An incremental approach to educational development


Summary

This article examines the implications for education in practice of the document Preparation of Mentors and Teachers (ENB/DoH 2001), and the changes that it imposes on those who teach in the practice area. The range of academic and clinical skills practitioners require to teach and assess students at differing levels of professional practice is explored. The authors discuss the need to support teaching, learning and assessing in the practice area, from the pre-registration stage through to higher level practice. A flexible model of educational theory and practice that has the capacity to incorporate a clinical component is proposed.

The evidence presented in this article suggests that current teaching and assessing in practice is not effective (DoH 2001) and there is a need and an opportunity to improve this situation. The two roles defined in the framework document Preparation of Mentors and Teachers (ENB/DoH 2001) are too polarised to meet the increasing demands being made for teaching, learning and assessing in practice. The gap that lies between the preparation of a mentor and that of a fully qualified practice educator is too wide. Teaching, learning and assessment, 50 per cent of which now takes place in clinical practice for pre-registration and post-registration students, affect nurses’ preparation as educators (UKCC 1999). This article explores the implications of preparing educators for practice and suggests a model of educational development that is sufficiently flexible to meet the range of teaching, learning and assessment needs required to support student learning. The model is suitable for health and social care professionals.

Education in practice

The UKCC document Standards for Specialist Education and Practice (2001) recognised significant differences in the complexities of the learning outcomes between pre-registration and post-registration level courses. The differences relate to the need to exercise higher levels of judgement, discretion and decision making for post-registration courses. Educational demands increase as practice becomes more sophisticated, and this is not reflected in the framework (ENB/DoH 2001), which stipulates two modes of preparation: mentor and educator. There is anecdotal evidence that educators are questioning the capacity of two levels of preparation to meet the educational demands of both pre-registration and post-registration courses. These concerns are significant, since 50 per cent of all professional awards are taught, learned and assessed in practice.

Historically, the supervisors of students undertaking a specialist practitioner degree in health visiting or district nursing have completed an award to enable them to educate in practice. The ENB award of community practice teacher has been associated with grade enhancement in recognition of the changed role. In an examination of the role of the mentor, Reid (2000) comments on the specific preparation required and the clear remit of the role of community practice teachers, and suggests that further work on this role could inform mentor preparation. The community practice teacher role has evolved from the original teaching and assessing role to encompass standard-setting, quality and audit in clinical practice. Thus the increased educational preparation has enabled the role of community practice teachers to encompass a wide remit that benefits students and the employer.

The community practice teacher has been a recordable qualification on the UKCC (now Nursing and Midwifery Council) register. This model of good practice has similarities with the fieldwork practice teacher certificate undertaken by social workers (Shardlow and Doel 1996). These awards acknowledge the need for the supervisor in practice to acquire enhanced skills in teaching and assessing commensurate with the responsibility of supervising a student who remains in a long placement that demands in-depth teaching and assessment. The latest guidelines from the ENB/DoH (2001) fail to determine how mentors prepare for this role. The community practice teacher role has evolved from the original teaching and assessing role to encompass standard-setting, quality and audit in clinical practice. Thus the increased educational preparation has enabled the role of community practice teachers to encompass a wide remit that benefits students and the employer.

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and assessors in clinical practice. The term mentorship has been adopted for the role formally known as assessor or supervisor. This has caused some confusion as the term mentorship has previously been interpreted in a variety of ways. Indeed, an ENB definition as recently as 1996 excluded any reference to assessment as an integral part of the role of the mentor, the mentor being a person who was selected by the student to provide guidance and support. The term assessor was used in relation to the person who facilitated learning, supervised practice and assessed the student’s level of attainment (ENB 1996). The role of students in assessment is made clear in Preparation of Mentors and Teachers (ENB/DoH 2001).

Mentors are key figures in providing a quality placement experience. The preparation for mentors is a short programme that normally provides the first experience in teaching and assessing for newly registered practitioners. The minimum experience following qualification that a practitioner must have before being eligible for the course is two years. The quality of the experience for students undertaking specialist practice and advanced clinical awards requires separate consideration. Their need is for a higher level of mentorship (UKCC 2001) that concentrates on one area of practice. Therefore, in practice the teacher provides an in-depth programme of clinical experiences to fulfill the complex outcomes of post-registration awards such as specialist practitioner and advanced clinical practice programmes. To accomplish the task at this level and meet the specified outcomes, the mentor requires enhanced teaching, learning and assessing skills. There are many post-registration teaching and assessing situations that demand greater knowledge of educational theory and deeper insight into sharing and developing knowledge than can be achieved through mentor preparation. These are clearly evidenced in the learning outcomes of specialist practice and higher level practice awards (UKCC 2001).

An increased educational skill base is needed to work with students who are studying for post-registration awards that lead to professional advancement. Knowing the job and being a proficient practitioner are not in themselves sufficient to teach others. Benner’s account of proficient and expert practice (1984) clearly demonstrates that experienced practitioners are able to practise by instinct, and frequently make decisions and judgements without clearly articulating (even to themselves) what influenced the actions taken. It is necessary to help good practitioners to tease out the intricacies that comprise the art and science of their work to enable them to teach the nuances and detail required for effective teaching. An important part of teaching in practice is having the opportunity to explore the nuances that are encompassed in the breadth and depth of professional practice. Education is more than skills teaching; it is about the application and transfer of concepts. Using only experience as the basis of teaching can make the time and effort uneconomical. The danger of experienced professionals teaching their juniors is that people teach what they know and, though practice is sound and skills may be well taught, this is unlikely to be sufficient for a truly educational experience. There is more to developing an educated workforce than passing on knowledge and skills. It is educational knowledge that provides the skills that enable a questioning, critical approach to teaching holistic evidence-based practice. This does not automatically come to the practitioner with experience. It needs to be aided and developed through appropriate education (Thomson et al 1999).

Assessment

Effective assessment is the key to judging competency to practise. The skills of assessment, with an understanding of the relationship between curriculum, learning outcomes and competency to practise, will be more keenly required as increasing emphasis is placed on the use of practice as a learning environment (ENB/DoH 2001). Issues arise around rigour, fairness, equity and parity in relation to assessment. These considerations are compounded with the increasing use of practice as the place of learning. Assessment of differing levels of practice is increasingly a partnership between academics and practitioners. The serious responsibility that is undertaken for assessment by practitioners points to the need for more adequate preparation of those who assess students in practice (Canham 2000). Assessors need to have confidence in their judgements and be able to clearly articulate the expectations of assessment procedures and justify decisions about levels of competency (Robotham 2001). They need to be confident in awarding a pass to a student and, equally, have the confidence to fail a student. Both tasks demand the production of sound evidence that is founded in professional knowledge and understanding of the particular demands of each assessment. Hence assessors must adhere to the criteria used for assessment and the levels of expectation that are set for professional practice.

Great responsibility accompanies the assessment of competency and achievement of learning outcomes, and this should not be expected of any experienced professional without provision of additional support in educational theory and practice. The severe pressures placed on clinical staff suggest that it is timely to consider the issue of who teaches in practice and whether there is a need for a different model that involves dedicated people and time for the teaching of students. This is, however, a debate that falls outside the remit of this discussion. The developing argument suggests that it is necessary to underpin the acquisition of teaching-learning and assessing skills further than those gained
from mentorship. Support for this claim falls into two categories, one concerning student learning and the other support for teachers. The first requirement is to adequately meet educational needs in practice for those students who are undertaking complex courses and the second to support those who have the responsibility for teaching and assessing by providing more advanced educational skills that enable them to provide a sound service.

This article proposes an incremental approach to the development of educational skills. The model shown in Figure 1 is developed around the Preparation of Mentors and Teachers framework (ENB/DoH 2001) and supports the government’s modernisation agenda in aspects of multi-professional learning (DoH 1998, 1999, 2000). The suggested approach would provide opportunity for teachers in the practice area to gain access to flexible programmes that facilitate progressively complex student learning. The model is one of educational progression that equips mentors to meet the increasing demands that occur as professionals move from pre-registration to post-registration courses. The model takes into account the necessity to provide an environment that will extend and develop students’ knowledge of theory and practice, according to the requisites of their course. The model offers a pathway for student support in practice and for personal professional development, providing opportunities for those who teach in practice to enhance their education skills and clinical expertise as they progress through their career.

The first phase of the model is that of mentor, which occurs for most professionals about two years after qualifying. The mentor role is a natural extension of practice that facilitates nurses with some experience to support teaching/learning and assessment in particular for students on pre-registration courses. The second phase of the model is used as teaching/assessing demands increase. At this point, the opportunity should be provided to enhance teaching, learning and assessing skills. Modules that focus on education such as learning and teaching, assessment, curriculum development and teaching practice should be built into postgraduate programmes. These will develop previous knowledge and facilitate the educational support of more complex professional courses. Development of educational knowledge provides teachers in practice with the fundamental knowledge and skills to take on increased responsibility with confidence and competence. The design of phase 2 should be flexible. It should have two functions. The first function is to provide the starting point for those who wish to pursue a career in education. The second function is to provide education modules that can be studied as a means of enhancing other degree programmes. The essence of the second phase is that it provides options for the development of different pathways of study. The model therefore accommodates the needs of those who wish to follow education as a career and those who have a major teaching role as part of their work but who do not require a career in education.

Clinical nurse specialists (CNSs) provide a good example. The role of the CNS is greatly involved in education, but this is one focus in a role that is mainly concerned with clinical expertise. It could be valuable to have one or more mentors on each unit or department, who have completed phase 2 of the model, to provide additional support and advice to mentors of pre-registration students. Further advantages that could be built into the

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The merits of the model are shown in Box 1.

As the mentor/practice educator model takes over from previous courses, for example, community practice teacher and ENB 998, it is necessary to have in place a working model that can meet the needs of current professional education. The need to provide students with appropriately prepared mentors and teachers is stressed in Preparation of Mentors and Teachers (ENB/DoH 2001) and Standards for Specialist Education and Practice (UKCC 2001), but these documents offer no guidance on an appropriate model for achieving the development that is necessary. This article offers a model that is able to meet the demands of professional practice. It can readily be incorporated into professional programmes and offers logical development and a flexible, adaptable approach that is keeping with multidisciplinary learning.

At this time of change in nurse education and healthcare provision, it is essential to reconsider the preparation of nurses as educators and assessors to teach in the practice area. This element of the practitioner’s role is more prominent in the revised curriculum with greater emphasis (50 per cent) on teaching, learning and assessment in clinical practice. Nurse educators must respond to this change in focus by developing relevant pathways that adequately support nurses learning in and from practice. The model proposed in this article provides a catalyst for such debate.

**Box 1. Merits of incremental approach to the development of educational skills model**

- It allows for the fact that increasing educational demand can be supported, at the right level, by teachers in practice.
- It provides a sound basis for teaching and assessment of more complex knowledge and skills in practice.
- As the programme focus is on education it is suitable for any health or social care professional who has a responsibility for teaching and assessing in the practice area.
- The model is suited to multi-professional education with sharing of professional experiences.
- It recognises that professionals who do not wish to make a career in teaching may require increased skills and knowledge in education. This applies to those whose role involves teaching, such as specialist nurses.
- It offers flexibility and is adaptable, allowing people to choose and use education modules in generic or education awards.
- It can ultimately lead to a postgraduate teaching qualification that is recognised by the Nursing and Midwifery Council and the Institute of Learning and Teaching (ENB/DoH 2001).

The model would be the provision of the various modules at level 3 or 4, thus offering further scope to those practitioners who may not already have achieved graduate level. Universities’ use of academic levels varies and it may be possible to include some undergraduate modules in a postgraduate programme. Collaboration with faculties or schools of education would enhance the programme for the value of subject expertise that such links afford.

The third phase for progression offers students choice in the direction of their academic qualification. One option takes the form of a teaching qualification, either practice educator or lecturer. This stage is specifically for those who ‘have responsibility for the development and delivery of educational programmes’ (ENB/DoH 2001). This phase meets the requirements for a career in education and is the culmination of phases one and two in that the modules that comprise this programme meet the learning outcomes for practice educator. The other option moves students into professionally orientated qualifications such as nursing, health studies or social work awards. This route draws on modules that culminate in an academic award that enhances professional practice.

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