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The link lecturer role; inconsistent and incongruent realities

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SUMMARY

Background: The United Kingdom (UK) Nursing and Midwifery Council (NMC) suggest that the link lecturer role which is intended to support student nurse practice-based learning should account for 20% of the university-based nurse lecturer's remit. Meantime, a long-standing academic discussion indicates that this role lacks clarity. Objective: Nurse lecturer (provider) and final year undergraduate student nurse (intended beneficiary) experiences and perceptions of the link lecturer role were explored and compared.

Methodology: Data from four focus groups with nurse lecturers and four with student nurses were thematically analysed. These groups were carried out in a Scottish university where link lecturers visit student nurses in clinical placements.

Findings: Three themes were identified from a multitude of perceived link lecturer responsibilities; information, advice and support, professional development and partnership working. The link lecturer role was experienced as ad hoc and varied, while dialogue about its purpose, objective and contribution to learning revealed inconsistencies and incongruence at an individual level and within and across the homogenous participant groups. Conclusions: Narrowing the inconsistent and incongruent realities highlighted firstly in participant dialogue, and secondly in relation to policy directive versus practical application is important for reducing the confusion that surrounds the link lecturer role. Formalising the role in terms of a universally recognised and workable model of practice has potential to reduce future debate.

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Introduction

The link lecturer role is associated with support for student nurses in clinical practice. The United Kingdom (UK) Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice (SLAiP) suggest the link role should account for 20% of the university based nurse lecturer's remit (NMC, 2008). The arena of nurse education and health care delivery has radically changed since this nominal time allocation was first suggested (ENB, 1995). Meantime, a long standing academic discussion about the link lecturer role remains consistent: its purpose, objective and contribution to practice-based learning are unclear (Day et al., 1998; Grant et al., 2007; Price et al., 2011). In accordance with NMC directive (NMC, 2010, 2013) local priorities determine how the link lecturer role is implemented, ad hoc practice is common, there is no formal preparation for the role (Aston et al., 2000; Day et al., 1998) and no universally recognised workable model of practice (Fisher et al., 2012; Grant et al., 2007).

This paper presents findings from a study that explored and compared adult nurse lecturer and final year undergraduate student nurse experiences and perceptions of the link lecturer role. The data were gathered in a Scottish university where each nurse lecturer has a link lecturer responsibility for visiting student nurses in specifically

* Corresponding author. *E-mail address*: teresa.macintosh@uws.ac.uk. allocated clinical placements. Link lecturer visits are not provided by all UK universities offering nurse education. The national and international relevance of this paper lies in its contribution to a long standing academic discussion about implementation and value that generates debate in and beyond the UK (McSharry et al., 2010; Ousey and Gallagher, 2010; Price et al., 2011).

Background

The contemporary link lecturer role as mandated in the SLAiP standards (NMC, 2008) was created as a result of radical changes that saw the demise of the traditional clinical teacher role of the 1960s. Key differences between the clinical teacher role and its successor the link lecturer role contribute to difficulty in clarifying the purpose, objective and contribution of the latter (MacIntosh, 2013). These roles are similar in allowing nurse educators to facilitate practice-based learning. The clinical teacher role unlike the link lecturer role was a fulltime remit that involved wearing a nursing uniform, participation in patient care delivery with student nurses in clinical placements and having access to medical and nursing records.

Literature Review

Link lecturer responsibilities include direct and indirect support for practice-based learning. Indirect activities include partnership working,

involvement in development and educational audit of clinical placements, leadership for practice-based learning, providing support for practice-based staff and student nurses (Grant et al., 2007; NMC, 2008) preserving the lecturer's clinical credibility (Ousey and Gallagher, 2010) and positively impacting on patient care (Gray, 2012). Aspects of the role that appear directly associated with student nurse support tend to be discussed in association with placement visits (Brown et al., 2005; Price et al., 2011). Visits are mainly associated with offering pastoral support and academic guidance, narrowing the theory practice gap, monitoring appropriate use of the student nurse's assessment documentation (Carnwell et al., 2007; Ousey and Gallagher, 2007; Price et al., 2011), seeing 'a friendly face' (Brown et al., 2005, p. 87) and providing support and advice in the event of a student nurse failing to achieve the NMC requirements (Duffy, 2003; NMC, 2010).

In the 1990s Day et al. (1998) suggested the link lecturer role required strategic management. This heralded a turning point whereby the role was incorporated in national standards (ENB, 1995, 1997; NMC, 2002, 2006, 2008). Despite the broad goals of the role being mandated in policy and monitored as part of the nurse education quality agenda (NMC, 2008) a universally recognised and workable model of practice has never been established (Grant et al., 2007; Meskell et al., 2009). The absence of an agreed model of practice appears intrinsically linked to difficulty in defining the purpose, objective, and contribution to learning of the link lecturer role (MacIntosh, 2013). This difficulty coupled with the multifaceted remit of the role (NMC, 2008) appears significant in reports of ad hoc and varied implementation (Aston et al., 2000; Fisher et al., 2012). Inconsistent implementation also appears to result from challenges faced by nurse lecturers in relation to protecting link lecturer time against a backdrop of competing demands (O'Driscoll et al., 2010; Price et al., 2011). Meantime, the contribution of the role in terms of an end product is vaguely defined as support for practice-based learning (NMC, 2008), while the niche it fills within a community of other practice-based support for learning mechanisms, including the practice education facilitator (PEF) (NES, 2013) and mentor (NES, 2007) lacks clarity (MacIntosh, 2013). Unravelling the contribution of the link lecturer role is also made complex by blurred boundaries with the personal lecturer remit of the nurse lecturer as each offers pastoral support, academic support and curricular advice (MacIntosh, 2013).

The ultimate goal of nurse education is to produce 'competent, confident, critical-thinking nurses with the ability to lead, to question, and be questioned' (RCN, 2012, p. 4). If the link lecturer role impacts on the student nurse's ability to achieve these objectives and provide safe, effective and efficient patient centred care in clinical placements, investigations into appallingly inadequate health care delivery might reflect this. The Francis Report (2010, 2013) identified a poor learning culture whereby qualified nurses were not encouraged or supported to attend post-registration academic courses and skills training. The report (Francis Report, 2010, 2013), however, makes no reference to the link lecturer role and does not apportion blame to student nurses for the poor standards of care identified. These observations make understanding the experiences and perceptions of link lecturers and of student nurses as the intended beneficiary of the role important.

Methodology

This qualitative research study was underpinned by a theoretical framework that accepts social reality is shaped by humans and is ever evolving (McLeod, 2005). Nurse lecturer and student nurse experiences and perceptions of the link lecturer role were explored and compared. Each lecturer participant had link responsibility for ten to sixteen placements. In alignment with local policy, the link lecturer was required to visit student nurses allocated to these placements. The student could expect one visit during a five week placement and two during a longer placement.

Method

Two focus group interviews were carried out on each of four Scottish university campuses; one exclusively with nurse lecturers the other with student nurses. A total of eight focus groups took place; nurse lecturers with a visiting link lecturer remit (n = 22) and final year student nurses (n = 27). All participants were from the undergraduate preregistration adult nursing programme. Qualitative questionnaires were used within the focus groups; this allowed the participants to capture their thoughts prior to discussing them with their peers. The questions were introduced one at a time; participants were asked to write down their initial thoughts, following this a group discussion took place. This process continued until all the questions had been addressed. New insights could be added to the questionnaire throughout the process. The focus group dialogue was digitally recorded; this facilitated verbatim transcription. The questionnaires were transferred into electronic documents. The data were stored in Nvivo10 and thematically analysed using the six systematic phases provided by Braun and Clarke (2006).

Ethics

The host university gave ethical approval for this study. A detailed information sheet was provided to potential participants. Those who agreed to take part were reminded that they could withdraw from the study at any time without consequence. Written consent was gained prior to the start of each focus group. The interview transcripts were stored in a password protected computer, while the consent forms and questionnaires were stored in a locked filing cabinet (BERA, 2011; RCN, 2009).

Findings and Discussion

Three themes related to the link lecturer role were identified; information, advice and support, professional development and partnership working. These themes align with the broad goals of the role as stated in the current SLAiP standards (NMC, 2008). The role was experienced as ad hoc and varied, while dialogue about its purpose, objective and contribution to learning revealed inconsistencies and incongruence at an individual level and within and across the homogenous participant groups. Practice placement visits were perceived as a mechanism for achieving some link lecturer responsibilities. The findings are discussed below.

Practice Placement Visits

In addition to visiting students the lecturer participants discussed a range of responsibilities for their allocated placements, each potentially requiring presence in practice. These included sharing curricular updates, contributing to the biennial educational audit, collating, distributing and discussing issues highlighted in the student placement evaluations, contributing to the mentor preparation programme and updating mentors. The student nurse participants appeared unaware of the wider link lecturer role perceiving it and practice placement visits as synonymous.

Though conceptually simple, visits were described as administratively cumbersome to arrange. Visits were described by all the participants as inconsistent in duration, format, occurrence, being pre-arranged or not, engagement with the student's mentor and individual student versus group consultation. Visits appeared to lose priority for lecturers faced with competing demands, particularly in terms of academic activity and scholarly output. Similarly student nurses had competing priorities; including managing shift patterns to accommodate the link lecturer visit. Visits created tension for some students who felt that time with the lecturer was time away from patient care opportunities:

'your lecturer might not have the time, or as much time as she would like, or could have with you, because obviously the patients are priority'

[Site C, student nurse]

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