	Female	Adult
10	23	Asian	Female	Adult
11	20	White	Female	Child

Student Cont	Age	Ethnicity	Gender	Branch
12	22	White	Male	Mental Health
13	40	Black	Female	Adult
14	33	White	Female	Adult

Table Three: The Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in **Focus Group Three**

Student	Age	Ethnicity	Gender	Branch
1	26	White	Male	Mental Health
2	24	White	Male	Adult
3	20	Chinese	Female	Adult
4	19	Asian	Female	Adult
5	21	White	Female	Mental Health
6	32	White	Male	Learning Disabilities
7	32	Black	Female	Adult
8	47	White	Female	Child
9	36	Black	Male	Mental Health
10	37	White	Female	Adult
11	29	Asian	Female	Adult

Table Four: The Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff Participants in **Focus Group A**

Staff	Age	Ethnicity	Gender	Branch
1	51	White	Female	Child
2	44	White	Female	Mental Health
3	53	Asian	Male	Adult
4	45	White	Male	Adult
5	39	White	Female	Adult
6	52	Asian	Male	Adult
7	50	White	Male	Child
8	51	Black	Male	Mental Health
9	44	White	Female	Adult
10	43	White	Female	Adult
11	38	White	Male	Learning Disabilities

Table Five: The Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff **Focus Group B.**

Staff	Age	Ethnicity	Gender	Branch
1	41	White	Male	Child
2	40	White	Female	Adult
3	40	White	Female	Adult
4	52	Asian	Male	Mental Health
5	43	White	Male	Adult
6	40	White	Female	Learning Disabilities
7	38	White	Female	Adult
8	59	White	Female	Adult
9	44	White	Male	Adult
10	49	Asian	Male	Mental Health
11	50	White	Male	Adult

Staff Cont	Age	Ethnicity	Gender	Branch
12	54	Asian	Male	Adult
13	53	Asian	Female	Adult
14	39	White	Female	Adult

Table Six: The Variables of Age, Gender, Ethnicity and Branch of Nursing of Staff Participants in **Focus Group C**

Student	Age	Ethnicity	Gender	Branch
1	49	White	Male	Learning Disabilities
2	49	White	Female	Adult
3	45	Black	Male	Mental Health
4	44	White	Male	Adult
5	53	White	Female	Child
6	51	White	Male	Adult
7	35	White	Male	Adult

Table Seven: The Variables of Age, Gender, Ethnicity and Branch of Nursing of the Student Participants in Semi-structured Follow-up Interviews

Student	Age	Ethnicity	Gender	Branch
S1	19	Asian	Female	Adult
S2	25	White	Male	Learning Disabilities
S3	24	White	Female	Child
S4	42	White	Female	Mental Health
S5	37	White	Female	Adult

Table Eight: The Variables of Age, Gender, Ethnicity and Branch of Nursing of the Staff Participants in Semi-structured Follow-up Interviews

Staff	Age	Ethnicity	Gender	Branch
L1	49	White	Male	Learning Disabilities
L2	49	White	Female	Adult
L3	45	Black	Male	Mental Health
L4	44	White	Male	Adult
L5	53	White	Female	Child

Appendix

Nine

Focus Group Responses from Students' to Explore their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery

Following the execution of the student focus groups using the same questions as above; the results were ranked using NGT.

Figure One: Student Focus Group (One, Two and Three) Responses

Student Focus Group Results – Group One

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Someone to guide students	**1**
An academic members of staff to support students	**2**
Someone to help sort out any student problems	**3**

With '1' being *most* important and '3' being the *least*

Question Two: Do you need to have regular meetings with your present Personal Tutors?

	Rank
Once a Semester in the individual Personal Tutor group	**1**
When needed	**2**
When there are problems to be discussed	**3**

With '1' being *most* important and '3' being the *least*

Question Three: What do you generally go to see your Personal Tutors about?

	Rank
Personal problems	**1**
Money (financial) worries	**2**
Struggling with assignments or exams	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support has your Personal Tutor referred you towards?

	Rank
Programme Leader	**1**
Student Support	**2**
Counselling services	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your Personal Tutor?

	Rank
Academic failure	**1**
Plagiarism	**2**
Request to change branch programme	**3**

With '1' being *most* important and '3' being the *least*

Student Focus Group Results – Group 2

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Someone to support student nurses throughout their course	**1**
Guidance	**2**
To tell you if you are progressing on the right track	**3**

With '1' being *most* important and '3' being the *least*

Question Two: How often do you need to meet with your Personal Tutor?

	Rank
Whenever needed	**1**
The opportunity of once per semester	**2**
Only when there are specific problems to be discussed	**3**

With '1' being *most* important and '3' being the *least*

Question Three: What do you generally go to see your Personal Tutors about?

	Rank
Exam or assignment worries	**1**
Problems with mentors and placement	**2**
Home issues that impact on University	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support has your Personal Tutor referred you towards?

	Rank
None	**1**
Programme Leader	**2**
The library	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your Personal Tutor?

	Rank
Failing academic work	**1**
Failing professional code of conduct	**2**
Cheating	**3**

With '1' being *most* important and '3' being the *least*

Student Focus Group Results – Group 3

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Student support	**1**
Provide accurate advice for students guidance	**2**
A point of contact	**3**

With '1' being *most* important and '3' being the *least*

Question Two: How often do you need to meet with your Personal Tutor?

	Rank
When problems / issues arise	**1**
Once per Semester	**2**
Once per month	**3**

With '1' being *most* important and '3' being the *least*

Question Three: What do you generally go to see your Personal Tutors about?

	Rank
Personal problems	**1**
Academic problems	**2**
Placement problems	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support has your Personal Tutor referred you towards?

	Rank
Student support	**1**
None	**2**
Occupational Health	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your Personal Tutor?

	Rank
Accumulation of academic failures	**1**
Cheating and fraud	**2**
Wanting to change universities	**3**

With '1' being *most* important and '3' being the *least*

Appendix

Ten

Focus Group Responses from Academic Staff to Explore their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery

The execution of the staff focus groups, the results were ranked using NGT. **Figure Four** is a simple visual representative of results from staff group **'A', 'B'** and **'C'.**

Figure Four: Staff Focus Group (A, B, C) Responses

Staff Focus Group Results – Group 'A'

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Advice for students	**1**
Ensure students are 'Fit for Practice'	**2**
Personal and professional development	**3**

With '1' being *most* important and '3' being the *least*

Question Two: How often do you need to meet with your Personal Tutor?

	Rank
Once per Semester as a group	**1**
Once a month	**2**
When needed by the individual student	**3**

With '1' being *most* important and '3' being the *least*

Question Three: As a Personal Tutor, what do your personal students generally see you about?

	Rank
Personal worries	**1**
Problems in placement	**2**
Academic failure	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support have you directed your personal students towards?

	Rank
Programme Leader	**1**
Student Support	**2**
Library	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your personal students?

	Rank
Cheating in academic work	**1**
Failure of the 'Evaluation of Professional Code of Conduct' in clinical practice	**2**
Programme discontinuation	**3**

With '1' being *most* important and '3' being the *least*

Staff Focus Group Results – Group 'B'

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Advice and guidance for students	**1**
Students meet the programme requirements	**2**
Personal issues	**3**

With '1' being *most* important and '3' being the *least*

Question Two: How often do you need to meet with your personal students?

	Rank
As required by the student	**1**
Once per semester	**2**
Once per month	**3**

With '1' being *most* important and '3' being the *least*

Question Three: As a Personal Tutor, what do your personal students generally see you about?

	Rank
Struggling academically	**1**
Financial concerns	**2**
Personal issues	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support have you directed your personal students towards?

	Rank
Student support	**1**
Occupational Health Service	**2**
Counselling services	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your personal students?

	Rank
Failure of the 'Evaluation of Professional Code of Conduct' in clinical practice	**1**
Plagiarism	**2**
Request from the student to change their branch of nursing	**3**

With '1' being *most* important and '3' being the *least*

Staff Focus Group Results – Group 'C'

Question One: What do you understand to be the role of a Personal Tutor?

	Rank
Guidance for students	**1**
Address the impact of students' personal difficulties	**2**
Professional development	**3**

With '1' being *most* important and '3' being the *least*

Question Two: How often do you need to meet with your personal students?

	Rank
Once per Semester	**1**
Once a month	**2**
When required by the individual student	**3**

With '1' being *most* important and '3' being the *least*

Question Three: As a Personal Tutor, what do your personal students generally see you about?

	Rank
Personal worries	**1**
Academic concerns	**2**
Clinical concerns	**3**

With '1' being *most* important and '3' being the *least*

Question Four: What other support have you directed your personal students towards?

	Rank
Programme Leader	**1**
Student support services	**2**
None	**3**

With '1' being *most* important and '3' being the *least*

Question Five: In what circumstances do you need to discuss the University regulations with your personal students?

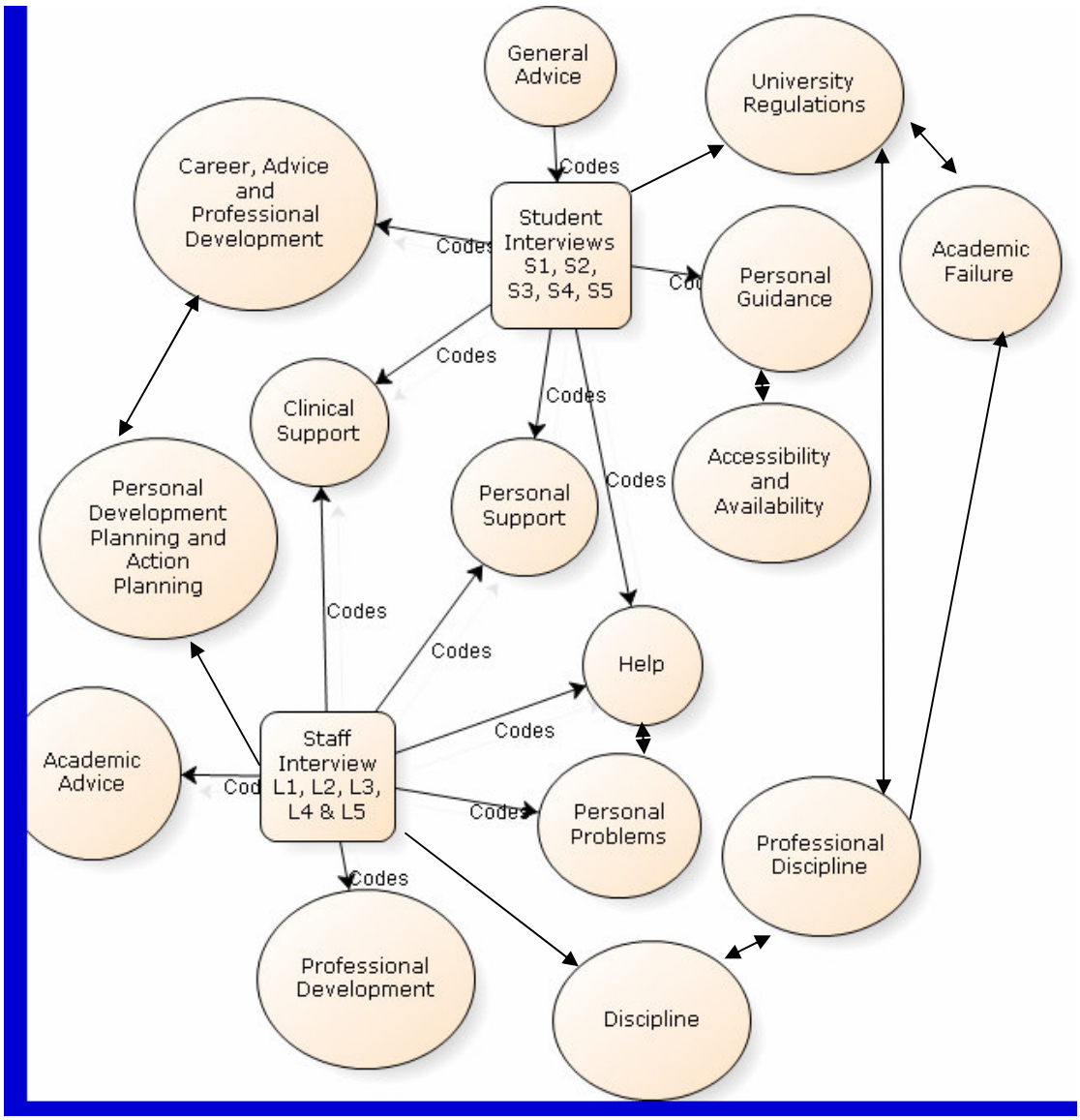
	Rank
Student fraudulent claims in clinical practice documentation	**1**
Failure of the 'Evaluation of Professional Code of Conduct' in clinical practice	**2**
Student request to transfer to another university	**3**

With '1' being *most* important and '3' being the *least*

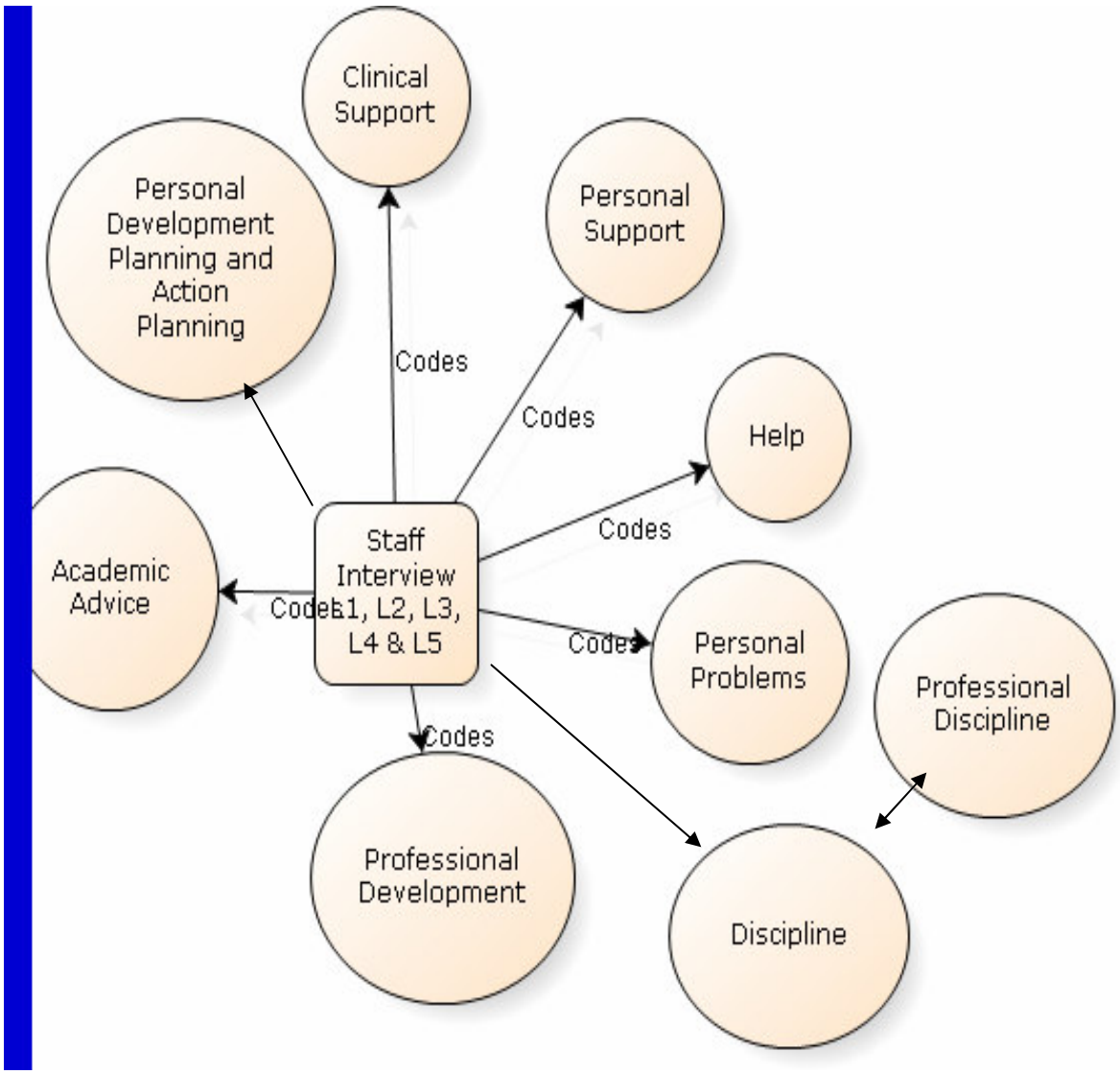
Appendix

11

Interview Results from Academic Staff to Further Explore their Perceptions and Experiences of the Personal Tutor's Role within the School of Nursing and Midwifery - NVivo 7 Template Analysis *



* Including the illustration of the correlation of staff and student perceptions and experiences of the Personal Tutor role using NVivo 7 Template Analysis



* Including the illustration of only the staff perceptions and experiences of the Personal Tutor role using NVivo 7 Template Analysis

An Example of Part of the Template Analysis - L1 - L5

Initial Priori Themes for Template Analysis		
Academic	**Pastoral / Counselling**	**Clinical**
L1 Transcript Analysis		
Not doing the work for them but giving them to tools to do it for themselves.	The student just needs to know someone is there to approach about personal problems.	I would like to assess my own personal students in practice. I think practising nurses don't have the time and students are being short changed. However resources that would be a different matter. Plus I am a specialist nurse and I would be able to assess over the board.
Personal Tutors should be developing the critical thinking in their students through academic dialogue.	Approachable and supportive to students in genuine need.	

L2 Transcript Analysis			
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**
Helping with their assignments and sorting out problems that stops them achieving their academic potential.	Students will only come and get help if they are in trouble. If I ask students to come and see me with no obvious issues – what am I to do with them?	Dealing with mentors who are being nasty and unreasonable to them (students).	Students can appeal against this decision if they feel they have extenuating circumstances to why they have failed, although they don't always know they can do this.
Being a Personal Tutor it is a lot of work for an academic member of staff, especially when the number of students have learning differences, like dyslexia.	The bursary is so little; a part-time job is what keeps them afloat. Financially all of the students struggle and the mature students with a family especially find it difficult. This leads to problems.	There was one of mine that hurt her back while on placement. She had loads of time off and wasn't going to meet her outcomes for the module.	Issues around plagiarism, or it might have been using someone's work from another university as their own. Turn-It-In has had an impact on the number of bad academic practice cases.
Some students do expect you to do the work for them, just because you are a Personal Tutor.	It is usually around personal issues that impact onto their academic work and onto their placements.	It is usually around personal issues that impact onto their academic work and onto their placements.	'Policing' of personal students, means you are like 'big brother'.
	Supporting students is 'fire fighting'.		I have had AWOL students and suddenly they pop up and expect you to be waiting for them. It is like this teaching malarkey is an inconvenience. Sorting these discipline issues out should be Registry or the Provost.

L3 Transcript Analysis				
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**	**Tutorials**
I am aware that students overwhelmingly saw their Personal Tutor as a mechanism for addressing their academic advancement but there were students who accessed their tutor to discuss their personal problems as well.	Rape, incest, divorce, domestic violence and their kids having head lice. Not the same student I hasten to add **[Laughs].** That pretty much covers the spectrum I have experienced.	Visiting students on placement is not aligned strategically, they are just divvied up.	Didn't see the point of maintaining documentation on student issues…. there was no need.	Personal Tutoring could be time consuming and / or occupied a great deal of their time.
At the beginning of any programme, I can identify the academically weak students that will fail, no matter what you do.	I am aware that students overwhelmingly saw their Personal Tutor as a mechanism for addressing their academic advancement but there were students who accessed their tutor to discuss their personal problems as well.	Problems with students in clinical practice and problems about clinical practice come across my desk everyday. Unfortunately never the good things about student in practice or from students about practice.	It should be Programme Leaders who discipline the students. Not me!	I had another class to go to, but they didn't seem to understand that I didn't have them time to talk to them there and then at the front of the lecture theatre with my laptop and handouts under my arm.
	I have a student who practically stalks me to the toilet; they are lovely but are very dependent on my support. I don't know how to distance myself from them without them losing confidence.			
L4 Transcript Analysis				
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**	**Tutorials**
I know students just want to pass, but some need so much academic support from their Personal Tutor and other staff to get there. It's like dragging them through and I don't know if that is right?	You get to know some of these kids like your own. You can't help but care.	I have had some students who have had years experience therefore they go into the hospitals thinking they know best. I have had to manage students who have been challenged about their practice as a student but not as a HCA.	To be honest, I never really know what the regulations involve or say. But I generally rely on others to tell me the bit I will probably need to know.	No matter how much time you gave me to be a Personal Tutor, it wouldn't be enough.

Academic	Pastoral / Counselling	Clinical	Regulations / Discipline	Tutorials
I should be totally independent when academically supporting students. They should get the same advice from every member of academic staff.	They would come into the office to just hang out, despite the load of work I had to do I felt I couldn't tell them to go, I felt like I encouraged this stalking mentality. Often they would let slip some really personal issues that they obviously didn't discuss with anyone else, I think this took a lot of courage and I felt if I asked them to come back it would be like corking the bottle for good.	Mentors in practice need our support as much as our students.	Some staff are known to be very strict and firm and students soon pick up on this. However, the members of staff who aren't need to be supported in doing this.	Whose responsibility should it be to arrange personal tutorials? I don't offer to see students; they should come to me and book a tutorial. I don't want to be chasing around after them, this isn't school.

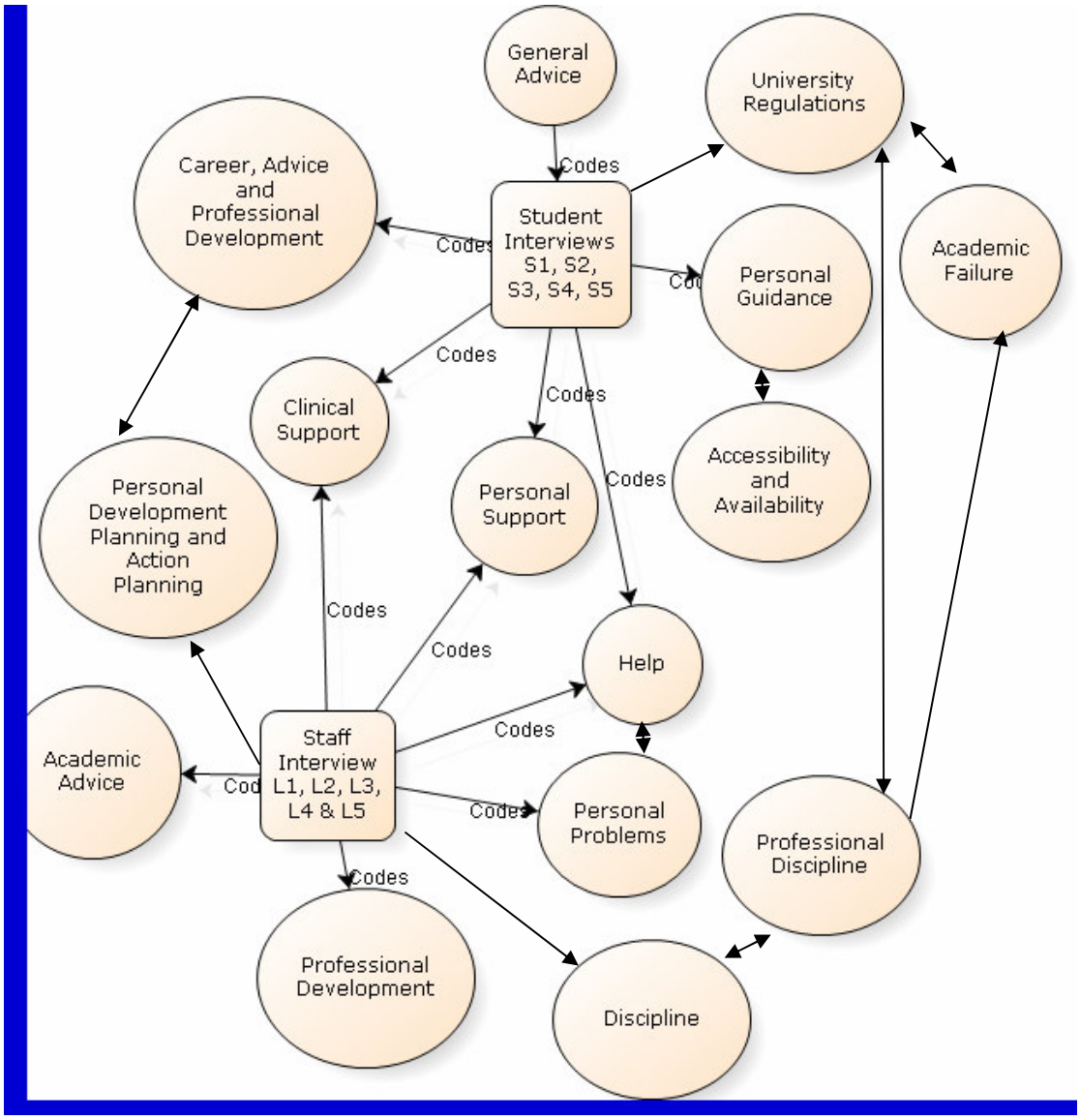
L5 Transcript Analysis

Academic	Pastoral / Counselling	Clinical	Regulations / Discipline	Tutorials	Career Development
I had one student who emailed me a question about their assignment. I was sat at my desk in my office and I saw this email come into my inbox, but didn't respond to it. I was in the middle of a mass of marking! 10 minutes later, literately 10 minutes later, my office phone rings and it is the student who emailed by 10 minutes earlier. They were asking if I had received the email because I hadn't answered!	I am not a counsellor and therefore it is not my job to counsel students of any description. The quandary occurs when my colleagues do counsel, guide and support which leaves me as the bad guy. I would prefer if they sought advice from other areas of the university, and I wouldn't be put in the position to deal with these situations.		It is difficult to be the 'bad guy' and 'telling students off	Should there be a limit on tutorials? It is normal for me to repeatedly see some students about the same things, and not move forward. When do we say no? Also the students that should be coming for tutorials don't!	Sometimes to ask for a reference for a part-time job. Or sometimes they don't even ask and it lands on my desk
			Jotted down a few notes about student discipline issues.		

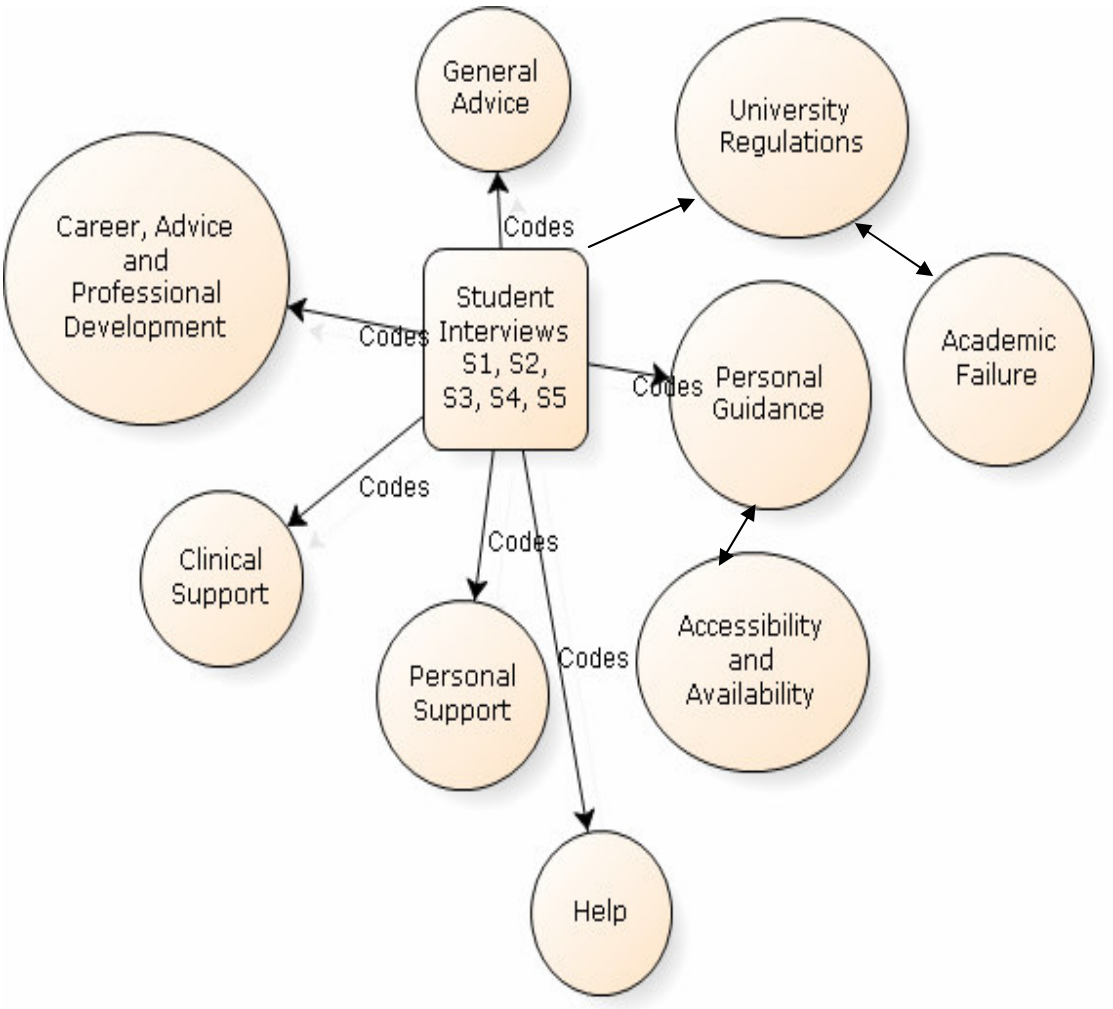
Appendix

12

Interview Results from Students to Further Explore their Perceptions and Experiences of the Personal Tutor's role within the School of Nursing and Midwifery - NVivo 7 / Template Analysis *



* Including the illustration of the correlation of staff and student perceptions and experiences of the Personal Tutor role using NVivo 7 / Template Analysis



* Including the illustration of only the student perceptions and experiences of the Personal Tutor role using NVivo 7 / Template Analysis

An Example of Part of the Template Analysis - S1 - S5

Initial Priori Themes for Template Analysis			
Academic	**Pastoral / Counselling**	**Clinical**	
S1 Transcript Analysis			
Tutorials with Personal Tutor for prep for examinations.	To be always available when I need them and was understanding at times of difficulty.	Informed about practice, to know what to expect and what was going to happen. For tutors to know how the wards operate.	
Guidance and encouragement from Personal Tutor on academic development.	To help students get through study issues and personal problems – to give practical advice and emotional support.	Supportive in all aspects of student concern regarding placements and allocations.	
	Approachable at all times.	Guidance with reference to placements.	
	Support with personal issues.		
	I tried to just sort it out myself. I even tried to ignore it completely, but I knew I wouldn't be able to get through my exam or placement without talking to someone. So a Personal Tutor with an open door policy would have been great.		
	I always saw the tutors and started to apologise for bothering them. I felt a burden and they acted like I was a bother. Despite an inner voice telling me that this was their job!', and 'I was made to felt so stupid by [staff name] I didn't go back.		
S2 Transcript Analysis			
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**
To have excellent academic guidance.	Approachable. Some Personal Tutors can be unapproachable and seem to always be too busy to listen.	To help me to develop reflective technique for informing practice.	To start off giving us clear direction about requirements and gradually during the course trust us to know what is required.

Fair advice in regard to assignments and assessments.	Patient.	Gives encouragement to facilitate student development in practice.	Point of contact at university.
Personal Tutors should be available each time academic results are due so that students can have guidance if necessary at this time.	To have the Personal Tutor's home number if the students need to contact them.	The final reference could have demonstrated my strong points rather than none personalised, cap books not reflected on to provide final reference.	Making sure tutor remains with group throughout 3 years.
	I found [staff name] really easy approach; it was if they really didn't mind you going to talk to them. They would smile and put you at ease. This should be the approach of all Personal Tutors.	I have had great mentors, touch wood that continues! But what happens when you get that mentor-from-hell? I want to know that I can get some help. I have friends that go running from one personal to another, to the module leader, to the visiting lecturer, to the programme leader and all over again. Just the run around. When they have absolutely no support from their mentor, but just being used as a pair of hands and not achieving their outcomes. I think a Personal Tutor could be that one person to help out.	

S3 Transcript Analysis

Academic	Pastoral / Counselling	Clinical	Regulations / Discipline	Tutorials
To be able to offer and provide assignment guidance when needed.	To give practical advice and emotional support.	To be very organised. Personal Tutors should always be kept up-to-date clinical practice.	Very approachable and friendly but firm when needed. You wouldn't cross her!	Having more group tutorials. I have gone to their office so many times, and they are never in. So when I see them around I grab the opportunity to speak to them. Because god knows when I would see them again.
To be supportive to give valuable advice and help me through difficult times with essays.	All Personal Tutors should be approachable and supportive. Bad Personal Tutors detract from a student's university experience.	Personal development and growth in the clinical setting, so I can be a better nurse.	Help and support given, even if she didn't know she would find out.	To be easily contacted, to get a tutorial as and when needed. Not when they can be bothered.
When marking assignments, i.e. foundation programme, all Personal Tutors should use same marking structure	Personal Tutors who have no interest in being a tutor, shouldn't be one?!			There could have been more organised group tutorials. It was very ad hoc, it depends on who you get or don't get.

S4 Transcript Analysis				
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**	**Tutorials**
To be very supportive and helpful, willing to answer any questions or queries about the assessments we do.	Approachable.	Helped to identify strengths and weaknesses using the action planning	Reliability – to do what they promised to do.	Easy to arrange to see Personal Tutor.
For Personal Tutors to give appropriate feedback on assignments and exams.	Provides personal support if experiencing personal issues which could affect studies.	Never rushes students and welcoming with or without an appointment.		Always prompt in answering emails and phone calls.
To be honest about my work, I want to know how to improve. 'It's fine', is not enough for me.	A Personal Tutor needs to be very supportive. Therefore committed to the group.			Scheduled 1:1 time for each student.
	A Personal Tutor should be accessible to their students and approachable, and almost like a friend. Who is friendly, smiley and someone you can have a bit of a laugh with. I want someone who I can speak in confidence to and get good advice.			More timetable time with tutors – particularly in the first year, to enable the relationship to build earlier in the course.

S5 Transcript Analysis					
Academic	**Pastoral / Counselling**	**Clinical**	**Regulations / Discipline**	**Tutorials**	**Career Development**
Support from the same person throughout the course to develop academic writing and ability.	She was very friendly, always listened and I felt comfortable enough to talk to her about anything.	To be visited on placement by my tutor.	To be thorough about what is expected of us, especially about uni issues and to make sure we knew about our hours.	Never to be rushed at tutorials	Advice to be available on job applications at the end of the programme, such as interview techniques.
Always offered regarding reflective assignments.	I knew that my tutor was there for me if I needed her but she wasn't always "in my face".	Helps to improve self confidence.	Good student support – at a time when I needed it.	To always get a reply from an email, quickly and with good advice.	Good listener, easy to talk to.
The library hadn't a clue, they aren't nurses and I told them how I went blank when my Mentor in practice asked me to work a dose of antibiotics out in front of a patient, I froze. So I thought they could help. Unfortunately they wanted me to start with my times table.	Caring, gives her best all the time and cares about what will happen to us. Approachable. Organised.	Rules on NMC clinical requirements could have been made clearer to us by the Personal Tutor. Also they would have been able to access them more easily and not give us "I'm not sure" answers to questions about important rules.	I want Personal tutors to tell some students off, like in school. They act like children, so treat them as such.	More privacy when discussing personal issues. To have private tutorials – not in an area where other tutors and students can listen in.	More support in career development– if leaving this area.

Appendix

13

The Role Descriptor for a Senior Lecturer **LEVEL 3 (BUILDING ON THE LEVEL OF DEMAND IN LEVEL 2)**
TEACHING AND SCHOLARSHIP (SENIOR LECTURER)
1. TEACHING AND LEARNING SUPPORT
a. Design teaching material and deliver either across a range of modules or within a programme/ programme of study
b. Use appropriate teaching, learning support and assessment methods.
c. Supervise student projects, field trips and, where appropriate, placements.
d. Identify areas where current provision is in need of revision or improvement.
e. Contribute to the planning, design and development of objectives and material.
f. Set, mark and assess work and examinations and provide feedback to students.
2. RESEARCH AND SCHOLARSHIP
a. Engage in subject, professional and pedagogy research as required to support teaching activities.
b. Conduct individual or collaborative scholarly projects.

c. Identify sources of funding and contribute to the process of securing funds for own scholarly activities.
d. Extend, transform and apply knowledge acquired from scholarship to teaching and appropriate external activities.
e. Develop and produce learning materials and disseminate the results of scholarly activity.
3. COMMUNICATION
a. Routinely communicate complex and conceptual ideas to those with limited knowledge and understanding as well as to peers using high level skills and a range of media.
4 LIAISON AND NETWORKING
a. Participate in and develop external networks, for example to contribute to student recruitment, secure student placements, facilitate outreach work, generate income, obtain consultancy projects, or build relationships for future activities.
5. Managing people and Mentor colleagues with less experience and advise on personal development
a. Depending on the area of work, could be expected to supervise the work of others.
b. Co-ordinate the works of others to ensure modules are delivered to the standards required.

5. TEAMWORK
a. Act as a responsible team member, leading where agreed, and develop productive working relationships with other members of staff.
b. Co-ordinate the work of colleagues to identify and respond to students' needs
c. Assist with administrative duties associated with admissions.
7. PASTORAL CARE
a. Act as a module tutor.
b. Be responsible for the pastoral care of students within a specified area.
8 INITIATIVE, PROBLEM-SOLVING AND DECISION-MAKING
a. Identify the need for developing the content or structure of modules with colleagues and make proposals on how this should be achieved.
b. Develop ideas for generating income and promoting the subject.
c. Develop ideas and find ways of disseminating and applying the result of scholarship.
d. Sole responsibility for the design and delivery of own modules and assessment methods.
e. Collaborate with colleagues on the implementation of assessment procedures.
f. Advise others on strategic issues such as student recruitment and marketing.

g. Contribute to the accreditation of programmes and quality control processes.
h. Tackle issues affecting the quality of delivery within scope of own level of responsibility, referring more serious matters to others, as appropriate.
9. PLANNING AND MANAGING RESOURCES
a. As module leader or tutor, co-ordinate with others (such as support staff or academic colleagues) to ensure student needs and expectations are met.
b. Manage projects relating to own area of work and the organisation of external activities such as placements and field trips.
c. Be responsible for administrative duties in areas such as examinations, assessment of progress and student attendance.
10. SENSORY, PHYSICAL AND EMOTIONAL DEMANDS
a. Balance the pressures of teaching and administrative demands and competing deadlines**.**
11. WORK ENVIRONMENT
a. Depending on area of work and level of training received, may be expected to conduct risk assessment and take responsibility for the health and safety of others.
12. EXPERTISE
a. Possess sufficient breadth or depth of specialist knowledge in the discipline to develop teaching programmes / programme of study and the provision of learning support.
b. Use a range of delivery techniques to enthuse and engage students.

Appendix

14

Preparing for 2010 and Beyond

The University Strategic Plan

2006/07 to 2011/12

CONTENTS

* This section has been edited. Parts have been removed that make direct reference to the institution and are not pertinent to the research. The contents page has been included to illustrate the format of the University strategic plan.

1 Introduction

Over the last five years the University has achieved a great deal. It has consolidated its estate, and clarified its competitive position by putting in place a number of internal structures and processes designed to facilitate the development of the University's Faculties' strategies. As the University enters a new phase of development, it is now able to consider the future with a measure of confidence as the University is financially stable and has developed appropriate systems and structures to assist staff in effectively managing in a changing environment. The strategy set out in the subsequent pages is designed to cope with a more competitive and turbulent environment which is likely to develop over the next decade. In strategic terms, for the first time in a number of years, the University is now able to develop a proactive strategy that addresses the likely changes in the environment. The revised strategy is based on an organisation in which the quality of information has improved markedly and colleagues across the institution have the capability to identify and adapt to changes in a reasonable time frame.

This strategic plan identifies the main external challenges that the University faces over the next five years as well as outlining the strengths and distinctiveness that will underpin the University's strategy during that time. The plan also seeks to identify the areas of risks which also need to be considered. As such the strategic plan provides an overarching framework that, when the plan has been approved, will provide the context in which Faculty and departmental plans can be developed. The Faculty and departmental strategies and plans will not only underpin the University's strategic plan but will also contain a considerable amount of detail about their own areas. For example, the detailed plans will consider the individual competitive context for each of the Faculties coupled with student number forecasts and more detailed staffing and HR plans to support academic changes. Similarly plans for Estates and other support services will address a variety of aspects of the University that will need to adapt as the strategy unfolds.

2 External Challenges

The most important change in the environment is the introduction of the new fees regime for full-time undergraduate students starting in 2006. There will be changes to the HEFCE funding methodology as a consequence but at this stage such changes are unknown. It is possible that by 2010 the cap on fees will be removed so making the market for full-time undergraduate students more competitive and disaggregated. At the same time HEFCE is likely to encourage further collaboration between institutions (HEI-HEI and HEI-FECs).

In addition to the introduction of variable fees and changes to the funding methodology, there is no certainty that the government's commitment to funding H.E after the introduction of fees is set to continue. The new fees regime is likely to create a funding issue for the government in the short to medium term which could lead to reductions in H.E funding in the future.

As students adopt more customer and consumer type attitudes towards higher education, their demands, e.g. for more interactions with academic staff, high quality teaching and learning facilities, high quality infrastructure such as sports facilities and accommodation are likely to increase. At the same time as student's expectations increase, they may be under increased financial pressure which could lead to demands for increased flexibility in the way that Universities traditionally approach full-time undergraduate courses.

Changes are also mooted to the admissions process for full-time undergraduates as the government seeks to move the sector to a post qualification admission system. All of these factors are likely to lead to a significant increase in the expectations not just of full-time undergraduate students but also part-time and postgraduate students.

The numbers of eligible full-time undergraduate students over the next four years are likely to grow at a rate of between 4.5% and 11%. After 2010 the numbers decline by between 6% and 12% so that the full-time undergraduate population returns to about the same level as existed in 2002/03. It will take some time for the potential decline in intake to work its way through the system. In this situation it is likely that competition for full-time undergraduates and, indeed, all students, will become fiercer as institutions, with shrinking demand, more flexible prices, and possibly growing financial pressure, will seek to secure their position. The part-time student population is likely to increase from around 500k in 2002/03 to 549k in 2019.

Following the 2001 RAE the Government concentrated research funding even further. The RAE planned for 2008, and the introduction of Full Economic Costing for bids to research councils, are likely to lead to a further concentration of research funding. The implications of such further concentration for universities like the University are that RAE funding will continue to decline and that fewer research council bids will be successful. Research is important to the University as it not only enables the University to attract nationally and internationally recognised scholars to conduct research and teach on its programmes, but also it enables the University to differentiate itself from many of its post 1992 counterparts.

3 Developing the University's strategy

In this context it should be possible to increase full-time undergraduate student numbers in the run up to 2010 and hold them steady after that date. Although the demographics demonstrate an increase and then a decline in the potential student population, the population of young people is not homogenous, and subject areas will grow and decline at differential rates. A fundamental challenge that the University faces is to ensure that it can take advantage of what may be a more favourable climate to recruit full-time undergraduate students up to 2010 without building in unnecessary costs. The University has made a lot of progress in the last few years in terms of developing its ability to adapt to shifting demands; this particular aspect of the University will need to be further enhanced in the run up to 2010 and beyond.

the University has successfully concluded its strategic withdrawal from Lincolnshire, Milton Keynes and is transferring Bedford to the new university for Bedfordshire, to consolidate its activities in Leicester, offering taught programmes, research projects and knowledge transfer services that support both HEFCE and regional objectives. It is now continuing the process of managed change and development to meet the challenges of the increasingly competitive H.E environment.

A comprehensive review of the University was undertaken in 2003/04, covering all faculties and support departments. The review has produced improvements in the shape of provision and activity across teaching, research and income generation, reflecting the particular strengths in individual faculties, and has resulted in some restructuring to affect improved efficiencies and effectiveness in support functions across the University. The University is now stable financially and has the capability to

improve services to students in a resource constrained environment, so providing a sound basis for further improvement and development.

The University's focus is on **Professional, Creative & Vocational education**.

This is a re-statement and interpretation of the University's roots in terms that reflect its strengths in the 21st century. The University has distinctive competence and experience in preparing students for direct entry into defined professions, engendering employability and vocational skills, and equipping students with an understanding of cultural and creative industries. These strands then define the shape of the University and its development over the period of the strategic plan.

The University's strength in learning and teaching has been acknowledged through the exceptional achievement of the highest number of National Teaching Fellowships in the sector, including three (the maximum possible) in 2005. the University's expertise in business support and knowledge transfer have resulted in its leading a number of successful collaborative initiatives including the East Midlands New Technology Initiative (NTI) and the East Midlands Incubation Network (EMIN). It is also the leading post-1992 university for research.

the University actively encourages the widest possible participation from all groups in society – this lies at the heart of its core values and vision and is evidenced in published performance indicators. Success in this area will be further enhanced through strategies targeting recruitment and retention, comprehensive student support and more flexible learning.

4 Distinctiveness and Competitiveness

Following the Governors' Strategy Day and further discussion in the University, two strands have emerged that would enable the University to distinguish itself from its competitors enabling it to create and develop a unique mission in a crowded competitive arena. The strands are identified below but it is important to recognise that these strands effectively span the whole University and largely build on the strengths discussed in the next section.

*** 4.1 – 6.1 Edited**

6.2 Supporting Students in Transition

A large number of our students are the first members of their family to entered higher education. For example, 16% of full time undergraduate students come from 'low participation' neighbourhoods and will therefore have limited knowledge and role models on which to draw. The University recognises the importance of supporting students in their transition to Higher education, throughout their studies, and from education into employment. Transition teams are being developed to support local students (initially) in their transition to H.E.

All students will have an effective introduction to their studies, which will be extended throughout and beyond the first term. All undergraduate students will be given the opportunity to undertake diagnostic assessment which will then inform their guided use of the comprehensive support mechanisms available. These include personal tutors, personal development planning, and faculty-based advice and guidance centres.

Students with disabilities, including physical difficulties, learning difficulties or mental health problems will be supported in overcoming these to realise their educational ambitions.

Faculty based disability co-ordinators are working with such students so ensuring that support is available in an appropriate academic context.

The University aims to cultivate in its students the qualities of maturity of judgement, self critique and self reflection as they progress through their studies. Students will therefore be assisted to become independent and autonomous learners, with the confidence to make informed and rewarding career choices.

6.3 Employability

the University works hard to develop in its graduates the skills, understanding and personal attributes that will make them more likely to gain employment and be successful in their chosen occupations, recognising that this will benefit the graduate, the workforce, the community and the economy.

All programmes are expected to nurture the development of these skills, understanding and personal attributes, and will achieve this in a variety of ways, tailored to the focus and context of the programme of study. Some will incorporate work placement opportunities or professional interactions, some will specifically lead to professional accreditation or licence to practise, and all will provide support for students in the development of key and transferable skills.

The University is developing and strengthening closer links with employers as well as establishing mechanisms for ensuring that all students have the opportunity to attend and participate in events and activities designed to enhance their employment opportunities.

Based on this sound foundation the University aims to see a further increase in the already high proportion of graduates going into employment or further study.

*** 7.1 – 9.1 Edited**

Appendix

15

Guidelines for the Role of Personal Tutor

School of Nursing and Midwifery

Faculty of Health and Life Sciences

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor

The School of Nursing and Midwifery is committed to the strengthening and enhancement of the role of the Personal Tutor within the context of the guidelines laid down by the University. Guidelines for the role of Personal Tutor within the School of Nursing and Midwifery have been developed around eight themes:

Area 1 – General Aspects of the role of the Personal Tutor

Area 2 – Academic Progress

Area 3 – University Regulations

Area 4 – Monitoring Attendance, Illness and Absence

Area 5 – Module Choices and Career Planning

Area 6 – Professional Requirements

Area 7 – Progress in Practice

Area 8 – Portfolios / Personal Development Planning

The University

School of Nursing and Midwifery
Guidelines for the Role of Personal Tutor

Contents

Please be aware, however, these areas are not discreet entities. There is considerable overlap between and across the various areas

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 1 – General Aspects of the role of the Personal Tutor

Personal Tutor Responsibilities and Expectations	Training Needs / Structures and Processes	Student Responsibilities and Expectations
1. At first meeting with students, the Personal Tutor should provide each student with full contact details in writing; this should include office number and location, direct dial telephone number and email address 2. Personal Tutors will be timetabled to meet students as a group during the induction programme 3. Personal Tutors will meet with their student group once a semester (1 hour timetabled session – normally towards the end of the semester); a group register should be taken as a record of attendance		1. Students are encouraged to provide Personal Tutor with contact details including a contact telephone number and email address (and to provide an update as and when these change) 3. Students should treat timetabled sessions as high priority and note that attendance is mandatory. At this group session, students should agree arrangements for forthcoming one-to-one meeting

4. Personal Tutors should meet with individual students for ½ hour per student per semester (normally at the beginning of the semester) 5. Except in cases of emergency, any cancellation of appointments should have at least 24 hours' notice 6. Un-notified or unreasonable non-attendance by a student at the Personal Tutor session should be recorded in the student's personal file (by means of a standard form) 7. The Personal Tutor should exhibit discretion and confidentiality (as appropriate) in relation to dealings with students. If it is essential that information must be passed on, then the student should be informed of this	**4. Pre-registration Nursing only**. An additional session required towards the beginning of semester 2 – specifically to discuss PRUN 1100	4. Students should attend as agreed and bring with them their portfolio and other relevant documents 5. Except in cases of emergency, any cancellation of appointments should have at least 24 hours' notice 6. Un-notified or unreasonable non-attendance by Personal Tutor at scheduled sessions should be reported to the programme leader

8. Records of one-to-one meetings with personal students should be maintained in a School of Nursing & Midwifery approved format and should be dated and signed by both parties. Records should be legible, informative and accurate		8. The signature of the student signifies agreement with the record as an accurate reflection of the discussion. Students may append their own appropriate comments at the time of the meeting or in agreement with the Personal Tutor
9. At each one-to-one session Personal Tutors should initiate discussion about personal concerns and professional / academic development, and should complete the portfolio checklist	9. Personal Tutors should be provided with opportunities to undergo training in pastoral care	9. Student should (subject to her/his right to privacy) identify issues which could effect academic, personal or professional progress
10. Where necessary, Personal Tutors will be able to encourage students to access services such as the student counselling service	**General Notes**	
11. Personal Tutors should hold a pre-advertised drop-in surgery of at least 1 hours duration each week, or make alternative equivalent arrangements for availability	*If either party feels uncomfortable in the relationship, there should be fair and non-judgemental mechanisms for changing Personal Tutors (requests should be referred to the programme leader)*	

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 2 – Academic Progress

Personal Tutor Responsibilities and Expectations	Training Needs Structures and Processes	Student Responsibilities and Expectations
1. Personal Tutors should distinguish between 'general' academic support (which they should provide) and 'specific' academic support (which would be better referred to the module team) 2. The initial written assessment (for example, PRUN 1100) completed by the student should be used to identify learning needs for initial PDP 3. At each meeting with the individual student, the Personal Tutor should discuss the student's academic development, and should incorporate this information in future PDP		1. Students should seek support relating to specific assessment issues from the appropriate module team

4. Personal Tutors should monitor and utilise information regarding students' academic progress		4. Students should supply to Personal Tutor a transcript of all results and assignment feedback sheets at meetings with Personal Tutors
5. Personal Tutors should be aware of all the academic support resources that exist within the School of Nursing & Midwifery and the wider university, and should refer their students to such resources as appropriate	5. Attendance at study day where these resources are highlighted / discussed	5. Student should follow up any arrangements / referrals made to access academic support resources
6. Personal Tutors should keep a summary analysis of student academic and professional progress; this should be dated and signed by the Personal Tutor		
7. Personal Tutors should report any concerns about general academic progress in writing to the programme leader as soon as identified		7. Students should identify any academic concerns to their Personal Tutor at the arranged meeting
8. Personal Tutors should be aware of, and implement, School of Nursing & Midwifery policies and procedures regarding dyslexia and other special needs / learning disabilities	8. Awareness of policies and procedures	8. Students should identify any academic concerns to their Personal Tutor at the arranged meeting

9. Personal Tutors should ensure students are aware of the mechanisms for submission of mitigation / extenuation and appeals and dealing with deferrals and failures	9. Awareness of policies and procedures	
10. Each semester, the Personal Tutor should negotiate an action plan with the individual student; this should specifically incorporate issues arising from the feedback received concerning academic (and practice) progress and any personal concerns otherwise raised; Personal Development Plans should reflect the need to develop knowledge, skills and attitudes. They should be dated and signed by both Personal Tutor and student, and both parties should retain a copy	10. Personal Tutor will require specific information regarding student performance in all modules	10. Students are expected to use and implement the agreed action plan
11. Student performance against the previously agreed Personal Development Plan should be re-visited and analysed at all meetings between Personal Tutors and students		

12. Personal Tutors should identify when specific transition is required from academic level 1 to level 2 and then level 3. Guidance and support should be given to students regarding this transition **Other considerations** *Action plans could be recorded and made available to students in electronic format (email attachment); this may facilitate the recording of student reflection*		

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 3 – University Regulations

Personal Tutor Responsibilities and Expectations	Training Needs / Structures and Processes	Student Responsibilities and Expectations
1. The Personal Tutor should have a thorough working knowledge of the University Intranet – where a range of university documents are deposited	1. Should receive appropriate training on use of intranet	
2. Personal Tutors should be in possession of the full range of relevant University documents, regulations, policies and procedures	2. Checklist of all relevant documents to be provided to all Personal Tutors	
3. Personal Tutors should be aware of the documents actually distributed to students during their programme of study	3. Programme leaders should provide Personal Tutors with list of all documents distributed at induction and subsequently	3. Students are required to be in possession of, or seek a copy of, and to have read and understood the relevant regulations, policies and procedures

4. Personal Tutors should be able to direct students to the location of specific documents, regulations and policies not distributed to individual students 5. Personal Tutors should advise students on the implications of policies and regulations regarding academic failure 6. Personal Tutors should, as necessary, explain to students the meaning of, and implications of 'Academic Offences' as defined by the University 7. Personal Tutors should, as necessary, explain the potential implications (personal, professional and academic) of disciplinary action taken against students	5. Personal Tutors should receive a copy of Assessment Failure letter	4. Student should be advised to inform her/his Personal Tutor that s/he is subject to disciplinary action (the student may choose whether to inform the Personal Tutor regarding the nature of the allegation)

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 4 – Monitoring Attendance, Illness and Absence

Personal Tutor Responsibilities and Expectations	Training Needs / Structures and Processes	Student Responsibilities and Expectations
1. The Personal Tutor should actively encourage attendance on the programme and should inform students of the expectations regarding attendance, and the personal, professional and academic implications of a poor attendance record		
2. At the end of each semester, Personal Tutors should automatically receive data from Faculty Office regarding the attendance record for each student in the current semester	2. Programme leaders should supply Faculty Office with the name of the Personal Tutor for all students	2. Students should raise with their Personal Tutor any issues which affect attendance on the programme

3. At the beginning of each semester, Personal Tutors should review the attendance in practice for each student (for the previous semester), using, for example, the record associated with the CAP book	3. Faculty Office to provide this information to Personal Tutors and Module Leaders attendance data for the previous semester at the commencement of each semester	3. Pre-registration students must submit CAP booklet / record of attendance in practice monthly
4. At the end of each semester, Personal Tutors should analyse the total picture regarding student attendance, illness and absence. This should be done for the individual semester and cumulatively. Any implications of the student's attendance should be discussed with the student		
5. Personal Tutors should give consideration as to whether aspects of the student's attendance record should be incorporated into the Action Plan for the next phase of the student's programme		
6. Personal Tutors should inform students that if limits are exceeded, then the result of the assessment will be deferred	6. Awareness of permissible levels of non-attendance on specific programmes	6. Students should be aware of the permissible limits and inform their Personal Tutor if they are likely to be exceeded

7. The Personal Tutor should advise the student of the rules and regulations covering the making up of lost time in practice placements; the Personal Tutor should, where necessary, liaise with appropriate practice-based staff on this issue (e.g. Placement Experience Co-ordinators (PECS) and Practice Mentors	7. Awareness of the rules and regulations regarding the making up of time lost through illness	7. Students are required to inform Personal Tutor as and when time is 'made up' in practice, and to obtain the signature of a Practice Mentor to this effect

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 5 – Module Choices and Career Planning

Personal Tutor Responsibilities and Expectations	Training Needs / Structures & Processes	Student Responsibilities and Expectations
1. The Personal Tutor provides a common link between the student and her/his chosen branch programme / profession. As such the Personal Tutor should be able to provide professionally relevant support and advice. This should be addressed at all meetings		
2. At each one-to-one meeting the Personal Tutor should review the range of experiences enjoyed by the student and seek to identify any potential shortfalls in experience.	2. Training required in programme structure and electives options	2. The student should develop an Personal Development Plan which addresses her/his individual professional aspirations; the student should be prepared to discuss these with her/his Personal Tutor

3. The Personal Tutor should encourage the student to identify and analyse potential shortfalls in experience; the Personal Tutor should also inform the programme leader of such potential shortfalls	3. The Personal Tutor needs to be aware of specific professional and statutory requirements for the programme, and of current developments. Shortfalls could be reflected in CAP books, Personal Development Plan or portfolio	3. The student should develop an Personal Development Plan which incorporates the redressing any shortfalls in her/his experience; the student should submit this to her/his Personal Tutor for discussion prior to addressing this with the programme leader
4. The Personal Tutor should advise the student regarding any elective modules available on the programme, ensuring that students make informed and appropriate choices		
5. The Personal Tutor should advise the student on how to request to change branch programme / specialisms / programme, and (in collaboration with the appropriate programme / programme leader(s)) should provide appropriate documentation and references in connection with such a request	5. Personal Tutor to inform programme leader of any such requests	5. The student is advised to consult her/his Personal Tutor in the first instance. The student should provide her/his portfolio and Personal Development Plans to support such a request to change branch or specialisms or programme

6. The Personal Tutor should support and advise the student who is being transferred between programmes of different academic levels (e.g. between diploma and degree programmes	6. The Personal Tutor should be aware of the criteria which may be used to underpin a recommendation for such a change	
7. Upon specific request from the student, the Personal Tutor should complete an interim reference (in an agreed School of Nursing & Midwifery format) in support of an application to undertake part-time work whilst still on the programme. The Personal Tutor should discuss the implications of such work with the student in the context of the possible effects on patient care and study	7. Knowledge of approved format for interim references	7. If appropriate, the student should provide an up-to-date portfolio and all relevant CAP books for the Personal Tutor to use to develop such a reference
8. At the required time in the student's programme of study, the Personal Tutor should prepare and submit to the programme leader a final reference for each student. This should be in accordance with the standard adopted by the School of Nursing & Midwifery	8. Knowledge of approved format for final references	8. The student should provide an up-to-date portfolio and all relevant CAP books for the Personal Tutor to use to develop such a reference

9. The Personal Tutor should explore career aspirations with students at one-to-one meetings. The Personal Tutor should provide general advice in relation to career options and opportunities	9. Awareness of 'step on/step off' options and career options	
10. The Personal Tutor should support students with the process of applying for jobs where appropriate (including, for example, the Clearing House system)	10. Knowledge and understanding of the Clearing House system (where appropriate)	
11. The Personal Tutor should, where appropriate, assist the student to prepare for job interviews; this may include support in the preparation of a professional CV		
12. In programmes where such options exist, the Personal Tutor should advise the student and provide appropriate support in relation to options such as interruptions to study	12. Awareness of procedures and regulations regarding interruptions to study on specific programmes	

13. The Personal Tutor should provide support and advice, where appropriate, to students who are voluntarily or compulsorily discontinuing their study		

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 6 – Professional Requirements

Personal Tutor Responsibilities and Expectations	Training Needs / Structures & Processes	Student Responsibilities and Expectations
1. Personal Tutors should be aware of the profession-specific programme requirements, and ensure that students are also aware of, and understand, these; this will include, for example: ○ Hours of attendance ○ Confidentiality ○ Moving and Handling ○ Reflective Practice ○ Use of the portfolio ○ Professional expectations (including uniform etc) ○ Health and Safety	1. In service training made available to Personal Tutors / all staff as required	

2. Personal Tutors should, at one-to-one meetings with students, ensure that they understand the implications and importance of the 'Evaluation of Professional Conduct' page in the CAP booklet 3. At the end of each semester, when CAP booklets are submitted, Personal Tutors should review the 'Evaluation of Professional Conduct' page, and all other comments by Practice Mentors to ensure that no issues have been raised 4. Personal Tutors should be informed by module leaders as soon as a professional conduct issue is identified 5. In cases where they become aware of them before programme and module leaders, Personal Tutors should inform module leaders and programme leaders in writing of any issues which may affect professional or academic progress	2. Compulsory attendance by Personal Tutors at Portfolio launch 3. Any member of staff who becomes aware of any concerns about student progress (whether this be related to professional conduct or academic in nature) should inform the module leader 4. Placement Experience Co-ordinators / Practice Mentors are likely to inform module leaders in the first instance. Module leaders should inform Personal Tutors immediately	2. Students should inform their Personal Tutor as soon as they are made aware of concerns over their professional conduct, and also any other issues which may affect professional or academic progress.

6. Personal Tutors should follow instructions from SAB regarding the implementation of the ‘’Evaluation of Professional Conduct’ policy 7. Personal Tutors should oversee (and, where appropriate, assess) the student’s reflections on practice		6. Students should, with the support of their Practice Mentor, formulate and implement an action plan to address any professional conduct issues raised

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 7 – Progress in Practice

Personal Tutor Responsibilities and Expectations	Training Needs / Structures & Processes	Student Responsibilities and Expectations
1. The Personal Tutor should advise students about the respective roles and functions of Practice based Lead and (where appropriate) Associate Mentors	*See Area 6 – Professional Requirements*	
2. Each semester, the Personal Tutor should monitor and review the Assessment of Practice documentation submitted by the student	2. Full and detailed understanding of programme requirements and regulations. Both Personal Tutor and student need to be aware of Assessment of Practice documentation completion / submission deadlines	2. Students are required to submit Assessment of Practice documentation books at the specified times and to the specified person
3. Personal Tutors should review skills development in their students. Any concerns should be reported in writing to the programme leader		3. Students should highlight, through reflection, issues requiring further development

4. The Personal Tutor should advise the student on skills necessary to optimise practice based learning opportunities		4. Through appropriate reflection, the student should seek to identify how shortfalls in her/his practice skills could be redressed. The student must be willing ultimately to take responsibility for her/his practice based learning

The University

School of Nursing and Midwifery

Guidelines for the Role of Personal Tutor – Area 8 – Personal Development Planning and Portfolio

Personal Tutor Responsibilities and Expectations	Training Needs / Structures & Processes	Student Responsibilities and Expectations
1. Personal Tutors should ensure that students are aware of all the requirements associated with the portfolio	1. Portfolio related staff development to be available for all new Personal Tutors. A written checklist also to be available. Guidance to be produced in the event of any changes to the portfolio	1. Students should take personal responsibility for the care and maintenance of the portfolio
2. The Personal Tutor should review the students' portfolio each semester throughout the programme to ensure that it has been completed, including collection of / marking the reflective account		2. Students are required to submit the portfolio at the end of each semester

3. The Personal Tutor is required to ensure that each student develops an appropriate PDP for each semester. This should be dated and signed by both Personal Tutor and student (and a copy submitted to the relevant module leader if required) 4. The Personal Tutor should ensure that the PDP is properly evaluated at the appropriate time, with that evaluation incorporated into the reflective account 5. In the event that a student does not submit her/his portfolio / action plan as specifically requested by the Personal Tutor, the Personal Tutor should inform the programme leader in writing		3. The portfolio should be contained in a lever arch file (rather than a simple ring-binder)

Appendix

16

Faculty of Health and Life Sciences

Strategic Plan 2006 - 2007

1. Executive Summary *

The Faculty of Health and Life Sciences is composed of four academic Schools. It is the largest and most complex faculty of De Montfort University. Nationally, we were one of the first universities to combine science and health, which means we are in a strong marketing position to offer a range of interdisciplinary studies that are not widely available elsewhere. This enables us to provide a coherent approach to our teaching and research activities, locating the staff under structures that will facilitate the development of our work in inter-professional education. Our structure is:

- School of Allied Health Sciences
- School of Applied Social Sciences
- Leicester School of Pharmacy
- School of Nursing and Midwifery

The Faculty holds a unique position in the university because of its partnership relationships with the NHS, the Home Office and the General Social Work Council. We are proud of these relationships and our ability to provide courses funded by the NHS, Home Office and HEFCE to create professionally based, vocational programmes for our students. The Faculty also holds a unique position in the university as the majority of our programmes hold professional accreditation. This requires us to satisfy the QA schedules of a number of external bodies.

Our non-HEFCE funded teaching accounts for nearly 50% of our programmes and is a vital part of the faculty's activities. Links with professional bodies and employer confederations keep our programmes up to date, realistic and relevant to practice. We provide innovative and creative programmes which demonstrate our student focus and enable us to attract able students from all over the UK. Enrolments are growing in this area: a sign that we are meeting our objectives.

The Faculty has reconfigured and realigned its programmes to enable its planned growth. The introduction of new programmes is not permitted unless adequate numbers can be predicted. Rationalisation of our provision commenced through the merger in 2003 and the programmes closed at that point have now finished. We have continued this work through the merger of the Social Work and Health Studies Divisions and the creation of a new programme in Public Health to replace the Health Studies programme which has significantly declined in popularity.

We aim to meet educational needs across all health professions, including aspects of medicine and dentistry. We work collaboratively and complementarily with the

NHS and with other external partners such as the Home Office. Our new Foundation Degree in Policing is a significant innovation for the Faculty and the University, putting us at the forefront of this important initiative for the police-force. Nursing, Midwifery and Applied Health profession programmes are under constant review in line with external NHS training needs. We anticipate a modest decrease in NHS funded pre-registration commissions for 2006/07

The partnership approach of the Faculty is further evidenced through the development of the NHS Pathway Project in Leicester, which is considered to be a significant part of the Faculty's future strategy. We are working alongside the University of Leicester and the NHS to develop a partnership that will establish De Montfort University and this Faculty as a major provider of health-care education and a vital part of the local community. However we are realistic and appreciate the current risks surrounding the project. We are continuing to work towards the interprofessional learning agenda and finding contingency plans for a way forward if necessary.

The Faculty is best placed to put forward a radical agenda for modernising primary care education equipping staff with the necessary skills and knowledge and working in partnership to develop new, innovative, flexible and responsive approaches to education. The Faculty's work with parents and children is now known nationally, parenting being very highly placed on national agenda. It is a Faculty priority to feed into the national Children's Trusts Initiatives.

The Faculty is committed to developing a programme of inter professional Education (IPE) in line with the NHS desire to promote the concept of multi--professional Health Care teams. There are currently a number of important IPE opportunities being run across the Faculty and a Leicestershire IPE strategy is being discussed between the faculty, Leicester University and University College, Northampton. A faculty IPE group also identifies opportunities for shared learning with a view to developing some common foundation modules that might be applied across the faculty.

Research underpins teaching at both postgraduate and undergraduate level and is recognised as internationally excellent in a number of areas. The recently validated MRes programme in Social Science research is accredited by the ERSC for research training and has four PhD quota studentships attached to it. The appointment of a Business and Commercial Development Manager gives support the objectives and expansion of our EIG portfolio to exploit commercial objectives.

We believe we have a robust structure and strategic plan to deliver on all the University's objectives from the Health and Social Care perspective.

Supporting Students in their Transition to Higher Education and Throughout Their Studies

All full time and part time students have induction activities at the start of their programmes, including those which begin in January or other times of the year. Some issues are delivered in the same way to ensure a uniformity of experience and sense of belonging to the same Faculty. Many parts of the induction process will differ because of the varying needs of the student body, and courses will provide sessions which specifically address those needs. Where relevant the course teams will work with central teams, such as the Student Learning Advisory Service, to give generic and tailored induction sessions, and induction is now usually considered to be a continuing process rather than just at the start of the session.

Various forms of personal tutor scheme are well established across the Faculty, and TQEF-funded work is being undertaken to produce guidelines for each course which ensures that all students have the same minimum entitlement, while ensuring that professional body requirements (e.g. in Nursing and Midwifery) are fulfilled. Personal Development Planning (PDP) is being introduced for first year undergraduate students together with access to an online Personal Development Record if needed. Again, this will depend on the particular needs of each course as some professional bodies have clear requirements of their own. A Student Monitoring Coordinator has been appointed using TQEF funding to assist with monitoring student attendance and achievement.

E-learning plays a large role in the transition to H.E and also in providing a varied learning, teaching and assessment diet. This Faculty has an active e-learning coordinator who has developed training material and run numerous training sessions both within the Faculty and across the University, and he is supported by a dedicated Blackboard administrator.

A Varied Learning, Teaching & Assessment Diet

The migration events during the transition to Curriculum 2004 highlighted the need for a variety of learning opportunities through a range of teaching and assessment activities, and identified where this was already happening. Courses already deliver a varied diet, and a robust system of module and programme evaluation is in place across the Faculty. Many courses also use some form of assessment calendar to

identify and prevent bottlenecks in the assessment workload and to monitor the type and level of assessment task; this should be introduced across the remaining courses and should be provided to all students at the beginning of the next session.

Programme Integrity

As the majority of programmes are professionally accredited, there has always been a strong emphasis on the programme as the prime academic unit, not the module. This will be maintained through the continuing programme of professional accreditation, and validation or Periodic Review by the University, as well as the constant involvement of other interested parties, such as the Leicestershire, Northamptonshire and Rutland Workforce Development Confederation, the Home Office, various healthcare trusts etc.

Employability & Creativity

Again, the strong professional and vocational background to the Faculty's programmes guides student employability; there is often a specific professional requirement for practice experience, and where there is not, programmes encourage relevant vacation employment or sandwich placements, and incorporate careers advice sessions. A particularly strong theme here is the development of inter-disciplinary working, as happens in healthcare and social provision. The Faculty is developing two related, but subtly different strands to accustom students to this sort of teamwork: shared learning and multi-disciplinary education is where common knowledge and skills (e.g. basic human anatomy, or good clinical practice) are delivered in a similar way across a variety of programmes; inter-professional education is where students learn as part of a team with members from a variety of relevant disciplines, enabling each student to develop an appreciation of the other professions as well as demonstrate their abilities in their own. Development and monitoring of these schemes is being co-ordinated at executive level within the Faculty.

Inclusivity & Diversity

The Faculty Disability Coordinator maintains records and disseminates information about students with special educational needs, within the terms of the relevant Disability and Data Protection legislation. Information about SENDA is distributed to staff across the Faculty, and relevant staff (e.g. admissions tutors or Student Advice Centre staff) receive training as required.

Faculty Induction Strategy

The faculty is committed to promoting a common experience for all students in the faculty. This experience will begin with induction and will continue with student support processes such as personal tutoring throughout the academic year. The Faculty has two major induction periods in the academic year, September and February. The February induction is for nursing programmes. These inductions are planned centrally, the planning process for the September induction now commences in January.

New students will participate in faculty events as well as course specific induction events, during induction week, designed to acquaint them with their chosen programme.
Some key features are (not in order):-

- **Welcome to the Faculty by the Dean**
- **Meeting their Programme Leader and Personal Tutor**
- **Key skills evaluation**
- **Health and safety awareness training**
- **Promoting Personal Development Planning**
- **Library Induction**
- **Introduction to student services at the University**
- **Introduction to VLE and MLE**
- Professional Statutory Body presentations
- Joining the Students Union
- Social Event

The faculty is designing the induction week as the beginning to a continual drip-feed of information throughout the year. This will ensure that the students have all the relevant information at the most suitable time. This will reduce the possibility of information overload that often causes confusion in first year students. Programme Teams will be using their Programme meeting sessions to meet with students throughout the year to discuss aspects such as plagiarism, assessment strategies and regulations, extenuating circumstances policy etc.

3.2 Retention Strategy and Performance

Since its formation in August 2003, the Faculty of Health and Life Sciences has been reviewing student retention and progression. This is seen as an essential activity to achieve and maintain a high progression rate on all courses.

The undergraduate courses offered within the Faculty are very varied being delivered as full-time, part-time or blended-learning. Many are professionally accredited and, as such, have a more stringent assessment regime than the University generic regulations.

Nursing, Midwifery, Speech & Language Therapy and Social Work all have practice elements in the course that require the student to spend a significant amount of time out on practice placement. All of these factors can affect the retention and progression of the students and have to be carefully monitored by the Faculty.

The HLS retention action plan is specifically targeting two areas that have been shown to play an integral part in student retention and progression. Attendance monitoring and student support, are key features of the HLS retention action plan. These two areas are closely linked and one can not be improved without action in the other. The Faculty is putting into place a retention action plan which, whilst addressing the University's action plan, will extend to accommodate the students studying on its diverse courses.

Attendance Monitoring and Student Support

This part of the policy can be divided into four parts, identifying the absentees, managing the process of data collection, reporting the findings and producing an action plan.

First year students are recognised to be the most vulnerable as far as non-attendance is concerned, consequently the Faculty has a policy to monitor attendance in all first year teaching sessions. However, some professionally accredited courses within the faculty are required to monitor all years e.g. Nursing and Midwifery are contracted by the Workforce Confederation to maintain attrition rates below 12% per cohort in the pre-registration area.
It is hoped to extend monitoring to all students on all years in the near future.

Attendance issues are currently reviewed at SAB level for the majority of courses during assessment and management meetings. Those courses that are

commissioned externally are requested by the funding body to be scrutinised more frequently. The faculty holds a monthly meeting with the WDC where student attrition is a standing item on the agenda. The Faculty Core Executive monitor retention issues that are raised by the SABs.

Progression issues are monitored in the assessment SAB's and the faculty PAB. Detailed progression statistics are presented to the management PAB and action plans are implemented where areas of concern are raised. The FAC and Core Executive approve reports of these discussions.

The faculty of Health and Life Sciences has significantly increased its academic provision at all levels since its creation from Health and Community Studies and Applied Sciences. The faculty strategic plan is forward looking and responsive to programme development proposals arising from educational developments and our strategic partners (Healthcare Workforce Deanery, Home Office).

Further development of part-time (possibly non-standard) programmes will require the University to modify the current data reporting systems which can not handle this type of student data at the current time.

7.3 Staff Development

The underlying aim of the faculty staff development policy is to encourage and enable the continuing professional development of all staff to meet the needs of the university in its programmes and research delivery. Specifically:

- **To ensure that all members of staff have the opportunity to take the University staff development courses that will enable them to fulfil their current role**
- To enable all members of staff to have the opportunity to take the University staff development courses that will allow them to develop beyond their current role
- To enable all members of staff to have the opportunity to take the University award-based courses that will provide them with professional development and also meet the needs of the faculty

- To enable all members of staff to take non University courses that will enhance their professional development and also meet the needs of the faculty
- To support the attendance of all members of staff, where appropriate, at professional update and professional networking events

In view of the above, the faculty's staff development budget will continue to be administered centrally and overseen by the faculty staff development committee; although most applications are processed executively by the Chair. The continuing faculty policy is that the staff development budget does not normally fund attendance at research conferences as such activities should be funded by properly costed projects.

Increasingly, the budget will be targeted to support the development of multi-professional education and training.

Appendix

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The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor – Area 1 – General Aspects of the role of the Personal Tutor

Topic	Student Responsibilities and Expectations
1. Keeping in Contact	Your Personal Tutor should provide you with details of how to contact her or him
2. Scheduled Meetings with your Personal Tutor	Students are encouraged to provide Personal Tutor with contact details including a contact telephone number and email address (and to provide an update as and when these change). You will be given dates, times and places for scheduled meetings with your Personal Tutor. Students should treat timetabled sessions as high priority and note that attendance is mandatory. At group sessions, students should agree arrangements for forthcoming one-to-one meetings Students should attend as agreed and bring with them their portfolio and other relevant documents Except in cases of emergency, any cancellation of appointments (from either party) should have at least 24 hours' notice. Un-notified or unreasonable non-attendance by either the student or the Personal Tutor at scheduled sessions should be reported and maybe recorded upon a Tutor-Student form
3. Confidentiality of Discussions with Personal Tutor	Generally speaking, your discussions with your Personal Tutor will be treated confidentially. If it is essential that information must be passed on, then you should be informed of this
4. Purpose of Meetings with Personal Tutors	You should be provided with the opportunity at your one-to-one sessions with your Personal Tutor to discuss any personal concerns and also your professional / academic development

General Note *If either party feels uncomfortable in the relationship, there should be fair and non-judgemental mechanisms for changing Personal Tutors (requests should be referred to the (Programme Leader)*	You should (subject to your right to privacy) identify issues which could effect academic, personal or professional progress Where necessary, your Personal Tutor may encourage you to access other support services and resources within the University The development of your portfolio will also be monitored

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor – Area 2 – Academic Progress

Topic	Student Responsibilities and Expectations
1. Nature of Support.	Personal Tutors will provide 'general' academic support rather than 'specific' academic support related to individual modules
2. Referral to other Academic Support Resources	Students should seek support relating to specific assessment issues from the appropriate module team. Students may be asked by their Personal Tutor to provide an example of academic work for diagnostic purposes
3. Review of Academic Progress	Students should supply to Personal Tutor a transcript of all results and assignment feedback sheets at meetings with Personal Tutors Your academic development may be incorporated into your Personal Development Plan which will be completed each semester Your Personal Tutor may recommend you to make contact with other academic support resources within the School and wider University You should follow up any arrangements / referrals made to access academic support resources Students are expected to use and implement the agreed action plan. Your performance against the previously agreed action plan is likely to be re-visited and analysed at all meetings between Personal Tutors and students Students should identify any academic concerns to their Personal Tutor at the arranged meeting

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor - Area 3 – University Regulations

Topic	Student Responsibilities and Expectations
1. Information and Advice about University Regulations	Your Personal Tutor will be able to provide you with information about how to access University Regulations, including: a) the intranet b) documents c) policies and procedures Students are required to be in possession of, or seek a copy of, and to have read and understood, the relevant regulations, policies and procedures Your Personal Tutor should be able to provide you with information and advice in relation to: a) the implications of academic failure b) the concept of academic offences c) the nature, kind and implications of disciplinary action that may be taken against students

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor – Area 4 – Monitoring Attendance, Illness and Absence

Topic	Student Responsibilities and Expectations
1. Monitoring Attendance, Illness and Absence.	Your Personal Tutor will be able to explain to you the importance of maintaining high levels of attendance on the programme, and the implications of a poor attendance record From time to time, your Personal Tutor will review your attendance record at the University and, where appropriate, in practice. Where necessary, aspects of your attendance record may be incorporated into your Personal Development Plan Pre-registration students must submit CAP booklet at the end of each clinical placement and record of attendance in practice at the end of each month of the clinical placement. These must be accurately completed by the student Students should raise with their Personal Tutor any issues which may affect attendance on the programme Your Personal Tutor will be able to advise you of the rules and regulations covering the making up of lost time in practice placements (on programmes where this is a requirement) You are required to inform your Personal Tutor as and when time is 'made up' in practice, and to obtain the signature of a Practice Mentor to this effect

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor – Area 5 – Module Choices and Career Planning

Topic	Student Responsibilities and Expectations
1. Professionally Relevant Advice	Your Personal Tutor should be able to provide professionally relevant support and advice. Make sure that any such issues are addressed at all meetings
2. Review of Experience	With your Personal Tutor, identify and analyse potential shortfalls in your development and experience. You should develop an action plan which incorporates the redressing of any shortfalls in your development and experience; be prepared to discuss this with your Personal Tutor Your Personal Tutor should be able to advise you regarding any elective experiences available on your programme, and help you to make informed and appropriate choices
3. References for Potential Employers and Obtaining End of Programme Employment	At your specific request, your Personal Tutor will supply an interim reference for a potential part-time employer if required. Your Personal Tutor will also prepare your end of programme reference If appropriate, the student should provide an up-to-date portfolio and all relevant CAP books for the Personal Tutor to use to develop such a reference Your Personal Tutor may be able to talk through and explore your personal career aspirations and career options and opportunities and support you in the process of applying for end of programme jobs You should seek support and advice where appropriate, from your Personal Tutor if you are considering voluntarily discontinuing their study. Prior to formal discussion with the appropriate Programme Leader

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor – Area 6 – Professional Requirements

Topic	Student Responsibilities and Expectations
1. Profession Specific Programme Requirements	Your Personal Tutor will advise you in relation to profession-specific programme requirements; this will include, for example: a) Hours of attendance b) Confidentiality c) Moving and handling d) Reflective writing e) Use of the portfolio f) Professional expectations (including uniform) g) Health and safety
2. Professional Code of Conduct *(Nursing and Midwifery Council 2008)*	Students should inform their Personal Tutor as soon as they are made aware of concerns over their professional conduct, and also any other issues which may affect professional or academic progress You will be expected to, with the support of your Personal Tutor and your Practice Mentor, formulate and implement an action plan to address any professional conduct issues raised

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor - Area 7 – Progress in Practice

Topic	Student Responsibilities and Expectations
1. Practice Mentors	Your Personal Tutor will be able to advise you about the respective roles and functions of Practice Lead Mentors and (where appropriate) Associate Mentors
2. Assessment in Practice	Your Personal Tutor will monitor and review your Continuous Assessment of Practice documentation Pre-registration students are required to submit Continuous Assessment of Practice books at the specified times and to the specified person Students should highlight, through reflection, issues requiring further development The student is expected ultimately to take responsibility for her/his practice based learning

The University

School of Nursing and Midwifery

Guidance for Working with Your Personal Tutor - Area 8 – Portfolio

Topic	Student Responsibilities and Expectations
1. Portfolio	Your Personal Tutor will be able to explain to you all the requirements associated with a programme based portfolio Students should take personal responsibility for the care and maintenance of the portfolio Your Personal Tutor will review your programme based portfolio (where applicable) at regular intervals and will support you in the development of an appropriate Personal Development Plan. They will also evaluate the outcomes of your action plans On request the student should be able to produce the portfolio for the Personal Tutor

Appendix

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The University
Faculty of Health and Life Sciences
School of Nursing and Midwifery

I would **welcome** your comments on your Personal Tutoring experience to inform any future planning and developments. Many Thanks, **Abigail Moriarty**

Please indicate your opinion of the following aspects of Personal Tutoring in your Nursing programme:

	Very Good	**Good**	**Average**	**Poor**	**Very Poor**
Access to your Personal Tutor was	☐	☐	☐	☐	☐
Support from your Personal Tutor was	☐	☐	☐	☐	☐
The extent to which your personal expectations of Personal Tutoring has been met	☐	☐	☐	☐	☐

In the space provided please identify **3 strengths** about your experiences, and briefly explain your answers where possible (use the space on the back if more space is needed)

1._____

_____

2._____

_____

3._____

_____

In the space provided please identify **3 areas that could be improved,** and again briefly explain your answers where possible (use the space on the back if more space is needed)

1._____

_____

2._____

_____

3._____

_____

Do you think having a **Personal Tutor** is important for students?

Strongly Agree	**Agree**	**Don't Know**	**Disagree**	**Strongly Disagree**
☐	☐	☐	☐	☐

In the space below identify what you would **'ideally'** like form a Personal Tutor

Please reflect upon the whole event and grade your experience out of 10. With **10** being **'Excellent'** and **0** being **'Very Poor'**.

Circle the grade below.

1 2 3 4 5 6 7 8 9 10

Please Use This Space If Required

Appendix

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Statistical Information from the Student End of Programme Evaluation on Personal Tutoring

SCORING : **0 = Very Poor – 10 = Excellent**		
	No of Students	**% of Students**
0	0	0
1	1	1%
2	0	0
3	0	0
4	3	3%
5	5	6%
6	3	3%
7	7	8%
8	19	21%
9	16	19%
10	34	39%
Total Completed	**88**	
Total in Cohort	**123** (**72%** Completed the Evaluation)	
Mean Score	**8.42**	

Appendix

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Qualitative Comments from the Student End of Programme Evaluation on Personal Tutoring

	STRENGTHS	Frequency Tally
1	Supportive **Examples:** *'Personally, my experience of the Personal Tutoring strategy has been excellent and I cannot think of any areas for improvement at this time.'* *'What is there to be improved when someone has always been there and ready to listen and act'*	**42**
2	Approachable	**35**
3	Good access to the Personal Tutor and prompt replies	**30**
4	Addressing the students *'personal'* problems / issues	**16**
5	Friendly & sense of humour	**13**
6	Organised and reliable	**13**
7	Honest and fair	**10**
8	Helpful	**12**
9	The Personal Tutor provided encouragement and / or developed the students self confidence	**9**
10	Encouraged reflective practice and action planning	**6**
11	Good listener	**8**
12	Academic support	**8**
13	Informative and knowledgeable	**4**
14	Supportive with placement issues	**2**
15	Group tutorials	**1**
16	Portfolio development	**1**
17	Support with elective week experience	**1**
18	Increased student confidence	**1**
19	Consistent advice from the same Personal Tutor throughout the programme	**1**
	Total Comments [Approx]	**213**

LIMITATIONS Continued		**Frequency Tally**
1.	Need more time with the Personal Tutor in the Personal Tutor group **Example,** *'once each module is not enough'*	**19**
2.	Lack of availability / difficulty to access the Personal Tutor	**7**
3.	Personal Tutors that leave midway through the students experience and the communication of the transition to the new Personal Tutor	**4**
4.	Lack of privacy in the Personal tutors office to discuss confidential issues	**4**
5.	Not supportive	**3**
6.	Lack of interest and / or engagement in the Personal Tutoring concept **Examples:** *'… Personal Tutors who have no interest in being a tutor, shouldn't be one?!'* *'Bad Personal Tutors detract from the student university experience.'*	**2**
7.	Not responding to messages	**2**
8.	Lack of availability of Personal Tutors to students when they receive their results	**1**
9.	Lack of support for elective experience	**1**
10.	More group tutorials	**1**
11.	Lack of portfolio development	**1**
	Total Comments (Approx)	**45**

Appendix

21

Staff Focus Group Responses for the Evaluation of the Personal Tutor Guidelines

Question One: What have your personal students generally come to see you about?

	Rank
Clarification of information Examples were provided from the Personal Tutors present and included, how to change holiday allocations already identified on the training plan and development of their portfolio and PDP	**1**
Personal issues, for example of housing problems	**2**
'They haven't been to see me' Two Personal Tutors felt disengaged from their group, and did not feel 'connected' and reported that they did not see their students on a regular one-to-one basis	**3**

With '1' being *most* important and '3' being the *least*

Question Two: Have you had regular one-to-one tutorials with your personal students?

	Rank
Most staff reported that had one-to-one tutorials with their personal students, the initiation of the one-to-one planned tutorials with students predominately appeared to be instigated by the Personal Tutors and not the student. There was a variation of access, with some tutors having an '*open door policy'* and others having booked tutorials only (available times on door / email / MLE). The group acknowledged that both methods were appropriate but it appeared that the students were confused about the variation	**1**
Only two Personal Tutors reported not to have had regular individual tutorials with their students	**2**
No option other provided	**3**

With '1' being *most* important and '3' being the *least*

Question Three: Have you referred your personal students to any other people / centre etc for support?

	Rank
Overall the Personal Tutors directed the students to a small number of individuals for specialist help / advice. The examples given included; occupational health, counselling service, student services, housing	**1**
A few tutors did not access any additional support for their students and they appeared to have a lack of awareness of the facilities available	**2**
No option other provided	**3**

With '1' being *most* important and '3' being the *least*

Question Four: Have you any specific comments about your current experiences of Personal Tutoring and the student portfolio?

	Rank
PDP in the portfolio was confusing and lacked clarity. Students came to them as Personal Tutors for clarification, but some felt unable to provide this	**1**
Practice / clinical staff did not know enough about the student portfolio and there involvement facilitating the student's clinical development was not explicit	**2**
No other option provided	**3**

With '1' being *most* important and '3' being the *least*

Appendix

22

Examples of Template Analysis of the Case Studies

The eight areas of the Personal Tutor Guidelines **(see Appendix 15)** were used as the initial codes (along with colours for differentiation) to the transcribed interview data;

Area 1 – General Aspects of the Role of the Personal Tutor
Area 2 – Academic Progress
Area 3 – University Regulations
Area 4 – Monitoring Attendance, Illness and Absence
Area 5 – Module Choices and Career Planning
Area 6 – Professional Requirements
Area 7 – Progress in Practice
Area 8 – Portfolios and Personal Development Planning

Data Extract	**Code (Key Area of Personal Tutor Guidelines) in Colour**
Question: **As a student tell me about a time when you had a good experience of Personal Tutoring since the implementation of the Personal Tutoring Guidelines**	**Area 2 – Academic Progress**
S3a; I suppose it is a good example but a bad one as well, 'cause it was bad to me. I failed an assignment and I just panicked! But I went to see my Personal Tutor straight away where I got advice about my resubmission and it just made me feel better.	**Area 3 – University Regulations** **Area 1 – General Aspects of the Role of the Personal Tutor**
Follow up question from the investigator. Question: **Would you have done this before?**	
S3a; Good god no! [laughs] I would have just had a nervous breakdown at home on my own.	

Data Extract	Code (Key Area of Personal Tutor Guidelines) in Colour
Question: **As a Personal Tutor tell me about a time when you had a good experience of being a tutor since the implementation of the Personal Tutoring Guidelines** **L2a;** The Guidelines have made the role a lot more bearable and I suppose manageable. I can't say that the student problems or issues are any less but I feel more able to off load to others. I never knew of all of the University services available for students. Now it is written down in the Guidelines I feel more justified in referring students to others; whether they access them is a different matter.	**Area 1 – General Aspects of the Role of the Personal Tutor** **Area 2 – Academic Progress**

Appendix

23

The University Framework for Personal Tutoring

	Each student will	Each personal tutor will -	each faculty will -	The university will -
Guiding Principles, Expectations and Roles				
Advice, Guidance and Feedback	~ expect reliable and consistent advice and guidance from the tutor ~ take responsibility for bringing to tutor meetings feedback they have received on assignments	~ provide reliable and consistent advice and guidance ~ discuss general academic progress half way through and towards the end of each academic session (but not give subject specific feedback on individual assignments)	~ provide a faculty-wide scheme, with refinements to reflect the requirements and needs of particular student groups including those on joint honours who are the primary responsibility of the faculty ~ promote and support the role that the Faculty facility (such as the Student Advice Centre – SAC - or Faculty Office) plays as an intermediary between staff and students and in providing additional support and guidance through a 'front of house' facility	~ endorse the essential characteristics of personal tutoring ~ recognise that within the University's framework each faculty may wish to customise its own approach to ensure that local operation of the personal tutor system is sensitive to the culture of the faculty (fitness for purpose)
Attendance and Recording Mechanisms	~ undertake a self-assessment of their key skills at the beginning of their undergraduate study	~ meet with the first year students as a group within the first three weeks of year one and report 'no-shows' to the Faculty (to the SAC or Faculty office, for example)	~ provide opportunities within induction programmes for students to complete a self-assessment of their key skills	~ provide guidance to faculties on minimum expected attendance and recording requirements

	Each student will	Each personal tutor will -	each faculty will -	The university will -
	~ attend one-to-one and group tutorials with their personal tutor as agreed ~ expect unexplained 'no shows' to be monitored and followed up	~ be proactive in arranging to meet with students and report 'no-shows' to the Faculty (to the SAC or Faculty office) ~ continue to meet with students for the remainder of their programme in accordance with faculty scheme	~ have systems within the Faculty (through the SAC or Faculty Office for example) to support the maintenance of student attendance records	
Resourcing (including training, time, space)	~ expect personal tutor support, including PDP, through a mixture of group sessions and one-to-one. As an indicative guide, this will include 1 hour per academic session in face-to-face tutorials. ~ commit necessary study time to preparing for, and following up their meetings with the personal tutor	~ have a personal tutoring load which reflects their tutorial group size. This commitment includes time needed to support PDP	~ provide equitable support for all students. This commitment includes time needed to support PDP and will include a mixture of one-to-one and group settings ~ provide opportunities for staff and students to support the process ~ provide appropriate facilities for one-to-one and group personal tutoring to take place ~ support and develop staff (teaching staff as personal tutors and support staff in their advice and guidance role)	~ regard personal tutoring as part of the duties of all academic staff (FT and pro-rata)

	Each student will	Each personal tutor will -	each faculty will -	The university will -
Interrelationship with PDP	~ reflect on their personal, academic and career development, using the personal tutor as a source of information and guidance ~ produce action plans and review progress against these with their personal tutor ~ maintain a personal development record (PDR), including a reflective statement at the end of each academic year	~ support students in their production of a personal development record (PDR), by promoting reflective learning and assisting students to review their own progress against action plans	~ meet the University's minimum requirement for PDP, including the support to produce and maintain a personal development record (PDR)	~ make an institutional commitment to personal development planning (PDP) as an essential part of the whole student learning experience
Information transfer	~ take responsibility for bringing to tutor meetings feedback they have received on assignments ~ take responsibility for ensuring the faculty is advised of any change in circumstances	~ make systematic use of information about the students overall progress (drawing on data and self-assessment provided by the student, but also utilising attendance records and academic performance profiles) ~ explain the options available regarding progression, as appropriate, including general advice on module choice	~ produce information for students to explain how the personal tutor system operates ~ facilitate the process by ensuring tutors can access relevant information about the students	~ support the personal tutor system with learning support and ensures the availability of central resources are effectively communicated to staff and students ~ ensure central systems are in place for the provision of information about students

	Each student will	Each personal tutor will -	each faculty will -	The university will -
		~ know when it is appropriate to refer the student to another individual or service for specialist support or guidance ~ provide feedback on the information that is available on central support services and point out areas that require further information/clarification	~ produce guidance material and information for students on faculty level support ~ ensure responsibilities of, and lines of communication between, the personal tutor, Head of Studies, programme leader and module leaders are clear and effective ~ ensure that staff are aware of available central and faculty support services and the mechanisms in place for referral	
Management Responsibilities				
	~ keep a record of the main actions arising from each personal tutorial	~ operate the faculty system and keep records in accordance with published faculty protocols	~ identify a member of staff to take responsibility for overall co-ordination and monitoring of the system in the faculty	~ designate PVC Academic Quality with strategic responsibility for the assurance of the quality of the personal tutor system

	Each student will	Each personal tutor will -	each faculty will -	The university will -
			~ ensure clarity about the production of information, and the contribution expected from Faculty support (such as the SAC or Faculty Office) ~ ensure an overview of management and resourcing of the system is maintained by the Faculty Academic Committee	~ provide central guidance to support the effective operation of the personal tutor system in faculties
Quality Assurance Responsibilities				
	~ have the opportunity to provide feedback to the faculty co-ordinator on the effectiveness of the process	~ on an annual basis, participate in an evaluation of the effectiveness of the system and report on areas for improvement to the faculty co-ordinator ~ advise the programme leader of any programme related issues highlighted in tutorials having regard for confidentiality in relation to individual tutees	~ require the faculty co-ordinator to prepare an annual evaluative report to the FAC on the basis of feedback from tutors, subject journals, students and the SAC or Faculty Office ~ report annually to the University's Learning and Teaching Committee on PDP element of personal tutoring	~ provide a quality assurance framework and guidance within which evaluation can take place ~ monitor the personal tutor system through AQSC and consider key institutional themes that may arise; the monitoring will be based on information in FAC annual monitoring report to AQSC

	Each student will	Each personal tutor will -	each faculty will -	The university will -
				~ develop measurable performance targets against which the effectiveness of personal tutoring systems can be evaluated

Appendix

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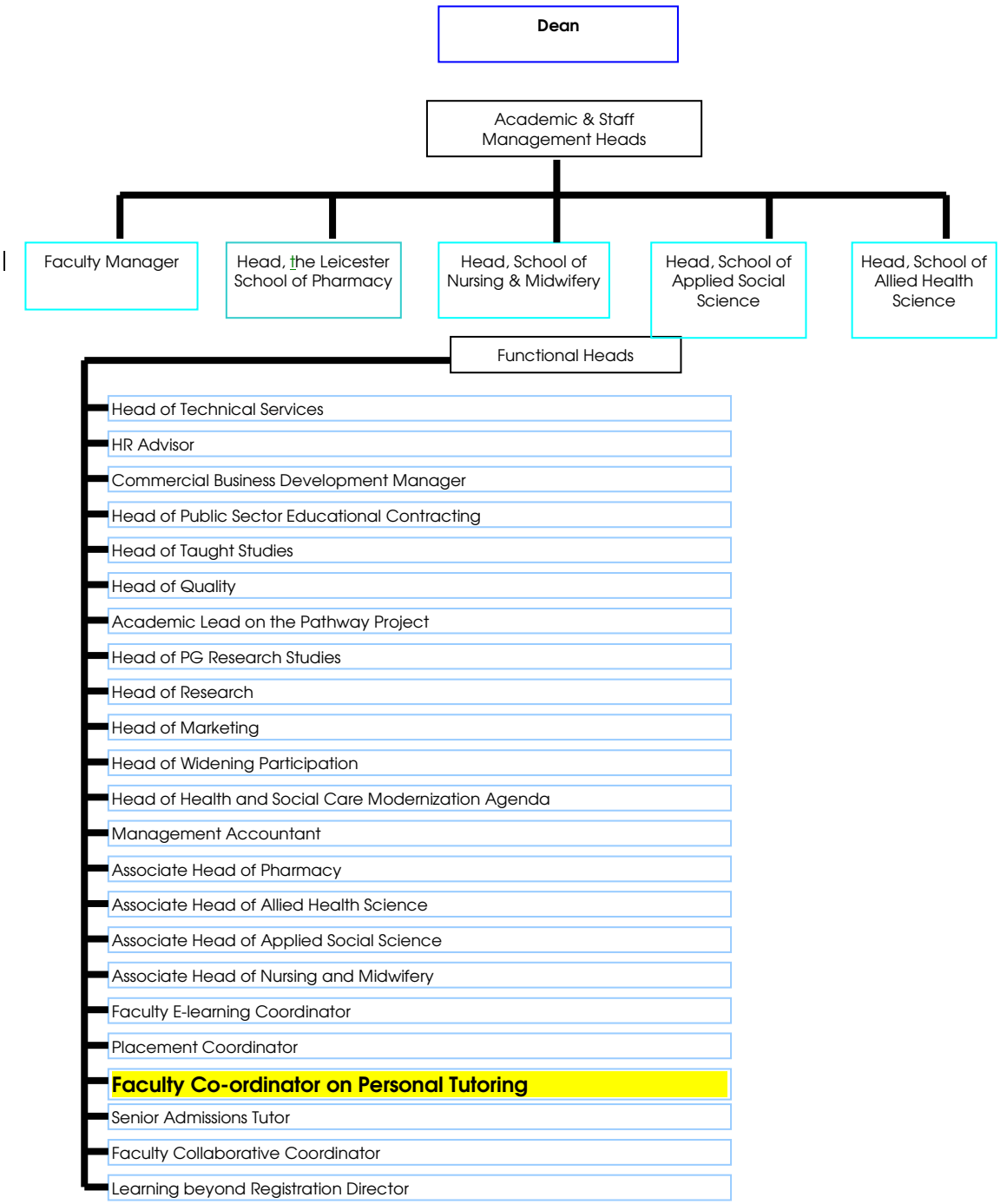
Dean
Academic & Staff Management Heads
Faculty Manager
Head, the Leicester School of Pharmacy
Head, School of Nursing & Midwifery
Head, School of Applied Social Science
Head, School of Allied Health Science
Functional Heads
Head of Technical Services
HR Advisor
Commercial Business Development Manager
Head of Public Sector Educational Contracting
Head of Taught Studies
Head of Quality
Academic Lead on the Pathway Project
Head of PG Research Studies
Head of Research
Head of Marketing
Head of Widening Participation
Head of Health and Social Care Modernization Agenda
Management Accountant
Associate Head of Pharmacy
Associate Head of Allied Health Science
Associate Head of Applied Social Science
Associate Head of Nursing and Midwifery
Faculty E-learning Coordinator
Placement Coordinator
Faculty Co-ordinator on Personal Tutoring
Senior Admissions Tutor
Faculty Collaborative Coordinator
Learning beyond Registration Director

Appendix

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First Years' Experience of the Induction Programme to Higher Education (Kitts 2006) - *Yellow Shading Indicating this Faculty*

	Total Sample		Business & Law		Art & Design		Humanities		Health & Life Sciences		Computing Sciences & Engineering	
	Importance	Satisfaction	Importance	Satisfaction	Importance	Satisfaction	Importance	Satisfaction	Importance	Satisfaction	Importance	Satisfaction
Joining instructions - what to do when you first arrive	3.33	3.37	3.26	3.41	3.42	3.31	3.21	3.37	**3.48**	**3.30**	3.24	3.47
Your accommodation and settling in	2.80	3.73	2.63	3.64	3.17	3.68	3.57	3.30	**2.59**	**3.93**	2.81	3.95
Organised events for getting to know DMU and university life	2.79	3.45	2.79	3.46	2.91	3.20	3.14	3.11	**2.53**	**3.65**	2.87	3.57
Course specific information - course programme and organisation	3.50	3.40	3.48	3.44	3.51	3.08	3.43	3.56	**3.63**	**3.45**	3.44	3.55
Student services - the help that is available	3.12	3.39	3.26	3.45	2.91	3.20	3.07	3.22	**3.04**	**3.41**	3.10	3.55
Getting to know the academic staff on your course	3.22	3.34	3.15	3.33	3.29	3.22	3.07	3.30	**3.26**	**3.35**	3.31	3.53
Opportunities for meeting new people	3.27	3.41	3.29	3.43	3.35	3.33	3.46	3.41	**3.07**	**3.41**	3.34	3.54
The Student's Union	2.81	3.40	2.77	3.40	2.89	3.29	3.00	3.33	**2.63**	**3.36**	3.06	3.65
'Freshers' week	2.75	3.41	2.69	3.40	3.05	3.32	3.11	3.26	**2.52**	**3.45**	2.84	3.58
Sports facilities	2.50	3.49	2.59	3.38	2.68	3.27	2.36	3.48	**2.16**	**3.74**	2.68	3.71
Catering services	2.34	3.45	2.40	3.41	2.40	3.36	2.36	3.81	**2.13**	**3.50**	2.44	3.51
Financial services and support	2.91	3.40	3.00	3.49	2.69	3.37	2.96	3.22	**2.80**	**3.34**	3.08	3.48
Health care	2.79	3.57	2.82	3.60	2.98	3.48	2.93	3.23	**2.53**	**3.67**	2.90	3.66
Religious services	2.09	3.88	2.29	3.83	1.77	3.76	1.82	3.33	**1.98**	**3.91**	2.24	3.98
Disability services	2.07	3.98	2.02	3.99	1.94	3.72	1.71	3.41	**2.05**	**3.02**	2.50	3.07

Appendix

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Student Opinions on the Student Experience, the Decision to Enrol and Value for Money (Kitts 2006) - *This faculty is highlighted in yellow*