Understanding the role of the peripatetic clinical practice teacher

› Abstract

Accepted practice for supporting student health visitors in their training has been for each clinical practice teacher (CPT) to support a single student in the clinical setting. Following the publication of the *Call to Action* (Department of Health, 2011), there has been a dramatic increase in student health visitor numbers. This has affected the ability to teach in this way, and a system of 'long-arming' has been introduced, whereby each CPT provides teaching support to several students facilitated via mentors. This qualitative study using grounded theory sought to evaluate the impact of this change by interviewing six experienced CPTs. Questions were compiled following a comprehensive literature review. Common themes included communication, capacity to undertake the role and support networks. Interviews confirmed that there remained a deep professionalism and dedication to the role. Despite changes in the role, CPTs continue to strive to provide high calibre support to students and mentors. All participants saw support from management as positive, although some suggested support from higher education institutions was variable. Effective communications and a commitment to building strong working relationships were seen as important. Some interviewees mentioned being overstretched and had experienced burnout and stress. This appeared greatest where CPTs continued to carry a caseload while managing several students and mentors. Further investigation into the outcomes achieved, through examining the confidence and competence of newly qualified health visitors trained through this method, is recommended.

Key words

› Clinical practice teacher (CPT) › Health visitor › Student › Education › Long-arming › Communication › Professional capacity

The increased numbers of students required to be trained following the publication of the Health Visitor Implementation Plan (Department of Health (DH), 2011) meant that the traditional method of training student health visitors could no longer be used because organisations did not have sufficient numbers of clinical teachers to teach 1:1. Trusts needed to review the structure and model of clinical teaching. The Nursing and Midwifery Council (NMC, 2008) had set standards for clinical teaching to be undertaken by a mentor supported by a clinical teacher. There was little written evidence available on the effectiveness of this method of teaching but NHS Midlands and East developed guidelines for a new model of clinical teaching called 'long-arming' (Corkan et al, 2011). In this model, the student is assigned to work with a qualified practitioner in clinical practice who performed the role of a mentor. The clinical teacher supported several mentors and their students.

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The long-arming model of teaching

As an operational definition, long-arming is a method of teaching where responsibility for clinical teaching, including assessment, lies with a teacher outside the practice base of the student. This model is used when the ratio of students to available clinical practice teachers (CPTs) is misaligned and the CPT supports mentors and/or inexperienced CPTs. This new approach to teaching allows one CPT to long-arm up to six mentors and their students over the year-long course. Protected time to ensure appropriate and evidence-based learning opportunities is available to students and mentors. The CPT has a duty to support each mentor via meetings and one-to-one supervision, and takes overall responsibility for ensuring the student is fit for practice by the end of the course.

Review of the literature: The long-arming model experience

This concept was first introduced in late 1990s and research first published by Karban (1999). Long-arming was not mentioned for use with health visiting students until 2008 by the NMC. There had been no research conducted into the views of health visitor CPTs of the long-arming model.

Positives of the long-arming teaching model

Benefits included the CPT being able to support students almost immediately when issues arose at their practice bases, as well as enabling an

increased student population to receive clinical experience (Furness and Gilligan, 2004).

Negatives of the long-arming teaching model

Negative aspects included combining a clinical caseload with teaching students. CPTs with no or a reduced caseload reported having less stress (Haydock et al, 2011). Some experienced CPTs felt ill-equipped to support students' academic work due to a lack of academic knowledge themselves (Manias and Aitken, 2005). Other CPTs did not feel supported either by the higher education institutions (HEIs) where the student was registered or by their NHS Trust management (Gillespie and McFetridge, 2005). Relationship issues were evident as a result of a lack of continuity due to different mentors being used from year to year. In addition, not every mentor was able to form a satisfactory and effective working relationship with each of their students (Salminen et al, 2012).

The role of the CPT has developed following the *Health Visitor Implementation Plan* (DH, 2011), and *Health Visiting Teaching in Practice: A Framework Intended for Use for Commissioning, Education and Clinical Practice of Practice Teachers* (DH, 2012) recognised the importance of the CPT role. NMC guidelines (26.27) [***] are not definitive regarding the numbers of students and mentors that CPTs may support. The DH (2012) suggested that CPTs should be supported to undertake research and influence policy development by working in partnership with multi-professional education and training (MPET). It also said that there should be appropriate numbers of CPTs in the workplace for 2015 and beyond to support new staff with training and development. The literature indicated that CPTs need to undertake rigorous academic learning to enhance teaching quality. An appraisal system will provide quality assurance to measure practice education. The NHS Midlands and East guidelines for long-arming student health visitors (Corkan et al, 2011) supports the DH view and advised that CPTs should carry a reduced caseload to enable a focus on teaching, with protected time to ensure good working relationships and so enhance the student learning experience.

Emerging themes

From the literature review, three themes were generated:

- Communication
- Capacity to undertake the role
- Support from management and HEIs

Communication

All the studies reviewed confirmed that communication between the student, mentor and CPT is paramount to the successful working relationship between the three individuals. Karban (1999) found that some students felt 'abandoned' by the long-arm teacher, while others felt more independent. The number of students supported by one CPT in Karban (1999) was up to seven. This number of students supported by one teacher is not considered appropriate today (NMC 26.07 2011) [***] due to the possible risk to the quality of teaching and support.

Communication of expectations, providing a clear structure and a robust learning contract is important. If set early on, it gives focus to the student and enhances the student's confidence. This should be supported by timely, regular and quality-driven meetings between the CPT, mentor and student (Furness and Gilligan, 2004).

Capacity to perform the role

Regarding improved working relationships, Salminen et al (2012) suggest this can only be achieved by the CPT carrying a reduced caseload. Some students felt a lack of time to observe the CPT in practice (Karban, 1999) due to time constraints of the CPT. Learning and assessment is fundamental to the student experience. Good partnership working with the CPT, mentor and student will facilitate good outcomes (Karban, 1999; Furness and Gilligan, 2004; Williams and Taylor, 2008). CPTs have the overall responsibility to 'sign off' the student as fit to practice (NMC, 2008) but must work closely with the mentor because much information is given third-hand by the mentor (Furness and Gilligan, 2004).

Early meetings to set module and practice outcomes facilitate a positive learning experience for student and mentor (Gillespie and McFetridge, 2005). The CPT's educational level was widely discussed in all papers reviewed. Manias and Aitken (2005) argue that teaching post-registered students requires the CPT to be educated to a higher level than the student. The CPT should be seen as a positive and well-informed practitioner by other staff members, equipped to undertake research to inform local policy and practice, and able to act as an advocate (Williams and Taylor, 2008).

Support from management and HEIs

Managerial support to the CPT is crucial to the success of education in clinical areas. Williams and Taylor (2008) highlight the importance of management support in providing protected time. Quality of teaching is linked to providing

*** There are two NMC references on this page that I don't understand; the only NMC reference listed at the end is the 2008 standards. Should there be another reference for 2011? Please clarify the reference that should be cited here.

sufficient resources to support clinical practice teaching. Support in providing back-fill for casework seems difficult to achieve and is discussed in all papers. Manias and Aitken (2005) describe how CPTs experienced a role conflict in juggling teaching and clinical work. CPTs are required to be aligned to a caseload to fulfil the criteria of a CPT (NMC, 2008). The increased pressure of managing caseloads and teaching has been shown to create stress to such an extent that it was creating a barrier to teaching, an important point for managers and HR departments to note. Salminen et al (2012) highlighted the importance of good communication between managers and CPTs for service planning and the development of teaching in practice and to highlight issues, along with HR support to CPTs when students are seen to be failing (Furness and Gilligan, 2004). CPTs felt unable to undertake HR roles on top of a teaching/ clinical role, suggesting that improved support and direction is required. Gillespie and McFetridge (2005) suggest the need for regular meetings between CPT, mentors and students. Supervision is also featured as a requisite for good teaching and keeping CPTs up to date, and can improve their confidence and ability to teach (Salminen et al, 2012).

*** This reference (Bowling, 2002) is not listed at the end of the article. Please either provide the full reference or indicate that the citation should be removed from the text.

Aim of the study

The study described in this article had five aims:

- To understand the impact of this model on relationship building between CPT, mentor and student
- To capture the CPT's view on long-arming
- To identify what factors affect teaching and learning
- To identify the support mechanisms for CPTs
- To develop recommendations for practice.

Research design

The study aimed to achieve these objectives through a qualitative approach informed by grounded theory (Strauss and Corbin, 2008).

Grounded theory (analytical induction) has been used since the early 1970s (Backman and Kyngäs, 1999). It derives from the sociology of health and focuses on social processes and the ways in which individuals negotiate social meaning (Saks and Allsop, 2007). Given this background, grounded theory provided a suitable framework for exploring with CPTs the various factors that may influence individuals' experiences in using long-arming. In the initial phase of data collection, the literature review assisted the researcher to formulate questions. Relevant concepts and problems identified from the literature were grouped to generate questions for the semi-structured interviews with CPTs. Questions explored the CPTs' feelings, thoughts, views and experiences and, as this is a targeted small group, the most useful method was grounded theory.

This study focused on a particular group of health professionals able to express their views on long-arming students and therefore came under the heading of a purposive homogeneous sample (Holloway and Wheeler, 2009). The group were identified to enable the researcher to extract data, formulate themes and generate new ideas as the study progressed. The researcher was aware of the limitations of a small sample, but Holloway and Wheeler (2009) and Bowling (2002) [***] agree that this is often the nature of the qualitative approach. Ethical approval from the university was granted followed by research and development approval from two Trusts. This increased the available sample size and increased validity as the researcher worked in one of the Trusts. Information was given to the participants about the proposed study allowing them to make a balanced decision whether to agree to take part.

Findings

Communication and capacity to do the role featured highly in the findings. Communication broke down into sub themes: setting the scene and barriers.

Setting the scene

Participants described the importance of meeting with the student and their mentor early on in the training. One said:

'The CPT must take overall responsibility and if they're not part of setting the learning contracts process if something goes wrong, it's not fair on the mentor to carry this burden.'

Barriers

Participants felt frustrated at the lack of available IT systems as this affected their ability to communicate effectively with mentors and their students. One said:

'I can't be physically around all the time so email is really important … [I reach] a lot of contacts by email and people do let me know what is happening via this route.'

The role also includes supporting newly qualified staff, which includes them undertaking a building community capacity (BCC) project,

training for existing staff and supervision for staff. The participants felt pulled in many different directions, as one participant commented:

'You know, there's the BCC and preceptorship, so there's an awful lot, and not enough of me to go around.'

Participants felt positive about the depth of the role and enjoyed the challenges this variety gave. However, when difficulties arose—for example, with relationships between students and mentors or with students' competence in practice—this balance was fractured. Communications broke down and anxieties arose; one participant said:

'I don't think I've been good at offering them [students] just time with me. I took on the extra three students quite late in the day; I was not in practice with them as much as I'd like and I still think that's something that requires work.'

Capacity to do the role

Juggling several students and their mentors alongside other aspects to the role demonstrated how organised the long-arm CPT must be. The larger volume of students per area proved difficult when planning time with each student. Good working relationships with peer colleagues were also important. One participant said:

'Once a month I have a clinical day with the student and that always includes a clinic as I find that a really useful way to teach. If I couldn't use our clinic I'd use someone else's. I've gone to a lot of trouble to make sure all the mentors next year are given prior warning and have written a very carefully put together letter. I spent a long time putting together the whole programme.'

Change in role

There was widespread emotion felt around the role of the CPT changing from having a student on a one-to-one basis versus long-arming several students. Participants felt a variety of emotions, from feeling overwhelmed to a sense of loss. They no longer knew the student intimately and had to rely on the professional judgement of the mentor, whom they may not know well. The feeling of not being in control at the beginning of the role was seen as tricky by some. For those who no longer held a caseload, this also proved a challenge and for many there was a reluctance to let go. One said:

'It feels to me that I've left the role I have cherished for a very long time behind and I don't see [myself] ever going back to that caseload role. I've gone into work, had a desk, a computer, a place to belong and now you're in a situation [where] you can work from home … A lot of the work is sitting in front of the computer or looking at narratives or ensuring there are resources for the students to learn.'

Key points

- Following the publication of the Health Visitor Implementation Plan, clinical practice teachers (CPTs) have had to move from a one-to-one teaching model to a system of long-arming multiple students via mentors
- Six experienced CPTs were interviewed to evaluate the impact of the change in teaching style
- Interview questions were based on a review of the literature, which generated three themes: communication, capacity to undertake the role, and support from management and higher education institutions
- Despite the changes to their role, the CPTs interviewed said they had positive support from management, but support from higher education institutions was variable
- Some CPTs said the long-arming model meant they were overstretched and experienced burnout, particularly if they continued to carry a caseload themselves while managing students and mentors
- Recommendations from this study include: providing increased support for CPTs, including a career development pathway; ensuring provision of a structure to retain staff; and further research into the quality of the workforce emerging from long-arm teaching and whether the current preceptorship package is fit for purpose

However, for those who continued to hold a caseload, the transition to long-arm CPT was not a smooth journey. It seemed that the demand for student support overlapped the availability of staff to take over the caseload, causing considerable stress. One CPT said:

'I very nearly lost the plot and had to become quite emotionally fraught and open about that before something happened.'

The nature of long-arming means that the CPT undertaking long-arming will work with mentors and students located in a number of teams in different locations each with a different manager. Teaching is different to the managers' roles and CPTs expressed feeling confused as to who was best to offer support and advice. One participant shared:

'There's an awful lot to carry and I'm just sort of grabbing people that might be appropriate from teams that have the students in.'

Discussion

Participants identified that the first meeting between CPT/mentor/student to set learning needs

and to formulate a plan of action based on the student's past experiences was the foundation to building a good working relationship. Previous studies by Furness and Gilligan (2004) and Salminen et al (2012) concur with this finding, but also found that improved working relationships were based on a clear structure and a robust learning contract.

Although students were not interviewed for this study, participants commented on the importance of direct clinical work in assisting in the decision process regarding the students' fitness to practice. What is clear from both the literature and from this study is that students have a role to play in identifying and articulating their own learning needs, and in being proactive in achieving their goals. Part of the learning journey involves knowing how and why they are achieving rather than just doing (Gillespie and McFetridge, 2005).

There was a link found between previous findings and this study regarding the importance of the educational level of the CPT. Participants who were educated to MSc level were more confident in marking narratives and happy to support CPTs who were slightly more anxious in taking on this additional role. Competence and confidence of the clinical teacher enhanced the ability to question the students' fitness to practice.

High levels of anxiety and stress were found in some participants in this study and by Furness and Gilligan (2004), and this is where good support from Trust management and HEIs was important.

Salminen et al (2012) concur regarding improved working relationships but suggest this can only be achieved by the CPT carrying a reduced caseload. Some students felt a lack of time to observe the CPT in practice (Karban, 1999) due to time constraints.

Adjusting to the new role evoked strong emotions from participants. The feeling of a loss of identity was something felt by several participants. They expressed the need to share this with other CPTs through peer supervision.

Participants felt that losing a caseload was positive in terms of being available to mentors and students. Focusing on one role reduced the potential level of stress, although some participants mentioned an initial anxiety of losing their clinical caseload. In earlier studies it seemed usual for CPTs to carry heavy caseloads on top of supporting several mentors and students (Williams and Taylor, 2008). Carrying a heavy caseload was seen as creating a barrier to teaching. This study demonstrates a positive shift towards supporting the CPT in reducing burnout and stress.

Recommendations

These have been formulated from the research findings:

- **Ensure CPTs are aligned to, but do not have to carry, a caseload while long-arming students**. Both the literature review and the findings of this study highlight the additional pressures that carrying a caseload places on the long-arming CPT
- **Explore transformational leadership courses for CPTs**. The need for investing in leadership courses to enhance the skills of CPTs was apparent
- **Provide increased support—including restorative supervision—for CPTs**. The value of restorative supervision for students was evident and could be a beneficial technique that should also be offered to CPTs
- **Investigate validity of a professional development team.** A professional development team would provide appropriate recognition of the importance of CPT role and provide a more structured approach to its development
- **Develop a career development pathway for CPTs with a focus group to identify options**. Thought should be given to the career pathway for CPTs post 2015, after which long-arming may no longer be needed. A focus group to explore options should be considered
- **Ensure provision of a structure to retain newly qualified staff**. It is imperative to seek to retain the newly qualified students. Concerns were expressed that a number had been recruited by other Trusts at the end of their training
- **Ensure quality of the workforce remains high by introducing a robust observation of practice guidelines**. Long-arming highlighted the importance of observing practice. Clear guidelines should be drawn up to ensure that this is undertaken consistently
- **Ensure the development of the service continues by encouraging and supporting that undertaking research studies and policy development as being a standard to the role.** The importance of the CPT being able to undertake research and participate in the development of policy and practice was highlighted
- **Ensure HEIs provide regular support, additional education and guidance to CPTs**. CPTs would benefit from more and regular support from HEIs in developing their confidence in assessment and marking of narratives
- **Sponsor further research into:**
  - **The quality of the junior workforce**

emerging from long-arm teaching. This study only explored the views of CPTs. All expressed concerns that they felt stretched in undertaking the role and in assessing students. A future study exploring the confidence and competence of the newly qualified junior workforce should be commissioned.

- **Whether the current preceptorship package is fit for purpose**. Preceptorship is valuable but there are doubts as to whether it is working effectively, and research should be undertaken into whether it is fit for purpose. JHV

This article has been subject to peer-review.

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