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The link lecturer's role in undergraduate pre-registration nurse education: explored through policy and practice.

by
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The link lecturer's role in undergraduate pre-registration nurse education: explored through policy and practice.

Abstract

The aim of this study was to understand the purpose and objective of the link lecturer role in practice-based learning by comparing policy directive with practical application from the perspective of social learning theory. The link lecturer role in nurse education is governed by the Nursing and Midwifery Council (NMC) mandatory standards to 'support learning and assessment in practice' (SLAiP) (NMC, 2008b). Translating these standards into a workable model of practice to guide implementation can be difficult. Meanwhile, academic literature over several decades reports the link lecturer role as poorly understood in terms of purpose, objective and contribution whilst challenging in terms of protected time allocation.

The qualitative study reported in this thesis consisted of a critical review of the NMC SLAiP standards (ibid), and eight focus group interviews; one with nurse lecturers and one with student nurses, on the four sites of one Scottish university. The focus group data were initially thematically analysed, then conceptually analysed through communities of practice (CoP) and cognitive apprenticeship lenses.

The findings demonstrate a complex relationship between policy and practice that results in the meaning of the link lecturer role continuing to be poorly understood in terms of purpose, objective, identity and contribution to practice-based learning. From the participants' perspective implementation of the role was cumbersome and varied whilst lacking pedagogical focus, efficiency and effectiveness. Meanwhile, duplication of effort was evident between the link lecturer and practice-based PEF and mentor roles as well as the university-based personal lecturer role.

A key recommendation and three policy suggestions for the future of the link lecturer role are made. These offer a radical, new and forward thinking approach to supporting practice-based learning. They include abandoning the link lecturer role while strengthening the PEF role with leadership responsibility for practice-based learning. To take the academic profile of the nursing profession forward the nurse lecturer's responsibility is academic leadership and preparation of student nurses for practice. Alternatively if the link role is retained recommendations are made that it is considered critically in terms of mutually understood identity and contribution.

Terms of reference

For readers who may not be familiar with organisations that are discussed in this thesis the following explanations may be helpful.

NMC

The Nursing and Midwifery Council (NMC) was established in 2002 as the professional regulator of nurses and midwives in the UK. The NMC evolved from the former United Kingdom Central Council for Nursing and Midwifery (UKCC), which in turn replaced the General Nursing Council in 1983. When the UKCC was established four National Boards were also set up, one for England, Northern Ireland, Scotland and Wales.

RCN

The Royal College of Nursing (RCN) was originally established in 1916 as a professional organisation for trained nurses, it is now a widely recognised professional union for UK nurses and midwives.

QAA

The Quality Assurance Agency (QAA) is an independent body that monitors the performance of higher education standards in UK universities.

NES

The National Health Service Education for Scotland (NES) is a special health board that supports life-long learning and develops and delivers education for National Health Service (NHS) employees.

Academic, professional and personal interest

The research presented in this thesis was carried out in 2012 as part of my Doctorate of Education with the University of Strathclyde, Glasgow. My academic interest in this study lay in improving my research ability while exploring a research gap relating to a topic of professional relevance. My personal and professional interest in the research phenomenon stemmed from 9 years of experience as a university-based nurse lecturer. As a nurse lecturer I have a link lecturer remit that includes visiting pre-registration student nurses in clinical practice placements. I therefore, approached this study from an informed perspective drawing on my knowledge and experience of the link lecturer role. Ethical considerations in relation to my informed perspective and responsibility as a nurse lecturer and doctoral student are discussed in Chapter 4. This study did not result in harm either to the participants or the reputation of the host university. Engaging with research supervision throughout the research process ensured that my ethical and moral principles and practices were consistently evident.

I was inspired while analysing and exploring the link lecturer role, by the words often attributed to Henry Ford (1863-1947) the founder of the American Ford Motor Company.

"if you always do what you've always done, you'll always get what you've always got"

(Weiler & Neyndorff, 2013)

These words reminded me that it is important to challenge traditional thinking and be receptive as a researcher and nurse lecturer to new or alternative explanations for a familiar phenomenon.

Research design

This research study explores the purpose, objective, implementation and contribution of the link lecturer role. Firstly, a critical review of professional and educational standards was carried out to analyse the purpose and objective of the link lecturer role from a policy perspective. This review was influenced by the principles of critical discourse analysis and framed using Scott's continuums for educational policy analysis (Scott, 2000, pp. 17-19). Secondly, from a practice perspective eight focus group interviews were carried out; four with nurse lecturers who had a link lecturer remit (n=22), and four with final year student nurses (n=27). One nurse lecturer and one student nurse focus group was carried out on each of the four geographically separate sites of a Scottish university. Two qualitative questionnaires were used during the focus group interviews; one questionnaire for the nurse lecturer (Appendix E) and another for the student nurse (Appendix F). These allowed the participants to capture their individual thoughts prior to and during the focus group interview discussions. The focus group and questionnaire data were initially thematically analysed. The data were then conceptually analysed from a social learning theory perspective through communities of practice (CoP) and cognitive apprenticeship lenses. The term lenses, is used metaphorically as these perspectives allow the research phenomenon to be illuminated from a particular viewpoint. All of the participants were either nurse lecturers or final year student nurses on the Bachelor of Science (BSc) pre-registration adult nursing programme.

Research aim

The aim of this study was to understand the purpose and objective of the link lecturer role in student nurse practice-based learning by comparing policy directive with practical application from the perspective of social learning theory.

Research questions

1. What is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards?

2. What do nurse lecturers and student nurses perceive is the purpose and objective of the link lecturer role?

3. How do nurse lecturers' and student nurses' experiences and perceptions of the nurse lecturer role, including practice placement visits, compare?

4. How congruent is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards with:
   4a. the experience and perception of nurse lecturers with a link lecturer role?
   4b. the student nurses' experience and perceptions of the link lecturer's role?

Thesis overview

Chapter 1: Introduction

The aim of Chapter 1 is to contextualise the link lecturer role and outline the key issues in a longstanding discussion associated with defining its purpose, objective, and contribution. This chapter also provides the background that supports my rationale for exploring the link lecturer role from a policy and practice perspective.

Chapter 2: Literature review

Chapter 2 provides a critique of literature relevant to my research study. The link lecturer role is multifaceted; each facet is discussed in terms of how it can be carried out by an individual. Key issues, including problems that are regularly identified in relation to the role are outlined. In the 1990s as part of a large scale study commissioned by the English National Board (ENB) Day et al. (1998) identified an urgent need for strategic management of the link lecturer role; Chapter 2 ends with a discussion about this recommendation.

Chapter 3: Social learning theory

This chapter reviews literature that uses the social learning theories of communities of practice (CoP) and cognitive apprenticeship to understand practice-based learning support. In Chapters 2 and 3 policy expectations of the link lecturer in the NMC SLAiP standards (NMC, 2008b) are compared with the academic discussion in the literature.

Chapter 4: Methodology

Chapter 4 outlines and justifies the constructivist ontological and interpretivist epistemological assumptions, methodological choice, research methods, and ethical principles that underpinned my research. My rationale for using different research methods for different stages of this study is explained in this chapter.

Chapter 5: Critical review of standards

The findings of a critical review of the professional and educational practice-related standards that influence the link lecturer role are presented in Chapter 5. Implicit and

explicit messages in the SLAiP standards (NMC, 2008b) are analysed with particular attention to their contribution to understanding and implementation of the link lecturer role.

Chapter 6: Thematic analysis

This chapter provides a discussion of the thematically analysed study findings while unravelling the complex relationship between policy and practice. This relationship contributes to the link lecturer role being poorly understood in terms of contribution to student nurse practice-based learning. The thematic analysis findings suggest incongruence between the current link lecturer role and its suggested time allocation (NMC, 2008b). Meanwhile, evidence of role duplication leaves the need for the link lecturer role questionable.

Chapter 7: Conceptual analysis; Communities of Practice & Cognitive Apprenticeship perspective

Chapter 7 presents the conceptually analysed study findings from a ‘communities of practice’ (CoP) and cognitive apprenticeship theory perspective. These perspectives are demonstrated as conceptually useful for understanding the link lecturer role as a support mechanism for student nurse practice-based learning. Evidence that the link lecturer is intuitively recognised as part of an academic CoP rather than clinical CoP contributes a new way of thinking about the role.

Chapter 8: Conclusions, recommendation and policy suggestions

The final chapter presents an evidence-based recommendation and three policy suggestions that offer a radical, new and forward thinking approach to supporting student nurse practice-based learning. These include abandoning the link lecturer role while strengthening the PEF role with leadership responsibility for practice-based learning and the nurse lecturer role with academic leadership responsibility. Alternatively if the link lecturer role is retained recommendations are made that it is considered critically in terms of mutually understood identity and contribution.

CHAPTER 1: Introduction

This chapter explains the contemporary and historic context of the link lecturer role in the BSc undergraduate pre-registration nursing curriculum in the UK. Key issues in a longstanding discussion associated with defining the purpose, objective, implementation and contribution of this role are outlined. This chapter also explains my rationale for exploring the link lecturer role from a policy and practice perspective.

1.1 Background and rationale

Nurse lecturers in the United Kingdom (UK) have a complex multifaceted role in the professional and educational preparation of student nurses. My research interest is in one particular facet; the link lecturer role. The link lecturer role typically involves liaison between the university and clinical placements in relation to student nurse practice-based learning. The link lecturer has no hands-on patient care remit in clinical practice, is not responsible for assessing the student nurse's practice-based learning, and is employed by and based in a university. Some but not all universities in the UK allocate link responsibility for specific clinical practice placements to each nurse lecturer. Ideally if allocated to clinical placements, these align with the individual nurse lecturer's area of clinical expertise (NMC, 2008b). Likewise, some but not all universities require the nurse lecturer in their link capacity to visit student nurses in their clinical practice placements.

Considerable research resources have been invested over several decades in trying to define the purpose, objective and contribution of the link lecturer role and of clinical practice placement visits. Despite this the role remains 'fraught with ambiguity and lack of direction' (Fisher, Jackson, & Charlton, 2012, p. 2). There is a plethora of academic literature which indicates that the professional, pedagogical, pastoral and social objectives of the role are unclear (Grant, Leigh, Murray, & Howarth, 2007). In addition the role is regularly identified as problematic in terms of tension between protecting time to implement it meaningfully against a backdrop of increasing institutional and academic demands (Grant et al., 2007; Price, Hastie, Duffy, Ness, & McCallum, 2011). These demands, for example, larger student cohorts and the drive

for research productivity have increased the nurse lecturer's workload, affected their priorities and reduced time for 'professional' matters like clinical placement visits.

Link lecturer: policy directive

The NMC suggest that one way the nurse lecturer can support practice-based learning is by having a link lecturer role (NMC, 2008b). The link lecturer role evolved from the clinical teacher role of the 1960s. The transition from having a dedicated clinical teacher role with a hands-on patient care remit, to the contemporary link lecturer role with no hands-on remit, heralded a fundamental change in nurse education. The link lecturer role is now a component of the nurse lecturer role; this leaves it exposed to competition with other demands on the lecturer's time (O'Driscoll, Allan, & Smith, 2010). Meantime, the purpose of the role and need for clinical visits is unclear in the absence of a hands-on remit that allows practical engagement between the link lecturer and student nurse in an authentic setting. Unlike the clinical nurse teacher the link lecturer role is incorporated in and governed by mandatory professional and educational standards. Policy and standards do not acknowledge the fundamental change from a hands-on clinical nurse teacher role to a link lecturer role. This is perhaps because policy and standards were introduced after the clinical teacher role was disbanded. The Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice (SLAiP) suggest that 20% of the nurse lecturer's 'normal teaching hours' should be allocated to 'supporting student learning in practice' (NMC, 2008b, p. 40). The term 'normal teaching hours' is not defined in the SLAiP standards; this leaves the time allocation of 20% open to interpretation (ibid). The notional 20% suggested for the link lecturer role has remained unchanged since 1995 (ENB, 1995, 1997; NMC, 2002, 2006, 2008b). There does not appear to be an evidence base to support the suggestion that 20% is an appropriate allocation of the nurse lecturer's time for their link remit.

Translating the directive of the SLAiP standards into a workable link lecturer role has long been recognised as difficult. Aston, Mallik, Day, and Fraser (2000, p. 185) highlighted that 'guidelines' had little impact on how the link lecturer role was implemented. Grant, et al. (2007, p. 3) noted that the SLAiP standards (NMC, 2006)

lacked ‘clear advice to those seeking role clarification’. Although the SLAiP standards have been criticised for their lack of clarity it is acknowledged that standards are intended to guide not dictate implementation of professional roles (Christie & Menmuir, 2005; NMC, 2013; Scott, 2000).

Link lecturer: quality agenda

Implementation of professional and educational standards is mandatory from a quality assurance perspective (NMC, 2013). Universities providing nurse education programmes in Scotland are subject to external scrutiny for professional and educational quality. The NMC commission an external quality assurance agency, Mott MacDonald, to evaluate the professional quality of nurse education programmes across the UK (NMC, 2013). Educational quality is also evaluated by the Quality Assurance Agency for Higher Education (QAA) and the National Health Service Education for Scotland (NES). The QAA ‘assume’ that each university has its ‘own systems for verification of both its quality and standards’ (QAA, 2007, p. 1). This assumption is inclusive of locally agreed standards for the link lecturer role; these are generated by each university providing nurse education in the UK.

From an internal quality assurance perspective the NMC (2013) outline educational audit requirements for clinical practice placements. Representatives of the academic and practice-learning environment share responsibility for this biennial process (NMC, 2008b). The academic representative in the university where my study took place is the link lecturer who is allocated to the clinical practice placement. Another internal quality indicator comes from the student nurses’ evaluation of clinical practice placement experience. The student nurse participants in my research study were expected to evaluate their clinical practice placement experiences in a locally devised retrospective online survey. This survey included two questions directly related to the student nurses experience of the link lecturer visit. These questions focused on the link lecturer’s attendance rather than professional, clinical or pedagogical impact. The student nurses were asked if they received a link lecturer visit, and if so, on which week of their placement.

Link lecturer: implementation

Individual universities in the UK are afforded flexibility by the NMC to implement professional and educational standards in a way that takes account of local circumstances and priorities (NMC, 2008b, 2013). Each university in partnership with hospital and community clinical practice placement providers negotiates contractual agreements for the support of student nurses. Local contractual agreements include negotiating and standardising what is expected of the link lecturer role. These expectations are articulated in local link lecturer standards. The creation of local standards for the implementation of the role has resulted in various models of practice with multiple perceived purposes and objectives (Grant et al., 2007). These models of practice have been discussed and debated over several decades in the academic literature (ibid). This discussion is made complex by the lack of a national approach to implementing the link lecturer role. Meanwhile, there is a lack of convincing evidence that the purpose and objective of the role is understood or that it contributes something meaningful to practice-based learning in contemporary undergraduate pre-registration nurse education (Grant et al., 2007; Mallik & Hunt, 2007; Price et al., 2011).

The nurse lecturer participants in my research study were each allocated responsibility for between ten and sixteen specific clinical practice placements. Responsibility for these placements included visiting each student nurse in clinical practice; seeing them either individually or as a group. The flexibility of seeing students individually or in a group allowed lecturers to decide what was appropriate. Link lecturer visits are generally associated with professional, academic and pastoral support, as well as with problem solving and advocacy (Grant et al., 2007). The local link lecturer standards, relevant to the participants in this study, stated that the student nurse could expect one visit during a five-week clinical placement and two visits during a longer placement.

Link lecturer: practice placement visits

Price et al. (2011) and others including O'Driscoll et al. (2010) have suggested that the time and resource invested in practice visits is hard to justify in contemporary

nurse education. Reasons for these claims include the difficulty of defining and justifying what happens during visits, the audit trail tending to be weak, and visits being regularly reported as ad hoc at an institutional and individual level (Day et al., 1998; Fisher et al., 2012; Meskell, Murphy, & Shaw, 2009). Various factors are blamed for ad hoc implementation of the link lecturer role. These include competing demands on the lecturer's time (Price et al., 2011) and geographical distance between the university and clinical practice placements resulting in time and travel being expensive (O'Driscoll et al., 2010). From the student nurse's perspective being seen individually in some placements and in a group in others is perceived as unpredictable (Brown, Herd, Humphries, & Paton, 2005). Variation in implementation of the role has also been discussed in relation to reduced link lecturer presence in practice (O'Driscoll et al., 2010). This suggests that link lecturer involvement with 'pre-registration students' while they are learning in clinical practice 'may be limited' (ibid, p. 212) despite the role existing in mandatory standards (NMC, 2008b).

In addition to practice placement visits, the link lecturer role is associated in both the academic literature and the SLAiP standards (NMC, 2008b) with a range of other responsibilities. These other responsibilities are assumed to directly and indirectly support student nurse practice-based learning. The responsibilities of the link lecturer role are listed below as broad themes; each is discussed briefly in this chapter and in detail in the literature review (Chapter 2):

- Maintaining partnership between the university and practice settings
- Support for student nurse practice-based learning
- Development of practice-based staff
- Development of the nurse lecturer
- Development of the clinical practice learning environment
- Impact on patient care

Link lecturer responsibilities

Partnership

Partnership working is a prerequisite of the undergraduate pre-registration nursing programme (NMC, 2013). The student nurse spends 50% of their time in university and the other 50% in clinical practice (NMC, 2008b). Contractual agreements between the university and the clinical practice placement provider are established in advance of student nurse allocations. At the university where my study took place practice-based staff contribute to curriculum development. They also participate in entrance interviews for student nurses seeking a place on the undergraduate pre-registration programme. Link visits are associated with partnership working (Grant et al., 2007) as is the biennial educational audit of clinical practice placements (NMC, 2008b).

Student nurse practice-based learning

The contribution of the link lecturer role to student nurse practice-based learning is often discussed in terms of facilitating a cognitive link between theoretical learning and clinical practice experience (Brown et al., 2005; Ousey & Gallagher, 2010). Subsequently the link lecturer is sometimes defined as bridging a theory practice gap (Ousey & Gallagher, 2010). From a policy perspective there is no explicit guidance on how to support student nurses to make cognitive connections between theory and practice (NMC, 2008b).

Development of practice-based staff

The link lecturer role is associated with support for the mentor in clinical practice particularly in the event of a student nurse failing to achieve the NMC assessment requirements in placement (Duffy, 2003; Price et al., 2011). In addition the link lecturer contributes to the development of new mentors and is responsible for updating existing mentors on curricular developments (NES, 2007; NMC, 2008b).

Development of the lecturer

Clinical credibility and competence are often discussed as being prerequisites for the nurse lecturer role (Grant et al., 2007). The link role is perceived by some as

beneficial to the lecturer because it facilitates the maintenance of these important and valued professional qualities (Day et al., 1998). Ousey and Gallagher (2010) argue, however, that academic and professional credibility are more important requisites for a nurse lecturer than clinical credibility and competence.

Development of the clinical practice learning environment

Contribution to the development of clinical practice placements is an NMC expectation of the link lecturer (NMC, 2008b). Various partnership activities are associated with evidencing this, for example the biennial educational audit process. There is, however, a dearth of evidence that demonstrates the link lecturer role contributing to research that meaningfully develops clinical practice placements (Fisher et al., 2012).

Impact on patient care

The link lecturer has been associated in the past with making a positive contribution to patient care (Day et al., 1998; Gray, 2012). There is, however, no evidence in the Francis report that explored unacceptable standards of nursing care and professionalism, to substantiate these claims (Francis, 2010, 2013).

Research rationale

My experience as a link lecturer along with my awareness of the on-going debate in the literature made me interested in how others experienced and perceived the role. This motivated me to carry out focus group interviews with nurse lecturers as the provider, and student nurses as the perceived direct or indirect beneficiary of the link lecturer's contribution to supporting learning and assessment in practice.

From a policy versus practice perspective a paradoxical and cyclical situation exists in relation to the link lecturer role. I will explain what I mean by this. The link lecturer role exists in the SLAiP standards (NMC, 2008b). Implementation of these standards is mandatory from a quality assurance perspective. There is, however, no nationally agreed model of practice for the link lecturer; as a result there is variation across the UK in how the role is implemented (Wray & Wild, 2011). The link

lecturer role is contentious in terms of both defining and justifying its purpose, objective and contribution (Fisher et al., 2012). Meanwhile, paradoxically from a quality assurance perspective, the role exists in the mandatory NMC SLAiP standards (NMC, 2008b, 2013). Regardless, therefore, of being able or not to define and justify its purpose, objective and contribution the link lecturer role is implemented to meet the quality agenda requirements.

Awareness of this paradox motivated me to carry out a critical review in order to analyse the link lecturer role as expressed in the SLAiP standards (NMC, 2008b). Relevant parts of the Quality Assurance Agency (QAA) code of practice for the assurance of academic quality in higher education Section 9 Work-based learning (QAA, 2007) and the National Health Service Education for Scotland (NES) quality standards for education (NES, 2008) were also critically reviewed. Firstly, this review allowed me to understand the construction of policy and the implicit and explicit messages in the standards. Secondly, it allowed me to interpret the expectations of a link lecturer from a policy perspective in relation to support for student nurse practice-based learning (NMC, 2008b). Thirdly, as a result of being immersed in the discourse of the standards I was able to compare the NMC directive for the link lecturer to themes in the academic literature with the experiences and perceptions of the research participants. My rationale for approaching this study from a social constructivist perspective is explained next.

1.1.1 Social constructivist learning theory perspective

Practice-based learning offers different learning opportunities to the classroom or lecture theatre environment, this allows students to learn different things in different ways (Eraut, 2000). To understand the link lecturer's role in supporting student nurse practice-based learning I was drawn to social constructivist learning theory. This theoretical perspective is congruent with my belief that learning in clinical practice is socially constructed through knowledge and experience, changed in light of new information and subjective in terms of understanding. The social learning theories of Vygotsky and Bandura underpin the conceptual and theoretical lenses adopted in my study (Nevid, 2011). Vygotsky's 'zone of proximal development' (ZPD) is used to

explain how a novice, if coached by someone with expertise, can achieve higher levels of knowledge and skill than they could have achieved on their own (Daniels, 2005). Bandura proposed that observation could have a profound impact on behaviour; in a nurse education context observation of good academic and clinical practice is important to the student nurse's professional development (Benner, 2000). The student nurse as a novice in the nursing profession is exposed to various role models. Each has the potential to transform the student's theoretical and experiential clinical practice-based learning into meaningful knowledge, professionalism and nursing skills (Elliott & Wall, 2008; Nevid, 2011). Role models in clinical practice, from Bandura's perspective, provide observable ways of being and doing that the student nurse can identify with and then imitate. The student's imitation of being and doing is reinforced by feedback from others and adjusted in light of new insight as required.

When visiting the student nurse in a clinical placement, the link lecturer is a potential role model for professional conduct, integrating theory with practice, and being knowledgeable about the nursing curriculum. The link lecturer also has the potential to promote learning in the student's ZPD (Daniels, 2005) by encouraging them to articulate, reflect on and explore their clinical experiences (Collins, Brown, & Newman, 1989; Collins, Seely, & Holum, 1991). Articulation, reflection and exploration are methods of cognitive apprenticeship; these are explained in more detail later. Collins et al. (1989) also proposed that observing and interacting with others who are more knowledgeable and skilled, in an authentic learning environment produces meaningful knowledge and competence through activity.

The link lecturer is not involved in the activity of hands-on patient care. In this role they can therefore only encourage the student nurse to reflect on practice not in practice. Supporting the student nurse to reflect on practice has potential to change what they think and do (Allan, 2011) as they recontextualise their university acquired knowledge and skills (Evans, Guile, Harris, & Allan, 2010). It is important, however, to note that the link lecturer is only one source of support available to the student nurse in clinical practice. Other sources of support include the student nurse's

allocated mentor, the practice education facilitator (PEF), other nursing staff, and members of the multidisciplinary team (Elliott & Wall, 2008). Unlike the link lecturer, these practitioners have access to patient records and are therefore likely to have more insight into individual situations that the student nurse may want to reflect on. The mentor and PEF roles are defined later in this chapter. Lave and Wenger (2003, p. 29) suggest that communities of practice and cognitive apprenticeship offer a useful way of speaking about practice-based learning and understanding how the various contributors work towards a mutually understood goal. Lave and Wenger (2003, p. 29) also talk about the important relationship between 'newcomers and old timers', or novices and experts, in a profession. In the context of this thesis the 'newcomer' or novice is the student nurse, while the 'old timers' or experts with a remit in supporting learning in clinical practice are the link lecturer, and others in the clinical practice setting for example the mentor and PEF.

Communities of practice and cognitive apprenticeship are explained next to justify them as conceptual lenses through which to explore the link lecturer role in the context of my research. My decision to explore the research data from this perspective was made following the focus group interviews and initial thematic analysis.

1.1.2 Communities of practice

Communities of practice (CoP) theory evolved from ethnographic studies of traditional apprenticeship training for example, observing how tailors learned their trade (Lave & Wenger, 2003). The emphasis in CoP theory is on situated learning where knowledge and competence are interlinked and facilitated in an authentic context while the novice in this case the student nurse is a 'legitimate peripheral participant' (Lave & Wenger, 2003; Spouse, 1998a). Meaningful learning from a CoP perspective is believed to happen through social and cognitive interaction and activity rather than learning in isolation (Handley, Sturdy, Fincham, & Clark, 2006). Legitimate peripheral participation is a term coined by Lave and Wenger (2003) based on a traditional apprenticeship model of learning. The apprentice is initially on

the periphery observing masters of their chosen trade in an authentic sociocultural community environment (ibid).

From a CoP perspective the various practitioners who influence student nurse learning in clinical practice should share a historically aware language, mutually understood objectives, and expertise in a particular domain (Wenger, 2007). The objective of interest in this study is support for enhancing student nurse practice-based learning (NMC, 2008b). The link lecturer's contribution to this objective does not appear to be mutually understood (Fisher et al., 2012). The domain of interest is clinically situated practice-based nurse education and the professional team or CoP that facilitates it. The situated nature of learning in clinical practice opens questions about whether the link lecturer is perceived as part of the clinical team or CoP. Whether perceived as part of a clinical CoP or not, there is also a question about whether there is a need to visit student nurses in the authentic health care setting in order to address the objective of providing support for enhancing student nurse practice-based learning (O'Driscoll et al., 2010).

In a nursing context Booth, Tolson, Hotchkiss, and Schofield (2007, p. 946) acknowledge the importance of practitioners as 'human filters' in a CoP who disseminate and potentially implement evidence-based care. The link lecturer is often identified in terms of acting as a human filter passing curricular information from the university to the clinical practice areas (McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010). This human filter identity raises questions about the need for presence in clinical practice. Wenger (2007) describes identity as a key concept of CoP theory. Identity is moulded and changed within a CoP (ibid), for example with the student nurse moving over time from being a legitimate peripheral participant in clinical practice to eventually adopting a new identity as a qualified nurse and legitimate participant in a community of registered nurses. The student's professional identity is developed during a three year pre-registration programme, through meaningful insights that arise from sharing and developing knowledge and skills with their mentors and relevant others with whom they come into contact (Lave & Wenger, 2003; Tolson, Lowndes, Booth, Schofield, & Wales, 2011). These relevant

others potentially include the link lecturer. Spilg, Siebert, and Martin (2012) identified the dynamic between a clinical mentor and medical student as important to the construction of professional identity. Interestingly the identity of the link lecturer is not clear in the academic literature. It appears to be perceived in terms of leadership (O'Driscoll et al., 2010), partnership (Ousey, 2011), being an information filter (McSharry et al., 2010) and provision of academic and pastoral support (Day et al., 1998; Price et al., 2011).

The policy expectations of the link lecturer role as outlined in the SLAiP standards (NMC, 2008b) appear congruent with the underpinning assumptions of CoP theory. The NMC for example expects the link lecturer to:

'demonstrate effective relationship building skills sufficient to support learning, as part of a wider inter-professional team, for a range of students in both practice and academic learning environments and supporting mentors'

Competency 1 (NMC, 2008b, p. 26)

Ousey and Gallagher (2010, p. 664) suggested that the link lecturer could form strong partnerships with practice-based staff by 'promoting a community of practice' to 'facilitate high quality preparation of nursing students' (ibid, p. 662). They do not say how these strong partnerships would be facilitated or promoted; however, the indication is perhaps that a clinical CoP which supports practice-based learning exists. Any partnership within this CoP would require mutual understanding of the objective of the partnership, the identity of roles involved and of individual contribution. The notion of a clinical CoP that supports student nurse practice-based learning does not appear to have been the focus of link lecturer role related research to date.

In their example of partnership working in a CoP Booth et al. (2007) demonstrated that nurse lecturers could share their knowledge and expertise to drive forward the development, understanding and implementation of evidence-based care. They explained how nurse lecturers and practice-based staff collaborated in a CoP to

create policy guidelines in the form of 'best practice statements' (ibid). These 'best practice statements' have been implemented across Scotland to support clinical decision making in practice (ibid). The CoP described by Booth et al. (2007) appears to be a hybrid created from clinical and university-based staff though facilitated by academics. Ousey and Gallagher (2007) and Booth et al. (2007) offer examples of the university-based nurse lecturer as part of a CoP. These examples appear congruent with the NMC link lecturer competency (see below) that implies a role in promoting education and evidence-based care in clinical practice:

'support learning within a context of practice that reflects healthcare and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development'

Competency 6 (NMC, 2008b, p. 26)

It is acknowledged that this competency could also be interpreted as applicable to supporting learning in a clinical simulation environment in the university. I was curious, however, as a researcher to see if the link lecturer with a visiting remit was perceived by the participants as being part of a clinical CoP, along with the other sources of support for clinically situated practice-based learning. This motivated me to analyse the focus group data from my research study for evidence of three CoP concepts that appear particularly relevant; mutual understanding of purpose, identity, and situated learning. My rationale for looking for evidence of these concepts is as follows:

- **Mutual understanding of purpose**: to explore if lecturers and student nurses had similar perceptions of the purpose and objective of the link lecture role.
- **Identity**: to explore the link lecturer role in terms of its identity in the clinical community that supports practice-based learning.
- **Situated learning**: to explore practice visits in an authentic setting in relation to the meaning of the interaction between the link lecturer and student nurse.

1.1.3 Cognitive apprenticeship

Rogoff (1990) suggested that learning, cognitive development and skills acquisition in the social context of a practice placement happens through an apprenticeship in thinking. With awareness of apprenticeship thinking Collins et al. (1989) suggested cognitive apprenticeship as a useful pedagogical teaching model to guide and/or structure the interaction between an expert and novice. Using this model is also useful in terms of justifying the expert's investment in the novice and making clear the objective of integrating theory and practice. Cognitive apprenticeship was developed from the concept of situated cognition (Brown, Collins, & Duguid, 1989) that in turn influenced the work of Lave and Wenger (2003) on situated learning in communities of practice. Cognitive apprenticeship consists of 6 teaching methods; modelling, coaching, scaffolding, articulation, reflection, and exploration (Collins et al., 1989). The six methods are defined below; it is however, acknowledged that there are other interpretations and some areas of overlap (Booth et al., 2007). Using or being mindful of the cognitive apprenticeship teaching methods allows the expert's tacit situational knowledge to become explicit which in turn enriches the student's learning experience (Brown et al., 1989). Some of the teaching methods of cognitive apprenticeship have been described by nursing and medical students as evident in their interactions with their clinical mentors (Cope, Cuthbertson, & Stoddart, 2000; Stalmeijer, Dolmans, Ineke, Wolfhagen, & Scherpbier, 2009). These studies are explored in Chapter 3. The link lecturer role does not appear to have been explored through the theoretical lens of 'cognitive apprenticeship' in the published literature to date.

Teaching methods of cognitive apprenticeship

Modelling: The expert actively demonstrates and explains an aspect of clinical skill and or professional behaviour, in a way that makes explicit to the novice the implicit cognitive processes and reasoning that underpin what is being modelled.

Coaching: The expert observes the novice performing a task or skill and provides situation specific and appropriate constructive feedback. Coaching can encourage and allow the student to move forward in their zone of proximal development.

Scaffolding: The expert is aware of the novice's level of skill and knowledge and supports them to learn more than they could have alone. Scaffolding can involve stepping in to assist with a skill or professional communication if needed, and gradually withdrawing as the novice grows in confidence and competence.
Articulation: The expert prompts the novice to discuss the meaning of what they have observed, participated in and learned. The expert clarifies that the novice is drawing appropriate conclusions by asking questions that prompt articulation of their problem solving strategies and reasoning.
Reflection: The novice is prompted by the expert to reflect on their clinical practice, to critically appraise their knowledge and skills, and to identify knowledge gaps and skills deficits. The expert can then assist with action planning to address these deficits as part of the reflective process.
Exploration: The expert encourages the novice to identify appropriate learning goals to address their knowledge and skills deficits. The expert gradually withdraws support as the novice demonstrates increasing awareness and skill in exploring the evidence base for their practice.

Three of these cognitive apprenticeship teaching methods; articulation, reflection, and exploration could feasibly be used by a link lecturer during a clinical practice placement visit without the need for a hands-on patient care remit. On the other hand, modelling, coaching, and scaffolding in the context of practice-based learning, appear better aligned with teaching in the context of hands-on patient care (Cope et al., 2000; Spouse, 1998b).

Cognitive apprenticeship is of interest in this study because the link lecturer role is often associated with academic support and bridging what is often referred to as a theory practice gap (Ousey & Gallagher, 2010). In the university where my study took place the local link lecturer standards state that providing 'pastoral and academic guidance' are part of the role. These standards, however, provide no guidance, on how to provide academic support in clinical practice. In a student nurse survey by Price et al. (2011) academic support in relation to assignments was perceived as a key benefit of a link lecturer visit. The SLAiP standards (NMC,

2008b) do not say explicitly that student nurses should be visited by a link lecturer in their practice placements, nor do they indicate that clinically situated academic support is required. The NMC, however, expect the link lecturer to:

- *'promote development of enquiring, reflective, critical and innovative approaches to learning'*
- *'implement a range of learning and teaching strategies across a wide range of settings'*
- *'facilitate integration of learning from practice and academic settings'*
- *'act as a practice expert to support development of knowledge and skills for practice'*

Domain 2 (NMC, 2008b, p. 26)

These NMC expectations of the link lecturer appear congruent with the articulation, reflection, and exploration teaching methods of cognitive apprenticeship. I was therefore, curious as a researcher firstly, to see if the link lecturer role was perceived by the participants to have a professional, clinical or pedagogical purpose and impact. Secondly, I was interested in looking for evidence of the three cognitive apprenticeship methods, articulation, reflection, and exploration in the focus group data. My rationale for seeking evidence of these methods is as follows:

- **Articulation**: looking for evidence of nurse lecturers discussing their link role in terms of prompting student nurses to talk about the meaning of their situated learning in clinical practice, and for evidence that student nurses are aware of this process.
- **Reflection**: looking for evidence of nurse lecturers discussing their link role in terms of prompting the student nurse to reflect cognitively on and critically appraise their situated learning in clinical practice. Further to look for evidence of the lecturer and student identifying knowledge gaps and action planning to rectify these gaps.

- **Exploration**: looking for evidence of nurse lecturers discussing their link role in terms of encouraging the student nurse to become increasingly independent as a self-aware practitioner who is able to identify appropriate learning goals and implement evidence-based care. In addition, looking for evidence that the student nurse was aware of this process.

1.2 Historical context of link lecturer role

Formal nurse education in the UK started in the 1860s as hospital based apprentice style nurse training. Student nurses attended a school of nursing within, or near a teaching hospital. Here they learned the theory that would underpin their nursing practice; the Florence Nightingale School at St Thomas's Hospital in London is a world-recognised example (Ousey, 2011). From the 1860s through to the 1980s some schools of nursing in the UK remained within the hospital setting. Others were separate, though geographically close to the NHS hospitals that provided the majority of the pre-registration student nurse's clinical placements. By the 1990s, however, a major shift in location for nurse education was well underway and schools of nursing were merging with Further Education Institutions (FEI) and Higher Education Institutions (HEI) in the form of colleges and universities. As a result geographical distance was created between the site of academic learning (the university) and the site of clinical practice placements (in hospitals and the community). These changes had implications for the role of the link lecturer in supporting student nurse practice-based learning. For example, geographical distance has raised concerns about travelling time and thus the financial implications of link lecturer visits (O'Driscoll et al., 2010). As a result of these concerns some universities have suggested that link lecturers reduce the number of visits that they make to clinical practice (O'Driscoll et al., 2010; Price et al., 2011).

The emphasis in the late 1800s was on apprentice style training and learning practical nursing skills, rather than on developing the critical thinking and academic skills that are taken for granted today in the undergraduate pre-registration curriculum (RCN, 2012). Historically, nursing was viewed as a 'vocational activity' for women, and very much as 'subservient to the male dominated medical profession' (Jinks &

Bradley, 2004, p. 121). Traditional apprentice style training of student nurses continued for more than a century in the UK. Student nurses were, and predominantly still are, taught by clinical nurses who have made a career pathway transition into nurse education. From 1943 onwards, on successful completion of nurse training, a general nursing student would be entered in the General Nursing Council professional nurse register as a state registered nurse (SRN). SRN status was later changed to Registered General Nurse (RGN). The General Nursing Council was replaced in 1983 by the United Kingdom Central Council (UKCC); this in turn became the Nursing and Midwifery Council (NMC) in 2002. Professional registration with the NMC is a legal requirement for all nurses who are qualified and want to practice in the UK.

In the 1960s the emphasis of nurse education remained clearly on learning practical nursing skills in clinical practice placements while nurse training was still seen as vocational. Pre-registration student nurses from the 1960s through to the early 1980s were recruited in small cohorts, were included in the staffing quota and duty roster when in clinical practice placement and were paid a monthly allowance from the National Health Service. Student nurses while in hospital and community clinical placements developed practical nursing skills while working with patients, and were supervised, assessed and emotionally supported by the ward sister (female) or charge nurse (male) (O'Driscoll et al., 2010; Smith & Gray, 2001b). Student nurses learned on the job, and were key providers of hands-on patient care. These student nurses, on successful completion of the pre-registration course, were entered in the professional register and awarded a certificate from their school of nursing. There are exceptions to this, for example the University of Edinburgh started a pre-registration Bachelor of Science (BSc) degree in nursing course in 1960. A student graduating from this course in addition to professional registration would gain a BSc degree.

In the late 1980s Project 2000 was introduced as part of a wide-ranging reform of nurse education in the UK (RCN, 2012). This heralded a major turning point and introduced an equal emphasis on academic and clinical practice learning with a diploma level exit from pre-registration nurse education (ibid, p. 11). Project 2000

laid the foundations for a continual increase in academic expectations of nurse education in the UK. Project 2000, however, was abandoned amidst claims that the increased academic emphasis had left student nurses 'too posh to wash' and 'too clever to care' (Scott, 2004, p. 581). Pre-registration nurse education by this time was based in an FEI or HEI with increased student nurse cohorts. Meantime, student nurses had been given supernumerary status in clinical placements with an educational bursary instead of a monthly allowance from the NHS. The rationale for supernumerary status was to allow the student nurse to engage in supervised clinical care learning opportunities in practice without depleting the nursing team. Supernumerary status has since been discussed and debated openly by politicians and in academic literature as both a positive and a negative shift in nurse education (Allan & Smith, 2009; Allan, Smith, & O'Driscoll, 2011).

Health care assistant posts were created to fill the gap left by student nurses who had previously been counted in the staffing quota. The ward sister or charge nurse role changed to a ward manager role. The ward manager role included more management and coordination responsibility, and less time to supervise, assess and provide emotional support to student nurses (Smith & Gray, 2001a). The mentor role was developed at this time and replaced the ward sister and charge nurse remit in providing supervision, assessment and emotional support to the student nurse. The mentor role is described in section 1.4.1 of this chapter.

1.2.1 Clinical tutor and clinical teacher

The clinical teacher spent significantly more time in practice placements than the contemporary link lecturer does. Unlike the link lecturer the clinical teacher wore a nurse uniform and had legitimate access to patients and their nursing and medical records. During a placement visit the clinical teacher and student nurse would for example carry out a bed bath or wound dressing while following the assessment, planning, implementation and evaluation stages defined as the process of nursing (Carpenito-Moyet, 2007). The expert clinical teacher would observe and assess the novice student nurse's ability to integrate and recontextualise their university acquired knowledge and skills, deliver quality patient care and demonstrate

understanding of the theory underpinning it (Ioannides, 1999). The clinical teacher was seen as a support mechanism for bridging a metaphorical 'theory practice gap' (Ousey & Gallagher, 2007). The clinical teacher was also seen as a support mechanism for the ward sister or charge nurse in relation to supervising, assessing and providing emotional support for the student nurse while teaching and working with them in the authentic clinical practice setting. Project 2000 saw the phasing out of the clinical teacher role and the emergence of nurse tutor roles. The nurse tutor had combined responsibility for teaching nursing theory in the classroom, supporting student nurse learning in practice placements, and monitoring placements to ensure they provided a satisfactory working environment (UKCC, 1986). The nurse tutor title has now been replaced with nurse lecturer in keeping with the university academic system; although teacher is predominantly the term used in the SLAiP standards (NMC, 2008b). Perhaps the NMC continue to use teacher (NMC, 2008b) as a result of intertextuality (Fairclough, 2010; Locke, 2004). Intertextuality happens when information is absorbed from one text to another. The clinical teacher aspect of the nurse tutor role has now become the link lecturer aspect of the nurse lecturer role. The link lecturer role, however, differs from that of the clinical teacher in that it does not include a hands-on patient care remit and does not necessarily involve practice placement visits. Despite this the link lecturer role is identified by Smith and Gray (2001a, p. 45) as providing 'continuity between educational and clinical contexts', fostering 'reflective learning' and providing 'informal emotional support' for student nurses on placement.

1.3 Contemporary health care and nurse education

Various nursing curriculums for pre-registration nurse education have come and gone since Project 2000. What has remained is a clear commitment to producing student nurses who 'have both intellect and compassion, not one or the other' (RCN, 2012, p. 4). All student nurses starting pre-registration nurse education in the UK from 2013 onward will on successful completion exit with professional registration and a BSc degree (RCN, 2012). In order to meet the requirements for professional registration with the NMC, a student nurse must complete at least 4,600 hours of learning within five years (NMC, 2010). These hours are divided equally between

what is commonly referred to as 'theory-based learning' and 'practice-based learning'. The theory component (2,300 hours) happens in an NMC approved university and the practical component (2,300 hours) happens in NMC approved hospital and community clinical placements within the National Health Service (NHS), private or voluntary sector (NMC, 2010). In reality the notion that theoretical and practical learning happen in separate environments is overly simplistic (Fenwick, 2001). Realistically there is a natural informing of one to the other and vice versa. The student nurse constructs meaning from experiential learning in clinical practice and is then inspired to learn more from a theoretical perspective and vice versa (Eraut, 2000). This process involves integration and re-contextualisation of knowledge and skills that 'play out in different ways according to the context' (Evans et al., 2010, p. 2).

It is vital that both university and practice-based learning in pre-registration nurse education prepares 'competent, confident, critical-thinking nurses with the ability to lead, to question, and be questioned' (RCN, 2012, p. 4). In addition the student nurse is required amongst other things to demonstrate compassionate care, nursing knowledge, effective communication, manual dexterity, coordination and problem solving skills (RCN, 2012). These are the prerequisite qualities of a student nurse who is deemed fit for practice at the point of registration (NMC, 2008b). When student nurses attend clinical placements they are supervised by a mentor while actively engaged in providing hands-on nursing care (NMC, 2010). This crucial experiential learning allows them to identify first-hand what working as a registered nurse entails while developing and consolidating their nursing knowledge and skills. The nursing profession advocates career long learning (NMC, 2008b). Pre-registration student nurses are required to develop a reflective professional portfolio of practice which is intended to prepare them for career long learning (NMC, 2010). The link lecturer as discussed in section 1.1.3 of this chapter is a potential source of support and advice for the student nurse in relation to reflecting on clinical practice in a way that could be used to develop a professional portfolio.

The nurse lecturer in addition to link lecturer responsibilities is required to prepare and deliver lectures, teach in increasingly sophisticated simulated clinical areas in a university, provide formative and summative assessment feedback, contribute to curriculum development, and has a personal lecturer remit. The title personal lecturer is used interchangeably in the academic literature with guidance tutor (Fisher et al., 2012) and personal tutor (Allan, 2011). In the university system a group of personal students from each cohort on the pre-registration nursing programme is allocated to a nurse lecturer. The personal lecturer role involves advocacy and problem solving as well as providing appropriate professional, academic and pastoral support throughout the student nurse's undergraduate journey. The objective of the personal lecturer role is to reduce attrition rates by enhancing student engagement (Jeffreys, 2007). The nurse lecturer participants in my research study each had personal lecturer responsibility for up to thirty-five undergraduate pre-registration student nurses. There is responsibility overlap between the professional practice driven agenda for the link lecturer role and the university driven agenda for the personal lecturer role. For example both are aligned with provision of professional, academic and pastoral support, while both include responsibility for advocacy and involve allocation of student nurses to a specific nurse lecturer. Acknowledging this overlap is important to understanding what the link lecturer role uniquely contributes to student nurse practice-based learning.

Student nurse cohorts have continued to increase since the 1980s. This has resulted in a subsequent increase in practice placements and where appropriate to more student nurses being allocated to each placement. Increased student cohorts have also added considerably to the nurse lecturer's allocation of personal and link lecturer students (Price et al., 2011). The additional demands on the nurse lecturer's time generated from larger cohorts and from increasing demands for scholarly output has for a considerable time resulted in the link lecturer role being de-prioritised (Aston et al., 2000) and presence in practice being reduced (O'Driscoll et al., 2010). The NMC recognise that the nurse lecturer is faced with competing demands on their time. To address this, the SLAiP standards advise that the link lecturer should:

'manage competing demands to ensure effectiveness of learning experiences for students'

Domain 8 (NMC, 2008b, p. 28)

The NMC does not suggest strategies for achieving this management. The NMC perspective may be that the nurse lecturer has professional autonomy to 'manage competing demands'; this, however, ignores the tension created when individuals are tasked with achieving more than appears possible. Chapter 6 provides insight into how the nurse lecturers in my research study managed their link lecturer remit against a backdrop of competing demands.

1.3.1 Increasing academic demands

The academic expectations of undergraduate and postgraduate nurses have greatly increased in the past decade. In addition to student nurses exiting the pre-registration programme with a degree, an increasing number of qualified nurses in the UK, including nurse lecturers, have a Master's Degree and have or are working towards a doctoral qualification (Noonan et al., 2009). This has resulted not only in a change of emphasis in nurse education but also in the expectations of nurse lecturers. Nurse lecturers are expected to be involved in research activity, scholarly productive and capable academic role models (Price et al., 2011). Capable academic role models have the potential to inspire and attract in the next generation of nurse lecturers. The nurse lecturer's scholarly activity and output also has potential to impact on a university's on going funding by contributing to the Research Excellence Framework (REF) 2014, and to the profile of the university in relation to attracting new business. The REF informs the Scottish Funding Council's decision making based on the quality of research activity in a university. High quality scholarly activity and output is therefore a key expectation of the contemporary nurse lecturer, and important for the profile of the nursing profession as well as a university. The increased workload generated from the need for scholarly output inevitably has an impact on other components of the nurse lecturer role. As one of these components is the link lecturer role it is important to ascertain if it provides something meaningful to student nurse

practice-based learning, in order that nurse lecturer time and skills are used appropriately.

1.3.1 Mentor

Pre-registration student nurses are allocated a mentor in each of their clinical practice placements (NES, 2007; NMC, 2008b). The mentor works in the student nurse's allocated practice placement and is qualified in the field of nursing that the student is studying. Before being allocated a student, the mentor has to successfully complete a formal NMC approved programme of mentor preparation (NES, 2007; NMC, 2008b). The mentor is expected to work with the student nurse for at least 40% of their time in placement, assess their progress, provide constructive and timely feedback, and ultimately make a professional decision about the student nurse's competence (NES, 2007). In the event of concern about a student nurse's progress in clinical practice or with the learning experiences available, the mentor is responsible for communicating with the university (commonly via the allocated link lecturer) in order to discuss the way forward. The nurse lecturer participants in my study contributed in their link capacity, to the delivery of an NMC approved education programme for mentors (ibid). As part of this remit the lecturer carried out an observational critique of each 'student mentor' in her or his allocated clinical placements. A student mentor is a mentor who is undertaking the mentor preparation programme.

1.3.2 Mentor preparation

NES introduced a 'national approach to mentor preparation' including a 'core curriculum framework' (NES, 2007) which was designed at the time to align with the SLAiP standards (NMC, 2006). The current SLAiP standards include a specific 'mentor standard' (NMC, 2008b, pp. 19-21). The national mentor preparation 'core curriculum framework' meets the requirements of the SLAiP standards (NMC, 2008b) and focuses 'on the crucial role the experienced practitioner' (mentor) 'plays in facilitating learning in practice' (NES, 2007, p. 2). NES acknowledge the mentor as professionally valuable and worthy of investment in terms of preparation and allocated time to carry out their role. The mentor role is now well established 'as the

main means for supporting student nurses in clinical practice' (Price et al., 2011, p. 781).

1.3.3 Practice education facilitator

The practice education facilitator (PEF) role was introduced to enhance the clinical learning experience of student nurses and midwives by providing support and advice to mentors (NES, 2013). The PEF role was influenced by research that found mentors lacked confidence when required to identify and address issues that could lead to a student nurse failing to meet the NMC requirements (Duffy, 2003). The PEF role was established in 2004 in Scotland as part of the 'facing the future agenda' (Scottish-Executive, 2004). This agenda had a clear focus on the recruitment and retention of clinical nurses and on providing a quality practice placement experience for student nurses and midwives (ibid). The PEF role is now well established as a 'key part of the shared governance structure underpinning workplace learning' (NES, 2013, p. 4). The PEF tends to be a qualified nurse who has both clinical and mentor experience and expertise (Carlisle, Calman, & Ibbotson, 2009). There is no specific PEF qualification, however, the post holder is expected to have at least an undergraduate degree; it is increasingly common that the PEF will have a postgraduate teaching certificate and Master's degree. A postgraduate teaching certificate is particularly useful for understanding the student nurse's academic journey. It also opens an opportunity for the PEF to gain teaching experience in the university and career progression if appropriate.

The link lecturer acts as a support mechanism for the student nurse in clinical practice. The mentor is responsible for assessing the student nurses' clinical practice in line with the NMC requirements. The PEF is the practice-based support mechanism for the mentor (Carlisle et al., 2009). There is inevitably a blurring of these three roles in the real world of clinical practice learning (O'Driscoll et al., 2010). The link lecturer will at times support the mentor, particularly if they are experiencing challenges in relation to a student nurse's progress and professionalism in practice (Duffy, 2003). The PEF will at times support the student nurse by asking about their progress or identifying learning opportunities for them (NES, 2013). An

equivalent to the hospital and community placements PEF role is the care home education facilitator (CHEF) for nursing homes. The link lecturer at the university where my study was conducted is jointly responsible with the PEF/CHEF for carrying out a biennial educational audit (NMC, 2008b) for each of their allocated clinical placements. In the absence of a PEF/CHEF the link lecturer is also expected to contribute to the maintenance of a mentor database. This database contains details of the available mentors and their status in terms of requiring their annual update and triennial review; these are an NMC requirement (ibid). In some parts of the UK equivalent roles to the PEF/CHEF exist.

1.4 Summary

There have been vast changes in health care and nurse education since the inception of the clinical nurse teacher role that is now widely recognised as the link lecturer role. A combination of the established mentor and PEF/CHEF roles in supporting student nurse practice-based learning, alongside the increasing academic demands on the nurse lecturer leave the contribution of the link lecturer worthy of the scrutiny this study provides. This chapter has explained my rationale for exploring the link lecturer role in relation to policy and practice. The next chapter presents a literature review that focuses on the purpose, objective, implementation and contribution of the link lecturer role.

CHAPTER 2: Literature review

This chapter provides a critique of literature relevant to my research study. The purpose of this review is to provide an in-depth understanding of the link lecturer role and the key issues regularly associated with it. Particular attention is given to evidence of the purpose, objective, implementation and contribution of the link lecturer role. A national study commissioned by the English National Board (ENB) and carried out by Day et al. (1998) is used as a foundation for this literature review. The ENB study involved a breadth of stakeholder opinion and a large participant group. The issues related to the link lecturer role that this study highlighted continue to generate debate in contemporary academic literature. Policy driven studies relating to the link lecturer role are critiqued first in this chapter. This is followed by an exploration of the role from a partnership working and leadership perspective. The purpose of the role is then discussed in relation to the student nurse, practice placement visits, practice-based staff, the lecturer, clinical placements, and impact on patient care. The final part of this chapter discusses strategic management of the link lecturer role which was highlighted in the ENB study as urgently needed (Day et al., 1998).

2.1 Policy and practice

Three key studies are examined in this section to demonstrate the tension between the link lecturer role that exists in policy and defining its contribution to student nurse practice-based learning (Day et al., 1998; Grant et al., 2007; McSharry et al., 2010). From a policy perspective the ENB (Day et al., 1998) commissioned and the RCN (Grant et al., 2007) supported research related to the link lecturer role. These and other studies (Meskell et al., 2009) demonstrate the breath of stakeholder interest in the link lecturer role. It is worth bearing in mind when considering the breadth and volume of interest in this role, that it should account at most for a fifth of the nurse lecturer teaching hours according to the SLAiP standards (NMC, 2008b). The title link lecturer is used in this thesis it is, however, used interchangeably in the SLAiP standards with teacher and link tutor (NMC, 2008b), and in the academic literature with lecturer preceptor (Brown et al., 2005) academic in practice (Grant et al., 2007) and liaison lecturer (McSharry et al., 2010).

The ENB commissioned a study to examine 'the role of the teacher/lecturer in practice' (Day et al., 1998). This study was carried out between 1996 and 1997 following the move of nurse education to the HEI sector. Detail of the participants in this study is provided to demonstrate the breadth of stakeholder consultation. A survey was distributed to all schools of nursing and midwifery in the UK (n=50) with a 66% (247) return rate. The recipients were heads of school (n=50) programme leaders (n=250) heads of service (n=49) and deans of school (n=24). Individual and focus group interviews were then conducted using a convenience sample of lecturers, practice-based nurses and student nurses (n=695) from five schools of nursing and midwifery. The relevance of this study to my research is that it highlights at a national, local and individual level, underlying assumptions about, and unresolved issues relating to the link lecturer role. Interpreting the aims, conclusions and recommendations of this study was done with intrinsic bias awareness as the ENB at the time suggested that 20% of the nurse lecturer's time should be spent supporting practice-based learning (ENB, 1995). The aim of the ENB study was to:

- *'map the national range and variation in roles and responsibilities of the lecturer in practice'*
- *'explore factors that promoted or inhibited'* the role
- *'identify the most effective model to meet the criteria'* for
    - *'clinical competence/credibility'*
    - *'promoting professional knowledge, and scholarship'*

(Day et al., 1998, p. 1)

The ENB study identified the link lecturer model as the most commonly used approach in the UK at that time. The ENB do not provide a workable model of link lecturer practice thus the role appears conceptual rather than one carried out by an individual. One of the difficulties identified by subsequent researchers is defining a workable link lecturer role (Grant et al., 2007; Meskell et al., 2009). This may explain why the ENB study did not provide one.

The link lecturer model or role as it is referred to in this thesis was identified in the ENB study as nationally, institutionally and individually inconsistent in terms of delivery, monitoring and management (Aston et al., 2000; Day et al., 1998). Inconsistency at each of these levels was probably not surprising, as defining the purpose of the role and lack of clarity in relation to evidence-based implementation had already been highlighted as problematic (Clifford, 1993; Crotty, 1993). Various problems were identified with inconsistent or 'ad hoc' implementation of the role. These included a breakdown in the effectiveness of 'information exchange with the practice staff', and an adverse 'impact on the quality of student learning', 'patient care', and 'the development of the practice learning environment' (Day et al., 1998, p. 6). In addition, link lecturers were found to be struggling to 'establish and maintain their clinical credibility, support continuous improvement of clinical practice, and further the development of practice-based research' (ibid, p. 5). These problems highlight tension for the lecturer tasked with supporting clinical and academic practice, the perceived breadth of the link role and key areas of concern that continue to surround it. It appears from the recommendations of the study that ideally these areas of concern would be overcome through consistent implementation of the link lecturer role, audit and strategic management (Day et al., 1998). The findings also imply that ideally the link lecturer would be clinically competent and credible, would improve the quality of student learning in practice, improve patient care, ensure efficient and effective communication with practice-based staff, develop allocated practice learning environments, and develop practice-based research. Despite the breadth of responsibility aligned with the link lecturer role (ibid), the researchers appeared to assume that 20% of the nurse lecturer's teaching time as suggested in policy at the time (ENB, 1997) was sufficient to achieve effectiveness and consistency. On-going concerns about the link lecturer role indicate that the expectations of link lecturer as outlined by the ENB study (Day et al., 1998) have not been realised (Fisher et al., 2012).

A key recommendation from Day, et al., (1998) was that the link lecturer role urgently needed strategic management. The underlying assumption appears to have been that strategic management would result in the role being effective. It also

implies that retaining the role was seen as desirable at that time. Strategic management is discussed in more detail later, however, despite much being said about the various link lecturer responsibilities the purpose and objective of the role remains unclear (Fisher et al., 2012). In addition there is an on-going debate about the provision of practice placement visits and the impact of visits on student nurse practice-based learning (O'Driscoll et al., 2010; Price et al., 2011). The various facets of the role identified by Day, et al., (1998) imply a need for practice placement visits. From a policy perspective there is no directive that visits should or should not be part of the link lecturer role (ENB, 1995, 1997; NMC, 2002, 2006, 2008b).

Ten years after the data collection for the ENB study (Day et al., 1998) researchers at the University of Salford were funded by the Royal College of Nursing (RCN) to carry out a systematic review (1990 to 2006) of the 'role activities' of the link lecturer (Grant et al., 2007). The focus of this systematic review was generated from concerns about the role particularly relating to meaningful implementation. The researchers identified 248 relevant abstracts from which thirty papers including the ENB study were critically appraised. The researchers focused on studies they deemed to be methodologically robust; they reached theoretical saturation having identified grey literature as well as published literature (ibid). As 218 abstracts were rejected some insights to the role might have been lost. The three themes identified by Grant et al. (2007), however, are congruent with those discussed in subsequent academic literature. These themes were, the link lecturer's professional development, practice-based staff and the practice environment development, and student nurses in practice (Grant et al., 2007). The researchers concluded that educating, updating, and supporting mentors, resulted in a positive effect on the 'development of a quality learning environment' (ibid). Hence they combined the link lecturer activities related to practice-based staff and the practice environment into one theme (Grant et al., 2007).

In addition to these three themes there is evidence of other purposes being attributed to the link lecturer role. One is to nurture and facilitate partnership working between university-based and practice-based staff to ensure an integrated approach to nurse

education (McSharry et al., 2010; NMC, 2008b, 2013; Ousey & Gallagher, 2010). Another is to positively impact on patient care (Gray, 2012). Grant et al. (2007, p. 55) acknowledged ‘many diverse activities’ within the three themes they identified. They concluded that although these activities aligned with the SLAiP standards at the time (NMC, 2006) the purpose of the link lecturer role was not clear. Grant et al. (2007, p. 68) referred to a ‘theoretical and political drift surrounding role activity’ and suggested that partnership working with the NMC could resolve this dilemma. This dilemma, however, continues to exist despite the SLAiP standards being updated (NMC, 2008b). Grant et al. (2007) also suggested that the range of activities identified in their review could be used to ‘develop an eclectic model for the future role of the academic in clinical practice’. This suggestion fails to address the issue of defining the link lecturer role in relation to supporting student nurse practice-based learning. Suggesting an eclectic model appears to be a response to finding a workable role hard to define while recognising that it needs be implemented one way or another to fulfill policy requirements (NMC, 2008b).

McSharry et al. (2010) explored the nurse lecturer’s role in clinical practice, in a qualitative research study carried out in 2006 as a response to changes in nurse education in Northern Ireland that mirrored changes in the UK. Like the NMC the Irish Nursing Board (INB) in nurse education standards (An-Bord-Altranais, 2005) expected there to be a link lecturer role. The researchers explored the experience, expectations and understandings of the nurse lecturer role in clinical practice in five focus groups with key stakeholders (n=36). These stakeholders included nurse lecturers, preceptors, clinical nurse managers, clinical placement co-ordinators and student nurses. The researchers identified five themes in their data; maintenance of clinical credibility, acting as a resource to clinical staff, teaching and assessing students in practice, fostering relationships in practice and role duplication (McSharry et al., 2010, p. 189).

McSharry et al. (2010) found that the clinical placement coordinator (CPC) (equivalent to the practice education facilitator (PEF) in Scotland) was perceived to be providing adequate support for students in clinical placements. Other researchers

meanwhile, have identified areas of responsibility duplication between the link lecturer and other roles that support practice-based learning (Fisher et al., 2012). Despite evidence of responsibility duplication it is mandatory for the nurse lecturer to have a role in supporting learning in clinical practice (NMC, 2008b). Regardless of potential role overlap McSharry et al. (2010) identified that all the lecturer participants (n=7) in their study felt they had a valuable role in clinical practice, particularly in bridging a theory practice gap. Practice-based participants on the other hand felt that clinical credibility was important for teaching student nurses (McSharry, et al., 2010). Day et al. (1998) highlighted that maintaining clinical credibility was something lecturers struggled with. Clinical credibility is discussed later in this chapter.

Similar to Grant et al. (2007) McSharry et al. (2010) recommended an eclectic model of practice for the link lecturer. An 'eclectic model' they suggested though not predictable from the student nurse, mentor and PEF perspective, could optimise the expertise of individual lecturers (McSharry et al., 2010, p. 195). Optimising academic and professional expertise makes sense; however, the student nurse going from one placement to the next would as a result have varying experiences of the link lecturer role. From a consistency perspective this could be described as ad hoc. Ad hoc implementation of the link lecturer role is well recognised as problematic (Day et al., 1998; Fisher et al., 2012). This point is worthy of attention in relation to understanding the purpose of the link lecturer role. The focus of the link lecturer role can be to provide the student nurses with a predictable service with a clear purpose that is targeted at their stage in the programme. Alternatively the focus of the role can be on the individual link lecturer sharing their specialist knowledge on their area of clinical expertise. The latter option lacks consistency as each lecturer has their own unique professional and academic area of expertise. McSharry et al. (2010) proposed that the findings of their study offered guidance on developing the link lecturer role in a way that would enhance partnership working and effectively support student nurses and clinical staff in practice. This suggestion does not resolve the issue of whether the link lecturer's focus should be on predictable support for the student nurse or on lecturers sharing their specialist knowledge. In addition a

plethora of academic literature and professional standards highlight a range of eclectic models for the link lecturer role and a wide range of stakeholders saying they want clarity (Grant et al., 2007; Simpson, 2009).

McSharry et al. (2010, p. 195) also suggested that national guidelines for, and agreement on, a 'specific clinical role for the nurse lecturer' was needed. This seems at odds with their suggestion of an eclectic model. To date there is no national agreement on the purpose and optimal implementation of the link lecturer role in the UK. It is therefore, not surprising that there is on-going confusion in regard to what the role achieves, how and why. McSharry et al. (2010) proposed that protected time for practice was vital regardless of how the role was carried out. In the absence of a defined link lecturer role they found as had Aston et al. (2000) in the 1990's that academic demands on the nurse lecturer were given priority (McSharry et al., 2010). Importantly, this recurring theme reveals something about what is prioritised when academic deadlines are to be met in a limited time frame.

These three studies (Day et al., 1998; Grant et al., 2007; McSharry et al., 2010) show common themes in the literature about the purpose of the link lecturer role:

- Maintaining partnership between the university and practice settings
- Supporting student nurse learning in practice (with or without visits)
- Supporting and developing practice-based staff
- Developing the nurse lecturer
- Development of the clinical practice learning environment
- Impacting on patient care
- Role duplication
- Tension between competing demands on the nurse lecturer

Each area of link lecturer responsibility is associated with its own broad range of activities or what Rumelt (2011, p. 34) describes as 'broad goals and affirmations of values' and the NMC describe as domains and domain outcomes (NMC, 2008b, p. 27). The areas of link lecturer responsibility will now be outlined, in relation to

evidence of purpose, unique contribution and how the various facets translate into a workable role.

2.2 Partnership working

Ousey & Gallagher (2010) suggest that developing strong partnerships with practice is a wiser focus for the link lecturer than trying to achieve the eclectic mix of multiple responsibilities suggested by other researchers. There is, however, no available evidence that allocating responsibility for a large volume of practice placements to an individual link lecturer results in meaningful partnership working (Grant et al., 2007). From the NMC SLAiP standards perspective in relation to partnership working the link lecturer is expected to:

'maintain appropriate supportive relationships with a range of students, mentors, practice teachers, and other practitioners'

Domain 1 (NMC, 2008b, p. 26)

'develop, in partnership with other's opportunities for students to identify and access learning experiences to meet their individual needs'

Domain 5 (NMC, 2008b, p. 27)

These domain outcomes indicate that presence in practice or at least regular telephone dialogue or meetings in university are required to sustain 'relationships' or 'partnerships'. In particular these outcomes indicate that dialogue is expected between the link lecturer and the student nurse, though how this can be achieved in a professionally, clinically or pedagogically meaningful way is not clear. The NMC domain 5 outcome is likely to be redundant if the practice placement is used to having student nurses. Appropriate learning experiences to meet the learning needs for example of any final year student nurse are unlikely to vary. Both these domain outcomes are indicators of the 'how to' or workable definition for the link lecturer role in terms of partnership working being unclear (Grant et al., 2007; Rumelt, 2011).

As an alternative to individual lecturers being allocated responsibility for a large volume of placements Fisher et al. (2012, p. 3) reported what they called a 'truly collaborative' project that used action research to establish what the researchers called 'education zone teams'. The project was used to address a perceived gap following the removal of the traditional link lecturer role in a UK university. The 'education zone teams' consisted of academic and clinical practice-based staff from various health disciplines (ibid). The work of these teams it was hoped would strengthen partnerships and enrich the student nurses' clinical placement experience by integrating research and practice. In keeping with the recommendation of McSharry et al. (2010) this project made use of individual lecturer's expertise. It also provides an example of fulfilling the link lecturer remit via indirect support for practice-based learning, as student nurses were not involved in the project. The project resulted in the development of a tool with which to assess aseptic technique, reviewed intravenous medication practices, and produced a portfolio of learning experiences that could be used to address the needs of the nursing curriculum. The researchers, however, found that it took time to establish effective partnership working; initial uncertainty on the part of the practice-based staff was resolved by reassurance that academic staff would be involved and supportive. This indicates there was a sense of dependency on the academic staff to lead the project.

The education zone team project was evaluated with a survey completed by fifteen respondents, and a focus group evaluation after one year with five academic and five practice-based staff (Fisher et al., 2012). The findings revealed tensions, whereby the practice-based staff felt that the three projects were slowed down by the academic staff input. In turn the academics felt frustrated by the delays incurred by organising meetings when practice-based staff could fit them in with their other duties. The effort put into setting up meetings, and the tensions involved in ensuring a collaborative approach highlight the complexity of partnership projects.

The education zone team project despite the tensions highlighted, appeared to result in positive working relationships and both the clinical and academic staff gained insight into the others priorities and abilities (Fisher et al., 2012). This however, was

a small-scale study and the participants took part in their own time not as part of their professional paid employment. The transferability and sustainability of this approach would therefore, require commitment from both academic and practice employers and protected time for the staff involved in the zone teams. To address all potential clinical learning experiences through education zone teams as demonstrated by Fisher et al. (2012) would be resource intensive. Continuous evaluation and update of teaching materials would be required. This project highlights that collaborative partnership working involves patience, appreciation of each other's roles, time and willingness to work through challenges. The impact of this project on quality of learning from the student nurse perspective does not appear to have been measured.

2.3 Leadership for learning in practice

In addition to being discussed in terms of partnership (Ousey & Gallagher, 2010) and collaborative working (Fisher et al., 2012) which indicate shared responsibility, the link lecturer role has been explored in relation to leadership (Allan, Smith, & Lorentzon, 2008; O'Driscoll, Allan, & Smith, 2008; O'Driscoll et al., 2010). A literature review carried out by Allan et al. (2008) explored leadership for student nurse practice-based learning. This was the first of a two stage study inspired by awareness of new clinical roles and changes in nurse education. The second stage of this study was a mixed method ethnographic case study carried out between 2006 and 2007 to explore stakeholder opinions of leadership for practice-based learning (O'Driscoll et al., 2010). Stage two included an online survey with pre-registration student nurses (n=937) with a 20% response rate. The response rate may limit the conclusions drawn (Denscombe, 2010), however, the wider study included stakeholder focus groups, observations in clinical practice and curriculum document analysis. The stakeholders included ward managers, mentors, specialist nurses, nurse practitioners, lead nurses, modern matrons, practice educators, practice development nurses, lecturers and student nurses. O'Driscoll et al. (2010) as have other researchers (Simpson, 2009) reported that link lecturers were uncertain about the purpose of their role; importantly they did not perceive themselves as responsible for leadership in practice-based learning. The link lecturer role had by that time been reported as problematic in relation to consistent implementation, protecting time and

defining teaching actions in a workable model of practice (Grant et al., 2007). Lack of clarity in relation to its purpose and responsibility for leadership was therefore not surprising (O'Driscoll et al., 2010). Meanwhile, the researchers claimed that new nursing roles did 'not put student nurse learning at the heart of their leadership function' (Allan et al., 2008, p. 552).

2.3.1 Leadership responsibility

The demise of the traditional ward sister or charge nurse role lead to lack of clarity in relation to responsibility for leadership in practice-based learning (O'Driscoll et al., 2010). This implies that leadership in this context was originally aligned with a practice-based role. Contemporary student nurses are supported in clinical practice by mentors, who in turn are supported by what O'Driscoll et al. (2010) referred to as clinical placement facilitators or practice educators (equivalent to the PEF). It would seem logical therefore that leadership responsibility for practice-based learning now lies with the practice-based mentor who assesses the student nurse's progress (NES, 2007) or with the practice-based PEF (NES, 2013). It appears, however, that who is responsible for leadership in practice-based learning is not mutually agreed (ibid). In addition student nurses have the opportunity to spend time shadowing multidisciplinary team members in their roles (Elliott & Wall, 2008) in order to develop their knowledge, skills and professionalism (Kaplan, 2010; Woolley & Jarvis, 2007). Though influential in the student nurses' practice-based learning experience, members of the multidisciplinary team are not responsible for leadership in student nurse education. Meanwhile, student nurses are taught, supervised and assessed by nurse lecturers while using increasingly sophisticated clinical simulation equipment and online training programmes to develop their theoretical knowledge and nursing skills prior to going to a clinical placement (Price et al., 2011). In addition, the personal lecturer aspect of the nurse lecturer role offers pastoral support and curricular advice. There appears no doubt that leadership responsibility for preparing student nurses for clinical practice placements lies with the university-based nurse lecturer (ibid). What remains unclear is why the link lecturer is perceived by some as potentially responsible for leadership in practice-based learning (O'Driscoll et al., 2010).

Interestingly, Mallik and Hunt (2007) found that link lecturers had weak rather than leadership links with clinical practice. Meanwhile, O'Driscoll et al. (2010) reported that some link lecturers had been advised to reduce their presence in practice due to the cost implications of travel and time. Reduced presence does not appear congruent with leadership in clinical practice. O'Driscoll et al. (2010) also referred to reducing the link lecturer's presence in practice as the 'uncoupling of practice and education' and suggested that recoupling was needed. Practice-based staff reported that reduced link lecturer visibility in practice (uncoupling) impacted on their feeling of having a working relationship. O'Driscoll et al. (2010, p. 217) while suggesting recoupling, however, say that it would require the link lecturer to be visible in practice providing 'structured support' to mentors, and regular 'support sessions' with student nurses. This recommendation indicates the link lecturer is perceived as responsible for leadership of both the mentor and student nurse. This, is mirrored in the NMC SLAiP standards (NMC, 2008b) despite the PEF role being established to support the mentor. Meanwhile, the researchers do not offer realistic guidance for providing such support in a clinical practice setting; hence the link lecturer role in 'coupling' and leadership responsibility both remain vague. Further, there are mixed messages in relation to leadership responsibility, 'coupling' by providing structured support, and working relationship with practice-based staff. Aligning the link lecturer with responsibility for leadership appears to get confused with other agendas, while being discussed vaguely in terms of what this responsibility would involve.

The link lecturer's low profile in terms of visibility in practice evaluated poorly in terms of a working relationship (O'Driscoll et al., 2010). The link lecturer role is often associated with communication and liaison (McSharry et al., 2010). This might be what practice-based staff felt was missing when the link lecturer was not visible (O'Driscoll et al., 2010) rather than leadership. Meanwhile, communication and liaison are often associated with checking who is doing what because of blurring of roles (Fisher et al., 2012). The blurring of roles particularly between the link lecturer and PEF, the link lecturer and mentor, and the link lecturer and personal lecturer, appear to leave defining who is responsible for what in both leading and supporting practice-based learning an unresolved issue. What the link lecturer's presence in

practice could or does contribute in terms of working relationship, leadership and support in clinical practice is unclear.

Determining which role is responsible for leadership in practice-based learning is a professionally important issue. The contenders it would seem are the PEF, mentor and link lecturer. Since the ENB commissioned study (Day et al., 1998) the mentor and PEF roles have become well established. The PEF role it is claimed has 'transformed' support for undergraduate student nurses and mentors (NES, 2013, p. 5). The NES report from the PEF facilitator network indicates that the PEF despite primarily being the support mechanism for the mentor (Carlisle et al., 2009) also supports student nurses (NES, 2013). This suggests that the 'additional pressure' on practice-based staff (mentors) caused according to Day et al. (1998) by the absence of a link lecturer is now perhaps less relevant. Further, it is clear that university-based link lecturers are in effect one of many influences on and resources for student nurse practice-based learning (Elliott & Wall, 2008; O'Driscoll et al., 2010). The availability of established practice-based professional role models and potential leaders including the mentor and PEF roles appears to have displaced and perhaps even superseded the link lecturer role. This brings the discussion back to the unresolved issue of which role carries responsibility for leadership for practice-based learning. To explore this further I analysed the NMC, SLAiP standards (NMC, 2008b).

2.3.2 Leadership: policy perspective

Interestingly, the way that leadership responsibility is assigned in the SLAiP standards (NMC, 2008b), which were published after the data were collected for the study reported by Allan et al. (2008) and O'Driscoll et al. (2010), indicate a lack of clarity in relation to leadership responsibility for practice-based learning at a policy level. Domain eight of the NMC SLAiP standards 'leadership' has four mentor and seven link lecturer domain outcomes responsibilities (NMC, 2008b, p. 58). This imbalance might to some extent explain why new roles for example the mentor and PEF equivalent were identified as not having leadership for student nurse practice-

based learning as central (Allan et al., 2008). The leadership responsibilities of the link lecturer in relation to student nurse practice-based learning include:

'provide leadership skills in education in both practice and academic settings'

Criteria 8 (NMC, 2008b, p. 25)

Leadership is a complex concept (RCN, 2013a) not defined in the context of the study reported by O'Driscoll et al. (2010) or in the NMC SLAiP standards (NMC, 2008b). Transformational leadership, however, makes sense in the context of supporting student nurse practice-based learning. The RCN (2013a, p. 423) defines a transformational leader as one that inspires 'followers to perform beyond expectations while transcending self-interest for the good of the organisation'. To be a motivational leader in the practice-based learning context it could be argued would be easier if based in practice. SLAiP Criteria 8 (above) however, indicates that leadership for practice-based learning is the university-based link lecturer's responsibility. Interestingly though, the following NMC SLAiP standard domain outcome is both a mentor and link lecturer responsibility:

'provide feedback about the effectiveness of learning and assessment in practice'

Domain 8 (NMC, 2008b, p. 29)

This domain outcome appears more evaluative than leadership orientated though included in the leadership domain (ibid). Importantly, it does not help clarify who is responsible for leadership in practice-based learning. The PEF role meantime has flourished (NES, 2013); it is not included in the current NMC SLAiP standards, though is mentioned as a role that could be developed to 'meet local requirements for supporting learning and assessment in practice' (NMC, 2008b, p. 10). These requirements include leadership. This highlights a need to critically consider the place of policy in the confusion that surrounds who is responsible for leadership in practice-based learning while allowing the boundaries of the link lecturer role to be better understood (McSharry et al., 2010).

2.4 Support for practice-based learning

From a policy perspective the various facets of the link lecturer role are perceived to make a positive contribution to the student nurse's learning and experience in clinical practice (NMC, 2008b). Some of the SLAiP standards domain outcomes (ibid) as already demonstrated indicate a need for direct dialogue between the link lecturer and student nurses while they are in clinical practice. Despite this not all universities provide link lecturer practice placement visits, nor is there direction in the NMC SLAiP standards (NMC, 2008b) about provision of visits. The remit of the link lecturer during a clinical practice visit and the need or lack of need for visits is therefore open to interpretation from a national policy perspective and reported by researchers as vague in local standards (Meskell et al., 2009; Price et al., 2011). The argument for visits or for an alternative approach is discussed next, and following this the various purposes of the link lecturer role are examined.

2.5 Practice placement visits

The link lecturer role including practice placement visits is associated with liaison and communication (Aston et al., 2000; Carnwell, Baker, Bellis, & Murray, 2007), problem solving, pastoral and academic support (Carnwell et al., 2007), and acting as an advocate for the student nurse (Gray, 2009; Price et al., 2011). Defining what happens or should happen during a practice placement visit is problematic. O'Driscoll et al. (2010) reported a link lecturer saying that in the absence of guidance from the university she/he had done what they thought was relevant during visits in their allocated practice areas. This mirrors the ad hoc approach to visits that Day et al. (1998) said was in urgent need of strategic management. Importantly it highlights again that individual lecturers appear to do their own version of the link lecturer role in the absence of direction from the profession or university (Carson & Carnwell, 2007). Link lecturer clinical practice visits are assumed by some to have a positive and worthwhile impact on the quality of the student nurse's practice-based learning experience (Gray, 2012). They are perceived by others as hard to justify (Price et al., 2011). In relation to visits Wray and Wild (2011, p. 4) identified, a 'hybrid of educational activities taking place during visits with minimal insights into what constitutes good practice'.

Some link lecturers spend very little time with students during a visit, while some ask the student to reflect on their nursing experience (Brown et al., 2005; Wray & Wild, 2011). What happens during a visit is often governed by the student nurse's immediate priorities. For example, help with interpreting the NMC competencies, filling in their practice placement documentation, professional relationship conflict, and managing the emotional impact of nursing (Carnwell et al., 2007; Gray, 2012; Price et al., 2011). Meanwhile, O'Driscoll et al. (2010) suggest that clinical practice visits are difficult to implement consistently, and are costly to the university. Others claim that there are more efficient ways for nurse lecturers to provide support to practice-based student nurses (Price et al., 2011).

2.5.1 Alternative to practice placement visits

Link lecturers in the study reported by O'Driscoll et al. (2010) were reported as 'not happy' in relation to suggestions from their employers that they should maintain their link with practice via a monthly telephone call instead of a visit (O'Driscoll et al., 2010, p. 214). This appears to suggest that lecturers perceive practice placement visits as valuable; a perception that was mirrored in the research of McSharry et al. (2010). To fulfil the pastoral and advocacy facets of the link lecturer role Price et al. (2011) suggested that the link lecturer could stay in touch with the student nurse in practice via email communication and mobile phone text messages. Considering the volume of student nurses in clinical practice at one time, maintaining text and email dialogue instead of visits or instead of not having a link lecturer role would need careful consideration. Creating a meaningful audit trail would be administratively challenging and the link lecturer would need to have a mobile phone. In addition realistic boundaries in relation to the lecturer's working hours and other university driven commitments would need to be agreed. The suggestion of replacing visits with telephone calls, text messages and email is perhaps tied in with the need to do something because policy says there is a role (NMC, 2008b). Or it might be based on a belief that contact from a link lecturer once or twice during a clinical practice placement would stop a potentially vulnerable student nurse feeling isolated, or resolve practice related problems that would otherwise not be resolved. Price et al. (2011, p. 783) felt that an email or text message mechanism for staying in contact

would provide 'a feeling of connectedness and support' for student nurses while in clinical practice. Considering the volume of student nurses in practice that each link lecturer has responsibility for, it would be logical to assume that connectedness would be fairly superficial, unless there was a specific 'issue' for example the student was failing to progress (Duffy, 2003). What is not clear from the literature is the purpose of a visit, email, telephone call, or text message, beyond asking if the student nurse is progressing as expected, and if they have any support needs. If any of these labour and time intensive mechanisms for implementing the link lecturer role happens once or twice during a practice placement, it is fair to assume that support needs raised as a result are not urgent.

2.6 Pastoral support

A link lecturer visit is reported in several studies as emotionally reassuring for student nurses who feel isolated in clinical practice (Brown et al., 2005; Grant et al., 2007; Ousey & Gallagher, 2010; Price et al., 2011). These studies provide evidence of how the link lecturer role is perceived by some. Gray (2012, p. 64) discussed student nurses appreciating pastoral support from the link lecturer if they had first day 'jitters' or felt 'vulnerable'. Given the volume of placements and students, and the lecturer's other commitments it seems unlikely that each student nurse could be visited in case they had the first day 'jitters' (ibid). Brown et al. (2005, p. 87) carried out focus groups with sixty-five final year student nurses at a Scottish university and found that some student nurses experienced a sense of 'not quite belonging' when they were in a clinical placement. These participants felt that 'a friendly face, even if a link lecturer visit was short in duration made a positive difference to their experience in practice' (Brown et al., 2005, p. 87). Meanwhile, the NMC in the SLAiP standards expect the link lecturer to:

'support students to integrate into new environments and working teams to enhance access to learning'

Domain 1 (NMC, 2008b, p. 26)

Price et al. (2011) identified that student nurses saw a link lecturer visit as a source of emotional support, an opportunity to talk about their clinical experiences and for facilitating the mentor student relationship. The implication of providing emotional or pastoral support through practice placement visits is complex. It could be argued that the cost in time and human resource is hard to professionally justify if the outcome is reassurance gained from seeing a friendly face (Brown et al., 2005).

2.7 Clinical support

Defining clinical support from a university-based nurse lecturer in the clinical practice placement environment is difficult. Clinical support from the link lecturer has been defined as helping the 'student and mentor to understand the clinical outcomes/proficiencies within the clinical assessment document' (Price et al., 2011, p. 784). The extent to which a lecturer helping a student nurse and or mentor with the practice assessment documentation represents clinical support is questionable. Aston et al. (2000) and Carson and Carnwell (2007), however, also found that the link lecturer visit was associated with checking that student nurses had achieved the NMC competencies and understood how to complete their placement documentation. Confusion about this documentation was in the past exacerbated by each school of nursing having their own NMC approved version of it. In an effort to improve consistency in assessment of pre-registration student nurses in practice NES launched a project that has resulted in a nationally agreed 'on-going achievement record' (OAR) (NES, 2011). As the link lecturer is no longer involved in the assessment of pre-registration student nurses in practice, it is vital that mentors understand how to complete the OAR accurately. Education on the use of the OAR is therefore included in the mentor preparation programme. Student nurses are provided with guidance in university on the use of the OAR before going to clinical practice placements. This new approach should reduce the need for link lecturers to spend time with individual mentors and student nurses explaining how to complete the documentation. For each placement the student attends the OAR contains a template for 'practice learning experience information', this includes a space for the details of 'university contact(s) e.g. placement coordinator, link lecturer, personal tutor' (NES, 2011). This implies that it is accepted at a national level that the point of contact for

clinical support for learning in practice does not necessarily need to be the link lecturer.

2.8 Academic support

The link lecturer role is often associated with academic support and discussed in terms of facilitating reflection on clinical practice in order to bridge a theory practice gap (Ousey & Gallagher, 2007). The theory practice gap and reflection are discussed later. Day et al. (1998, p. 5) describe the link lecturer having a role in, 'promoting professional knowledge, and scholarship'. Academic support during practice placement visits, however, has been the subject of debate for a long time in relation to how, what, and why (Day et al., 1998; Price et al., 2011). Academic support for undergraduate pre-registration nursing students is generally available from the lecturers who teach and mark assignments for particular modules and from personal lecturers in the university setting (Price et al., 2011). Why academic support is also seen as part of the link lecturer role is not entirely clear. In the SLAiP standards the NMC expect the lecturer to:

'implement a range of learning and teaching strategies across a wide range of settings'

Domain 2 (NMC, 2008b, p. 26)

'co-ordinate learning within an inter-professional learning and working environment'

Domain 2 (NMC, 2008b, p. 26)

Price et al. (2011) used a mixed-methods online survey in 2007 to explore how student nurses perceived 'clinical support' provided by nurse lecturers; 32% of a possible 1198 (n=389) student nurses from a Scottish university completed the survey. In this university the link lecturer was responsible for visiting the student nurse during each of their clinical placements. Despite the limitations of an online survey, 79% of the respondents ranked the link role as a source of academic support either very important or important, while 54% said clinical support from the lecturer

during a visit was very important or important. Price et al. (2011) highlighted that academic support sessions were held in the university; therefore additional one to one or group academic support during a clinical practice placement visit, they claimed was hard to justify.

2.8.1 Theory practice gap

The concept of a 'theory practice gap' (Ousey & Gallagher, 2007, p. 199) is often discussed in relation to the link lecturer helping the student nurse make 'coherent' sense of their theoretical learning in relation to their practice learning and vice versa (Hattlevik, 2012, p. 868). In the SLAiP standards the NMC expect the link lecturer to:

'facilitate integration of learning from practice and academic settings'

Domain 2 (NMC, 2008b, p. 26).

Landers (2000) in a literature review exploring the theory practice gap highlighted two levels at which theory is used in nurse education. The first level they referred to as 'grand theories', these are the broad perspectives for example social learning and psychological theories (Landers, 2000, p. 1550). The second level they referred to as 'mid-range theories', these theories are considered as less complex for example from the life sciences and nursing care evidence base for practice (Landers, 2000, p. 1550). Both 'grand' and 'mid-range' theories underpin nursing practice and are therefore an important component of the pre-registration nursing curriculum. Carson and Carnwell (2007, p. 2000) suggest that student nurses in practice apply 'theoretical concepts' under the guidance of their mentor and link lecturer. In the past there were concerns that mentors tended not to make the theoretical underpinning for nursing care explicit to student nurses (Cahill, 1997). Contemporary mentors, however, have successfully completed the mentor education programme and are likely to have studied at degree level. As a result they are expected to be aware of the pre-registration nursing curriculum requirements. They are also likely to have developed skill in articulating why understanding the theoretical foundation of nursing care is important (NES, 2007).

Ousey & Gallagher (2007) highlighted that the orthodox notion of a theory practice gap implies that a gap exists and can be defined, adjusted and manipulated. There is a counter argument that there is no gap as such and that learning in and from practice happen simultaneously (Ousey & Gallagher, 2007). Appearing to take an orthodox stance an aim of the ENB study was that the link lecturer would share their academic knowledge with practice-based staff and student nurses (Day et al., 1998). This aim implies there was an underlying assumption at the time, that a knowledge deficit existed and that the link lecturer could rectify it. Mentors and PEFs, however, are increasingly academically able, and are based in clinical practice. To assume there is knowledge deficit in practice-based staff is and probably was overly simplistic. In the SLAiP standards however, the NMC expect the link lecturer to:

'act as a practice expert to support development of knowledge and skills for practice'
Domain 2 (NMC, 2008b, p. 26)

There is evidence that link lecturers and mentors have 'conflicting expectations' of student nurses; this results in a 'lack of integration of theory and practice' and a 'disintegrated learning context' (Evans et al., 2010, p. 245). The mentor is interested in preparing the student for registration, while the lecturer is concerned with integrated consolidation of knowledge and skills (ibid, p. 248). Meantime, the influence of the link lecturer on 'what is learned' by the student nurse in clinical practice, 'how it is learned' and 'what factors affect the level and directions of learning effort' (Eraut, 2004, p. 248) remains unclear (Price et al., 2011). Carson and Carnwell (2007, p. 223) described their experience of 'working in the theory practice gap' having spent a week away from their nurse lecturer posts in a clinical placement aligned with their specific area of expertise. The researchers appeared to want to reconnect with clinical practice as a means of updating their practical skills and knowledge. This experience they claimed allowed them to integrate 'theory and practice' by having 'a foot in both camps' and helped them connect with their nurse identity (ibid). Whilst recognising the value of informal, implicit, tacit learning that can result from such an opportunity (Eraut, 2004), allowing all nurse lecturers this opportunity would have implications in terms of resources. In addition, evidencing a

tangible outcome in terms of enhanced student nurse learning could be difficult. A debate about the need for the lecturer to be up to date or clinically competent and credible is discussed later.

2.8.2 Reflection on nursing practice

Student nurses learn in formal and informal ways when in clinical practice. Eraut (2004, p. 247) suggests that informal learning is a ‘complimentary partner to learning from experience’ that happens ‘in the spaces surrounding activities’ whilst encouraging learner flexibility and ‘individual agency’. Informal learning and tacit knowledge acquisition are inevitable, valuable, gradual, ‘largely invisible’ processes that come through ‘implicit, unintended, opportunistic and unstructured learning’ with or without facilitated reflection from another (ibid, p.248). Formal learning at the other end of the continuum is related to learning outcomes, likely to be context dependant and to involve support and advice from an expert (ibid, p.249) in order to reflect on and recontextualise theoretical learning in the practice setting (Evans et al., 2010). Reflection in and on nursing practice are integrated into the undergraduate pre-registration nursing curriculum, as well established approaches to exploring experiential learning (Fenwick, 2001). Reflective thinking to develop professional learning in practice is often associated with the seminal work of Schon (1983). Schon (1987) asserted that reflective thinkers are more likely to become capable problem solvers and self-aware responsible learners. The link lecturer practice placement visit is often associated with facilitating reflection in order to bridge the student’s ‘theory practice gap’ (Brown, 2006, p. 601) albeit a metaphorical gap (Ousey & Gallagher, 2007). Schon (1987) highlighted that by facilitating reflection on often-complex experiences in practice, the facilitator, in this case the link lecturer would recognise how the student interpreted situations and their actions and reactions. Reflection on practice encourages personal and professional responsibility and growth while intended to be person centred (Fenwick, 2001). This raises a potential dilemma for link lecturer visits where student nurses are seen in a group.

Hattlevik (2012) in her analysis of a student nurse survey in Norway (n=446) concluded that developing reflective skills was important for bridging the cognitive

gap between situated learning in practice and the theoretical learning that underpins it. Reflection on practice using a specific reflective tool for example Gibb's reflective cycle (Gibbs, 1988) is encouraged in contemporary undergraduate pre-registration nurse education (Levett-Jones, 2007). Hattlevik (2012) claims that reflection or reflective practice holds a key to transformed thinking that allows links between theory and practice to become coherent. If, therefore, the link lecturer visits the student nurse in clinical practice, and if a theory practice gap exists (Ousey & Gallagher, 2007), the focus should perhaps be on facilitating reflection on nursing practice. Facilitation of reflection by someone with nursing expertise has potential to allow the student nurse insight into a learning experience that they might otherwise have passed off as incidental (Eraut, 2004; Fenwick, 2001).

If the link lecturer is to facilitate reflection for practice-based student nurses, there are important points to consider. The link lecturer has no hands-on remit in practice and is a visitor in practice; they can therefore facilitate reflection on but not in practice. Importantly, the link lecturer does not have legitimate access to patients' medical and nursing records. The link lecturer, therefore, can only discuss from a hypothetical perspective a critical incident or patient care issue that the student nurse chooses to reflect on. The link lecturer is likely to visit once or twice during a practice placement (Brown et al., 2005; Gray, 2012) if at all (Price et al., 2011), this means that reflective dialogue with student nurses is likely to be ad hoc. Link lecturer practice placement visits were noted in a qualitative study which involved focus group interviews with final year student nurses (n=65) in a Scottish university at times to last '5 minutes or so' (Brown et al., 2005, p. 87). A five-minute visit might make a contribution to good working relationships with practice-based staff and student nurses in clinical practice (ibid). The extent, however, to which a brief visit can produce a professionally, clinically or pedagogically meaningful outcome as a result of reflection on nursing practice, is questionable. Interestingly facilitating reflection on experiential learning can be interpreted as intrusive surveillance (Fenwick, 2001). This is worthy of consideration particularly if the link lecturer encourages reflection during a visit and potentially opens up emotionally and cognitively challenging dialogue (Gray, 2012). If facilitating reflection on nursing

practice is one of the purposes of a link lecturer role; it is likely that the skill and sensitivity of the facilitator will matter more than the location of the reflective discussion. Allan (2011) discussed using a psychodynamic approach as a personal tutor (lecturer) in the university setting, to facilitate reflection on practice for a small group of final year student nurses. While using such an approach requires consideration of how the facilitator is trained and supervised (Allan, 2011; Bond, 2000), it highlights a dilemma for those arguing for link lecturer practice placement visits. Meanwhile, student nurses report engaging in effective reflective discussions with their mentors, other staff and their peers in practice (Cope et al., 2000). It is clear, therefore, that the link lecturer is not unique in being able to facilitate reflection or in bridging or narrowing the theory practice gap (Ousey & Gallagher, 2007).

Gray (2012, p. 33) identified key areas of link lecturer activity in practice as 'fostering reflective learning and informal support', 'liaison and advocacy', and raising 'concerns on behalf of the student'. In relation to reflective learning, however, what Gray (2012) described was more in keeping with learning through storytelling, than learning through a structured guided reflection process with a clear goal and outcome. Nurse lecturers in a study of emotional labour said they liked to share stories about their experiential learning in practice and felt this helped the student nurse in turn to learn from their clinical experiences. Storytelling has long been recognised and used to create mutual understanding and simulate meaningful learning (Benner, 2000; Schwartz & Abbott, 2007). In terms of being visited in practice, a 'good' link lecturer, the student nurses said, was informal and friendly (Gray, 2012, p. 63). Informal, friendly and storytelling as a combination could be interpreted as a socially orientated visit, rather than one focused on pedagogical interaction that challenges the student nurse to move forwards in their zone of proximal development (Daniels, 2005). The friendly, informal and unchallenging approach appears to be favoured by student nurses (Brown et al., 2005; Gray, 2012). From Bandura's perspective the role model for good practice provided by the link lecturer being cognitively unchallenging is worthy of attention (Nevid, 2011). Student numbers have increased, subsequently so have the amount of practice

placements covered by each link lecturer in universities that use this system to address the requirements of the SLAiP standards (NMC, 2008b). This challenges the view that the link lecturer can facilitate meaningful reflection for each student, whether pedagogically challenging or not. Meanwhile, there does not appear to be an evidence base to support the notion that a link lecturer can facilitate reflection on nursing practice in the practice setting, via what is consistently reported as an inconsistently implemented role (Day et al., 1998; Grant et al., 2007). Apart from establishing if a link lecturer visit is the best way to facilitate reflection on nursing practice, there is academic debate about reflective practice, what it achieves, and how it is best facilitated (Eraut, 2004; White, Fook, & Gardner, 2006).

Interestingly in the SLAiP standards the NMC expect the practice teacher (who has a hands-on remit in practice) to:

'enable students to relate theory to practice whilst developing critically reflective skills'

Domain 2 (NMC, 2008b, p. 23)

While the outcome expected for the 'teacher' (the link lecturer with no hands-on remit in practice) is:

'promote development of enquiring, reflective, critical and innovative approaches to learning'

Domain 2 (NMC, 2008b, p. 26)

The difference between these NMC directives in the SLAiP standards is subtle but indicates that a hands-on role in practice is better aligned with linking theory to practice through reflection in the clinical practice setting. This makes sense in terms of the practice teacher having legitimate access to patients' medical and nursing records. It also makes sense as the link lecturer role does not lend itself to the supervision of practice that Allan et al. (2008, p. 550) identify can 'foster emotional intelligence, responsibility, motivation and a deeper understanding of patient

relationships'. The subtle difference in NMC directive for the 'practice teacher' and the 'teacher' (lecturer) (ibid), contributes to the confusion that surrounds the contribution of the link role, and the argument for or against practice placement visits (O'Driscoll et al., 2010; Price et al., 2011).

2.9 Development of practice-based staff

The heads of service and dean of faculty participants in the ENB study reported by Day et al. (1998, p. 5) supported retaining the link lecturer role to provide 'sustained and structured support' for practice-based staff. Defining sustained and structured support, however, in tangible terms is not easy. Another recommendation from Day et al. (1998, p. 6) was that the link lecturer should be utilised 'predominately to support and ensure information exchange with the practice staff'. As with other recommendations from the ENB study, there must have been an underlying assumption that strategic management could rectify inconsistent implementation of the role. In the absence of this happening (Fisher et al., 2012) there appears a flaw in the recommendation that the link lecturer be responsible for ensuring information exchange with practice-based staff. In light of technological advances since the recommendations from the ENB study there are more robust, less labour intensive ways of ensuring that practice-based staff can access current information. This, however, does not deter dialogue about the link lecturer being a source of information, support and advice for practice-based staff (McSharry et al., 2010; Meskell et al., 2009).

Activities identified by Grant et al. (2007, p. 1) in relation to the link lecturer contributing to the development of practice-based staff were 'education, practice development, staff development and communication and liaison'. Some researchers (Brown, 2006; Hartigan et al., 2009), suggest that skills like questioning nursing practice and encouraging nurses in practice to do the same, puts the lecturer in an optimal position to influence standards in practice. It could, however, be argued that all nurses are accountable for their own professional development, and that the presence or absence of a link lecturer should not affect this (NMC, 2008a). It is important to recognise that clinically-based nursing staff are increasingly educated to

at least undergraduate degree level, aware of the concept of evidence-based care and obligated to align their practice to it (NMC, 2008a). Nurse lecturers as part of their link role are also expected to contribute to the mentor preparation, assessment, annual update and triennial review (NMC, 2008b). In many universities responsibility for annual updates and triennial reviews falls to the allocated link lecturer for the practice area in which the mentor works. The link lecturer's support role for mentors is aligned with ensuring they achieve and retain mentor status. Meantime, making sure that practice-based staff are up to date with current changes in clinical practice is arguably their own professional, ethical and moral responsibility (NMC, 2008a).

2.10 Development of nurse lecturer

2.10.1 Clinical competence

Day et al. (1998) appear to have assumed at the outset of their study that clinical competence could be retained via the link lecturer role. Clinical competence is associated with being able to carry out nursing care. In her seminal work in the 1980's on the 'novice to expert' continuum, Benner (2000, p. 25) suggested that competence is achieved after 'two or three years' of 'being in the same or similar situations'. At the expert end of the continuum the nurse would be consciously aware of planning nursing actions with a focus on 'long-term goals' (Benner, 2000, p. 25). All of the participants from the adult nursing programme, in the ENB study carried out by Day et al. (1998) felt that link lecturers 'should have a degree of clinical competence' (Aston et al., 2000, p. 184). Defining a degree of competence is problematic. Lecturers who want to retain clinical competence and credibility or 'currency' as Fisher (2005) called it, may be demonstrating that they want to hang on to what Wray & Wild (2011, p. 5) called their 'origin as nurses'. Wray & Wild (2011) during their one week in clinical practice were under supervision at all times and although they clearly enjoyed their week neither claimed to be clinically competent at the end of it. This implies that the teaching role of the nurse lecturer is not dependant on current clinical competence.

2.10.2 Clinical credibility

Day et al. (1998, p. 3) suggested the prerequisites for clinical credibility are 'up to date knowledge of practice developments' and acting 'as a consultant to practice staff in relation to education and research'. There is, however, no agreement on what clinical credibility is or how it can be maintained (McSharry et al., 2010). Ousey & Gallagher (2010, p. 663) in a literature review (1996 to 2008) suggested that the endless discussion about the link lecturer maintaining clinical credibility was a 'self-inflicted wound'. Their claim was based on evidence that comparable professions were not as preoccupied by clinical credibility as the nursing profession (Ousey & Gallagher, 2010, p. 663). Fisher (2005) referred to clinical credibility as an ill-defined 'currency' often talked of synonymously with hands-on care (Day et al., 1998), while Grant et al. (2007, p. 37) vaguely defined it as 'being viewed as trustworthy and reliable within the clinical setting'. Ousey & Gallagher (2010, p. 662) say judging someone as clinically credible is subjective; more importantly they suggested that clinical credibility is not necessary for the facilitation of practice-based learning, unless it can be translated 'into tangible benefits for students'. It appears that link lecturer clinical credibility and resultant student nurse benefit are both 'messy objects' Fenwick (2001, p. 79) in that they are hard to define.

Ramage (2004) states that clinical competence is an attribute that other people perceive. A student nurse, for example, might perceive their mentor as clinically credible. Student nurses, however, have been reported as saying the best link lecturers are friendly and informal when they visit practice (Brown et al., 2005; Gray, 2012). This leaves a question about what the student nurse might perceive as credible. The seven student nurses in the study by McSharry et al (2010, p. 191) 'had a high opinion of lecturer's credibility'; this was neither defined as academic or clinical credibility. If the link lecturer role is seen as a route to maintaining clinical competence and/or credibility, and if these are achievable and necessary attributes then implementation of the role it is suggested would need to be consistent not ad hoc (Ousey & Gallagher, 2010). In relation to nurse education, Ousey & Gallagher (2010) say it is more important that the nurse lecturer be professionally competent and credible. Meanwhile, Price, et al. (2011) suggested the contemporary nurse

lecturer should be academically competent and credible, while the mentor who supports and assesses the student nurse in practice should be clinically competent and credible. Professional competence is a prerequisite for maintaining professional nursing registration. The professional expectation of all nurses is that they be competent to meet the demands of the post they hold and engaged in life-long learning (NMC, 2008a). Academic competence is increasingly important in nurse education. The link lecturer is expected by the NMC in the SLAiP standards to engage in continuing professional development with a focus on nursing practice:

'focus on the practice aspects of their roles and ensure their knowledge of practice is contemporaneous'

(NMC, 2008b, p. 40)

This indicates that it is necessary for the link lecturer to achieve clinical and academic credibility. It could, however, be argued that the 50:50 divide of student nurses time between the university and practice setting (NMC, 2010) is designed to allow access to practice-based staff who are clinically credible and university-based staff who are academically credible. It is perhaps more important that attention be paid to ensuring that student nurses become clinically competent and credible as practice-based nurses of the future (RCN, 2012).

2.11 Development of the practice placement

In the ENB study the link lecturer was seen as responsible for supporting and developing practice-based research and improving the clinical learning environment (Day et al., 1998, p. 5). The researchers did not indicate how this could be achieved by lecturers not based in practice (ibid). The link lecturer generally has responsibility for contributing to the biennial educational audit of their allocated clinical practice placements (NMC, 2008b). Ousey and Gallagher (2007, p. 201) call this a 'gatekeeper' function of the link lecturer role that ensures the on-going quality of a clinical learning environment. Educational audits are completed after discussion and interpretation of, and trust in, feedback from practice-based staff. It is also done

through professionally informed interpretation of the student nurse evaluation of practice placements. In the SLAiP standards the NMC expects the link lecturer to:

'lead, contribute to, analyse, and act on the findings of evaluation of learning an assessment, to develop programmes'

Domain 8 (NMC, 2008b, p. 28)

The extent to which these activities can be defined as developing practice-based research and improving the clinical learning environment as suggested by Day et al. (1998, p. 5) is questionable.

2.12 Impact on patient care

Day et al. (1998) were concerned that ad hoc implementation or the absence of a link lecturer role would have a negative impact on the quality of patient care. If this concern was justified, ad hoc implementation of the role might have drawn attention in the recent Mid Staffordshire independent public enquiry and report (Francis, 2010, 2013). This enquiry investigated higher than normal mortality rates and claims of appallingly inadequate health care delivery between 2005 and 2009. The Francis Report (2010, 2013) made several references to the absence of a learning culture whereby qualified nurses were not encouraged or supported to attend additional educational training. The report, however, made no mention of the link lecturer role, or of student nurses in relation to apportioning blame for poor standards of care. The recommendations of the Francis report suggest that student nurses in the future spent at least 3 months 'working on the direct care of patients under the supervision of a registered nurse' and that 'satisfactory completion of this direct care experience should be a pre-condition to continuation in nurse training' (Francis, 2013, p. 105). This plan has caused controversy (Triggle, 2013a) despite which the Prime Minister supports its implementation (Triggle, 2013b), and plans for a pilot study are underway (HEE, 2013). Meantime, the RCN have highlighted shortcomings in the plan and do not support it (RCN, 2013a). Medicine and other allied health professions do not require potential candidates to have work experience of this kind, while importantly, Neilson and McNally (2010) highlight that hands-on patient care

does not necessarily attract school leavers, and therefore potentially other age groups into the nursing profession.

The Francis report highlights two issues in relation to the link lecturer role. Firstly the link lecturer role existed between 2005 and 2009; during this time student nurses were attending clinical practice placements in a teaching hospital that has since been exposed as delivering inadequate care (Francis, 2010, 2013). If the existence of a link lecturer role impacts on patient care there is a lack of evidence that it had any impact on ensuring the delivery of safe effective patient-centred care in Mid Staffordshire between 2005 and 2009. Secondly, the presence of the link lecturer role in the SLAiP standards (NMC, 2008b) implies it is important to practice-based learning. This appears incongruent with the suggestion that pre-student nurse of the future should 'spend 3 months in practice under the supervision of a registered nurse' presumably who has mentor status, while the link lecturer's role in this plan is not mentioned (Francis, 2010, 2013).

In a qualitative case study (1999 to 2002) that included eleven survey questionnaires and fourteen interviews with student nurses Gray (2012) claimed that informal pastoral support from a link lecturer while 'fostering reflective learning' helped student nurses understand their feelings and develop 'emotional labour' skills. 'Emotional labour' he defined as the regulation of emotions in order to deal with other people's feelings while demonstrating care and offering support (Gray, 2012; Smith & Gray, 2001b). Developing these skills Gray (2012) suggested, was essential to the creation of caring therapeutic and professional relationships and would have a therapeutic effect on patients. Gray (2012, p. 63) claimed that without a link lecturer visit at least every four weeks the student nurse could have escalating emotional worries resulting in 'subsequent poor practice'. These claims (ibid) about the potential impact of the link lecturer role on patient care are not substantiated by the Francis report (Francis, 2010, 2013). Interestingly, however, in terms of developing emotional labour skills the student nurses said that they gained support and insight through informal storytelling with their peers and mentor as well as their link lecturer (Gray, 2012). This seems to suggest that although the link lecturer can facilitate the

development of emotional labour skills, so can others already in the clinical practice setting. The concept of situated learning as a legitimate peripheral participant (Lave & Wenger, 2003) resonates with the suggestion that the student nurse learns through discussing their experiences with others in a community of practice (Wenger, 2007).

2.13 Strategic management

Day, et al., (1998) in recognising implementation difficulties with the link lecturer role, suggested it was urgently in need of strategic management. They suggested three separate strategic management approaches; an integrated ad hoc model, a segregated model and an integrated managed partnership model (Day et al., 1998, p. 5). Adopting the integrated managed partnership model was the researchers' recommendation. The first of the three models suggested was the 'integrated ad hoc model'; essentially this was a do what we have always done approach (Day et al., 1998, p. 5). The researchers claimed that this approach attempted to maintain the link between the university and clinical practice placements despite evidence that implementation, monitoring and management were problematic (Day et al., 1998).

Their second suggestion was the 'segregated model' this the researchers claimed would separate 'theory from practice' (Day et al., 1998, p. 5). What they meant by separation is not clear, though there was by that time geographical separation between the university and clinical practice settings. Separation appears to indicate redundancy of the link lecturer role, though the researchers do not say this (ibid). Day, et al. (1998) claimed that the segregated strategic management approach would be financially beneficial, which seems logical in terms of the lecturer's time, travel and telephone calls. There was, however, concern that a segregation management approach for the link lecturer role would result in a 'poorer quality of education' for the student nurse (Day et al., 1998). This concern implies the link lecturer impacts on pedagogical quality; presence or absence of the link lecturer, however, does not appear to have been correlated with poor attrition rates or poor exam results. In addition the researchers (ibid) argued that segregation would place additional pressure on practitioners and impact negatively on the quality of patient care.

The third and final strategic management model suggested was the one favoured by Day, et al. (1998, p. 5); the ‘integrated managed partnership model’. The ‘integrated managed partnership model’ it was suggested would have a clearly agreed management structure and involve ‘preparation, development, support, monitoring, and evaluation’ of the link lecturer role. This model Day et al. (1998) suggested would involve individual universities being responsible for developing local policy, implementing and monitoring it. It would also involve the university employing a member of staff to oversee the link lecturer role. The recommendations of Day et al. (1998) appear to have resulted in change. At the university where my research took place local policy takes the form of link lecturer standards that align with the NMC (2008b), while the person employed to oversee implementation of these is a senior lecturer. The integrated managed partnership approach it was claimed would have most cost benefits (Day et al., 1998). How this approach would be cost effective is not clear, particularly as many nurse education providers both then and now provide practice placement visits. Visits are an expensive commodity: the geographical distances covered for rural visits can be vast. In the university were my research took place some visits involve a ferry ride to islands off the coast of Scotland. Fuel costs and subsequently travel expenses have escalated since the ENB study recommendations. Despite changes in the administration of the link lecturer role since the ENB study, in subsequent literature, there is evidence of all three strategic management approaches suggested by Day et al. (1998) being used.

In the context of my study strategic management seemed worthy of further exploration as the problems that led to ‘strategy’ being discussed in the first place have not gone away; the link lecturer role remains dysfunctional (Fisher et al., 2012). Rumelt (2011) defines strategy as either good or bad and suggests that a ‘good strategy’ requires resources and coherence of purpose. Conversely he defines a ‘bad strategy’ as lacking a clear focus on the end product. There is a wealth of evidence that demonstrates tension for the nurse lecturer faced with managing time (key resource) for the competing demands of their university-based role and their practice related role (Rumelt, 2011). In addition there continues to be a lack of a workable description for the link lecturer role (coherence) a persistent vagueness in relation to

its purpose (the service gap the role fills) and importantly its effectiveness (the end product) (Fisher et al., 2012; O'Driscoll et al., 2010). From Rumelt's (2011) perspective these factors evidence bad strategy. In the context of looking for resolution to these issues, I was interested in Rumelt's (2011, p. 34) advice that it is important to recognise the distinction between 'strategy and strategic goals'. These terms tend to be discussed interchangeably rather than as distinct concepts in the literature and standards that relate to the link lecturer role. Strategic goals, Rumelt (2011, p. 34) categorises as 'broad goals and affirmations of values'; this description aligns with the NMC SLAiP standards domain expectations of the link lecturer. For example:

'foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development'

Domain 4 (NMC, 2008b, p. 27)

Strategy on the other hand according to Rumelt (2011) requires coherent 'guidance on how to' achieve the strategic goals. Reducing the link lecturer role 'to a workable description' Grant, et al., (2007, p. 67) suggested had not happened. Recent studies indicate that this situation has not changed (Simpson, 2009). Simpson (2009) carried out focus groups with a total of 17 link lecturers as part of a wider study exploring learning in practice in three separate schools of nursing in Scotland. Nurse lecturers in each school of nursing said they lacked clarity in relation to their link role (ibid). In a larger study carried out in Ireland by Meskell, et al. (2009, p. 786) to explore the nurse lecturer's role in practice, a key theme was 'lack of role definition', and a subtheme was 'need for role clarity'. This study involved focus group and individual interviews with a total of 190 stakeholders (ibid). Ultimately as with any professional role the link lecturer role needs to be translated into actions in order to be achieved (Grant et al., 2007). What Day, et al., (1998) called strategy, and what the NMC call domains and domain outcomes are 'broad goals and affirmations of values' (Rumelt, 2011, p. 34). This presents a problem for those tasked with achieving what is expected of them. Grant et al. (2007, p. 4), noted that 'without a clear purpose and

specified role activities, expectations become aspirations and the roles future and potential impact are limited'. Rumelt (2011) identifies 'good' strategy as having a clear 'how to' guide. With or without a clear how to guide for the link lecturer role there remains a fundamental question about the unique clinical, professional, pedagogical, pastoral or social gap that the role fills (Grant et al., 2007; Meskell et al., 2009).

2.14 Summary

In conclusion the literature discussed in this chapter reveals many facets of the nurse lecturer's role in clinical practice. Much of what is said about the link lecturer role aligns with the 'broad goals and affirmations of values' that Rumelt (2011, p. 34) calls strategic goals. The link lecturer role, however, lacks a clear 'how to' guide in the form of an implementation strategy. In addition, the gap that the link lecturer fills in a community of other sources of support for learning in clinical practice is unclear. The next chapter explores support for student nurse practice-based learning from the social learning theory perspectives of communities of practice and cognitive apprenticeship.

CHAPTER 3: Social learning theory

In this chapter the social learning theories of communities of practice (CoP) and cognitive apprenticeship are explored as conceptual frameworks for understanding the role of the link lecturer in supporting student nurse practice-based learning. The link lecturer is one source of support for pre-registration student nurses learning in clinical practice. Understanding how and where the link lecturer fits within the community of other sources of support is important if the role is to be mutually understood. Chapter 2 provides evidence that mutual understanding of the role is tenuous. One of the purposes of the link lecturer role appears to be provision of academic support (McSharry et al., 2010; NMC, 2008b; Price et al., 2011). Cognitive apprenticeship offers a way of understanding how this can be achieved. This chapter explores how the concepts of both CoP and cognitive apprenticeship have been used by other researchers to understand 'difficulties with theory and practice' and how students are encouraged and supported to learn in the social context of clinical placements (Cope et al., 2000, p. 852). How student nurses understand their clinically-based experience and their resultant professional, cognitive and social learning (ibid) are of particular interest. As a result my rationale for using CoP and cognitive apprenticeship as conceptual lenses through which to analyse the link lecturer data from my research is justified.

Changes in nurse education, particularly geographical distance, have challenged the maintenance of a sense of community between staff in the university and practice learning environments (Day et al., 1998; O'Driscoll et al., 2010). In the SLAiP standards the NMC demonstrate commitment to maintaining an integrated approach to support for practice-based learning (NMC, 2008b), thereby encouraging a sense of community. The NMC state that the 'quality and nature of support for learning and assessment in practice' contributes to producing student nurses who are fit for practice at the point of registration (NMC, 2008b, p. 5). Nurse lecturers no longer have a role in assessing the student nurse's practice-based progress, but are expected to contribute to the quality of their clinical learning experience. How they achieve this in a meaningful and time efficient way is not clear despite the SLAiP standards

(NMC, 2008b, p. 40) suggesting that it can be achieved within 20% of the nurse lecturer's time.

Eraut (2000) highlights that different things are learned in different ways, and that what is learned is dependent on context and culture. Learning in a practice placement involves the student nurse integrating into various nursing and multidisciplinary teams, working with real patients as opposed to mannequins (Cope et al., 2000) and learning to manage both their own and other people's communication and emotions (Gray, 2012). Clinical practice according to Cope et al. (2000, p. 850) is a 'complex social and cognitive experience' for the student nurse, and involves situated learning as described by Lave & Wenger (2003) in a community of practice (Wenger, 2007). CoP and cognitive apprenticeship theory have been used to explore support for medical and nursing students while they are in clinical practice placements (Cope et al., 2000; Spilg et al., 2012; Stalmeijer et al., 2009). This led me to consider the usefulness of these theories for exploring the link lecturer role.

3.1 Communities of practice

Wenger (2007, p. 4) assumed that social beings are encouraged to learn in communities of practice (CoP) with 'respect to valued enterprises'. The valued enterprise of interest in this context is support for student nurse practice-based learning. The CoP of interest is one that includes practitioners who support learning in clinical practice. This clinically orientated CoP and its enterprise was explored in relation to the competency model of learning introduced to medical education in 2005 as a result of a European directive that reduced junior doctors working hours (Spilg et al., 2012). Reduced working hours resulted in novice medical students having less time to engage with and observe senior doctors and consultants as experts in their field. Further, Spilg et al. (2012) were concerned that competency-orientated models of learning failed to acknowledge the sociocultural learning embedded in professional practices and inherent in traditional apprenticeship style medical training. Competency orientated learning emphasises the doing of tasks and mastering of skills from a cognitive behaviourist perspective (ibid). The generation of check lists for competencies the researchers suggested narrowed learner potential,

by focusing on what they called ‘the lowest common denominator’ or ‘minimum acceptable standards’ (Spilg et al., 2012, p. 1618). In addition they noted that competency tick boxes had a demotivating effect on both the novice and expert.
In the UK student nurses when in clinical practice placement have NMC competencies to achieve (NMC, 2010). As discussed in Chapter 2 interpreting the meaning of these competencies can challenge student nurses, while a link lecturer visit is perceived as an opportunity to explore how to achieve them (Price et al., 2011). The competency model in nursing education therefore has parallels to medical education. In a case study of postgraduate medical education Spilg et al. (2012) carried out 15 semi-structured interviews during 2009 with hospital based consultant trainers and junior doctors in formal medical training programmes from two UK hospitals. The research focus was the impact of social learning on the development of doctors while in practice placement. They identified that having strong bonds with and learning from others in the workplace were important from the junior doctor’s perspective (ibid).

The consultants in the study reported by (Spilg et al., 2012) discussed retrospectively their learning journey as junior doctors and identified the importance of being part of a community and learning with and from others in clinical practice. The majority of the participants highlighted barriers in the new competency orientated medical curriculum to the clinical mentor and the medical student or junior doctor meeting. One of these barriers was geographical distance, another was the medical student or junior doctor’s shift pattern. Spilg et al. (2012) highlight that these barriers made it hard to see how an educational bond could be formed between the novice and the expert. As these barriers are also familiar in the dialogue about the link lecturer role it is perhaps not surprising that forming a meaningful educational bond with a large number of student nurses in a large number of practice placements is hard to achieve (O’Driscoll et al., 2010).

Barnett, Jones, Bennet, Iverson & Bonney (2012) explored the potential of using what they called a ‘virtual community of practice’ to support trainee general practitioners (GPs) working in often isolated rural settings in Australia. The

researchers noted as did Booth, et al. (2007) that having specific goals was important, as was having a facilitator or moderator to ensure that the purpose of the community was understood. The facilitator or moderator was seen as vital to keeping the community focused on any goals set, and to ensuring that the participants felt safe and supported and were thus motivated to contribute (ibid). From a CoP perspective the lecturer employed to oversee the implementation of local link lecturer standards could be seen as a facilitator or moderator. Barnett, et al. (2012) concluded from their review of relevant literature that a virtual community of practice was useful to trainee GPs in rural clinical placements. Firstly, the virtual CoP could compensate with a sense of connectedness, the rural GP's sense of professional, structural and social isolation. Secondly, the virtual CoP was useful for sharing and developing the GP's knowledge, and for networking and mentoring. These examples of successful virtual CoPs (Barnett et al., 2012; Booth et al., 2007) could indicate a potential implementation strategy for the link lecturer role. The technology exists to facilitate the link lecturer to support students who are on clinical placement in their allocated practice areas, for example, via video conferencing. This approach, however, as highlighted earlier in relation to mobile phone text messaging or email messaging would require clarity of purpose, objective and professional boundaries. Understanding the contribution that the link lecturer makes in the clinical community that supports student nurse practice-based learning appears important in light of the controversy that surrounds it (Fisher et al., 2012). With this in mind, exploring the role from a clinical CoP contribution perspective appears logical, and has potential to reduce future duplication of effort.

3.2 Cognitive apprenticeship

The six methods of cognitive apprenticeship are detailed in Chapter 1 (1.1.3). These teaching methods align with Vygotsky's theory of socially constructed knowledge that results from talking through an issue or a critical incident with a more practiced or skilled person (Daniels, 2005). Talking about critical incidents with a consultant was noted by Spilg et al. (2012) to improve medical students' cognitive problem solving. The cognitive apprenticeship teaching methods also align with Bandura's theory of modelling observed behaviour and adapting that behaviour after feedback

from an expert (Nevid, 2011). The NMC SLAiP standards require the link lecturer to:

'promote development of enquiring, reflective, critical and innovative approaches to learning'

Domain 2 (NMC, 2008b, p. 26)

Cognitive apprenticeship has been shown to be useful as a pedagogical framework to support an interaction between experts and novices in practice (Cope et al., 2000; Stalmeijer et al., 2009). It is fair to assume, therefore, that it could be used to focus on the salient cognitive features of a patient care or academic issue that the student nurse chooses to discuss during a practice placement visit (Brown et al., 1989). If the purpose of the link lecturer is to bridge or narrow a theory practice gap then cognitive apprenticeship offers a potentially useful structure for evidencing what is done and why. The cognitive apprenticeship methods were designed specifically with situated learning in mind (Collins et al., 1989). Relevant examples of how these teaching methods have been used are now explored.

Woolley & Jarvis (2007) found aligning with the methods of cognitive apprenticeship useful for guiding nurse lecturers who were teaching moving and handling skills to student nurses in a university setting. They used specifically designed training digital versatile discs (DVDs) which allowed the lecturers to make explicit the cognitive problem solving processes involved in skills acquisition and the student nurses to create and articulate meaning from the experience (ibid). Other researchers (Cope et al., 2000; Spilg et al., 2012; Stalmeijer et al., 2009) have discussed mentors facilitating learning for nursing and medical students in a clinical practice setting by using the teaching methods of cognitive apprenticeship. These examples resonate with some of the link lecturer activities that can take place on a practice placement visit, for example, academic support (Price et al., 2011), linking theory to practice (Ousey & Gallagher, 2007) and with some of the domain outcomes for the link lecturer in the SLAiP standards (NMC, 2008b), for example:

'maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals'

Domain 1 (NMC, 2008b, p. 26)

'co-ordinate learning within an inter-professional learning and working environment'

Domain 2 (NMC, 2008b, p. 26)

In a qualitative study Cope, et al. (2000) interviewed thirty student nurses. Nineteen were nearing completion of the Project 2000 course and eleven had completed the pre-Project 2000 curriculum. The researchers were interested in exploring any differences in the student nurses' experience of learning in clinical practice that might be attributed to the curriculum they followed. The student nurses reported similar experiences, which suggested that the curriculum format was not influential on their practice-based learning experience. The concept of situated learning, and cognitive apprenticeship and communities of practice theory, however, informed the data analysis in this study. The authentic context of learning in clinical placement was found to be highly significant to the student nurse's learning as was feeling socially and professionally accepted in a community of practice (CoP). Social acceptance included fitting in and feeling welcome, while professional acceptance involved the student nurse demonstrating increasing personal confidence and professional competence. Gradual acceptance into a CoP is congruent with the concept of legitimate peripheral participation (Lave & Wenger, 2003).

Interestingly the student nurses when describing how their mentor interacted with them talked about what the researchers interpreted as the use of cognitive apprenticeship teaching methods. The researchers identified examples particularly of the mentors using modelling, coaching, and scaffolding approaches, and moving student nurses' learning forward into what Vygotsky called their zone of proximal development (Daniels, 2005). The mentors, it appeared, had used these teaching methods without conscious thought in regard to aligning with a theoretical framework. The conclusion of this study was that 'explicit use of mentoring

techniques from situated learning and cognitive apprenticeship might be beneficial' (Cope et al., 2000). The researchers suggested that incorporating these methods into the curriculum could result in a more systematic approach to mentoring, and to the student nurse knowing what is expected of them. If this is the case and if the link lecturer has a role in facilitation of practice-based learning as indicated in the SLAiP standards (NMC, 2008b), then the methods of cognitive apprenticeship seem worthy of investigation in the context of this study:

'facilitate learning for a range of students, within a particular area of practice and where appropriate, encourage self-management of learning opportunities and provide support to maximise individual potential'

Competency 1 (NMC, 2008b, p. 26)

Stalmeijer, et al. (2009) used focus group interviews with sixth year medical students in the Netherlands (N = 21) in the academic year 2006 to 2007 to explore their ability to recognise the six teaching methods of cognitive apprenticeship from their own clinical practice experiences. The researchers were also interested in participants' experiences of placements in terms of a positive learning environment. Each participant attended two focus group interviews, each lasting approximately two hours. The twenty one participants were paid 'a small fee' for volunteering after responding to an email request sent out to 344 medical students (Stalmeijer et al., 2009, p. 538). As volunteers these medical students may not have been representative of their cohort. Vignettes representing the six teaching methods of cognitive apprenticeship and the contemporary learning climate were used as a starting point to encourage the participants to discuss their own experiences. The findings of this study showed that predominantly modelling, coaching, and articulation were recognised and valued in the medical students' interactions with their clinical mentors in practice placements. Scaffolding, reflection, and exploration appeared more likely to be experienced during longer placements and more likely to occur when the student was attached to one clinical mentor. The researchers suggested that the cognitive apprenticeship model was useful for teaching undergraduate medical students in clinical training. They also suggested that cognitive apprenticeship be

incorporated by the faculty into development of medical clinical mentors. Stalmeijer, et al. (2009) also suggested that the methods of cognitive apprenticeship were suitable for evaluation, feedback, and self-assessment. The participants in this study confirmed the researchers' expectations that a positive learning environment or 'climate' where the students felt socially and professionally accepted was 'strongly influential' on learning (Stalmeijer et al., 2009, p. 545). The experience of a positive learning environment appeared to come from social and professional interaction, feeling respected, and having a sense that the clinical mentor was 'genuinely interested in their practice-based learning' (ibid).

Student nurses (Cope et al., 2000) and medical students (Stalmeijer et al., 2009) were able to easily identify examples of modelling and coaching when working with their mentors in clinical practice. Nursing students (Cope et al., 2000), however, identified scaffolding while medical students (Stalmeijer et al., 2009) identified articulation as the third cognitive apprenticeship teaching method they had experienced while in placement. This may represent differences between the two disciplines or might be indicative of varying interpretation of the meaning of the teaching methods and the overlap between them that Booth, et al. (2007) highlighted. The difference between scaffolding and articulation appears to equate to the difference between doing, for example a clinical task, and being prompted to talk knowledgably about it. The medical students were aware of being increasingly confident in articulating what they were doing and why they were doing it (Stalmeijer et al., 2009). Perhaps the nursing students were more aware of scaffolding because they are aligned with a mentor who knew their developmental stage in the curriculum and worked regularly with them (Cope et al., 2000). Importantly, articulation seemed important to the medical students and was not so easily identifiable for nursing students. This might indicate a gap that the link lecturer could address with individual student nurses on a practice placement visit, or indicate an area for nurse mentor development.

The medical students tended to think of reflection and exploration in relation to preparing their professional portfolio. If, however, a mentor prompted them to reflect on or explore their strengths and weaknesses they said it was particularly useful if the

mentor also suggested ways to improve their practice (Stalmeijer et al., 2009). The medical students were also motivated if their mentor remembered to discuss the outcome of a learning task that they had set for example being prompted to look something up (ibid). Cope, et al., (2000) called articulation, reflection and exploration the more advanced learning methods of cognitive apprenticeship; the researchers suggested that nursing students were more likely to experience these as part of a conscious learning through reflection process.

CoP and cognitive apprenticeship theories have application limitations. For example, Stalmeijer et al., (2009), highlighted that learning opportunities and supervision of students have a secondary priority to fulfilling the demands of providing patient care in clinical practice. Spilg, et al. (2012) identified that face to face contact was important to the formation of an educational bond. They also discussed barriers to face to face contact that are unlikely to go away including shift patterns and geographical distance (ibid). Barnett et al. (2012) and Booth et al. (2007, p. 18) demonstrate that computer assisted technology can allow effective CoPs to exist in a predominantly non face to face format, though they recognise that having at least some face to face contact is useful. From their examples it is fair to assume that computer assisted technology may have some value in relation to the link lecturer supporting student nurse practice-based learning. Barnett et al. (2012), however, caution that in the arena of healthcare there is a lack of rigorous outcome data from CoP orientated research, as many of the studies reported are qualitative in nature and based on small participant groups.

There is no denying the importance of theoretical learning to underpin practice; Cope et al., (2000) though, urge caution in relation to assuming that cognitivist knowledge results in competence and expertise. Thus CoP and cognitive apprenticeship are attractive in the sense that they offer the opportunity to make explicit the social, cultural and interpersonal nature through which professional identities are formed while clinical skills and theoretical knowledge are developed in a clinical practice setting. In relation to the link lecturer, these theories have the potential to help locate the role within the broader context of support for practice-based learning, for

example, in terms of ability to facilitate integration and recontextualisation of knowledge and skill (Evans et al., 2010). Additionally they offer a new way to discuss the issues that concern researchers in relation to the link lecturer role, and provide alternative ways of thinking in relation to smaller teams of nurse lecturers supporting larger cohorts of student nurses in practice.

3.3 Summary

The role of the link lecturer does not appear to have been considered specifically in relation to either CoP or cognitive apprenticeship. In particular three relevant concepts of CoP have been identified in the context of this study as worthy of exploration. These concepts are mutual understanding, identity, and situated learning; these resonate with the debate about the link lecturer role. Likewise, the link lecturer role as expressed in the NMC SLAiP standards (NMC, 2008b) and discussed in the literature appears to have a pedagogical purpose. If pedagogical purpose is mirrored in practice it is fair to assume that some methods of cognitive apprenticeship will be evident when student nurses and nurse lecturers talk about the link lecturer role. In particular three relevant methods of cognitive apprenticeship, namely, articulation, reflection and exploration have been identified in the context of this study as worthy of consideration. These three concepts from CoP, and three methods from cognitive apprenticeship theory, form the basis of the conceptual analysis of the focus group data presented in Chapter 7. The next chapter outlines the methodological choices and research methods used in my study.

CHAPTER 4: Methodology

This chapter presents the methodological and conceptual framework for my research. My research aim and questions are followed by an explanation of my constructivist ontological stance and interpretivist epistemological position. The data collection, methods of analysis and methodological choices made in the research process are clearly justified (Liamputting, 2009). Carefully matching the research objective and questions to the appropriate research methodology and methods was vital to making a valid contribution to the existing knowledge base (Thomas, 2009). Relevant ethical considerations are discussed both in specific contexts and in a separate section.

4.1 Research aim and questions

Research aim

The aim of this study was to understand the purpose and objective of the link lecturer role in student nurse practice-based learning by comparing policy directive with practical application from the perspective of social learning theory.

Research questions

1. What is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards?

2. What do nurse lecturers and student nurses perceive is the purpose and objective of the link lecturer role?

3. How do nurse lecturers' and student nurses' experiences and perceptions of the nurse lecturer role, including practice placement visits, compare?

4. How congruent is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards with:
   4a. the experience and perception of nurse lecturers with a link lecturer role?
   4b. the student nurses' experience and perceptions of the link lecturer's role?

4.2 Ontology

My ontological stance is constructivist; this is congruent with my personal and professional beliefs and assumptions about the fundamental nature of the social world and its construction (Denzin & Lincoln, 2008; Liamputting, 2009). The two opposing ontological stances are constructivism and objectivism (Bryman, 2008; Liamputting, 2009). The constructivist believes that humans shape the world of social phenomena, and that meaning is fluid and continually revised and changed in the light of new understanding or knowledge (Bryman, 2008; Liamputting, 2009). The ever evolving changes and advances in healthcare and pre-registration nurse education are a good example of the fluid environment in which humans adapt and change their understanding and knowledge over time. The increasing cognitive and psychomotor skill achieved by student nurses through their clinical practice-based learning provides another example of evolving construction of understanding and meaning (Collins et al., 1989; Wenger, 2007). In contrast, the objectivist believes that the social world has an objective 'tangible reality' that is external to the behaviour and influences of the humans who observe and live in it (Bryman, 2008; Liamputting, 2009). The objectivist perspective does not fit with the stance taken in my study or with my assumptions about the nature of nurse lecturers and student nurses.

4.3 Epistemology

Coming from a constructivist ontological stance I was naturally directed to an interpretivist epistemological position. Epistemology refers to the meaning of knowledge and how it is acquired: two positions are described by Liamputting (2009) as interpretivism and positivism. Confusion exists in the research literature with different terms being used to explain the same thing, for example Creswell (2008) calls the two epistemological positions subjectivism and objectivism. Interpretivism (Liamputting, 2009), or subjectivism as Creswell (2008) calls it, is congruent with the constructivist ontological stance. From an interpretivist epistemological position I accepted that by the very nature of being human my interpretation of the research data would be subjective (Liamputting, 2009). Woods

(2006, p. 5) states that there is no one truth or explanation, but many 'overlapping truths operating at different levels and constantly subject to change'.

4.4 Methodology

With my ontological and epistemological stance clear, the next stage in the research process was to identify an appropriate methodology. Methodology is defined by different terms in the academic literature, for example, the research approach (Creswell, 2008; Gerrish & Lacey, 2010) and the research strategy (Bryman, 2008). The appropriate research methodology, be it qualitative, quantitative, or mixed methods, stems from the researcher's ontological and epistemological position, and from a particular paradigm and philosophical rationale (Bryman, 2008). The constructivist interpretivist stance is often, though not necessarily always, aligned with qualitative methodology (Kumar, 2008). The paradigm and philosophical rationale aligned with qualitative research is based on a belief that the world is multi-layered, complex and amenable to being viewed from different perspectives (McLeod, 2005). Qualitative research is inductive, humanistic, naturalistic, descriptive, and interested in quality rather than quantity (Parahoo, 2006). The qualitative researcher makes an exploratory investigation and generates insight and/or theory (Moule & Hek, 2011). This insight and/or theory is generated through interpretation of the characteristics of a particular individual, group or situation and often involves, as it did in my study, analysis of documents or interview data from a small sample of participants (Parahoo, 2006). The academic literature about the link lecturer role, not surprisingly is dominated by qualitative research studies (for example Allan et al. (2008), Brown (2006), and Noonan et al. (2009). Qualitative methodology was a logical and appropriate choice for my research study as it aligns with my understanding of social reality evolving and being shaped by humans (McLeod, 2005).

4.5 Research design

My research study was carried out in 2 stages using a combination of secondary data (standards) and primary data (focus group transcripts) to address the research aim and answer the research questions.

Stage 1: The first stage of my study consisted of a critical review of professional and educational standards that influence student nurse learning in clinical practice. The sections relevant to the link lecturer role, in the following standards, were analysed:

- Nursing and Midwifery Council: Standards to support learning and assessment in practice (SLAiP) (NMC, 2008b).

- The Quality Assurance Agency for Higher Education: Code of practice for the assurance of academic quality in higher education Section 9 Work-based learning (QAA, 2007).

- National Health Service Education for Scotland: Quality Standards for Practice Placements (NES, 2008).

- Link lecturer standards from the university where the research took place.

Stage 2: The second stage of my study involved focus group interviews and qualitative questionnaires. A total of eight focus group interviews were carried out; one with nurse lecturers and one with student nurses, on each of four geographically separate sites of a Scottish university.

Two purposely-designed qualitative questionnaires were distributed and completed during the focus group interviews as a 'self-contained' method of data collection (Liamputting, 2009, p. 68). One questionnaire was designed for the nurse lecturer focus group interviews (Appendix E), the other for the student nurse focus group interviews (Appendix F). How these questionnaires were used and why is explained in sections 4.8 and 4.9.

The focus group data were analysed thematically (Braun & Clarke, 2006) then analysed conceptually in relation to three concepts of CoP and three teaching methods of cognitive apprenticeship as discussed in Chapter 1 and 3.

Communities of Practice	Cognitive apprenticeship
1. Mutual understanding 2. Identity 3. Situated Learning	1. Reflection 2. Exploration 3. Articulation

Table 1: Conceptual Analysis

4.6 Participants

The participants formed a convenience sample as they met the criteria for the study, and were easily accessible to me. The criteria required potential participants to be a nurse lecturer or final year student nurse who was willing to share their experience and perception of the link lecturer role. Selection was, however, predominantly purposive as only nurse lecturers and final year student nurses from the BSc pre-registration adult nursing programme were recruited (Parahoo, 2006). Final year student nurses were deliberately recruited as a contextually rich source of data having attended eight clinical practice placements (Macnee & McCabe, 2008). Laimputting (2009, p. 74) states that a purposive sample 'adds power' to qualitative research by asking appropriate people about an appropriate topic.

It is acknowledged that the transferability of findings of a study where participants were recruited from one university is perhaps limited (Liamputting, 2009). The university, however, was established as a result of mergers between 1995 and 2007. This resulted in the amalgamation of what were four geographically separate colleges of nursing and midwifery, into two larger Higher Education Institutions (HEIs). These two HEIs then merged and became one large university. The university is based on the four original college sites; each has a school of health nursing and midwifery department. These mergers would arguably have shaped the experience and perceptions of nurse lecturers and subsequently the student nurses they came in contact with; hence site-specific focus group interviews were carried out. I wanted to recruit nurse lecturer participants who had started working in nurse education in each of the seven organisations. Due to availability on the day, however, there was no nurse lecturer available who had worked in the original College of Nursing and Midwifery referred to in this study as Site A. This is not thought to have limited the

conclusions drawn from the data as the lecturers who did participate talked about the influence of their peers who had worked in nurse education longer than themselves. Table 2, shows the participant distribution across the four sites.

	Nurse lecturers participants			**Final year student nurses participants**		
Site	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**
A	**5**	4	1	**4**	2	2
B	**6**	4	2	**8**	6	2
C	**6**	6	0	**7**	7	0
D	**5**	3	2	**8**	6	2
Total	**22**	17	5	**27**	21	6

Table 2: Study participants

4.7 Recruitment process

Nurse lecturers on site B who met the inclusion criteria were recruited in person through informal conversations about my research and followed up by email contact (Appendix B). One nurse lecturer at each of the other three sites agreed to contact their adult field lecturer colleagues with a potential date and time for a focus group and to send me a list via email of willing potential participants. The date and time I had identified resulted in some willing participants not being available; however, given their other commitments it was impossible to change the dates without recreating the same problem for other potential participants. The participant information sheet along with the confirmed date, time and venue for the focus group interview was emailed to all the nurse lecturers who indicated they would consider taking part (Appendix A). The information sheet gave a detailed explanation of what was being asked of participants, whilst stating that taking part was entirely voluntary and they would be free to withdraw from the study at any time without consequence or need for justification (Parahoo, 2006).

I explained the research study to potential final-year student nurse participants on sites B and C, while they were in class taking a ‘research for nursing practice’ module. Due to other professional commitments and time constraints I asked the nurse lecturer on site A and D who had recruited lecturer participants for me, to explain the research study to potential student nurse participants. An explanation of

what would be involved was given to willing potential final year student nurse participants on each site. The student nurses who voiced an interest in participating were given a copy of the participation information sheet (Appendix A), and the date, time and venue for the focus group interview. I was aware that recruiting in this fairly informal way might encourage potential participants and conversely that it could leave them feeling obliged or coerced to volunteer; I was therefore mindful in my approach (BERA, 2011; Bryman, 2008; RCN, 2009; SERA, 2005).

An advantage of doing focus group interviews in this study included the ease with which I was able to recruit suitable participants. The positive research culture within the university for both nurse lecturers and student nurses, appeared to influence the enthusiasm with which my study and request for participants was met. Successful focus groups rely on the willingness of the participants to interact with each other and to engage in a dynamic discussion; finding enthusiastic participants, therefore, was important (Bryman, 2008; Coolican, 2004). The nurse lecturers who participated in this study were used to attending inter and cross-site meetings and to working together in various module and curriculum teams. The student nurse participants had been part of an active research culture since starting at the university. The enthusiasm demonstrated by student nurses in willingly sharing their time and knowledge may have been influenced by the opportunity for experiential learning which could enhance their understanding of the 'research for nursing practice' module they were undertaking at the time. Some of the student nurse participants asked questions about my methodology after the focus group interviews were complete for example:

'so, is that a qualitative study that you are doing?'

Site C, Student Nurse, Michelle

Student nurse participation may not have been altruistic, however, from a nurse lecturer perspective I was impressed by their academic interest. All the participants appeared keen to contribute to the generation of new knowledge and understanding in relation to a role that affected them, while reassuringly many commented on the

relevance of my study. Recruitment was not difficult, however, arranging a time that suited people to come together was; this is reflected in the number of nurse lecturer participants. I wanted to recruit between six and eight participants for each focus group. An upper limit of eight was set as I felt confident I could facilitate a group of this size while ensuring that each participant had the opportunity to contribute. There were however, only five lecturers available at the same time on sites A and D, and only four student nurse participants on site A because of two last minute cancelations.

4.8 Questionnaire

Both the questionnaires used in this study (Appendix E & F) were purposefully designed and consisted of qualitative open questions designed to capture information relevant to the research aim and objectives. The questions stemmed from the literature reviewed in Chapters 2 and 3. The questionnaires were distributed at the start of the focus group interview and used as described in section 4.9. The objective of using a questionnaire during the focus group interviews was to capture the participants' reflective thoughts in writing, prior to discussing them in the group. The participants were encouraged to add to their questionnaire during the focus group discussion if they wanted to. This allowed me to capture insights that participants developed during the discussions and those that they might feel reluctant to talk openly about. A key driver for using this approach was my awareness that quieter or less confident focus group participants can be overwhelmed by the more vocal ones (Parahoo, 2006). The objective of the questionnaire and how it would be used was explained in the participant information sheet (Appendix A) and at the beginning of each focus group interview (see section 4.9).

Bryman (2008) suggests there are general and specific rules that if carefully considered when designing a questionnaire will help answer research questions and avoid gathering irrelevant data. These rules include having clarity in relation to what you want to know, and avoiding ambiguous terms or questions. Bryman (2008) suggests that you ask yourself the questions to see if you answer them in the way that you expect others to. Having completed the questionnaires with this in mind, I was

aware that I might be too immersed in the topic to see any ambiguous terms or questions. I therefore, piloted and discussed the questionnaires with one nurse lecturer (Appendix E) and one final year student nurse (Appendix F); minor adjustments were made in response to their feedback. The nurse lecturer and student nurse who assisted with the piloting process did not participate in the focus groups. Piloting and refining the questionnaires ensured they were fit for purpose in relation to addressing the research aim and questions (Gomm, 2008; Howitt & Cramer, 2011). I printed the questionnaires and consent forms on eight different colours of paper, one colour per focus group; this allowed me to identify with ease the appropriate participant data at the analysis stage of the study.

4.9 Focus group interviews

The focus group interviews lasted between sixty and seventy-five minutes, and were facilitated by myself on each of the four university sites. Each focus group interview was recorded using digital audio and video equipment for data analysis purposes. The audio recording was merely a 'belt and braces' strategy in case the video recording equipment failed. None of the participants voiced concern about the use of recording equipment. This was perhaps because they were used to being video recorded when working in the simulated clinical environment in university.

Prior to each focus group interview I prepared the room, the equipment and myself. The rooms used on each university site provided a suitable, quiet, and private environment. The chairs were arranged in a circle to reduce any sense of a power agenda and so that each person was visible to the others (Barbour, 2008). It was important that the participants could comfortably write their responses on the questionnaire therefore I supplied folders for them to lean on. Refreshments were provided to encourage a relaxed, trusting and socially conducive environment. The digital audio and video recording equipment were checked to make sure it was working. To prepare myself, I reread the focus group interview guide, which I then used during the interview to keep me focused (Appendix D). I made field notes in my research journal before, during (while the participants were writing their

answers) and immediately after each focus group to capture my thoughts (Streubert & Carpenter, 2011).

The participants were welcomed individually on arrival. When all were seated they were welcomed again as a group and thanked for contributing their time and knowledge (Barbour, 2008). The participants were reminded that the focus group interview would last no longer than seventy-five minutes (Howitt & Cramer, 2011). They were also reminded that the interview was being audio and video recorded for data analysis purposes (Thomas, 2009). I adopted a calm tone and open posture to convey verbally and non-verbally my appreciation of the participants' contribution, to encourage group interaction and to reduce the chances of anyone feeling intimidated (Gerrish & Lacey, 2010; Gomm, 2008). The participants were informed that participation was voluntary and that they could withdraw from the study at any point up until the data were anonymised in my analysis process. Verbal consent was re-established and written consent completed (Appendix C) prior to the focus group interview starting (Bryman, 2008). Any questions were answered to ensure that the participants were making an informed choice to carry on (Aston et al., 2000; BERA, 2011; RCN, 2009). None of the participants withdrew consent at any point during the study. Any necessary introductions were made; this was particularly important on Sites A, C and D where the student nurses did not know me. The purpose of the study as part of my Doctorate of Education was explained (this reiterated the information already supplied to the participants in the information sheet (Appendix A).

To start the interview process the participants were asked to write their answer to the first question on their questionnaire sheet; once they had completed this they were invited to discuss their response in the group. This generated relevant, interesting and fairly focused dialogue. I facilitated the discussion between the participants and listened carefully to their experiences and perceptions. The discussion in each group flowed with ease and when the discussion of each question was exhausted I asked any participant who had not spoken or not spoken much, if they had anything they wanted to add (Howitt & Cramer, 2011). During the discussions I paraphrased what

they were individually saying in order to make sure I was interpreting their meaning appropriately (Bryman, 2008). Paraphrasing happens when what someone has said is reworded and offered back to them for clarification (Hough, 2012). Before moving on to the next question I also summarised what they had said collectively. Hough (2012) highlights that the skill of summarising lies in being able to reflect accurately what an individual or a group has said. I sought confirmation from the participants that I had paraphrased and summarised accurately before moving on to the next question. This approach added to the trustworthiness of the data collected and helped my analytic process. It is, however, acknowledged that participants might have been reluctant to disagree with my interpretation of what they said.

Each question was addressed in the same way; the participants wrote their response individually and thereafter a discussion was facilitated. The questionnaire provided a useful structure, however, the participants were not discouraged from discussing other related issues as they arose as I was aware of the potential to find out something unexpected and valuable (Streubert & Carpenter, 2011; Thomas, 2009). Bryman (2008) highlights the importance of flexibility in order to explore unexpected contributions to the discussion. After the last question was answered, I asked if anyone wanted to add anything else that they thought was relevant; this was more fruitful in some groups than others. I noticed that the quieter participants often spoke at this point and that they appeared to use their questionnaire to support this last minute sharing, for example they would say 'I also wrote ---'.

At the end of each focus group interview I was confident that the participants had nothing else they wanted to share. By the end of the last focus group interview I was confident that I had gained a rich and meaningful understanding of the research phenomenon and achieved saturation in terms of the data collected (Macnee & McCabe, 2008; Streubert & Carpenter, 2011). Regardless of the topic not being particularly sensitive, the participants were asked to treat and respect what had been discussed in the group as confidential (Fereday & Muir-Cochrane, 2006). I was, however, aware that human nature was out of my control and they may discuss the process and experience with each other and others outside of the group (Gomm,

2008). I was satisfied that all the participants are guided by the NMC Code (NMC, 2008a) in regard to confidentiality and were therefore professionally aware of the sensitivities involved in sharing information.

Barbour (2008) talks about the cathartic effect that focus group discussions can have, and interestingly some nurse lecturers said they had found it useful to have an opportunity to discuss a specific aspect of their work with a group of their peers. As previously highlighted some of the student nurses asked questions about the research process and methodology; they also appeared to value the experiential learning that being a participant had given them.

Using the questionnaire worked particularly well with the student nurses, who responded positively to the approach, perhaps because they are used to and expect structure when they are in university. The general feedback in relation to using the questionnaires was encouraging. Some lecturers said they appreciated having a 'few minutes of reflection' while writing their answer, as this helped them to 'stay on track' during the subsequent discussion. During the focus group interviews I witnessed participants looking at their questionnaire during the discussion, as if orientating themselves and thinking about what they had written. Streubert & Carpenter (2011) highlight the importance of participants playing an active role in the research process. The questionnaire, though not designed with this in mind, did result in some of the participants (both nurse lecturers and student nurses) reporting a feeling of joint responsibility to make sure the questions were answered. I also witnessed participants sharing what they had written on their questionnaire and then as the subsequent discussion unfolded writing down something more. Thus social interaction appeared to allow them to probe each other's understandings and qualify or modify their own understandings as a result (Bryman, 2008; Streubert & Carpenter, 2011). These shared and sometimes modified understandings, or collectively constructed meanings would not have been accessible in individual interviews (Gomm, 2008; Green & Thorogood, 2005).

I emailed each participant within 24 hours of the focus group interview, to express my gratitude to them for contributing and to remind them that they could contact me with any additional information that they thought would be useful to my study aim. Many of the participants emailed me back with kind encouragement, and to tell me they thought my study was relevant and interesting.

4.10 Transcription

I transcribed each of the focus group recordings verbatim into Microsoft Office Word documents. Transcribing was an arduous and time-consuming task, made more difficult when more than one person was speaking at a time (Howitt & Cramer, 2011). The transcription process, however, allowed me to become very familiar with the data. This familiarity allowed me to make tentative and intuitive analytic observations of common themes and differences in what the nurse lecturers and student nurses as two homogenous groups had said about the same phenomenon (Gomm, 2008; Howitt & Cramer, 2011). The video recording was particularly helpful for reliving the focus group experience while transcribing, and for identifying easily who was talking. Maintaining participant confidentiality and anonymity is a challenge in a study where the population is small, i.e. nurse lecturers and student nurses from one university (Parahoo, 2006). It is likely, particularly at site level, that other staff and students would know who was interviewed as the focus groups took place at the university (Bell, 2010). It is also possible that the specific opinions of individuals might be recognisable, despite me being particularly mindful of respecting and protecting anonymity and confidentiality in my discussion of the research findings; I am aware that this might have affected what participants were willing to share (Bryman, 2008). In the verbatim transcripts, this thesis and in any subsequent publications a pseudonym has replaced each participant's name. If a participant mentioned a specific person or clinical practice area this was removed from the transcript and replaced with a code. Only anonymous data were shared with my academic supervisors. In any publications from my research study the use of pseudonyms and codes will continue (Thomas, 2009).

4.11 Ethics

4.11.1 Managing and storing data

The consent forms (Appendix C) and interview questionnaires (Appendix E & F) were stored in a locked filing cabinet for the duration of the study and subsequent thesis and publication writing. The software programme NVivo10 was used on a password protected laptop computer used only by myself specifically for this research study (Streubert & Carpenter, 2011). NVivo10 provided a container to store, effectively manage, synthesise and analyse all the project materials (Silver & Lewins, 2009). These materials included academic literature, policy and standards documents, the digital audio and video recordings and the transcriptions of the questionnaires and focus group interviews. The functions of NVivo10 took time to master; however, they were extremely useful in allowing me to make credible sense of a vast amount of data and to have a clear audit trail (Silver & Lewins, 2009). The focus group transcriptions and recordings will be safely destroyed once the thesis and subsequent writing for publication are completed.

4.11.2 Ethical principles

The ethical principles of the Royal College of Nursing (RCN), The Scottish Educational Association (SERA, 2005) and The British Educational Research Association (BERA, 2011) informed this study. Ethical approval was gained from the University of Strathclyde as my research study was carried out as part of the Doctorate of Education programme through the School of Education. The university where my research study took place also granted ethical approval. I submitted my research proposal to both organisations and was aware that it should encompass generally agreed ethical principles (Moule & Hek, 2011). Bowling (2009) highlights that an articulate and well-presented proposal is a prerequisite for a credible piece of research. My research proposal detailed and justified the research gap I had identified and the research choices I had made, it also explained my academic, personal, and professional interest in the proposed research (Bryman, 2008; Kumar, 2008).

I am confident that I conducted myself as a researcher in an 'ethically self-conscious' way by carefully considering my responsibilities in the research process from a

professional and educational perspective (Wood, 2006, p. 5). As a nurse lecturer and insider researcher I was already embedded in the social, cultural and historical discourse of the nursing profession and nurse education. In my critique of the discourse of the standards this allowed me to bring an experientially rich insight to my interpretation of the standards in terms of what the reader is 'called upon to subscribe to' (Locke, 2004, p. 54). On the other hand I was aware that I could be blind to alternative interpretations. The benefits were deemed to outweigh the potential limitations of this, and academic supervision from non-nursing professionals was used to challenge and explore my observations and assumptions.

The participants in this study were recruited in a fairly informal way, I was aware that this could lead to participants feeling obliged or coerced to volunteer and was therefore mindful in my approach (BERA, 2011; Bryman, 2008; RCN, 2009; SERA, 2005). I was also aware as an insider researcher that participants might contribute in a way that they felt was appropriate rather than feeling safe to share their experiences and perceptions (BERA, 2011; RCN, 2009; SERA, 2005). This awareness reminded me to articulate clearly both in the information sheet (Appendix A) and in person that I was open and receptive to hearing about the link lecturer role from a positive or negative perspective. The participants were assured that the information they shared with me would be treated with respect and made anonymous in my thesis and any further publications. Laimputting (2009) highlights the need to respect the participants and take seriously what they have to say; this is something I strive to do both personally and professionally. I was, however, aware that some of the participants did not know me (student nurses on three of the four university sites), and this might affect their perception of me. I was also aware of my dual identity as a researcher and nurse lecturer, and wanted to provide a positive role model for good research practice. The British Educational Research Association (BERA) highlight the importance of being aware of having a dual role and the potential impact this can have on participants (BERA, 2011, pp. 25-26).

Providing a comprehensive information sheet (Appendix A) and time to consider this before agreeing to take part helped ensure that the participants understood that what

they contributed was voluntary and they could withdraw during the study without consequence or a need to explain their decision (Parahoo, 2006). The participant information sheet gave a detailed explanation of what was being asked of the participants and explained why the focus group interviews were being recorded. The safe storage of the research data has already been discussed.

4.11.3 Credibility

For the findings of a research study to be credible the researcher must ensure that the findings are truthful and trustworthy (Streubert & Carpenter, 2011). To achieve this I have provided evidence of rigour in relation to the consistency with which both data collection and data analysis were carried out in my qualitative research (Macnee & McCabe, 2008). Rigour in qualitative research is evident by the way in which the researcher demonstrates integrity, competence and legitimacy (Liamputting, 2009). The focus groups were run in a systematic and consistent way, and the process of verbatim transcription was methodical and rigorous. Field notes were recorded before, during and immediately after the focus group interviews, thus capturing my thoughts at the time by using reflective skills. These field notes were a valuable tool in my analytic process and as an aide memoire. My field note journal was also used to record my developing understanding of the literature, standards and focus group data, and to record my thoughts during and after my supervision sessions. Reflection according to Hough (2012) is concerned with fact, and therefore congruent with representing the data truthfully.

My approach to analysing the secondary and primary data is clearly explained and justified. NVivo10 provided an audit trail of my data analysis. Using a systematic thematic analysis approach provides evidence of rigour (Braun & Clarke, 2006). The combined application of thematic analysis and use of NVivo10 is explained in sections 4.12.6 and 4.12.7 (Howitt & Cramer, 2011). Macnee & McCabe (2008) highlight the importance of building a trusting and meaningful relationship with the participants; the encouraging emails I received from various participants appeared to be evidence of achieving this. I conscientiously engaged in paraphrasing and summarising during the focus group discussions to consistently ensure that I

understood what was being said (Liamputting, 2009). I feel confident that I have interpreted both the primary and secondary data in a truthful and trustworthy way; Bryman (2008, p. 34) refers to this as 'confirmability'. I reflected on my own experience and perception of the link lecturer role, this enhanced my ability to be alert to any personal bias, and to present fairly my research conclusions (RCN, 2009). Research supervision provided a forum for ensuring that my research process was transparent (Macnee & McCabe, 2008). Secondary analysis by an independent researcher would have increased the credibility of the findings; this, however, was not possible in the context of this study, which was time limited with no research budget to pay for further analysis (Parahoo, 2006). I acknowledge that no matter how credible the findings of this study are, I can only draw conclusions from the data given by a specific group and this may or may not represent the wider population. The findings of this study, however, are potentially transferable, and offer a new way of looking at a phenomenon that has been discussed at length in the literature (Macnee & McCabe, 2008).

4.12 Research methods

4.12.1 Stage 1: Critical review of standards

Critical discourse analysis (CDA) (Howitt & Cramer, 2011, p. 358) and Scott's guidance on 'educational literacy' and 'reading educational policy' (Scott, 2000, p. 1) were influential in my critical review of the professional and educational standards. The standards were systematically read, and re-read; this iterative process increased my familiarity with policy and governance influences on the link lecturer's role. Scott's 'continuums' were used to guide my critical analysis, and allowed me to understand the construction of the standards (Scott, 2000, pp. 17-19).

4.12.2 Critical discourse analysis (CDA)

Locke (2004, p. 5) defines discourse as 'a coherent way of making sense of the world' while Fairclough (2010, p. 3) describes it as a 'popular view of language' and its interconnection with the social world. Discourse can be used by a profession or organisation to 'institutionalise and regulate ways of talking, thinking and acting' (Wodak & Meyer, 2009, p. 35). Aligning with a CDA approach in this study

facilitated analytic interpretation of meanings within the discourse of professional and educational standards relevant to the link lecturer role, that might otherwise have been ‘opaque’ (Locke, 2004, p. 1). Exploring the link lecturer role from a policy perspective also involved observing for evidence of interconnection between the professional and educational standards, and between the NMC SLAiP standards (2008b) and their origins. Interconnection in this sense could be defined as the ‘co-production of meaning’ (Howitt & Cramer, 2011, p. 336). CDA is particularly associated with recognising and making explicit latent power that can result in advantage for some and disadvantage for others (Howitt & Cramer, 2011; Locke, 2004). Bryman (2008, p. 291) cautions that interpretation of latent content can result in ‘invalid conjecture’; I therefore, exercised caution in any inferences I made.

CDA is not a unique research method; rather, it is a scholarly orientation (Locke, 2004), a perspective (Phillips & Hardy, 2002) or an approach (Kennedy & Doherty, 2012). There are many versions of CDA involving different levels of complexity in relation to analysis (Gee, 2005; Locke, 2004; Machin & Mayr, 2012). A criticism of CDA is that it leans more to interpretation than analysis (Machin & Mayr, 2012). This positivist criticism could be seen to apply to my critical review the SLAiP standards discourse. The approach I used, however, went further than mere interpretation of meaning and aligned with the critical analysis element of CDA to tackle the important task of seeking to make transparent, that which was hidden from obvious view within the text of the standards (Locke, 2004).

4.12.3 Educational literacy

Scott claims that ‘educational literacy’ and skilled reading of ‘educational policy’ (Scott, 2000, p. 1) allows the reader to ‘demystify the process of knowledge development’ and to understand the construction and presentation of policy documents. In turn, he says, this has the potential to transform how a reader understands practice issues (Scott, 2000, p. 2); this aligns with the ‘revelatory’ potential of CDA (Locke, 2004, p. 2). The concept of ‘transformed’ or ‘revelatory’ understanding was particularly helpful when exploring the purpose and implementation of the link lecturer role.

4.12.4 Scott's continuums

Systematic reading and analysis of a policy document using Scott's continuums (listed below) allows insightful understanding of both content and quality (Scott, 2000, pp. 17-19):

Wide focus ⇔ Narrow focus
Prescriptive ⇔ Non-prescriptive
Referenced to other texts ⇔ No reference to other texts
Coherent ⇔ Fragmented
Single authored ⇔ Multiple authored
Open ⇔ Concealed
Authoritative ⇔ Non-authoritative
Generic ⇔ Directed
Visual ⇔ Diagrammatical

These continuums prompted me as the researcher to acknowledge the way in which standards are constructed. Scott (2000, p. 17) highlights that policy documents (including standards) are written 'using various semantic, grammatical and positional devices' that can 'marginalise debate about educational issues'. Reading policy documents at face value can, therefore, result in the reader assuming that the evidence base for 'policy directive' is 'incontrovertible' and that policy is 'authoritative' and therefore beyond question (ibid). Using Scott's continuums allowed me to read and analyse the SLAiP standards (2008b) in a strategically questioning way.

4.12.5 Stage 2: Analysis of focus group data

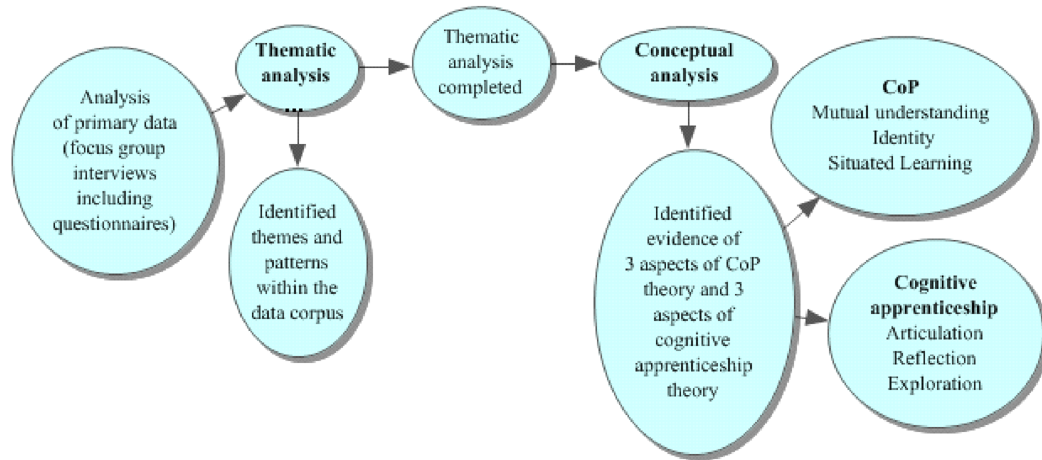

Diagram 1: Data analysis process

4.12.6 Thematic analysis

Braun and Clarke's (2006) six stages of thematic analysis were identified as appropriate for my data driven analysis of the focus group interview and questionnaire transcripts (Thomas, 2009). Other researchers have used thematic analysis to explore the link lecturer role (Day et al., 1998; O'Driscoll et al., 2010). Howitt & Cramer (2011, p. 335) state that the Braun and Clarke stages offer a 'sophisticated version of thematic analysis', which when implemented well, is a systematic and procedurally challenging method of identifying themes in a data set. If implemented well the resultant representation of the data is fair and rich in insightful detail (Boyatzis, 1998; Howitt & Cramer, 2011). It is acknowledged that thematic analysis has its sceptics; Howitt & Cramer (2011) state that it is frequently poorly reported in terms of systematic process and analytical depth, while Bryman (2008, p. 700) claims it lacks 'generally agreed principles for defining key themes'.

Braun & Clarke's (2006) six phases offer an active and flexible way of identifying themes and patterns within a data corpus (the entire data) and in a data set (four lecturer focus group transcriptions). Each component of the data set is referred to as a data item for example the nurse lecturer focus group transcription for Site A (Braun & Clarke, 2006). Each of the data sets for this study were stored in NVivo10 as a 'sources' folder labelled focus group data. A data extract (Braun & Clarke, 2006)

refers to a coded piece of data; the coded data in my study was managed and stored in NVivo10 as a thematic framework of nodes and child nodes which equate to the themes and sub themes in Braun and Clarke's six stage thematic analysis framework (Braun & Clarke, 2006). The six stages of thematic analysis flow in a logical process; though in reality I moved back and forth between stages to 'refine and clarify' my observations and conclusions (Howitt & Cramer, 2011, p. 336). I will now explain how the six stages were utilised.

Stage 1: Familiarisation with the data

Familiarisation was an active, recursive and reflective process that involved becoming completely familiar with the focus group and questionnaire transcriptions and re-reading my field notes. The transcriptions were imported to and read in NVivo10, this helped me to become immersed in the data, and aware of its breadth and depth. My observations about potential meanings, patterns or themes were recorded as memos and annotations in NVivo 10 (Braun & Clarke, 2006).

Stage 2: Generating initial codes

Stage two was used for summarising the data in a meaningful methodical way. The whole data corpus was re-read at this stage and each data item within each data set was coded and saved in appropriate Nvivo10 nodes (themes), and child nodes (sub themes). Coding was done after two or three lines had been read; this was an active process where I tried to capture the essence of what the participants had said, rather than expecting themes to just emerge. At this stage I created many nodes and child nodes to ensure that I had a clear understanding of the data. I was aware that these would be refined and merged appropriately in stage three. Some data extracts were coded to more than one node if relevant. From this coding process it was possible to see potential patterns and themes in the data. Observations about consistencies, inconsistencies and tensions were recorded as annotations in Nvivo10.

Stage 3: Searching for themes

Refocusing and interpretive analysis are the key components of stage three. This involved sorting all the nodes created in stage two into overarching nodes (themes)

and child nodes (sub themes) and being mindful of opposites that could be coded in the same node (theme). As this process of sorting and merging evolved, the overall picture of the data gained clarity. A miscellaneous node was also created for coded data that seemed not to fit within the main themes, this allowed me to go back and review them once further analysis had been carried out. Howitt & Cramer (2011, p. 336) refer to stage three as the 'coding of codings' where themes reveal major patterns in the data.

Stage 4: Reviewing themes

This phase involved two tasks. The first was to review and refine the nodes (themes) and child nodes (sub themes) to ensure there was enough evidence by way of data extracts to support their existence. This process was time consuming and involved re-checking all the data extracts attached to the nodes and child nodes to validate their appropriateness and sense of cohesion. Some recoding was done at this stage, if the data extract seemed to fit better within another node. At this stage some nodes were merged and some child nodes were created or merged with existing ones. The end result was a set of distinct nodes and child nodes.

The second step in stage four involved rereading the entire data corpus to check that the nodes and child nodes were congruent with the data and represented its meaning accurately. Revisiting the data in this way allowed me to code data extracts that I had missed at the initial coding stage. By this stage I had a greater understanding of the data and could see things that had not initially seemed obvious.

Stage 5: Defining and naming themes

Braun & Clarke (2006) refer to this stage as the defining and refining stage. It involved refining the names of the nodes and child nodes to ones that were concise and clear in relation to the data they represented. If the title of a node was refined, care was taken not to change its meaning. Each theme was re-examined in turn and the initial stages of a coherent and consistent report was generated (Chapter 6).

Stage 6: Producing the report

Chapter 6 and 8 of my thesis were refined at this stage. This involved careful consideration of the findings in relation to the academic literature and the research aim and questions.

4.12.7 Conceptual analysis

My concept driven analysis of the focus group data was carried out after my initial thematic analysis as detailed above, was completed. Nodes relevant to specific aspects of CoP and cognitive apprenticeship as identified in section 4.5, table 1 were created in NVivo. From a CoP perspective the three concepts were mutual understanding, identity and situated learning. From a cognitive apprenticeship perspective the three teaching methods were articulation, reflection and exploration. The data previously stored in the thematically generated nodes, then the entire focus group data were reanalysed and restored as appropriate in the CoP and cognitive apprenticeship nodes and subsequent child nodes. This process had an additional benefit in that I engaged with the data again and consolidated my understanding of it.

4.13 Summary

This chapter has explained the rationale for my methodological choices, and justified the research approach adopted. The next chapter presents the findings of a critical review of the professional and educational practice related standards that impact on the link lecturer role.

CHAPTER 5: Critical review of standards

5.1 Professional and educational standards

This chapter presents the findings of a critical review of professional and educational standards that relate to the link lecturer role. This role has been included in policy and standards since the 1990s (ENB, 1995, 1997; NMC, 2002, 2006, 2008b).The review process, as detailed in Chapter 4, was influenced by the principles of critical discourse analysis (CDA) (Howitt & Cramer, 2011, p. 358) and Scott's guidance on 'reading educational policy' (Scott, 2000, p. 1). Implicit and explicit messages in the current NMC SLAiP standards are analysed in this chapter (NMC, 2008b) with consideration of how policy documents are constructed (Scott, 2000). This allows valuable insight into the contribution that standards make to the on-going debate about the purpose of the link lecturer role.

The NMC SLAiP standards (NMC, 2008b) are the primary focus in this critique. The QAA and NES standards are also critiqued in relation to their potential impact on the link lecturer role (NES, 2008; QAA, 2007) as are the local link lecturer standards relevant to the research participants. The standards included in this critical review are listed below:

Professional standards

- Standards to Support Learning and Assessment in Practice (SLAiP) (NMC, 2008b).
- Local link lecturer standards: relevant to the research participants.

Educational standards

- The Quality Assurance Agency for Higher Education: code of practice for the assurance of academic quality in higher education Section 9 Work-based learning (QAA, 2007).
- Quality Standards for practice placements (NES, 2008).

The construction of the SLAiP standards is explained first. This is followed by the findings of the critical review. These findings are framed using Scott's continuums (Scott, 2000, pp. 17-19). Two dominant themes in the NMC SLAiP standards (NMC,

2008b) in relation to expectations of the link lecturer role are then discussed in section 5.5. These themes are learning and support; these are discussed in relation to how the link lecturer can promote and provide them in clinical practice.

5.2 Construction of the NMC SLAiP standards

Scott (2000, p. 10) states that the construction of policy texts, for example the NMC SLAiP standards (NMC, 2008b) is shaped by 'underpinning knowledge, continual evolution and change, intertextuality, chance, serendipity, muddle and misidentification'. These factors, along with the establishment of the practice-based mentor, practice education facilitator (PEF), care home education facilitator (CHEF) and university-based personal lecturer roles appear to have resulted in the absence of direction (whether intentional or not) for the link lecturer role.

The NMC SLAiP standards include a complex web of expectations of the link lecturer. These expectations are presented in a diagrammatical developmental framework consisting of five principles, eight domains each with domain outcomes, for four professional groups that the NMC call 'stages' (NMC, 2008b, p. 15). The domains and domain outcomes for stage four, 'teacher', define the requisite attributes, knowledge and skills required of the link lecturer to 'support learning and assessment of pre-registration student nurses in practice' (ibid). The domains and domain outcomes are 'designed to facilitate personal and professional development' and to enable measurement of achievement (NMC, 2008b, p. 15). Understanding and measuring what the link lecturer role achieves, however, has been the subject of much unresolved debate (Fisher et al., 2012). The professional development benefits of the role for the lecturer tend, as discussed in Chapter 2, to be associated with clinical competence and credibility. Defining these concepts in terms of how to provide evidence of, or the need for them is difficult (Ousey & Gallagher, 2010). Interestingly the terms clinical competence and clinical credibility are not used in the SLAiP standards (NMC, 2008b).

In addition to the developmental framework there are three individual standards within the SLAiP standards, one each for 'mentors, practice teachers, and teachers'

(NMC, 2008b, pp. 19-28). The teacher standard aligns with what is expected of the link lecturer, and consists of a summary of the five SLAiP principles, as well as the eight domains and subsequent specific domain outcomes for stage four (NMC, 2008b, pp. 25-28). The teacher standard also contains four responsibilities, eight criteria and eight competencies to guide understanding of the link lecturer role (ibid). Competencies are ways of behaving and thinking and meant to define good practice (Scott, 2000). The 'teacher' standard states that in order to achieve the competencies the link lecturer must achieve the appropriate domain outcomes.

Table 3 demonstrates the various components of the SLAiP standards that need to be considered by universities when devising a local version of the link lecturer role:

Standards to Support Learning and Assessment in Practice	
Developmental framework (NMC, 2008b, p. 15)	**Teacher standard** (NMC, 2008b, pp. 25-28)
Principles x 5	Summary of principles x 5
Domains x 8	Responsibilities x 4
Domain outcomes (stage 4, teacher)	Criteria x 8
	Competencies x 8
	Domains x 8
	Domain outcomes (stage 4, teacher)

Table 3: NMC requirements of the link lecturer

SLAiP Standard Stages

Stage one of the developmental framework reflects the requirements of 'The NMC Code: Standards of conduct, performance and ethics for nurses and midwives' (NMC, 2008a) and is relevant to all nurses and midwives, while stage four (teacher) reflects what is expected of a 'teacher' (link lecturer).

SLAiP Standard Responsibilities

The SLAiP standards present four responsibilities for the link lecturer role, these relate to learning, support and assessment. The link lecturer, however, no longer has responsibility for assessing the student nurse's progress in practice. Assessment of progress is now the mentor's remit.

As an overall requirement the link lecturer is responsible for having:

'appropriate professional and academic qualifications and on-going research, education and/or practice development activity to provide an evidence base for their teaching'

Responsibility (NMC, 2008b, p. 25)

This responsibility requires the link lecturer to have an up to date evidence base for teaching. As the SLAiP standards relate to practice-based learning it is assumed the focus is on teaching in clinical placements. This assumption may have contributed to some universities opting for a link lecturer implementation plan that includes clinical practice placement visits. If teaching in clinical practice happens during a link lecturer visit, I was curious to see if I would find evidence of some cognitive apprenticeship methods being discussed in the focus group interviews that I carried out. My findings in relation to this are discussed in Chapter 7 (7.2).

SLAiP Standard Principles

The SLAiP standards contain five principles (NMC, 2008b, p. 16). These principles are summarised in the teacher standard (NMC, 2008b, pp. 25-28). The emphasis of these principles is on the need for the lecturer's knowledge and area of expertise to be appropriate to the student nurse's academic level and nursing programme. There appears to be an assumption that if the link lecturer has appropriate qualifications, skills and knowledge then the student nurse's situated learning in practice will be appropriately supported.

The NES quality standards for practice placements also have a key principle:

'quality practice placement experiences within a positive learning environment, support the development of healthcare professionals to deliver safe and effective person centred care'

(NES, 2008, p. 1)

The NES standards principle (NES, 2008) aligns with the NMC mission statement 'to safeguard the health and wellbeing of the public' (NMC, 2008b, p. 5). In order to evidence a positive practice placement outcome in terms of assessment, BSc pre-registration student nurses are required to achieve specific pre-determined learning competencies (NES, 2008; NMC, 2008b, 2010; QAA, 2007). A positive learning environment from an experiential perspective is of course a subjective phenomenon. A student nurse may equate this with being cognitively challenging and/or being socially welcoming or enjoyable. Some student nurses as discussed in Chapter 2, equated a good link lecturer as being friendly and informal rather than cognitively challenging (Brown et al., 2005; Gray, 2012). What the link lecturer does to ensure a positive learning environment or experience is often associated with the biennial educational audit of practice placements. In relation to impact on student nurse learning any effect attributed to the educational audit process is indirect.

SLAiP Standard Domains for stage 4 'teachers of nurses'

Domains (NMC, 2008b, pp. 26-28)	
1. Establishing effective working relationships 2. Facilitating learning 3. Assessment and accountability 4. Evaluation of learning	5. Create an environment for learning 6. Context of practice 7. Evidence-based practice 8. Leadership

Table 4: NMC domains

The eight domains (Table 4) are relevant to all four 'stages' in the NMC SLAiP standards and therefore are generic. The domain outcomes for stage four and the requirements, competencies and criteria in the teacher standard are link lecturer specific (NMC, 2008b, pp. 25-28).

SLAiP Standard criteria and competencies

There are striking similarities between the eight domain outcomes for stage four, and the eight criteria as well as the eight competencies in the teacher standard (NMC,

2008b, pp. 25-28). No acknowledgment or reason is given in the SLAiP standards for having domain outcomes, criteria and competences that are remarkably similar.

5.3 Scott's continuums: analysis of standards

My critical review of the standards framed by Scott's continuums (Scott, 2000, pp. 17-19) is now presented. My rationale for using this approach is detailed in Chapter 4 (4.12.4).

Wide focus ⇔ Narrow focus

In the preliminary stages of my critical review of the NMC SLAiP standards (NMC, 2008b) I contacted the NMC professional advice service by email in June 2012 and by letter in September 2012. In both communications I asked for contact details of a representative of the advisory and or writing team for the 2008 edition of the SLAiP standards. I did not get a reply to either my email or letter. By coincidence the NMC advice service was withdrawn at the end of June 2012. The NMC advised in the memo that announced the closure of the advice service that educational standards should be applied by individual universities in the context of local priorities.

Giving universities' flexibility to implement standards to suit local priorities has what Scott (2000, p. 18) calls a 'narrow focus'. A narrow focus plays an ideological role in keeping practitioners interested in 'implementation' while a 'wide focus' puts an emphasis on debating 'educational ends' (ibid). The confusion in the academic literature over how to implement the link lecturer role aligns with a 'narrow focus' (Scott, 2000, p. 18). In the academic literature the 'educational ends' of the link lecturer role in terms of learning, is much less prominent than the debate about how to implement it.

Prescriptive ⇔ Non-prescriptive

According to Christie and Menmuir (2005, p. 64) 'no set of professional standards can ever adequately capture the essential complexity of all that professional practice entails'. The NMC appears to manage the complexity of defining the purpose,

objective, contribution and implementation of the link lecturer role by being non-prescriptive.

Universities are, however, expected to ensure that link lecturers can:

‘apply their knowledge, skills and competence in practice and academic settings’

(NMC, 2008b, p. 39)

It is worthy of note that ‘can’ (non-prescriptive) does not mean ‘will’ (prescriptive) and that a practice setting could be university situated clinical practice simulation facilities.

The QAA standards, meanwhile, prescriptively state that students should be informed of their ‘entitlements relating to their work-based and practice learning’ (QAA, 2007, p. 15). The QAA in the form of eight ‘system wide principles’ state what they expect for students while in practice placements. They call these principles ‘precepts’ stating that these are ‘an authoritative reference point’ for assuring the academic quality of an education programme that involves practice placements.

The QAA ‘precepts’ also appear in the NES standards (NES, 2008; QAA, 2007). Precept four outlines the ‘entitlements of students’ (NES, 2008, p. 6; QAA, 2007, p. 15). These ‘entitlements’ include, ‘learning support’ from the university ‘during’ a practice placement (QAA, 2007, p. 16). Support in this context appears to be an all-encompassing term that includes professional, academic and pastoral support ‘throughout’ the duration of the practice placement (QAA, 2007, p. 17). In a similar vein, the NES standards state that students should ‘have access to support from the educational institute when required’ and that lines of communication to facilitate this support should be ‘clear’ (NES, 2008, p. 2). Neither the (QAA, 2007) or the (NES, 2008) standards indicate that the ‘support’ the student is entitled to from the university lies within the remit of a particular professional role. It is, however, clear from the SLAiP standards (NMC, 2008b) that the link lecturer is seen as a support

mechanism for the student nurse while in practice placement. As such, the link lecturer is expected to:

'facilitate integration of learning from practice and academic settings'

Domain 2 (NMC, 2008b, p. 26)

This could be interpreted as requiring face-to-face contact with clinical staff and student nurses in practice placements. Other expectations of the link lecturer in the SLAiP standards also imply a need to be physically present in clinical practice:

'implement a range of learning and teaching strategies across a wide range of settings'

Domain 2 (NMC, 2008b, p. 26)

'coordinate learning within an inter-professional learning and working environment'

Domain 2 (NMC, 2008b, p. 26)

These requirements could be met in a simulated practice setting within the university using role-play to provide an inter-professional perspective. This explains to some extent why there is an on-going debate about visiting student nurses in practice (Price et al., 2011). There is a prescriptive element to the link lecturer role in that it is incorporated in mandatory policy. There is also a non-prescriptive element in the sense that the 'how to' that (Rumelt, 2011) says is key to a good implementation strategy remains elusive.

From the student nurse perspective, the QAA highlights that knowing the level, amount, and frequency of support they can expect and from whom, is beneficial (QAA, 2007, p. 17). The QAA is prescriptive in terms of the students' entitlement to support in practice (ibid). The ease with which the BSc pre-registration student nurse would know what to expect of their link lecturer, is in reality not straightforward (Fisher et al., 2012; McSharry et al., 2010; Meskell et al., 2009). There is clearly tension between the professional autonomy encouraged by the nature of standards

(non-prescriptive) versus local and individual accountability to provide student nurses with the support they are entitled to (prescriptive). Despite local implementation being sufficient to meet the quality assurance strategy requirements, the boundaries of the link lecturer role are unclear (Ousey & Gallagher, 2010). In contrast, the boundaries and expectations of the mentor role are recognised nationally, as a result the student nurse and link lecturer know what to expect of a mentor (NES, 2007). It is argued that the existing unclear boundaries of the link lecturer role are likely to continue into the 'unknown future' of nurse education (Barnett, 2012) if there is not an equivalent to the 'National Approach to Mentor Preparation for Nurses and Midwives' (NES, 2007) or a national network equivalent to the 'Practice Education Facilitator Network' (PEF) (NES, 2013). Both of these facilitate nationally agreed and mutually understood boundaries for role implementation and insight into a national approach to strategic management of the role of the mentor and PEF.

Christie and Menmuir (2005, p. 64) indicate that if standards are 'well defined' they support coherence and 'encourage and invite constructive, professional interpretation and debate'. From this stance if the link lecturer role were 'well defined' or indeed prescribed in relevant standards, it could be implemented effectively and student nurses could be clear about what they were entitled to (QAA, 2007, p. 17). It also implies that professional interpretation and debate generated from being non-prescriptive is healthy. There is perhaps some middle ground between the prescriptive and non-prescriptive approaches defined by Scott (2000). The QAA, like the NMC encourages interpretation of its standards. The QAA, however, uses a 'precept and explanation' format to clarify by way of 'explanation' why a precept is important, in order to discourage a 'checklist approach' (QAA, 2007, p. 2). The 'precept and explanation' appear to provide a middle ground (ibid). The NMC SLAiP standards directive for the link lecturer on the other hand does not include explanations of rationale or importance (NMC, 2008b).

Referenced to other texts ⇔ No reference to other texts

The NMC SLAiP standards emphasise the need for the link lecturer to provide evidence-based teaching in contemporary nurse education and demonstrate scholarly activity (NMC, 2008b). Nurse lecturers are amongst those who have contributed to the debate in the academic literature about the link lecturer role (Allan et al., 2008; McSharry et al., 2010; Price et al., 2011). This provides evidence of scholarly activity and suggests that understanding the link lecturer role was of particular interest to the authors. No reference, however, is made in the NMC SLAiP standards (NMC, 2008b) to academic literature published by nurses in relation to the link lecturer role. Thus it appears that the issues raised in the academic literature have not influenced the development of the SLAiP standards (NMC, 2008b). The NMC, however, indicate that a 'high volume of enquiries' prompted a revision of the 2006 edition of the SLAiP standards (NMC, 2006, 2008b). Some of these enquiries may have been from published nurse authors who have debated the purpose and effectiveness of the link lecturer role. In which case, their concerns may have been heard. This suggestion however, is based on conjecture rather than evidence.

Policy texts that avoid academic literature citations, are 'suggesting that the truth of the matter resides wholly within the document itself' according to Scott (2000, p. 19). The NMC SLAiP standards, while avoiding citation from the academic literature, contain twenty-two references all of which cite other policy texts. Thirteen of these citations are of other NMC texts. Exclusive citation mainly to NMC sources indicates that if the 'truth of the matter' were to be found in the standards (NMC, 2008b) intertextuality will have played a part in the creation of that truth (Scott, 2000, p. 19). From a critical discourse analysis (CDA) perspective intertextuality acknowledges the relationship between texts, and the likelihood of 'decontexualisation' and 'recontextualisation' between past and present texts that often results in changed meanings and potential loss of coherence in the new text (Fairclough, 2010; Wodak & Krzyzanowski, 2008). It is possible that nurse lecturers who have published in academic journals about the link lecturer role, and those I interviewed, were influenced explicitly or implicitly by the NMC SLAiP standards

(NMC, 2008b). Any loss of coherence resulting from intertextuality could therefore, also have influenced their practice in explicit and implicit ways.

Coherent ⇔ Fragmented

Policy documents can be described on the continuum of 'coherent and fragmented'; at the coherent end of the continuum there is clarity and consistency while at the fragmented end, contradictions, inconsistencies and unfinished arguments are apparent (Scott, 2000, p. 19). Contradictory messages can be the product of intertextuality, as previously discussed, and of accommodating the perspectives of multiple authors and advisors. Coherent versus fragmented guidance from the standards is discussed further in the visual ⇔ diagrammatical continuum section.

Single authored ⇔ Multiple authored

It is common for multiple authors and advisors to contribute to writing national standards and to the interpretation of them while writing local standards (Scott, 2000, p. 19). The synthesis of a 'high volume of enquires' that the NMC received about the 2006 edition of the SLAiP standards will have added contributors albeit not named, to the 2008 version (NMC, 2008b). Scott (2000) suggests that accommodating multiple perspectives and agendas in one standard document is a challenge, and can result in less clarity in the final message rather than more.

Open ⇔ Concealed

Scott (2000) highlights that an ideological framework always underpins policy; this is either concealed or open. It appears to be concealed in the NMC SLAiP standards (NMC, 2008b) as they lack an openly stated viewpoint about the nature of pedagogy, knowledge, support and work place learning. In addition, while the QAA standards, openly list the members of their advisory group including their place of work (QAA, 2007, pp. 29-30), the NES (NES, 2008) and NMC SLAiP standards (NMC, 2008b) do not provide any detail of authorship or advisory personnel. My efforts to find out by email, letter and a subsequent telephone call about the authorship of the NMC standards were not successful; this could be perceived as concealment.

Authoritative ⇔ Non-authoritative

In light of the preceding discussion it is important to remember that the NMC SLAiP standards are 'mandatory' for nurse lecturers (NMC, 2008b, p. 25). If one 'reads between the lines' this gives the impression of authority and consequence (Scott, 2000, p. 18). This impression appears at odds with the NMC stance that the standards should be interpreted and implemented by individual universities within the context of local circumstances and priorities, which gives the impression of empowerment and encouraging professional autonomy (Scott, 2000). The standards analysed here are, as previously discussed, monitored internally and externally from a quality strategy perspective. This makes understanding what is expected of the link lecturer important. A non- authoritative working description of the link lecturer role and an authoritative quality assurance agenda appear to some extent to be inconsistent, or even contradictory.

Generic ⇔ Directed

The NMC SLAiP standards (NMC, 2008b) are relevant to three parts of the NMC professional register (Nursing, Midwifery, and Specialist Community & Public Health Nursing). In addition the developmental framework defines four stages (NMC, 2008b, p. 16) or what Scott would call sets of actors (Scott, 2000, p. 18):

Stage 1: Nurses and Midwives
Stage 2: Mentor
Stage 3: Practice teacher
Stage 4: Teacher (link lecturer)

The SLAiP standards are therefore, generic in that they cover the 'concerns of a wide group of actors', as opposed to directed where they would be aimed at 'one group of actors' (Scott, 2000, p. 18). It is ambitious to cover three parts of the professional nursing and midwifery register and four groups of professionals or actors in one standard document. It does make sense, however, to see in one document where the four stages are similar and or different in remit. Having the four stages in one

document provides evidence to support the concerns raised in Chapter 2, about role overlap and duplication of effort (O'Driscoll et al., 2010).

Visual ⇔ Diagrammatical

Scott (2000) suggests that policy documents such as standards are often constructed on a visual ⇔ diagrammatical continuum. In this way they combine words and visual representations to persuade and 'convince the reader' of the message being communicated (Scott, 2000, p. 18). Scott also suggests that policy texts like the SLAiP standards, where words for example the teacher standard are combined and visual representations for example the developmental framework, are often not successful in constructing a 'coherent and consistent message' (Scott, 2000, p. 18). Perhaps not surprisingly extrapolating the purpose, objective, contribution and intended implementation expectations of the nurse lecturer's role in practice from the mandatory NMC responsibilities, principles, domains, domain outcomes, criteria and competencies is not straightforward. Logically of course, the on-going debate in the academic literature would not have continued this long if clarity could easily be found.

5.4 Support for learning in practice

The expectations of the link lecturer in the SLAiP standards are peppered with the words 'learning' and 'support'. Neither of these words is defined in the standards glossary (NMC, 2008b, pp. 45-47) this implies an assumption that they are commonly and mutually understood. Scott (2000, p. 8) suggests that 'educational texts make assumptions about educational issues', while (Fenwick, 2001) states that it is common in academic literature on workplace learning to find that 'learning' is not defined. The QAA (2007 p4) highlight the importance of defining terms and ensuring they are 'understood as intended' within the university and by their partners in practice. Learning, support, and their practical application as part of the link lecturer role, are discussed next, in order to understand their meaning in the context of this study.

5.4.1 Learning

Many of the NMC expectations of the link lecturer include the word 'learning' (NMC, 2008b). These expectations paint a complex picture, or what Fenwick (2001, p. 79) defines as a 'messy object', rather than making the role of the link lecturer clear. The word 'learning' in the SLAiP standards is used to define things that the link lecturer is expected to do. There is no discussion about how these 'doing' expectations of the link lecturer align with learning theory. This is surprising in light of the many variations of 'doing' something to promote learning, are assigned to the link lecturer role in the SLAiP standards.

I have extracted examples from the SLAiP standards of activities expected of the link lecturer, to promote learning. In an effort to understand the applicability of policy to practice-based learning, these activities are aligned below with what appears to be their logical point of impact.

Student nurse: 'develop approaches to', 'act as a role model for', 'foster', 'coordinate', 'facilitate', 'provide feedback on', 'identify future needs for', 'enable students to manage, and 'support achievement of', learning.
These expectations could be achieved without being physically present in practice.

Clinical staff: 'implement strategies for', 'consider in the context of evidence-based practice', and 'enhance the quality of' learning.
These expectations and those related to the clinical practice placement imply that the link lecturer would need to visit practice placements.

Clinical practice placement: 'enhance access to', 'evaluate placements for suitability for', 'report on quality of environment for', 'identify opportunities for', 'determine audit criteria for', 'ensure a safe environment for', and 'implement quality improvement of the environment for', learning.
Learning in clinical practice depends on context (Lave & Wenger, 2003; Wenger, 2007); this includes the setting for example hospital or community, the team (the link

lecturer appears to be presumed as part of this team or community of practice), the patients and the clinical situations that arise.

5.4.2 Support

The NMC SLAiP standards expectations of the link lecturer that include the word 'support' paint an equally complex picture, to those including 'learning'. Support is a common theme in the practice related standards and in academic literature that debates the purpose and value of the link lecturer in relation to practice-based learning. Eraut (2008 p15) highlights that learning in authentic practice placements requires 'time and support', but suggests that little thought is 'given to the kind of support needed' or to who will provide it. Support is commonly associated with encouragement, promoting, assisting, helping, leading, approving, reinforcing, backing, contributing to the progress or growth of another, and providing a foundation for something for example learning or professional development.

Providing meaningful support requires awareness of the needs of others (NMC, 2008b). A link lecturer with a background in nursing and academia might therefore be assumed as predisposed to providing appropriate support for pre-registration student nurses in a practice placement. Support from the link lecturer could be perceived as something that involves human interaction, or as something less tangible for example knowing that support is available should the student nurse need it. If support involves face to face interaction between the link lecturer and student nurse the implication is that this can be achieved within the remit of a role that accounts for, at most, 20% of the lecturer's time. If the link lecturer is expected to visit student nurses in practice this is likely to happen once or twice during a placement if at all. Clinical practice visits as expressed in the local standards for the link lecturer at the university where my study took place, were expected to take at least thirty minute per student or per group of students depending on what the individual lecturer felt was appropriate. This begs a question about what can be achieved by way of meaningful support in a limited time frame, and the benefits versus limitations of seeing students in a group.

Noted below are some of the NMC expectations (NMC, 2008b) of the link lecturer in relation to support for student nurses and clinical staff.

Student nurse: The link lecturer is expected to support students to 'integrate into new environments and working teams', 'foster peer support', 'provide support and advice', 'act as a practice expert to support development of knowledge and skills for practice', and 'provide support to maximise individual potential'. These expectations could indicate a need for the link lecturer to visit a student nurse who is starting in a clinical placement and joining a new nursing team. This interpretation implies that the student nurse will integrate more easily and as a result learn more, if a link lecturer supports their initial integration into the practice placement. If this is the case a link lecturer visit would ideally happen at an early stage in the student nurses placement. A visit at an early stage would, however, eliminate the opportunity to monitor the student's progress or challenge their knowledge and understanding of the care they have been providing at a later stage in their placement; unless there were two visits. Challenging the student's knowledge and understanding of their nursing care could move a student forward in their zone of proximal development according to Vygotskian theory (Daniels, 2005). If this is the remit of the link lecturer then arguably each student nurse should have access to this level of support for learning. The literature indicates, however, that this is not the case.

Clinical staff: The link lecturer is expected to 'support others involved in the assessment process'; this may or may not involve visiting the practice environment, depending on the perceived need for support. It is important to note the potential conflict of interest if the link lecturer is required to support both the mentor and the student, particularly if the student is failing to progress as expected. The PEF is also seen as the support mechanism for the mentor. The PEF role came into existence after the link lecturer role and this perhaps accounts for some of the blurring of their role boundaries.

Support in the context of the NMC SLAiP standards expectations of the link lecturer could be seen as promoting learning development in the cognitively able student

nurse. This interpretation of support aligns with a social model of empowering able students. Haggis (2006, p. 524) suggests that implying that support is required can also suggest 'the existence of a superior group who function in a strong and unsupported way'. This interpretation of support has remedial connotations. It aligns with a medical model, where the student needs support because they are deemed less able than others (ibid).

The link lecturer based on the expectations of the NMC SLAiP standards, could be perceived as supporting less able student nurses through their early integration into a clinical practice placement. The same link lecturer could also be perceived as empowering able student nurses to achieve more learning than they could alone within their zone of proximal development (Daniels 2005). How support is perceived for example by clinical staff and student nurses in practice might affect engagement with the link lecturer. It might also affect how the role is valued or not as the case might be. How the lecturer is perceived is explored further in Chapter 7 (7.1.2) in relation to the concept of identity from a communities of practice perspective (Wenger, 2007). Regardless of support being driven by a social or medical agenda, the absence of link lecturer support does not seem to result in the student nurse being unable to function successfully in practice. This is demonstrated in the reports of the role being implemented in an ad hoc manner (Grant et al., 2007).

As a nurse lecturer, I am aware that at times, I provide person-centred support to student nurses (NMC, 2008b). In doing this I engage in paraphrasing and active listening, and importantly I intuitively assume that the student knows what is best for them. At other times I am directive and give advice to student nurses. In doing this I intuitively assume that I have more knowledge and insight than the student nurse in relation to their learning needs. The support provided by nurse lecturers to student nurses covers a multitude of professional, academic, pastoral, ethical, moral and psychological dimensions. Sometimes the support provided is student led, for example if the student is struggling with an academic assignment, or has personal issues. At other times support is initiated by the lecturer for example if a student is failing to meet the expected level of progress or attendance and systems need to be

activated to manage this appropriately. The latter example, of course could be interpreted as authoritarian rather than supportive, depending on the student nurse's perceptions of the circumstances at the time. What this discussion about support highlights is that the concept of 'support' is not universally understood. This means it can be perceived by the provider and beneficiary as having an alternative underlying motivation and objective. The variety and individual nature of student nurse or indeed clinical staff support needs will depend on what they want to achieve at a given point in time, and on their understanding of support. Price et al. (2011) noted an upsurge in requests for academic support during practice placement visits when academic assignments submission dates were imminent.

5.4.3 Enhancing practice-based learning

The sections of the NMC standards relevant to the link lecturer reveal a broad range of purposes, objectives or activities that are not easily translated into a clearly defined practice role. The link lecturer is required to be supportive, professional, knowledgeable and a role model in a range of ways, and expected to:

'facilitate integration of learning from practice and academic settings'

Domain 2 (NMC, 2008b, p.26).

The nurse lecturer's role in nurse education and their personal lecturer role also require them to facilitate and promote learning by linking theory to practice, and by teaching in the classroom and in simulated learning environments. What is outlined in relation to the link lecturer providing support for learning in practice in the SLAiP standards does not appear to be unique. This observation may hold a key to understanding why the purpose of the link lecturer role has for so long appeared elusive. It is clear that much of what is expected of the link lecturer could be achieved with or without routinely visiting student nurses in clinical practice. This leaves an unresolved issue in that if visits provide something that is unique and enhances situated learning then perhaps all pre-registration student nurses in the UK should receive link lecturer visits. If, however, link lecturer visits do not promote situated learning in a way that is unique it is perhaps time to reconsider their place in

contemporary nurse education. My findings in relation to link lecturer visits are presented in Chapter 6 (6.2) and in relation to situated learning in Chapter 7 (7.1).

5.5 Summary

This critical review has provided insight into the construction of the professional and educational practice-related standards that influence the link lecturer. Implicit and explicit messages in the standards have been examined, and have helped illuminate why the link lecturer role is difficult to define as a clearly recognisable role in practice.

In the next chapter my thematic analysis of the focus group data is presented. The findings are presented against a backdrop of the NMC SLAiP standards that do not specify a need for student nurses to be routinely visited in clinical practice. The thematic analysis findings chapter provides insight into how the link role is understood by lecturers from a university that advocates visits and from student nurses who are perceived to benefit from both the role and visits as a mechanism for implementing it.

CHAPTER 6: Thematic analysis

This chapter presents the integrated findings and discussion from the thematic analysis of the nurse lecturer and student nurse focus group data. Insights shared by the nurse lecturers illuminate those shared by the student nurses and vice versa. The findings are discussed in the context of the existing academic literature that was reviewed in Chapters 2 and 3 as well as the professional and educational standards analysed in Chapter 5. Section 6.1 of this chapter discusses the link lecturer role in relation to policy and standards. Section 6.2 focuses on practice placement visits as a mechanism for achieving some facets of the role. Sections 6.3, 6.4 and 6.5 discuss broad purpose related themes identified in the data; these are information, advice and support, professional development and partnership working. Chapter 6 is therefore presented as follows:

6.1: Link lecturer role: policy and standards perspective
6.2: Practice placement visits
6.3: Information, advice and support
6.4: Professional development
6.5: Partnership working

6.1 Link lecturer role: policy and standards perspective

I was interested as a researcher in the implicit and perhaps explicit influence that policy and standards made to the lecturer participants' understanding of their mandatory link lecturer role. I was also curious about the extent to which policy and standards influenced the student nurse participants' understanding of a role that provided something they were entitled to (NMC, 2008b; QAA, 2007). The questionnaires used in this study were designed to allow access to the participants' perceptions of the link lecturer role in relation to policy and standards. Rather than directing their thoughts to policy and standards, they were asked to write their response to the following open question and then to discuss this in the focus group:

'my understanding of the link lecturer role has been influenced by?'

Lecturer, Question 2 (Appendix E), Student Nurse, Question 5 (Appendix F)

My assumption was that the participants' responses to this question would generate supporting evidence if policy and standards explicitly influenced their understanding of the link lecturer role. To lead into Question 2 (Appendix E) the lecturer participants were initially asked a question about their link role responsibilities (ibid). This prompted them to focus on what the role entailed before Question 2 encouraged them to reflect on what had influenced their understanding of it (ibid). Likewise, the student participants were eased into Question 5 (Appendix F) with Questions 1 and 2 which encouraged reflection on what they prioritised as important to their practice-based learning; neither question prompted inclusion or exclusion of the link lecturer role (ibid). Questions 3 and 4 then encouraged the student to reflect on their experience and perception of the link lecturer role in terms of importance (ibid). Questions 1, 2, 3 and 4 encouraged the students to focus on their practice-based learning experience before Question 5 on the questionnaire asked them to reflect on what had influenced their understanding of the link lecturer role (ibid).

There was limited evidence that policy and standards explicitly influenced the participants' understanding of the link lecturer role. None of the student nurse participants talked about the role from a policy perspective or demonstrated awareness of its inclusion in NMC or local standards. Their focus instead was on their individual and shared experience and perception of interaction with link lecturers. The discussion in the lecturer focus groups was as Scott (2000, p. 18) suggested it would be, focused on experiences and perceptions of 'implementation' of their link role rather than on its place in policy. From a national policy perspective, however, lecturers in two of the focus group interviews made brief reference to the NMC. They appeared aware of the NMC SLAiP standards (NMC, 2008b) though did not name them or, as the following quotes demonstrate, say what the NMC expects of the link lecturer. In addition they also appeared aware of the NES quality standards for practice placements (NES, 2008). Despite this awareness they did not discuss how national professional and educational standards influenced their understanding and implementation of the link lecturer role:

'you have to allude all the time to the NMC documentation and the NES standards'

Site B, Lecturer, James

'the university follows procedure that the nursing and midwifery council, that all has an influence really, quality standards for practice placements'

Site D, Lecturer, Rachel

In one lecturer focus group there was evident confusion in a brief discussion around local standards, about what was expected of the link role. The local standards stipulate that it is the link lecturer's responsibility to 'visit students once every five weeks and twice if the placement is longer'. The first lecturer in the following discussion appeared to think that a visit was not mandatory. The second and third lecturers seemed unaware that the local link lecturer standards said visit rather than contact:

'one visit, it is not obliged, it doesn't say obliged, so it is not mandatory, it says a minimum of one visit'

Site B, Lecturer, Mathew

'it just says contact'

Site B, Lecturer, Catherine

'but it doesn't specifically say what that contact should be, so again the students are confused and there is lack of clarity'

Site B, Lecturer, Jennifer

This albeit brief discussion about the link lecturer role from a policy directive perspective, demonstrates what appeared to be generally accepted vagueness. Similar vagueness in relation to link lecturer role boundaries was evident in the student nurse dialogue. The lecturer participants despite policy related vagueness, provided evidence at times of extraordinary effort in implementing their link role, as discussed

later. While in addition or perhaps because of their vagueness about policy directive, they appeared to accept without question that individual lecturers developed their own version of the link role then varied it when other demands got in the way. Varied implementation of the link lecturer role was discussed by the participants; this resonates with ad hoc implementation reported from research data collected almost twenty years ago by Day et al. (1998). Individual interpretation of the role was attributed in the past to difficulty in translating policy directive to a workable model of practice (Aston et al., 2000; Grant et al., 2007). Evidence presented in Chapter 5 demonstrates that despite there now being a newer version of the SLAiP standards (NMC, 2008b), extracting from this policy document a workable model of practice for the contemporary link lecturer remains difficult.

Interestingly, the purpose related themes identified in the focus group data from this study align with what Rumelt (2011, p. 34) would call the 'broad goals and affirmations of values' related to the link lecturer role in the current NMC SLAiP standards (NMC, 2008b). These themes are information, advice and support, professional development, and partnership working. Alignment between these and the expectations of the link lecturer as expressed in the SLAiP standards (ibid) indicates that policy is implicitly reflected in practice. Meanwhile, variation in practice appears to indicate a missing link between policy and practice. The missing link Rumelt (2011) would call an explicit evidence-based implementation strategy. Grant et al. (2007) refer to this as a workable model of practice; without which the purpose and outcome of the role remain unclear and variation in practice inevitable. An additional contributor to varied interpretation and implementation of the link lecturer role could be an apparent lack of consequence, as discussed later in relation to audit.

6.1.1 Link lecturer role: priority versus de-priority

There appeared to be an unacknowledged relationship between being vague about policy directive and how the role was prioritised by the participants. The lecturer participants in each focus group discussed how they de-prioritised their link role when faced with competing demands. Despite evidence that lecturer participants

enjoyed the connection with clinical practice that visiting student nurses allowed, the following quotes illustrate what appeared to be common opinion:

'I must admit it (link lecturer visit) is far from my priority in my work load'

Site C, Lecturer, Ruth

'sometimes it is a challenge to fit them in (visits) when you know you have got, you know I strive to go, but you know you have got another deadline to meet as well'

Site D, Lecturer, Rachel

Evidence of tension caused by competing demands on the lecturers' time, knowledge and skill is discussed later. It however, appeared for various reasons that the link role was easier for the lecturer to neglect than other demands. In addition student nurses in each focus group implied that the link lecturer role lacked priority for them when compared with other sources of practice-based learning support, for example their mentor:

'feedback from both the patients and my mentors is invaluable learning'

Site B, Student Nurse, Anna

'I don't have anything to write for why they (link lecturers) are important'

Site B, Student Nurse, Claire

There was a general sense in the student focus group discussions that when faced with alternative options, for example seeing a clinical procedure or engaging in patient care, they would prioritise this rather than seeing their link lecturer. The next quote demonstrates a recurring tension in the student nurses' dialogue. The tension being between seeing the link lecturer in the practice placement and feeling this came at a cost when there were clinical nursing experiences available:

'I felt that was a bit of a waste of time (link lecturer visit), I could have been out seeing that patient with the nurse up the road (community placement)'

Site C, Student Nurse, Denise

The previous comments from two lecturers and two student nurses are representative of others in the data that say nothing about the requirements of mandatory policy (NMC, 2008b). The implications are that from a lecturer perspective despite awareness of policy and standards when faced with other demands the link role is de-prioritised. This perspective is not new (Aston et al., 2000; O'Driscoll et al., 2010). Perhaps, because the student nurses are not working in isolation in clinical practice, the link role is more easily de-prioritised by lecturers than other demands on their time. Meantime, the student nurse participants spoke about being capable, resourceful adult learners who knew when and who to ask for practice-based learning support. What this study explicitly adds to the existing literature is awareness that the student nurse participants questioned the value of the link role. As a result time with the link lecturer had a lower priority for them than time with their mentor and involvement in patient care.

In each focus group discussion relating to de-prioritisation of the link lecturer role there was an absence of debate about consequence. When considering the broader context this appeared important to understanding the mandatory link lecturer role specifically in relation to national and local standards. These standards carry consequence as part of the quality agenda for nurse education (NMC, 2013). Section 6.1.2 presents a cyclical synopsis of the complex web between policy requirements of the link lecturer as analysed in Chapter 5 and prioritisation versus de-prioritisation of the role in practice. This synopsis (6.1.2) could be commenced at any point as each factor impacts on the next and vice versa; de-prioritisation of the role seemed a logical starting point as it did not appear to be associated with consequence by lecturers or student nurses.

6.1.2 Synopsis: policy versus practice

The link role appears easier than others to de-prioritise because student nurses are supervised and supported in clinical practice by their mentors. The consequence of no contact with the link lecturer, therefore, is not an absence of support for practice-based learning. Meanwhile, the purpose and objective of the link role in terms of what the lecturer does is vague, partly because the contribution made in relation to other support mechanisms for enhancing practice-based learning is unclear. These factors might explain in part why student nurses de-prioritise the role. Some facets of the link lecturer's responsibility appear to require contact with the student. How practice-based learning is enhanced during this contact is vague in the NMC SLAiP standards (NMC, 2008b). Meanwhile, fundamental vagueness in terms of purpose and objective may have contributed to teaching activities in a workable model of practice for the link lecturer not being generated to date, despite previous research suggesting that this is needed (Day et al., 1998; Grant et al., 2007).

The link role is currently mandatory, so in the absence of a workable model of practice, nurse lecturers appear to create their own version of it (Day et al., 1998; O'Driscoll et al., 2010). The freedom to create an individual version of the role and de-prioritise link responsibilities at will is likely at some level to relate to the absence of an agreed audit process. In addition to knowing that the mentor is supervising the student in practice, the absence of an audit process could explain the sense of no consequence that the participants appeared to have when de-prioritising the role. To create an audit tool for link lecturer activity, however, the purpose, objective and contribution in terms of enhanced practice-based learning would need to be clear. If these were clear, which currently they are not, then creating a workable model of practice aligned with evidence-based activities would be possible. The absence of a workable model of practice and an agreed audit tool appear inextricably linked. To create a model of practice and audit tool the link lecturer activities that enhance practice-based learning need to be defined. The participants vaguely defined link lecturer activities and described the role as lacking coherence and direction; this leaves it vulnerable to de-prioritisation while the shape of nurse education continues

to change in terms of what is expected of scholarly nurse lecturers and undergraduate student nurses.

6.1.3 Influences on understanding of link lecturer role

Though there was some evidence in the lecturer participant's dialogue, that policy and standards influenced their understanding of the link role, it was clear that other influences were more obvious. Core influences on the lecturer participants' understanding of the link role were information and advice from colleagues, a sense of the role from their own student nurse experience, and feedback from student nurses and mentors. A combination of these influences, along with increasing experience, resulted in lecturers adjusting their approach according to the perceived needs of the placement or student. The following quotes demonstrate how word of mouth communication and previous experience influenced the perception of these lecturers:

'I feel there is a historical role there as well, cos, going back to being a student myself, the clinical teachers were a big influence in my student experience'

Site B, Lecturer, Ruth

'I was influenced by going out with lecturers and having them as role models, basically emulating what they did, so I was very influenced by colleagues, peers and what I had read'

Site D, Lecturer, Jane

'I don't really think, I have really been influenced by any particular group or individual, emm, what I have been influenced by is reflection on incidents that have occurred, and eh I have learned as I have gone along'

Site B, Lecturer, James

Lack of formal preparation for the link lecturer role was also highlighted in the ENB study (Day et al., 1998). Aston et al. (2000, p. 178) reported from the ENB study that over half the adult lecturer survey respondents had no preparation for their link role.

It appears from the data in my study that little has changed. One explanation for this could be that it is hard to offer formal preparation for a role that is poorly understood and difficult to define in terms of how, what, and why.

The core influences on the student nurse participants' implicit and explicit understanding of the link lecturer role were what they heard while in university, their own experiences while in practice placement, stories from other student nurses, and what they heard from practice-based staff including their mentor. The following quotes demonstrate that implicit communication via word of mouth, rather than explicit policy directive and/or a sense of entitlement influenced these student nurses' understanding and expectations of the link lecturer:

'even at the start (in university) all I can remember being told is they (link lecturer) will come and visit you, for what?, do you know what I mean?, there is no big explanation of what it is for'

Site D, Student Nurse, Lucy

'other students who have had concerns, their stories'

Site C, Student Nurse, Grace

'if you are on a placement they (mentor) will say oh such and such is coming, they are the link lecturer for this placement, but you will be fine with them, they are nice, they will only be with you ten minutes, and you know things like that, or, it is that person (link lecturer) so make sure you have got that done, or that done, you know'

Site D, Student Nurse, Hannah

The findings of this study suggest that the link role is handed on from one generation to the next, and adjusted to fit the individual lecturer's preferred way of working, this mirrors what previous research has found (McSharry et al., 2010; O'Driscoll et al., 2010). This might explain why there is on-going discussion about whether the link lecturer should provide a predictable service for student nurses or alternatively an eclectic and varied experience from one placement to the next (McSharry et al.,

2010). Policy and standards do not offer direction on this issue (NMC, 2008b).

6.2 Practice placement visits

This section presents data about practice placement visits as a mechanism for achieving some NMC requirements of the link lecturer role. Though conceptually simple, visits were in reality described as cumbersome to implement while questionable in terms of meeting the quality agenda. Understanding the purpose, objective, contribution and barriers to implementation of visits is important to evaluating the future of the role.

In addition to visiting students the lecturer participants discussed a range of responsibilities for their allocated placements, each potentially requiring their presence in practice. These included sharing curricular updates, contributing to the biennial educational audit, collating, distributing and discussing problems highlighted in the student placement evaluations, passing appropriate information to mentors about student nurses with assessed learning support needs, 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. Practice placement visits dominated the focus group discussions.

6.2.1 Visits as inconsistent and unpredictable

Link lecturer visits to student nurses in practice were inconsistent in duration and format. They were also inconsistent in terms of a visit occurring or not, being pre-arranged or not, involving a conversation with the student's mentor or not, and seeing students individually or in a group. For the student participants this left them unsure about what to expect unless they had the same link lecturer in more than one placement or they heard through the grapevine what to expect of a particular lecturer. This student participant was as a result sceptical about the role in terms of purpose and objective:

'you might hear like, a student that has been in a placement before, and they will be oh like, the link lecturer is so and so, and you will be lucky if you see them'

Site B, Student Nurse, Alison

'Lucky' was used by this student to imply that there may or may not be a visit. The student nurse participants were unclear about the purpose and value of the role. In addition they seemed in relation to standards (NMC, 2008b; QAA, 2007) not to see access to the link lecturer as an entitlement. As the previous quote demonstrates they tended to talk about the role in terms of receiving a practice placement visit or not. The student nurse participants had attended eight practice placements and only received a link lecturer visit in some of them. As demonstrated in the following quotes they appeared to accept receiving a visit, or not as was sometimes the case, as inevitable:

'I have had a lot of, like, link lecturers coming to see me'

Site C, Student Nurse, Fiona

'I don't feel I have had enough experience of the link lecturers, to really comment that much on it'

Site D, Student Nurse, Lucy

Some lecturers talked about student nurses having 'missed out' because they had not received a visit. Student nurses seemed more inclined to say they would contact the link lecturer or their university-based personal lecturer if they had 'issues' that they could not resolve by themselves or when they needed information, advice and support:

'I actually don't mind that I haven't been seen all the time by a link lecturer, I don't know it is like an age thing, you do take responsibility for your own learning, so and you know I do, I do know if there was a problem, I would know who to contact, I have been given the information I need, and it is there if I need it, and they (link

lecturers) have been very helpful if I did ask for anything, so I don't feel hard done by'

Site B, Student Nurse, Anna

This student demonstrates her ability to take responsibility for learning in practice. Meanwhile, the next quote from a lecturer implies that what happens on the visit has an important pedagogical impact. This assumption is discussed later, in relation to what the student nurses said about their practice-based learning:

'if they (student nurses) haven't had a visit, they do feel like they have missed out on it because it has a major impact in terms of learning so, you know I think that, that feedback alone highlights where, how important it is to fit it in alongside all our other roles'

Site D, Lecturer, Ian

This lecturer did not discuss the source or context of this 'feedback'. The student nurse participants, however, did not appear to have a sense of loss when they did not receive a visit. Aspects of inconsistent practice placement visits will now be explored to provide a sense of the challenges and barriers experienced by the participants.

6.2.2 Pre-arranged visits versus ad hoc arrangement

Each lecturer participant was responsible for between ten and sixteen allocated practice placements. Upward of thirty pre-registration student nurses could be allocated across these placements at one time. For some lecturers all their placements were in one hospital, while others had geographically separate community and voluntary sector placements, or a mix of placements. Practice placement visits were prearranged by some but not all the lecturer participants. Lecturers with NHS community placements tended to prearrange visits to ensure that student nurses were available:

'I've actually got to make an appointment with the students and the district nurse has got to bring them back to the centre'

Site A, Lecturer, Moira

Aston et al. (2000) found that pre-arranged practice visits were more likely to happen than ones arranged on an ad hoc basis; this finding was reinforced by the data from my study. Lecturers identified which student nurses were due to attend their allocated practice placements from cohort specific electronic databases. Most who prearranged visits appeared to use the university email system to contact student nurses individually with a date and sometimes an appointment time. If the student did not reply by email, some lecturers said they telephoned the student nurse or the practice placement to check their 'off duty' schedule. Alternatively some lecturers prearranged their visits by phoning the practice placement. Others particularly if responsible for several wards or departments in one hospital took a more 'ad hoc' approach, recognising it was unlikely that all students allocated to these placements would be on duty on the same day. Going back to the hospital on a second or third occasion potentially allowed the link lecturer to see student nurses they had missed on a previous visit. All of these approaches were time-consuming and administratively cumbersome. One lecturer estimated that the administrative aspect of organising visits took two hours for every five-week practice placement. This could be a conservative estimate particularly if email dialogue, waste visits (student not available) and rearranged visits were included.

Planning visits to accommodate both the lecturers' other commitments and the student nurses shift pattern and preferred days off clearly presented logistical problems. The lecturers worked regular office hours while many student nurses in practice placements opted for twelve hour shifts. Twelve hour day and night shifts had a significant impact on the lecturer being able to synchronise an appropriate time to visit each student in their allocated clinical areas. In addition student nurses are expected to spend at least 40% of their time in practice 'being supervised (directly or indirectly)' by their mentor (NES, 2007). This affected their shift pattern and subsequently their availability for the link lecturer.

Meanwhile, some lecturers were responsible for practice placements a significant distance from the university; in addition some particularly with rural placements had a wide geographical area to cover. These factors impacted on travelling time and

subsequently on how visits were arranged. Curriculum flow also influenced provision of practice placement visits, as some cohorts were in university while others were in clinical practice. The lecturer participants were required to provide practice placement visits and to teach in the university. They also talked about other demands on their time, for example engaging in scholarly activity including doctoral studies, writing for publication, and attending conferences. Despite the cumbersome administrative processes and barriers to implementation of the link role, most lecturer participants appeared committed to arranging and carrying out practice placement visits:

'I try to make sure that all the students are on duty out that way (rural community) on that day, so trying to find that day, and make sure they are all on, and then one isn't so I want to go and cancel all the others to find a day that all five of them are on, because to make it more cost effective, I want to see them all on one day, so, I can find that one has a day off that day, and I have to go back to the drawing board'

Site D, Lecturer, Jane

Logical planning to minimise travel time and maximise the number of students seen on one visit clearly added administrative complexity. It took one lecturer ninety minutes to drive to one of her placements. In addition to prearranging her visits she would telephone on the day to check that the student nurses were on duty. Lecturers who did not telephone the practice placement on the day of the visit said they could find that student nurses who had previously agreed to be on duty were not available. Unavailability was related to shift changes, illness, attending another department in the hospital for example to see a clinical procedure or being on a break. Wasted or unproductive visits in terms of the lecturer visiting and the student nurse not being available were discussed in each lecturer focus group. Several lecturers voiced concern that the student nurses could record what they might perceive as no visit in the retrospective student evaluation of practice placements. As previously highlighted at this university the practice placement evaluation survey included two quantitative questions about link lecturer visits:

1. *'How many contact visits did you receive'?*
2. *'When did you receive your 1st visit'? (which week of the placement).*

Several lecturers talked about a negative answer to these questions as only one side of the story. In some instances a visit was made but the student nurse was not on duty or available to see the link lecturer. Aston et al (2000, p184) also highlighted that quantitative evaluation of link visits could result in a 'fail' for the lecturer yet not tell the whole story. The following quote demonstrates one lecturer's frustration in relation to the student nurse placement evaluations while highlighting her acceptance that she could not guarantee each student in her allocated placements would receive a visit:

'I do feel a bit of pressure now, see because of this evaluation have you, tick box yes, no, have you had a visit from a clinical (link lecturer), that grates me a wee bit, because sometimes for all the best wishes in the world you miss students'

Site C, Lecturer, Shona

Some lecturers said awareness of the practice placement evaluation questions influenced their decision to carry out a follow up visit or to telephone or email the student nurse to ask if they required support. Some talked about waiting in the practice placement, or going to another placement in the interim and returning to see a student nurse who had been unavailable earlier. Alternatively some lecturers said they left a message with practice-based staff asking the student to get in touch if they had any practice-based learning 'issues' they wanted to discuss. The image of a university lecturer 'hanging about' as one lecturer participant put it, to see a student nurse was generally not thought congruent with best use of professional time and resources or a good role model. Meanwhile, in general the student nurse participants appeared not to consider it their professional responsibility to be available for the link lecturer, or to contact them to say for example they had changed their shift. This appeared to be learned behaviour related to their experience of link lecturer visits as sporadic and to a lack of consequence. This raises important issues in relation to the students' developing professional respect and the lecturer being a role model for

good practice (Benner, 2000; Nevid, 2011). The student nurses, however, indicated that the rules of engagement in relation to visits were unclear. One student said she took the initiative to email the link lecturer if she had not heard from her or him in the first two weeks:

'if I haven't received an email from a lecturer with in the first two weeks I always contact them to say, just to say I am at this placement, ehh, you are my link lecturer, just to let you know everything is ok, sometimes I don't even get a reply'

Site B, Student Nurse, Nicola

This student nurse was aware that she might have 'slipped through the net' in terms of the lecturer knowing she was in practice. From experience she felt that had she not heard from the link lecturer in the first two weeks a visit was unlikely. Some lecturer participants talked about student allocations to practice placement sometimes being changed at the last minute which could result in them not knowing a student was in one of their allocated areas. Just as lecturers talked about going to visit student nurses who were not on duty or not available some student nurses talked about link lecturers not letting them know that their prearranged visit was cancelled. In some cases a prearranged visit not happening was related to the vague boundaries of the link lecturer role impacting on the lecturer's time keeping. Many of the lecturer participants said that if an unexpected information, support or advice 'issue' came up during a practice placement visit it could disrupt their schedule for the rest of the day:

'you know to take them (student nurse) to a quiet place, you know to do all the things you need to do, and three hours later you have seen one student, and you think what have I done on my clinical placements'

Site C, Lecturer, Linda

This led me to consider the urgency of any 'issue' or need for information, advice or support. None of the lecturer participants talked about returning to deal with more time consuming 'issues'. Rather it appeared accepted that if 'issues' were discovered

during a visit the lecturer would give her or his immediate attention to resolving them. In a parallel example one lecturer participant contacted me via another participant to say she would arrive five minutes late for the focus group. I as a researcher was then faced with an ‘issue’. My choices were to start as scheduled and allow the latecomer to join and potentially disrupt the group, or send a message to say we are starting on schedule and the group cannot be disturbed once started, or to delay the focus group interview until she arrived. The consensus of the other participants was to delay the formal discussion until the delayed lecturer arrived. Having worked as a counsellor in the past I found it a challenge not to be strict about appointment time boundaries, however, having worked in nurse education for nine years I was aware of having become accepting of last minute boundary renegotiation. The following quote from the delayed lecturer demonstrates how a routine practice placement ‘issue’ delayed her that morning, and then impacted on her next appointment:

‘the reason I was a wee bit late this morning was because, exactly that, some students have only been in practice for a day and a half, but their concerns were genuine, but because I’ve got a good relationship with the manager and she would take on board what we said’

Site A, Lecturer, Annette

These student nurses had not telephoned or emailed the link lecturer to raise their ‘concerns’. Their ‘concerns’ were raised only when the lecturer made an ad hoc visit, this indicates that their ‘concerns’ were non-urgent. The lecturer, however, gave her immediate attention to these student nurses and discussed their ‘concerns’ with the nursing home manager. The lecturer was then late for the prearranged focus group interview. She acknowledged that if she had other visits arranged she would have been late for these or unable to complete them. This appears to be an area where clearer link lecturer role boundaries would be useful.

6.2.3 Timing of visits

There was mixed opinion in the lecturer focus groups about which week of the student nurses' placement was the most appropriate for a link lecturer visit. Despite this visits appeared to be made based on the lecturer's other commitments rather than an evidence-based decision about supporting practice-based learning. The lecturer who was late for the focus group interview had been delayed on a week one visit. Most of the lecturers felt that the middle week of a placement for example week three of a five-week placement was the most appropriate. The next quote highlights the individual nature of decision making in relation to which week is most appropriate:

'leave it a week and a half, and you know they seem to be comfortable that you're there and it's good to see you and why are you here?'

Site A, Lecturer, Kimberley

This quote implies that student nurses do not know why the lecturer is visiting, which is at odds with the QAA (2007) saying it is important for students in practice to know what to expect by way of support from university staff. The lecturer participants appeared not to question the appropriateness of student nurses saying the purpose of the visit was unclear. Meanwhile, one lecturer said that due to other competing demands on her time she did her most recent practice visits in the last week of the student nurses' placement:

'the timing of the placements, because last week it was Thursday before I went, and a lot of them it was their last day, and I was like a whirlwind, cos they were all finished and they were all doing great, no issues'

Site C, Lecturer, Ruth

This quote demonstrates that variety in the timing of visits can be affected by other commitments. It also implies that this lecturer went to her placements 'like a whirlwind' to ask the student nurses if they had 'issues', rather than visiting with a

pre-determined professional, clinical or pedagogical purpose. From a student nurse perspective visits later in the placement were of minimal value:

'but it (link lecturer visit) depends on when they come, like it might be at the end of the placement, and the time (for discussing issues) might have gone past'

Site B, Student Nurse, Callum

'they come on the second last day of your placement, that is no good to anybody'

Site D, Student Nurse, Hannah

Lecturers in each focus group talked about having to accommodate visits around their other academically driven commitments and their annual leave. As a result there was a sense that practice visits were often hurriedly arranged and slotted in to a busy schedule as the next quote demonstrates:

'it's very frustrating, when the students are out in placement but you are actually teaching or you are doing other things and it is that opportunity, when will I fit it in, cos, I think it is really valuable that we do our link lecturer role, but you know it is a challenge to fit it in, especially when we have got a distance to go (rural placements)'

Site D, Lecturer, Rachel

If, as this lecturer implies, the link role is important, then slotting practice placement visits into a busy schedule of other commitments in unprotected time is worthy of critical consideration. Both the NMC SLAiP (NMC, 2008b) and local standards for link lecturers at the university where the study took place, state that the link lecturer is responsible for providing 'pastoral and academic guidance'. Feeling distracted by other demands rather than present and focused during a visit was discussed by both lecturer and student participants. Lecturers talked about being distracted by their academic commitments, while student nurses talked about, for example, wanting to get back to the patients they were caring for or to see a clinical procedure. Being distracted is incongruent with effective engagement in pastoral or academic guidance

and with the lecturer providing a good role model for student nurses. Some students were conscious of not wanting to take up the link lecturer's time because they were aware they were juggling other demands with visits.

Formal versus informal visit

There appeared to be no uniform way of conducting a practice placement visit. Variation in individual practice is not unique to the university that took part in this study. Carson and Carnwell (2007) also found that individual lecturer preference tended to define what happened during practice placement visits.

Some lecturer participants indicated that they spoke to the student's mentor during a visit and others appeared only to speak to the student that they were in practice to visit. This raises questions about the purpose of the visit, its contribution to practice-based learning (discussed further in Chapter 7 (7.2), and where the link lecturer fits with the clinical community of practice (discussed further in Chapter 7 (7.1). Absence of dialogue between the lecturer and mentor during a visit indicates a missed opportunity to discuss aspects of the student's practice-based learning that require enhancement. Synchronising protected time to meet with the mentor and student nurse in clinical practice was complex, bearing in mind there could be upward of thirty pre-registration students in the lecturer's allocated placements. From the student nurse participants' perspective, however, it seemed illogical that a lecturer would visit and not ask their mentor for feedback on their progress. The two student nurses quoted next had different experiences, one unsure if the link lecturer and the mentor spoke and the other saying they did but that she had only had two visits on which to base her judgement:

'do they (link lecturers) talk to your mentor?'

Site D, Student Nurse, Anna

'mine (link lecturer) has but I have only had two'

Site D, Student Nurse, Olivia

The length of visits also varied with some lecturers saying they could spend an hour having a reflective, pastoral or academically orientated discussion with one student or a group of students. Some lecturers appeared to have a brief conversation with the student(s), and some said they had spent more time driving to the placement than they did with the students they were visiting:

'sometimes you go down, and the visit is over in no time, anything you want to ask, no fine-fine, and you are like, I have been driving all this way, I thought I was going to be here for half an hour'

Site C, Lecturer, Evelyn

'the average time you spend with a student on an average visit, that's very much dependent on if there is a problem'

Site A, Lecturer, Moira

Both of these quotes imply that the student nurse is in charge of the agenda for a link lecturer visit. There are resource implications that require critical consideration if the student is in charge of the agenda and does not have anything they *'want to ask*' while the lecturer has made a lengthy and therefore expensive journey to hear and accept this. A point worthy of consideration is justifiable use of the academic lecturers' time, knowledge and skill; another is the apparent missed learning opportunity particularly in relation to providing a role model in respect for professional boundaries.

6.2.4 Group versus individual visit

The local link lecturer standards relevant to the participants state that a visit to student nurses in practice 'should be no less than thirty minutes and can be shared by more than one student'. In each focus group there was discussion about whether student nurses were seen individually or in a group. From a student nurse perspective this was experienced as 'inconsistent':

'I have met in a group a couple of times, and then it has been one to one a couple of times, it has been dead inconsistent with me'

Site C, Student Nurse, Denise

In this context the word 'dead' means really or very. For student nurses, a safe environment in which to share their concerns did not exist when visits happened in a group, or if an individual conversation was within hearing distance of practice-based staff. Some students talked about saying everything was going well rather than discussing their concerns in front of others or potentially becoming a victim of gossip by asking to have a private conversation with the link lecturer:

'they (link lecturer) are asking you is there any problems, but like all the staff are sitting behind you so if there was you are not going to say, oh yes such and such, or whatever because they are sitting right there'

Site D, Student Nurse, Susan

'one of the girls did have a problem, and she is like that, can I stay behind, so we (other students in the group) were like, she's got issues and I am going there next, so I don't think that is right either'

Site C, Student Nurse, Grace

The student nurse participants who assumed the purpose of the visit was to discuss 'problems' or 'issues' tended to prefer an individual meeting. An individual meeting, however, was criticised by some students and lecturers in relation to finding a private area in which to conduct it. There are no specifically designated areas in clinical practice for link lecturers. Many of the lecturer participants used a group approach strategically to cut down on the time they needed to allocate to visits. This did not generate discussion about the effect on the student nurses' professional, clinical, pedagogical or pastoral gain.

Visits as necessary or unnecessary

Visits were talked about in each of the focus groups in relation to being necessary and useful, and conversely, unnecessary and at times a hindrance and inconvenient. During a visit some lecturers asked if the student nurse had problems or issues. Some talked about checking the student nurses' practice assessment documentation in detail, and explaining to, and questioning the student nurse about the meaning of the NMC competencies that they had to achieve in practice. Some lecturers prompted the student to link theory to practice through reflecting on their clinical practice. In addition some provided academic support for assignments and from a professional perspective a few saw it as an opportunity to remind the student about the uniform policy and professional conduct:

'I think the (link) role is important from a supporting professionalism part of it, because sometimes I think that mentors don't know where they stand in terms of certain things like uniform, and that kind of thing, but if we're going in we can say where is your name badge, when is your final review, and are your black shoes on'

Site C, Lecturer, Dorothy

Assessing the student nurse's professional conduct is part of the mentor's responsibility (NMC, 2008b); this raises a question about whether duplication of effort is necessary or justifiable. Importantly, this quote demonstrates encouraging professionalism in a narrow sense of checking that certain things were done correctly, rather than in the wider sense of assessing professional values and ethical practice.

Some student nurse participants enjoyed having a visit; however, some perceived it as a policing role with the link lecturer out to 'check up on' them:

'it is an inconvenience, cos if you've got, more like you feel you should be able to phone them if something is wrong, and then they come, than them just come for the sake of it, it is a bit like they are checking up on you'

Site D, Student Nurse, William

This student was not alone in seeing the link lecturer visit as inconvenient. Some student nurses said having to spent time with the link lecturer took them away from patient care activities:

'you are being removed from the ward to go and talk to them (the link lecturer) for ten or fifteen minutes, and it is not really of a benefit I don't think, whereas ten or fifteen minutes on the ward would be more beneficial'

Site D, Student Nurse, Susan

One student nurse indicated that she could give less time to the link lecturer if the ward she was working in was busy or if patients needed care:

'you might have people (patients) who are really sick and em, you have to prioritise their care, therefore maybe 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, Fiona

This quote implies that despite some link lecturer participants feeling that visits were important, they were not necessarily perceived as such by the student nurses. The following quote demonstrates that for the student it was more important to have a named person to contact if needed for crisis intervention. It also demonstrates that for this student nurse the link role is not related to practice-based learning:

'it's important (link lecturer) because, well they are a named person that, so for me it is associated with problems and issues, it is not associated with learning in practice'

Site B, Student Nurse, Anna

This quote reveals something important in terms of clinical or pedagogical contribution or the lack of it. The role of the link lecturer in terms of contribution is discussed later in this chapter.

6.2.5 Audit trail for visits

In this study it was clear that practice placement visits accounted for a substantial investment in terms of human resource. Creating an audit trail for this investment, however, was not done in a uniform way, though several of the lecturer participants talked about having devised a way of keeping a record of their visits. In the ENB study Aston et al (2000, p. 182) found that 'only a small minority' of link lecturers kept records that had the potential to be used for audit. The lecturer participants who discussed keeping a record of their visits, did this via an entry in a paper based diary or electronic calendar, and/or having a folder with details of each student visited and any 'issues' discussed. There was some discussion but no clear agreement about data protection when individual lecturers kept such records. The link lecturers at this university were expected to sign the student nurses' practice assessment document when they visited them. The student nurses, however, did not always have this with them on the day of the visit, and as already discussed might not be on duty for a prearranged visit. Given the time and resources invested in practice placement visits the absence of a robust audit trail seems strange. The absence of an agreed audit approach may have contributed to the sense that missing some student visits was inconsequential. It might also be evidence that to design a robust audit tool the purpose, objective and activities expected of the link lecturer role would need to be clear; which overwhelming evidence in this study as well as others spanning several decades (see Chapter 2) suggests it is not.

This section has demonstrated the complexity of what at first glance can seem a simple concept that the link lecturer visits each student allocated to the practice placements they are responsible for. The volume of placements and of students allocated to them makes it challenging in the first instance to arrange successful visits; when success measures merely that the lecturer and student met in the practice placement. The administration involved in arranging visits was clearly cumbersome and at times frustrating for the lecturer and student participants. The barriers to success included the geographical spread of placements, shift patterns and other demands on the nurse lecturer's time. Meanwhile, visits were not necessarily perceived by student nurses as a positive experience or contribution to their practice-

based learning. There was a sense in all the focus groups that visits were discussed more in terms of happening or not than in relation to practice-based learning purpose, contribution or outcome. This finding is not dissimilar to that of the ENB study. Aston et al. (2000, p. 186) reported that 'the frequency, pattern of visits and multiple interpretations of the content' added 'to the difficulties in defining a purpose for the role'. This might explain why the two questions in the student evaluations of placements at the university where this study took place, ask did you get a visit and when. To ask anything more meaningful, the purpose of the role and objective of the visit would need to be clear. The evidence presented in this section demonstrates that the continuation of visits as a mechanism for supporting student nurse practice-based learning requires critical consideration. Practice placement visits have not been explored in this depth in the published literature to date.

Section 6.3 Information, advice and support

This section focuses on the first of three key themes identified in the focus group data as a perceived purpose of the link lecturer role; information, advice and support. Although not entirely separate concepts they have been separated in this section for ease of reading. Some aspects of them have already been explored because they were inextricably tied in with the discussion about visits. From the participants' perspectives a key purpose of the link lecturer role was to provide a source of information, advice and support, this appeared mainly to be 'issues' driven:

'it (link role) can stop a whole hornet's nest of problems emerging if you can resolve them quickly particularly if you've got a valued relationship with the staff. If you've not got a problem (in practice) I'm a little bit unsure whether it's an important role. I know the students enjoy it but what they get out of it I'm not really sure'

Site A, Lecturer, Lindsey

The 'issues' or problems that the lecturer participants discussed dealing with in relation to their link role included student nurses feeling unsettled in the early days of a placement, professional relationship conflict, concerns about professional conduct, and the student failing to progress as expected. The lecturer participants

also talked about being asked for information about a range of things. These included clarifying the skills that the student was allowed to carry out in practice, how to complete the student nurses practice assessment documentation, dates for assignment submission, when exam results were being released and guidance for academic assignments. As previously discussed, student nurses experienced practice placement visits as sporadic; their access to the link lecturer as a visiting source of information, advice and support was, therefore, also sporadic. Despite this, the student nurse participants appeared resourceful in terms of sourcing information, support and advice in the absence of a link lecturer visit.

6.3.1 Information

The lecturer participants indicated that they spent more time in their independent sector placements because they felt the staff had fewer mentor peers and therefore, needed access to information, advice and support, particularly if there was no allocated PEF/CHEF. Keeping practice-based staff abreast of any curriculum changes was perceived as a joint responsibility with the PEF/CHEF. In addition the lecturer was required to update, when appropriate, a 'black' folder of curriculum relevant information that was held in each of their allocated practice placements. The lecturer participants talked about receiving an email with new information which they would print and deliver to their allocated practice placements. This folder was designed to improve access to information, however, there were problems with this system in relation to duplication of effort and the information potentially not reaching those for whom it was intended:

'I think that is part of our role as link lecturers, to keep updating (mentors) although the PEFs may well be out there to keep updating the mentors on what is changing. I quite often find, oh I didn't know that actually I didn't have any information. So you point them to the black folder and you say that's where the information is now kept and that's our role (link lecturer) to keep that up to date'

Site A, Lecturer, Kimberley

The black folder seemed to work on one level for example the link lecturer could demonstrate that she or he had delivered updated information. On another level, however, there was clearly potential for mentors to miss out on updated curricular information. Acknowledging more reliable ways of sharing curricula information in this technological age appears important for taking the profession forward. In addition lecturer participants talked about carrying information with them during visits while learning from experience what this should be:

'someone will ask a question and I am like, I don't have the (curriculum) flow with me for example, so I will remember to take that with me the next time, like what is the assignment about, oh I don't know'

Site C, Lecturer, Eleanor

Curriculum flow and assignment information, however, was freely available on the university moodle site. Lecturer participants said that students would ask them during a visit for example when exam results would be released and about paperwork they needed to complete nearer the time of registration. This information was also available via moodle; it therefore appeared that the link lecturer was asked opportunistically about such things. Rather than the lecturer taking these opportunities to coach students to be self-sufficient problem solvers and to develop their professional resilience, they appeared to feel responsible for having answers. There appeared to be a learned behaviour element to this co-dependent relationship. This might stem from the purpose of the link visit being unclear and/or from a misguided sense that having the answers is a demonstration of kindness or caring. In previous studies the student nurses have said that they like friendly unchallenging link lecturers (Brown et al., 2005). Directing the student to find out information independently is likely to be seen at best as unhelpful unless the boundaries of the link lecturer role are clear. This quote demonstrates this lecturer's experience of providing opportunistic support:

'often if they need you what they are wanting, in my own experience only, is em, when are the results going to be out, you know, when are we going to get our final (personal lecturer interview) em, so we can get our NMC registration, so you are dealing very much as an admin information person'

Site B, Lecturer, James

The student nurse participants talked about the link lecturer as a point of contact if they required information about which clinical skills they were allowed to carry out in practice. For example some students were unsure if they were allowed to give insulin injections. If the mentor and PEF/CHEF were unable to confirm the regulations the student nurse participants said they would speak to the link lecturer or their personal lecturer. There was clear evidence of duplication of effort in relation to the link lecturer as a source of information and limited evidence of enhancing professional, clinical or pedagogical development. Meanwhile, some lecturers indicated that the PEF role had adopted many of the link lecturer activities:

'I am being devil's advocate here, you know if we have got a PEF doing all the stuff, you know if, if the students know oh well if I canny (cannot) get this sorted well (contact the link lecturer)'

Site C, Lecturer, Shona

The evolving PEF/CHEF role generated for some lecturers a sense of caution in regard to not breaching what appeared tenuous boundaries:

'you have to be very careful sometimes because that is the role of the PEF to support the mentor, where we are clearly there to support the student, and I think very often these roles do overlap, and I think again it is about kinda em, communicating with them to ensure that you are not kinda taking their job away but you are there to support it'

Site B, Lecturer, Jennifer

These boundaries have been highlighted by other researchers in relation to changing the focus of the link lecturer role (Price et al., 2011).

6.3.2 Advice

The lecturer participants tended to see a key aspect of their link role as problem solving and conflict resolution. Another key aspect of the link lecture role appeared to be advice relating to the students' practice placement documentation.

Advice for conflict resolution

Some lecturers felt that their advice had the potential to deescalate a broad spectrum of what seemed to be commonly called 'issues' in practice. There was however, a sense that often these issues would be discussed if the link lecturer appeared for a visit and would otherwise be resolved in another way or would lose priority:

'sometimes when you're out in practice just like today, you (Site A, Lecturer, Annette) went for a different reason, it's flagged up to you (student nurses were concerned about the attitude of some practice-based staff), where it might be because all of a sudden the place gets busy, it's kind of forgotten until three days later and oh well it wasn't such a big problem, but if you're (link lecturer) there then, you know'

Site A, Lecturer, Kimberley

Several lecturer and student nurse participants talked about the link role in terms of being a mediator in conflict resolution. If, for example, a student nurse highlighted what they perceived as poor practice the link lecturer would discuss this with the clinical area manager, and encourage but not insist that the student was present for this discussion. As the lecturer in the next quote highlights, it is important to recognise as a mediator that there are two sides to a story:

'you're really weighing up in terms of judgement of whose perception of what happened. It can be very complex'

Site C, Lecturer, Lindsey

Other areas of conflict discussed in the focus groups included personality clashes, student nurses not wanting to work with elderly patients, students not engaging as they should for the stage in their course, or feeling they were not getting appropriate

learning opportunities. Dealing with these areas of conflict is arguably within the capabilities of the practice-based mentor, clinical manager and PEF/CHEF. From a policy perspective (NES, 2007; NMC, 2008b), however, the mentor should contact the lecturer and PEF/CHEF if concerned about a student nurse's progress:

'the staff (mentors) contact the PEF when there is a student problem and they should be contacting me, and then quite a lot of the time, it is a duplication of work which is you know a nuisance'

Site C, Lecturer, Shona

It appeared at times that the mentor would contact the PEF/CHEF who would in turn contact the link lecturer. The link lecturer, as might the PEF/CHEF, depending on the 'problem' might discuss it with the university-based senior lecturer responsible for the strategic management of practice placement allocations. Understanding of the channels of communication appeared vague, while duplication of effort appeared common place. Meanwhile, for the university-based link lecturer involvement could result in a complex mediation role that involved weighing up what had happened and how significant it was in terms of quality assurance, patient safety and the student nurse's ability to achieve the NMC competencies. Many of the student nurses recognised that as developing professionals they would be best to at least try and resolve any 'issues' themselves:

'you would just try and kind of solve it yourself because then it makes the placement a much more kind of settled environment really, if you're able to say, I've got an issue with this you know and at least then your mentor or another nurse is able to come together with you and kind of you can talk it out you know rather than bring somebody in (link lecturer)'

Site A, Student Nurse, Peter

This quote resonated with other student nurses who felt that they would rather speak to their mentor, and use their access to a link lecturer as a last resort to manage conflict. This suggests that the student participants were intuitively aligned with the principles of natural justice and appreciation of the other person's position, while

motivated to develop their negotiations skills. The following quote conversely suggests that there is room for coaching the student in terms of developing natural justice awareness and negotiation skills:

'I wasn't just doing the basic care, but I could have been doing more and, basically I was used as a dogs-body and he (link lecturer) like spoke to the nurse in charge and said like look, because it was in a care home and he was like, get her (student) more involved, get her to do the drugs and stuff like that, and that was because of the link lecturer, I suppose they could be good (link lecturers) if it is done right and they are coming out'

Site B, Student Nurse, Claire

The lecturers talked about duplication of effort and potential conflict of interest between the advice resource part of their link role and their academic role in university. In addition to the link role and visits, the lecturer participants taught, marked assignments, and offered academic and pastoral support as a personal lecturer. In addition lecturers talked about being aware of the potential conflict between having a professional responsibility to support the student (NMC, 2008) and to exert authority if needed, as the quote below demonstrates:

'sometimes the truth is that there are concerns and so you do need to, you know, wear two hats in a sense you want to give them (the student) every opportunity and support them through any challenges they are having and at the same time they must meet a certain standard'

Site, D, Lecturer, Ian

The current system of having a link lecturer as a mediator is perhaps short sighted in that conflicting responsibilities might mean that they consciously or unconsciously act subjectively rather than objectively. Mediation, if required, is arguably best provided by someone not directly involved with either party. At the same time some students indicated that they felt less anxious about speaking to the PEF than the link lecturer:

'I think the PEFs are more beneficial, they discuss better things with you and there is no big tension when they (PEFs) come into the wards, seems everybody is more relaxed than if they see a lecturer walking in the ward, everyone does kinda stand to attention'

Site D, Student Nurse, William

'they (PEF) asked me as well, one of the PEFs asked me, like to give my feedback, on how I was settling in on the wards, as well, but I felt comfortable with that'

Site D, Student Nurse, Amy

Advice on practice placement documentation

There was discussion in all of the focus groups about the link lecturer visit being used to give and receive advice on the student nurse's practice assessment documentation. Price et al. (2011) and Carnwell et al. (2007) also found that visits were often used for checking and advising on completion of this. The documentation used by the student participants in this study was the predecessor to the on-going assessment record (OAR) discussed in Chapter 2. It contained the NMC competencies and nursing skills that the pre-registration student nurse was expected to achieve and was referred to by the participants as the 'red folder'. The wording of the NMC competencies appeared to overwhelm many of the students; they saw the visiting link lecturer as an advice resource for interpreting what was expected of them:

'they (link lecturers) help you complete your red folder, I've had that quite a lot of the time, like you'll ask them (link lecturer) what do I put in this box, what does this mean, some of it is about care plans, and you're like what exactly does that mean, I have had a lot of advice about my red folder'

Site B Student Nurse, Catriona

'quite a few (students) do have the red book out ready for you to have a look at'

Site D, Lecturer, Malcolm

'clarification for the students because when you go out, and it goes back to the practice assessment document, often I am asked the same question again and again, by the students, for example with regard to essential skills, eh some of them will sort of a say, can you go over that again with me'

Site B, Lecturer, Margaret

It appeared that discussing and checking the red folder was often used to provide structure and a focus for visits. Some lecturers routinely checked the students' red folders. None of the students, however, indicated that they would go to the university to seek advice about their folder if the link lecturer visit did not happen. The mentor assesses the student nurse against the NMC competencies, while the mentor programme includes information about the assessment documentation and NMC competencies therein. Meanwhile, PEF, CHEF and mentor representatives were involved in the development of the red folder. Using link lecturer visits to interpret the NMC competencies is resource intensive, further, it is a remit already covered by the mentor. One lecturer participant suggested bringing all the students into the university half way through their placement to explain the documentation and NMC competencies to the whole cohort. There followed a discussion about this penalising the students who already understood them. With technological advances less labour intensive ways of sharing examples of how to achieve the nationally agreed competencies for example a national online tutorial via the NMC website seems logical, particularly as this appears not to be a localised issue (Price et al., 2011; Wray & Wild, 2011).

6.3.3 Support for practice-based learning

Support for learning in practice as demonstrated in Chapter 5 (5.4) is a key theme in the parts of the NMC SLAiP (NMC, 2008b) that relate to the link lecturer role. In the focus group data support was talked about predominately as being pastoral or academic.

Pastoral support

Pastoral support as discussed in the focus groups covered a range of activities. From the lecturer participants' perspective they offered pastoral support to student nurses in clinical practice and at times to mentors. In the case of a student nurse failing to achieve the required level of competence in practice the mentor from the perspective of the NMC SLAiP standards is responsible for:

'liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, programme leaders) to provide feedback, identify any concerns about the student's performance and agree action as appropriate'

Mentor responsibility (NMC, 2008b, p. 19)

The lecturer participants in their link role were the agreed point of contact for the mentor if there were concerns about a student nurse's progress in practice. They were also the agreed support mechanism for the student nurse in practice. This created a complex situation where both the student and mentor could in the lecturer's opinion require pastoral support:

'for additional support, I think they've obviously taken a knock in their confidence (student nurse failing to progress as expected) and their mentors have got concerns, and things, so again I'm there supporting the student and the mentor as well'

Site A, Lecturer, Chris

Blurring of roles and potential duplication of effort was evident as lecturer participants, as previously indicated, also talked about liaising with the PEF/CHEF about student 'issues' in practice. The mentor meanwhile would also be expected to contact the PEF/CHEF in the event of student related 'issues'. The following quote demonstrates that 'support' for this lecturer was an all-encompassing term though perhaps not to support the mentor:

'I think they (student nurses) should be supported by clinical staff, but our role is different isn't is, it is not to support clinical practice it is a support mechanism in general'

Site C, Lecturer, Eleanor

A general support mechanism is vague in terms of what it would include or exclude. Some lecturers discussed providing a 'sounding board' for student nurses during a visit. The student nurse participants' use of this sounding board appeared to be opportunist rather than urgent. Several students recognised that 'issues' would not necessarily seem as significant the next day, or be worthy of contacting the link lecturer about. Some felt that seeking support from the link lecturer was disloyal to their mentor and/or could generate unwanted speculation amongst their peers. Meanwhile, some of the student nurse participants had found it cathartic to share their concerns with the link lecturer during a visit:

'it makes a difference (practice placement visit), well in that you go away for a chat and you can have a sounding board, like at some level what we are doing just now (talking in the focus group), but they (link lecturers) have absolutely no influence on the ward'

Site B, Student Nurse, Anna

Demarcation between pastoral support and wanting information advice or sounding board support while in clinical placement was not clear. Pastoral support was not a term used by the student participants, however, some said they would be likely to call their personal lecturer rather than their link lecturer if they had problems. This may indicate that they had built up a relationship with their personal lecturer, while they might not have met the link lecturer before the visit. Some lecturer participants, however, recognised that by asking the student nurse during a visit, 'is there anything you would like to discuss' they potentially opened a 'flood gate' of concerns. This flood gate could result in emotional support for some student nurses but potentially cause distress for others:

'how many times have you said, how are you, and they (student nurse) burst into tears, how many times has that happened'

Site C, Lecturer, Linda

'or you say 'how are you' and they say fine, and you are like, no you're not'

Site C, Lecturer, Evelyn

There appeared to be little caution exercised in relation to asking questions that could result in the student nurse feeling emotionally distressed. In addition there was no evidence of this type of intervention being used as a learning opportunity. Gray (2012) despite seeing the link lecturer's pastoral support role as potentially important cautioned that it could result in the student nurse learning little about their emotional reactions. None of the student participants discussed being emotionally upset during a link lecturer visit. There was, therefore, no evidence in the data that student nurses learned from emotive conversations generated by lecturers. As the university provides the personal lecturer system and a free of charge counselling service, the need for the link lecturer to open such dialogue whilst in a practice placement was unclear and potentially unfair.

Some students said a link lecturer visit was welcome in terms of seeing someone from the university. The pastoral, professional, clinical or pedagogical gain from seeing the link lecturer was, however, not convincing in terms of intervention that advances learning or skills development as Bandura's theory (Nevid, 2011) suggests is possible in such an interaction:

'it is half an hour out isn't it, but sometimes it is quite nice if there is a couple of wee things that you are maybe not that clear in your head about, and you feel like you have not sort of a lost contact with the rest of the world, because you feel a bit isolated sometimes if you are in a ward'

Site B, Student Nurse, Callum

The link lecturer role has been discussed by other researchers in relation to offering 'support' to student nurses who experience feelings of isolation in practice (Grant et al., 2007; Ousey & Gallagher, 2010). The NMC SLAiP standards (2008b, p. 26) state that the link lecturer should 'support students to integrate into new environments and working teams'. There was, however, no evidence that student nurses were unable to overcome their feelings of isolation in the event of not seeing a link lecturer. Interestingly some lecturer participants said they felt welcome in some practice placements and less so in others. Feelings of isolation were, therefore, not exclusive to the student nurse and are perhaps at times an inevitable component of professional life.

Academic support

In the focus group dialogue there was evidence of academic guidance and support happening during practice visits; sometimes initiated by the link lecturer and sometimes by the student nurse. Academic support initiated by the lecturer ranged from encouraging the student to link theory to practice, pointing out the learning opportunities in their current placement, and encouraging the student to engage in written reflection or a reflective discussion about their clinical learning experience.

Advice on academic assignments

A key aspect of academic support that was dominant across the focus group discussions was giving and receiving advice and feedback on assignments:

'I always ask them about that assignment (about a practice learning experience) because I think the mentors, I don't think know enough about the em, so to ask them (student nurse) have they thought about it, because this is your acute placement so give some thought to it so I suppose if that's academic support then yes that's what I would say I do'

Site A, Lecturer, Kimberley

'especially with practice (related) assignments, I am often asked for advice with, regarding their assignments, you know, would this be appropriate to discuss or, so giving academic advice for students as well, within the link area'

Site D, Lecturer, Jane

Student nurse participants talked about using the link lecturer visit as an opportunity for academic guidance, feedback and support. The type and timing of the placement in relation to the need to submit assignments appeared to influence what the student nurse saw as an appropriate agenda for the practice placement visit. The following quote echoes what other lecturer participants said:

'sometimes it's (the student's agenda) nothing to do with the actual clinical area it's more like academic support, that you find regarding assignments, could you help me with this, I've got an assignment coming up, could you possibly go through the assignment'

Site A, Lecturer, Chris

Link lecturer visits for many of the student participants had included academic support; some found a lecturer would read some of their assignment and give them advice. Others, as demonstrated in the next quote, felt annoyed that they had been advised instead to attend the academic support sessions provided in the university. Clearly there was duplication of effort as academic guidance and support was routinely provided in the university:

'I was told not, you know, I tried to ask, but I was told no, come to the support session for that, but that is the difference in lecturers for you'

Site D, Student Nurse, William

Price et al (2012) claimed that academic support could and should be managed within the academic setting. The local link lecturer standards applicable to the participants, however, state that academic guidance is part of the role. As the role also involves visits it is not surprising that there are mixed messages to student

nurses about what is an acceptable request for academic support and what is not. One lecturer felt that providing academic support during a visit could disadvantage some and lead to the students' responsibility for learning being unclear:

'academic support (provided in practice) negates their responsibility to attend sessions that are provided for them, if they think they can get a one to one'

Site A, Lecturer, Lindsey

Conversely, the following quote demonstrates the extent to which some lecturers would go to provide academic support in the practice setting:

'*there was a student that I had last year, and it was a 3rd diet (2nd resit) for the 'process of nursing' (assignment), and she'd asked me for a wee bit of academic support, and I actually got changed and went into theatre with her, to sit in a quiet room'*

Site C, Lecturer, Ruth

The resources required in these circumstances, not to mention the introduction of an arguably unnecessary person to a clean clinical environment is questionable. Meantime, this student would also have had access to academic support from her personal lecturer, the markers of her previous attempts, those who taught the assignment related material and from the university student support services. Opportunistic academic support during a practice placement visits, and negotiable boundaries, it appeared was common as is demonstrated in the next two quotes:

'I think it is always that last question, are there any other issues, yes would you mind having a look at, and they have got it up their sleeve (an assignment), maybe we shouldn't ask that question'

Site B, Lecturer, Jennifer

'I find as well sometimes it's nothing to do with the actual clinical area it's more like academic support that you find regarding assignments, could you help me with this, I've got an assignment coming up, could you possibly go through the assignment'

Site A, Lecturer, Chris

Link lecturer visits would need to be consistent to provide equitable access to one to one practice-situated academic support; in this study visits were not shown to be consistent. Meanwhile, there is no evidence base to support the provision of academic guidance and support during link lecturer practice placement visits as a worthy use of resources in terms of impact on pedagogical outcome (Price et al., 2011). As already highlighted there are other sources of academic support already available.

Linking theory to practice

Some lecturers talked about prompting the student nurses to link theory to practice, while the students talked about being self-motivated, and not necessarily requiring to be prompted. There seemed to be an element of parenting or policing, rather than facilitating or challenging in much of what lecturers said in relation to checking that the student could link theory to practice and vice versa:

'as lecturers we are very aware of what they are getting in their theory and obviously we're aware of what's happening in clinical practice as well, and sometimes we just maybe pick one or two situations to link what I know they've had in their theory to what's happening in practice'

Site A, Lecturer, Moira

'reminding them of what they have learned here (in university) and to implement it in practice, and vice versa, and that they have got their learning in practice, and their written assignments and things that they are working on'

Site C, Lecturer, Ruth

The identity of the link lecturer was perceived on a continuum from kindly to policing; this is discussed further in Chapter 7 (7.1.2). Providing a visiting lecturer to prompt the student to link theory to practice, calls into question how professional responsibility and growth are cultivated in the potentially person centred dialogue between expert and novice (Fenwick, 2001). There was no evidence in the focus group discussions of students being asked to prepare a scenario for discussion during their link lecturer visit. This mirrors the findings of other studies where the emphasis has appeared to be on what the link lecturer can provide, rather than on what the student nurse can reflectively discuss (McSharry et al., 2010; Price et al., 2011).

Aston et al. (2000, p. 186) found that student nurses 'viewed the lecturer's role as vital in linking theory to practice'. The data from this study did not reflect this. This may be indicative of changes in support for practice-based learning that occurred with the introduction of the now well established mentor programme (NES, 2007). In addition, contemporary mentors are more likely to have a degree while student nurses have access to electronic libraries and resources in a way that was less common in the mid 1990's when Aston et al. (2000) carried out their study. A key difficulty lies in teasing out what is required to support student nurse practice-based learning, versus what may be traditional thinking, for example, that the link lecturer bridges a theory practice gap (Ousey & Gallagher, 2007) via clinical placement visits (Day et al., 1998). It is perhaps time to shift the emphasis to the student bridging their unique theory practice gap by developing reflective skills in university (Hattlevik, 2012) and using these skills during practice-based dialogue with their mentors (Cope et al., 2000). According to Schon (1987) this shift would enhance the students ability to be a capable self-aware problem solver.

Identifying learning opportunities

The NMC suggest that the link lecturer should develop 'opportunities for students to identify and access learning experiences that meet their individual needs' (NMC, 2008b, p. 27). Realistically the practice-based mentor is more likely to be in an optimal position to do this. Some lecturers said they pointed out opportunities to link

theory to practice to the students they visited in practice; for example one said she suggested they 'learn about respiratory disease' while in a respiratory ward.

'I will go to a ward, whether it is respiratory patients, I will say think about, try and get them (student) to look at what they are doing, try to get their (the patient's) face ingrained in your mind, how is it affecting their ability to eat, how are they mobilising around that ward'

Site C, Lecturer, Shona

Meantime, the student nurses discussed self-directed study and appeared independently motivated to identify learning opportunities when nursing patients with specific clinical conditions:

'I was in the Parkinson's ward the last time, so I did a bit of reading on Parkinson's Disease'

Site C, Student Nurse, Denise

There was overwhelming evidence in the focus group discussions of motivated student nurses being eager to learn and actively engaged in identifying learning opportunities. This mirrors the view of medical students who talked about a positive learning experience being directly linked to their own 'positive attitude, willingness and enthusiasm to learn more' (Stalmeijer et al, 2009, p.545). The following quotes demonstrate a common message in the student nurse participant dialogue:

'being enthusiastic and eager to learn new skills, asking to observe in certain situations to develop a better understanding'

Site D, Student Nurse, Sarah

'you have got to be responsible for your own learning at the end of the day, don't you, so em it's being able to identify, em, learning experiences and taking a grasp of that, don't just wait for a mentor to say would you like to go and do this'

Site B, Student Nurse, Frank

'I think you need to be quite aggressive about your learning as well, you know what I mean, you need to kind of go and seek your own opportunities'

Site A, Student Nurse, Graham

These student nurses were of the opinion that they knew what they wanted from a practice placement, were by their final year increasingly able to identify their knowledge and skills deficits and were resourceful in addressing them. Dependency on the link lecturer was not evident in relation to identifying learning opportunities. Ousey & Gallagher (2007, p.200), however, suggest that the orthodox position on linking theory to practice is that the expert is required to help the novice bridge the gap. The expert for the student nurse participants while in placements appeared to be their mentor.

Reflection

Some lecturer participants discussed engaging the student in reflective discussion which they felt allowed the student to learn from their experiences in practice. If the link lecturer challenged the student nurses knowledge by engaging them in a reflective discussion it was seen by some students as a bonus. Other students felt it was unfair, that they were asked to do something that other lecturers did not expect. In this sense lecturers appeared to gain a reputation and the grapevine would alert new students as to what to expect. It is not unusual for the facilitator of reflection on practice, the link lecturer in context of this study, to be viewed in terms of surveillance (Fenwick, 2001). Some student nurses, however, engaged in written reflection without prompting. This demonstrates the self-motivation also noted when students talked about identifying learning opportunities or linking theory to practice:

'reflecting on my practice, like the day before (what happened the previous day in practice) to think about it, and write a reflection'

Site B, Student Nurse, Catriona

A few nurse lecturers talked about encouraging the student nurse to reflect on their practice experience as a way of developing their e-portfolio in line with the NMC

requirements. Reflection is explored further in Chapter 7 (7.2) in relation to cognitive apprenticeship.

6.4 Professional development

The lecturer participants discussed their link role in relation to the professional development of themselves, the student nurse, and the mentor. They also acknowledged their link role in relation to supporting the quality assurance of practice placement learning environments via the biennial educational audit process. As previously highlighted, the student nurse participants did not discuss the link lecturer role beyond visits. Meanwhile, only one nurse lecturer indicated that her role in the educational audit process could have implications for patient safety:

'responsibility for ensuring patient safety as well, to make sure our students are safe but also the placement is safe and therefore the patients are safe'

Site D, Lecturer, Rachel

As highlighted in Chapter 2 there was no mention of the link lecturer as a patient safety mechanism, in the Francis Report that investigated negligent nursing care (Francis, 2010, 2013).

6.4.1 Professional development: Lecturer

The link lecturer role was seen by many of the lecturers as an opportunity to stay up to date with what was happening in practice. Day et al (1998) claimed that staying up to date with practice developments is a prerequisite for clinical credibility. On close examination of what the lecturers said, this informal way of updating their knowledge was ad hoc and dependent on whom they happened to meet during a visit to practice, and on how long they had on a particular visit to talk to them:

'a very short informal discussion that you have if your mentor is there, if the mentor is there when you go out into practice, certainly for me with community being my background, just picking up on the current changes in the new policies'

Site A, Lecturer, Andrea

'it helps keep practice real as well for us, it keeps that contact and it helps certainly for me, that I can update my practice as well, if you've got that contact with the mentors who are actually practicing and you know, you can occasionally hear things that you think, oh gosh right I don't know about that, and they update you'

Site D, Lecturer, Moira

These informal, ad hoc conversations seemed to be valuable in creating a sense of feeling connected to the real world of nursing and for feeling credible:

'I think if you teach (nursing) skills, in order to keep your skills up to date and contemporary it actually helps if you have been in the actual physical health care environment where they are happening, so I think for us it maybe is about our credibility kinda thing'

Site B, Lecturer, Margaret

Though some of the lecturer participants talked about their sense of credibility being enhanced by being present in practice, the student nurses were more inclined to see lecturers as academically credible and their mentors as clinically credible. This was evidenced by the student nurse participants talking predominantly about the link lecturer in relation to academic support, understanding their practice placement documentation and access to curricular information, rather than clinical care issues.

6.4.2 Professional development: Student nurse

There was overwhelming evidence that the student nurses saw being in placement as vital to their professional development, this is discussed further in relation to communities of practice in Chapter 7 (7.1). The role of the link lecturer in the student nurses' professional development was, however, neither clear nor consistent. Some lecturers said they would discuss uniform policy with the student if they found them in placement for example wearing jewellery. Some said that discussing the NMC competencies ensured that the student nurse knew what was required of them in terms of professional conduct, knowledge and skills. There was discussion in the

lecturer focus groups about using a visit as an opportunity to check that the student nurses were ‘on track’ and doing what they should be doing for their stage in the course. Any discussion about encouraging the student to link theory to practice or to reflect on their clinical learning could of course represent facilitating professional development. The student nurse participants clearly had a sense of professional responsibility in relation to carrying out patient care and appeared intuitively to identify role models in practice whom they aspired to be like. The student nurses discussed the skills and attributes of a good mentor, and the value of a good role model in practice. The link lecturer did not appear to be perceived as a clinical role model by student nurses. Conversely, the nurse lecturers in the university setting who prepared the students for practice were seen by the majority of the student nurse participants as good role models for professional conduct.

6.4.3 Professional development: Mentor

The lecturers talked about their role in mentor training, annual update and triennial review (NES, 2007), and about carrying out observational critiques with student mentors in their allocated placement areas, and their contribution to the maintenance of the mentor database:

‘I think we know that placements are so valuable, that if mentors don’t get updated and they don’t do the tri-annual review we could lose these placements , I think that makes it even more important’

Site C, Lecturer, Dorothy

There was evidence of role overlap in that some lecturers indicated that they would engage in the mentor update process with the PEF/CHEF. One lecturer said his role involved the provision of reassurance to mentors in order to help them gain professional confidence, as demonstrated in the next quote:

‘I have had an mentor recently who is a very experienced nurse, not a highly experienced mentor, who wondered if she was getting it right by telling a student ‘actually you are good but you are not excellent’ and the student was a bit miffed at

not being excellent, and I backed her (mentor) up and I said no you should stand by your judgement and I will support that, so reassuring the mentors'

Site D, Lecturer, Malcolm

There was no indication in the lecturer discussions that they saw themselves as responsible for developing practice-based staff other than mentors. A few though, said that when they were in clinical practice they were approached by non-mentors for advice for example about courses that were available at the university. This information is available via the university website.

6.4.4 Quality assurance of clinical practice environment

The lecturer participants talked about having a responsibility to ensure that their allocated practice placements offered a suitable learning environment for the student nurses:

'you are kind of responsible for almost making sure the learning environment is ok, cos you are doing audits and things'

Site C, Lecturer, Elenor

This discussion was generally focused on carrying out the biennial educational audits, and it appeared that in most cases this responsibility was shared with the PEF/CHEF. Two lecturers in one focus group also discussed having responsibility to visit their practice placements even if no students were allocated to them. This was in their opinion to allow them to ensure that the placements continued to be suitable. It is, however, not clear from the next quote if this is something the lecturer thought she should do or was something she actually did:

'when the students aren't there we have got a responsibility to visit the placements, when the students aren't physically on placement, em, just to make sure that the learning environment is still, it would be suitable for the students to go out to'

Site D, Lecturer, Moira

None of the lecturer participants talked about doing joint research projects with practice-based staff that would impact on or improve the learning environment in their clinical practice placement. Day et al. (1998) highlighted that developing and improving the clinical learning environment was part of the link lecturer's role. As discussed in Chapter 2 (2.2) collaborative research projects to improve clinical environments involve complex negotiation of objective organisation and time management (Fisher et al., 2012). From this student nurse's perspective the link lecturer was not influential in the practice placement:

'they (link lecturers) have absolutely no influence on the ward'

Site B, Student Nurse, Anna

6.5 Partnership working

Partnership working was discussed by the lecturer participants as a purpose of the link lecturer role; this reflects the joint responsibility of the university and practice placement providers in undergraduate nurse education. There was limited evidence in the participants' dialogue that indicated that the link lecturer was perceived as having leadership responsibility for student nurse practice-based learning. It appeared that rather than a leader the link lecturer was perceived as a source of information, advice and support.

6.5.1 Communication with practice-based staff

The NMC expects there to be evidence of good communication between academic and practice-based staff (NMC, 2008a, 2008b). Having a named representative from the university system attached to each clinical practice placement in the form of the link lecturer or personal lecturer is one way of achieving this. The lecturers in each focus group talked about the importance of having a good working relationship with the practice-based staff in their allocated practice placements. Being visible in practice was thought by some but not all to make the maintenance of relationships easier. 'Collegiality' and 'trust' were words used by lecturers talking about building positive working relationships:

'I think it's (the link lecturer's role) building partnerships with our clinical colleagues'

Site A, Lecturer, Lindsey

There was, however, evidence in the lecturer participants' dialogue of tension in relation to their role in practice. Some talked about the 'culture' and 'politics' of their placements and of variation in the personalities and expectations of practice-based staff. Some lecturers talked about building up knowledge about how things were done in each placement and this appeared to be an important part of being accepted. Some lecturers felt that awareness of politics and personalities was a beneficial part of their negotiating role in conflict resolution. The following quotes, however, perhaps indicate that this awareness could also leave decision making quite subjective:

'the (link lecturer) role can be influenced by the culture in the ward definitely, there are some wards where you could go and they'll no give you the time of day because they are busy, and that's it you know, you know and their time is more important than your time you know, and there are some areas where they will welcome you with open arms'

Site C, Lecturer, Shona

'I know what to expect from them you know, that will spark them off, or that won't, and then when it comes to maybe something a little bit more serious, I know how to mediate the situation better by knowing, having a good insight into what that mentor's like'

Site A, Lecturer, Lindsey

The link lecturer is technically a guest in their allocated practice placements; it was clear from what some of the lecturers said that as a guest they were strategic in their communication with practice-based staff. As previously highlighted by Fisher et al. (2012), building positive working relationships was time consuming particularly for one link lecturer who was new to the geographical area and did not know anyone.

Building relationships was made more complex by the often fluid mentor population. In addition for many lecturers the volume of mentors made it feel impossible to have a working relationship with them all:

'I know the mentors that very regularly have students, but I know there are a lots of mentors in this area (hospital setting), and I can probably tell you about five of them, whereas in my care home I know every mentor and I know them really well'

Site C, Lecturer, Dorothy

If the link lecturer is expected to keep practice-based staff up to date with curricular changes, and to be a source of information, advice and support for mentors, then this quote and others like it indicate a problem.

One purpose of the link lecturer role was identified as partnership working and building positive working relationships with the practice-based staff, another of course was to support student nurse practice-based learning (NMC, 2008b). This for some student nurse participants was seen as a conflict of interest as highlighted earlier (section 6.3.2). The student nurse participants were aware that the link lecturer was the point of contact for the mentor if there was a problem with their progress, and the point of contact for the student for support from the university. The NMC states that the link lecturer should maintain a supportive relationship with the student and the mentor; this is congruent with the mediation role discussed by some of the link lecturers in relation to conflict resolution (NMC, 2008b). The link lecturer role from the perspective of some of the student nurse participants, however, was seen as an outside authority rather than a partner or mediator. These student nurses claimed that their impression of the link lecturer role had been influenced by what they heard in clinical practice. It seemed that there was a fine line between being a partner and being viewed as an authority figure; students on each of the sites had experienced being warned by practice-based staff what to expect of the link lecturer. In some clinical areas there seemed to be a 'them and us' attitude, where whether intentional or not the link lecturer visit made the staff feel anxious:

'it can, could make students and staff members nervous because it is sort of a person coming from the outside, well I have found that certain people that you talk to are like, they're coming do this, do that, they (practice staff) are trying to like to prepare for it before it even happens so they are obviously nervous about it'

Site D, Student Nurse, Lucy

In addition, some student participants noted a conflict of interest when the link lecturer and practice-based staff seemed friendly with each other and/or had worked with each other in the past. This presented a problem in that some student participants felt it would be unwise to confide in their mentor or link lecturer because they gave the impression of being friends. The fear that student nurse participants expressed in relation to this may have been perceived or real, nonetheless they were clearly cautious. Ramage (2004) maintained that it was important for nurse lecturers and practice-based staff to establish good social ties, however, this appeared from the dialogue in the student nurse focus groups to have hidden implications in that professional boundaries were not necessarily clear:

'I have found that the mentor can give the impression that they are really good friends with the link lecturer, and when they do that, its kinda like well, you know it doesn't make you feel that confident if you want to speak, if you do have a problem about it'

Site D, Student Nurse, Kate

For the lecturer participants achieving a professional working relationship with the mentors and other practice-based staff and ensuring that student nurses could feel safe to confide in them appeared to be a balancing act. This balancing act, from the student nurses' perspective, was not always successful.

6.5.2 Educational audit of clinical practice placements

Some lecturer participants talked about their role in the biennial educational audit of practice placements, while none of the student nurses mentioned this process. This

may indicate that the student nurses gave little conscious thought to the audit process, though they did talk about having good and bad practice placement experiences. In the absence of a hands-on role in practice the lecturer participants' judgement about the quality of available learning experiences in their practice placements was interpretive rather than experiential. Some lecturers appeared more confident than others about their impact in the educational audit process, as demonstrated in the following quotes:

'if we contribute to the audit process we are looking at the placements and the experiences that they are capable of providing, I gauge what the placement area is like, what the facilities are like, so I feel that you feed in, in that way to the experience of the student'

Site B, Lecturer, Margaret

'you are kinda responsible for almost making sure the learning environment is ok, cos you are doing audits'

Site C, Lecturer, Eleanor

Some lecturer participants said they would visit the practice areas with the PEF/CHEF to carry out the clinical placement audit. From a partnership working perspective this was felt to foster good working relationships; however, it is perhaps time to demarcate roles and responsibilities to avoid duplication of effort. The educational audit process should consider the student nurse practice placement evaluations, though this was not discussed in the lecturer focus group interviews. This may indicate that deciding if any action was required as a result of the practice placement evaluations was an implicit part of the link lecturer role. Alternatively it might mean that the practice placement evaluation findings were not fed into the audit process. The PEF/CHEF also has access to the practice placement evaluations. The local link lecturer standards relevant to the participants in my study, however, state that the nurse lecturer is responsible for reviewing the student nurse practice placement evaluations for their allocated practice areas at the end of each trimester. They are also required to generate and then disseminate a review of these evaluations

'to all NHS, Private, Independent and Voluntary practice learning environments, wider clinical staff (such as mentors and practice area managers)' and 'for coordinating any necessary follow-up in conjunction with university Practice Learning Lead / PEF/ CHEF/ Clinical area manager / Team leader' (local link lecturer standards). If the lecturer has between 10 and 16 placements then this is a potentially cumbersome time consuming task. It is also worthy of attention that the lecturer participants who talked about the education audit process, without exception seemed to complete the audit documentation by interpreting what the practice-based staff and student nurses told them. Ousey & Gallagher (2007, p.201), however, point out that the educational audit process places the link lecturer in a 'gatekeeper' position with the 'authority to remove students from clinical areas if they believe that area is not meeting the educational standards'. Perceived gatekeeper status in this sense has potential to generate poor rather than positive partnership relations.

6.5.3 Partnership versus information advice and support

The link lecturer has a broad remit as a source of information, advice and support with an overall purpose and objective of supporting thus enhancing student nurse practice-based learning (NMC, 2008b). In relation to the participants in this study the mechanism for providing information, advice and support was to allocate each nurse lecturer to specific practice placements. They were then required to visit each student on clinical placement in these allocated areas. Aside from supporting student nurse learning, the purpose of visits was to enhance partnership working. Partnership working involved a range of functions including carrying out biennial educational audits, dissemination of practice placement evaluations and keeping practice-based staff up to date with curricular updates by word of mouth and by updating the locally used 'black folder'. The role also entailed responsibility for passing on information to mentors about student nurses with assessed learning needs (if the student nurse wanted this information passed on). As demonstrated in the next quote, doing this efficiently is not straightforward if there are other demands on the lecturer's time:

'we are meant to inform the area (clinical practice) if we have a student going with (assessed) enabling support, like if they are dyslexic, and I often, I am checking who

has gone into placement maybe after they have been in placement and you know a week or so later when I am trying to work out my diary, and I haven't. Some students request that the link lecturer informs the practice about their learning, some students say that they will do it themselves, and that has been put on us to do that'

Site D, Lecturer, Jane

This highlights a flaw in the system that leaves the link lecturer potentially responsible for passing on information about assessed learning to the student nurse's mentor. It also adds to the range of activities that the link lecturers in this study were responsible for.

6.6 Discussion synthesis

The findings from the thematic analysis of the data have been discussed in this chapter in relation to existing academic literature reviewed in Chapters 2 and 3 and the professional and educational standards analysed in Chapter 5. The discussion is now synthesised to explicitly draw together the key findings as evidence first for abandoning the current link role, secondly for strengthening the nurse lecturer's academic role, and thirdly for keeping the link role with a clear remit, agreed boundaries, and protected time.

1. Evidence for abandoning the role in its current form.

The link role in its current form is hard to justify on the strength of the findings from this study. The same issues highlighted in the ENB study appear inherent and ongoing (Day et al., 1998). Implementation of the role, particularly in terms of practice placement visits was inconsistent, while there was obvious potential for a breakdown in the effectiveness of 'information exchange with the practice staff' (Day et al., 1998, p. 6). Information exchange included curricular developments, the findings of the student nurse practice placement evaluations and information about particular student nurses' assessed learning needs. While there was implicit and explicit dialogue about the link lecturer role in relation to attempts at partnership working, a sense of not being a leader in practice, enhancing student nurse practice-based learning, supporting the mentor, and keeping in touch with clinical practice,

there was a lack of coherent purpose, objective and contribution. Meantime, there was no evidence that the link lecturer role was used by the participants to 'further the development of practice based research', which Day et al. (1998, p. 5) had highlighted as part of the role. This study as had others (Carnwell et al., 2007; Price et al., 2011), found that link lecturer visits were likely to be used predominantly for academic support and checking the student nurses' practice placement documentation. Given that practice placement documentation is explained to mentors, PEF/CHEFs and student nurses prior to placements, and academic support is provided in the university further resource investment in these activities by the link lecturer is hard to justify. Larger student cohorts have increased the remit of the link lecturer; this it is argued on the strength of the findings of this study, which mirror other studies (McSharry et al., 2010; Price et al., 2011) makes the role in its current form appear impossible in terms of consistent and meaningful implementation. Discussion about the complexity of organising and implementing visits supports this argument. The role was not audited in a uniform way; this is not a new issue (Day et al., 1998). Audit of the role activities would require them to be better understood than they currently are. Importantly, there was no evidence that final year student nurses had failed to progress as required in the absence of link lecturer contact.

2. Evidence for strengthening the lecturer's academic role.

A key reason given for ad hoc implementation of the link lecturer role was competing scholarly demands. It appears that when choices have to be made the lecturer is likely to prioritise scholarly activity over visits; this can result in fleeting visits or no visits as mirrored in the study by (Brown et al., 2005). Meantime, the link lecturer being identified as a source of academic support for assignments, rather than an opportunity to reflect on patient care experiences, appeared common place when the student and link lecturer met in clinical practice. This implies in relation to credibility that the lecturer is seen as an academic resource, regardless of the location (Price et al., 2011). Other studies discuss the link role in relation to encouraging reflection on practice (Brown et al., 2005). Discussion in this study highlighted the absence of a structured approach to reflection activity aligned with the link lecturer role. This appeared to be because of the lack of a clear focus for visits and because of

time restrictions. Student and lecturer participants also talked about the link lecturer bridging the theory practice gap; this mirrors what other studies have found (Day et al., 1998; Ousey & Gallagher, 2007). Beyond giving prompts, however, there was limited evidence of in depth dialogue where the student appeared to move forward in their zone of proximal development (Daniels, 2005). The student participants demonstrated motivation to learn with and from their mentors while on placement and appeared capable of identifying learning experiences and sourcing information from electronic libraries and healthcare databases. This is perhaps indicative of the degree status of the pre-registration programme and changes in technology. Importantly it appears that preparation for practice provided by the nurse lecturer in the university equipped the student nurses to be inquisitive critical thinkers (RCN, 2012).

Meantime, there was confusion for some student nurses about the need for a link lecturer, when they already had a mentor in practice and a personal lecturer in university. The student nurse participants cast new eyes on an old problem, and in so doing highlight that the mentor and PEF/CHEF role are both seen as practice-based support mechanisms. The lecturer, on the other hand, regardless of link capacity was regarded and respected predominantly as an academic resource. The QAA (2007) state that students should know what support they are entitled to from university-based staff. Varying link lecturer practice made defining what the student could expect from the link role difficult; meanwhile what the student nurses appeared to want was academic rather than clinical support and advice. Investing in the nurse lecturer's academic skill and knowledge in order to support student nurse learning appears therefore to be a more logical focus than the link lecturer role. The lecturer participants talked about tension between achieving the scholarly activity expected of them versus carrying out their link lecturer responsibilities (O'Driscoll et al., 2010).

3. Evidence for keeping the role, with a clear remit, agreed boundaries, and protected time.

The student participants spoke predominantly about their mentors, other nurses, patients and carers as the people they wanted to impress, or gain respect from in

clinical practice. The findings of the thematic analysis showed limited evidence that practice-based students were keen to impress or gain respect from their link lecturers. This was evidenced in the discussion in Section 6.2.2, about link lecturers telephoning clinical placements to find out if students were on duty, or visiting only to find the student had gone to another area, for example, to see a clinical procedure. Equally there was evidence where professional respect was not demonstrated by the lecturer, for example when a prearranged visit did not happen (Aston et al., 2000; Day et al., 1998). There were reasons for visits being de-prioritised; however, communicating last minute changes of plan to the student was often hampered by the link lecturers only having access to their personal mobile phone when off campus. Unprotected time and the absence of defined activities in a workable model of practice left the role vulnerable to de-prioritisation (Price et al., 2011). This coupled with the administratively complex task of arranging visits, and a general sense that ad hoc implementation of the link lecture role and shifting boundaries were inevitable, appeared to leave the role lacking focus, while the contribution it made was unclear. Regardless of this, the role currently exists in the NMC SLAiP standards (NMC, 2008b) with an assumption that the link lecturer role contributes to student nurse practice-based learning. If the role continues to have a place in nurse education policy and practice, the issues discussed in this chapter require critical consideration, in a way that ensures protected time, explicit professional boundaries, a workable model of practice aligned with an audit trail, and a realistic remit that can be achieved within the time allocation.

6.7 Summary

This chapter has analysed, synthesised and discussed the thematic findings from the focus group data. Unravelling the intended purpose, objective and contribution of the various facets of the link lecturer role has been a lengthy challenging, and not entirely successful process. The intended purpose, objective and contribution of the role were not explicit in the participants' dialogue, yet a range of activities were discussed; these appear hard to justify in terms of legitimate use of time, skill and financial resources. This is partly because some facets of the link lecturer role appear more entrenched in tradition than an evidence base. The next chapter presents the

focus group data analysis from a social learning theory perspective, using specific aspects of communities of practice (CoP) and cognitive apprenticeship as conceptual lenses.

CHAPTER 7: Conceptual analysis: Communities of Practice & Cognitive Apprenticeship perspective

This chapter presents the findings and discussion from the conceptual analysis of the nurse lecturer and student nurse focus group data from a 'communities of practice' CoP (7.1) and cognitive apprenticeship (7.2) perspective. The link lecturer role does not appear to have been explored through a CoP or cognitive apprenticeship lens to date. Chapter 3, however, provides evidence that these perspectives offer an alternative way of speaking about and understanding support for practice-based learning. This chapter is therefore presented as follows:

7.1: Communities of practice
7.2: Cognitive apprenticeship

7.1 Communities of practice

My interest in communities of practice (CoP) theory was ignited by studies that used its concepts to understand the contribution of practitioners in a team (Wenger, 2007) with a specific enterprise in relation to clinical practice (Barnett et al., 2012; Booth et al., 2007; Spilg et al., 2012). The specific enterprise of the link lecturer is supporting and thus enhancing 'practice-based learning' (NMC, 2008b, p. 25). The link lecturer role and its enterprise (as demonstrated in Chapter 6) includes a range of activities only some of which involve face to face interaction with student nurses in practice. This chapter explores the extent to which the focus group participants perceived the link lecturer as a member of the team or clinical CoP whose joint enterprise is enhancing student nurse practice-based learning. Members of this team are assumed at the outset to be the practice-based mentor and PEF/CHEF. Three particular concepts of CoP are used as analytical lenses to see if drawing from the data in this way helps explain more fully what was or was not happening in relation to the link lecturer supporting student nurse practice-based learning. In the context of this study the three concepts from CoP theory of interest are mutual understanding, identity and situated learning (as justified in Chapter 1 (1.1.2) and Chapter 3 (3.1). Aspects of these concepts have already been discussed in Chapter 6 as they are integral to understanding the link lecturer role.

My rationale for exploring the data in alignment with these three concepts of CoP theory as presented in Section 3.3 was to understand the extent to which the link role is perceived as part of a clinical CoP rather than as a separate entity. The university-based link lecturer, unlike the other members of the clinical CoP, is an outsider or visitor to the site of the student nurses' practice-based learning; the student by contrast is for the duration of a clinical placement a legitimate peripheral participant (Lave & Wenger, 2003). Face to face contact was identified by Stalmeijer et al. (2009) as important to the formation of an educational bond between a novice and expert. To create an educational bond the identity of the expert, or link lecturer in this context, needs to be understood, while time for contact needs to be available. As practice placement visits are not provided by all universities providing nurse education in the UK, it also appears important to understand the impact of clinically situated face to face interaction between the link lecturer and student nurse. Identity in this context is explored to gain an understanding of the link role rather than the individual lecturer. For any CoP to work effectively there needs to be mutual understanding not only of the specific enterprise, in this case support to enhance practice-based learning, but also of the identity of members' and the meaning of their contribution (Wenger, 2007). The focus group data were, therefore, analysed with these concepts in mind.

7.1.1 Mutual understanding

Objective: *to explore if lecturers and student nurses had similar perceptions of the purpose and objective of the link lecture role.*

There was a lack of evidence that the purpose, objective or contribution of the link lecturer role to the clinical CoP enterprise of supporting and enhancing practice-based learning was mutually understood by the participants. Individual lecturers spoke philosophically about their own version of the link role, though there was mutual agreement amongst them about key facets of it. What was less mutually clear was whether these facets made a meaningful contribution to the student participants' practice-based learning or experience. The following quotes reveal variety of opinion

rather than mutual understanding about link role contribution to the clinical CoP enterprise:

Site B

'if they were coming to do something like that (visit), you might think that would be of value, whereas at the moment a lot of us (students) are only seeing them (link lecturers) for a very brief chat really'

Site B, Student Nurse, Callum

'keeping my own skills and my idea of concepts of care updated, I find it (placement visits) invaluable you know from my point of view, I do like to visit practice , if I can get out, yeh'

Site B, Lecturer, James

Site D

'it is nice because you get reassurance that you are on the right track, so go through your red folder with them (link lecturer) and maybe there is questions (the student has) and they just reassure you'

Site D, Student Nurse, Amy

'it is (link lecturer) an absolutely vital role, it is fundamental, it is a really key part of my job in terms of , you know everything, it links into everything that I do'

Site D, Lecturer, Ian

Variety of opinion was common in the participant dialogue; neither lecturers nor students demonstrated that link role contribution to the CoP enterprise was based or focused on mutually understood student-centred outcomes. In the absence of mutually understood goals the purpose of any CoP is likely to remain vague and its intended outcomes not achieved (Booth et al., 2007). The link lecturer role did though, provide a 'legitimate route into practice' (Wray & Wild, 2011). This appeared to allow a sense of feeling connected to clinical colleagues, and for some lecturers an opportunity to 'keep in touch' with changes in practice. Keeping up to date with changes in practice during placement visits appeared to happen randomly

rather than formally. While keeping in touch with the clinical environment appeared to contribute to a sense for the lecturer that this would enhance their teaching role:

'I think it is important because it does keep us (lecturers) in touch with the health care environment because it is ever changing'

Site B, Lecturer, Margaret

Access to clinical placements also allowed the face to face contact with practice-based students that Stalmeijer et al. (2009) highlighted was important for establishing a meaningful educational bond. Despite this, evidence of an educational bond being formed or of professional, clinical or pedagogical contribution occurring via practice placement visits was consistently vague. Meanwhile, in terms of the link role being perceived as important, opinion swung from one lecturer participant perceiving it as 'absolutely vital' to student nurses saying it gives 'reassurance', 'it's nice to see them', 'it is not associated with learning in practice' or 'it's just keeping somebody in a job'. The meaning of the link lecturers' contribution in clinical practice appears confused partly because the purpose and objective of the role are fundamentally unclear at a policy and individual lecturer level. Mutual misunderstanding therefore of the role and the contribution of visits appears inevitable. Examples of the perceived purpose of link lecturer presence in practice are provided next to bring into focus why mutual misunderstanding in terms of contribution to the clinical CoP is inevitable. These examples also demonstrate breadth of opinion about the purpose and objective of the link lecturer role, thus clarifying why ad hoc implementation as discussed by other researchers is inevitable (Day et al., 1998; McSharry et al., 2010).

Educational bond versus social bond

A recurring theme in the lecturer participants' dialogue was a lost sense of connection with individual student nurses due to large cohorts. Visits for some lecturers allowed legitimate time with individual or small groups of students. The following quote appears to indicate potential for an educational bond to be formed via visits:

'I think you get to know the students better as well (during a visit), if you haven't, like when you have got the first years, and you have got two hundred and odd, and you meet them in practice for the first time you actually get to know the students'

Site C, Lecturer, Linda

Getting to know large numbers of student nurses from each cohort in any meaningful way is, however, arguably impossible regardless of the setting (Gladwell, 2001). Despite the indication in the previous quote that forming a connection with student nurses via practice visits was possible, this tended to appear socially orientated rather than focused on the professional, clinical or pedagogical development of the student nurse. Further, the next quote demonstrates that 'getting to know' is perhaps best established before the link lecturer visits the student nurse in clinical placement:

'or they walk past you (the student nurse), or they look at you like, who is this strange woman that has walked into the ward'

Site C, Lecturer, Shona

If the link role contribution is intended to be pedagogical then creating an educational bond prior to placement would establish the 'getting to know' connection from which socially constructed learning can be enhanced (Nevid, 2011). Meantime, the personal lecturer role allows nurse lecturers to 'get to know' allocated student nurses from each cohort. Using the link lecturer role to duplicate this opportunity appears to avoid the more challenging issue of using the limited time available with student nurses in practice placements to support thus enhance their learning. Section 7.2 examines this further in relation to cognitive apprenticeship. There were in the context of this study, obvious barriers to creating an educational bond and to facilitation of student development in their zone of proximal development as defined by Vygotsky (Daniels, 2005), and to being a professional, clinical or academic role model as defined by Bandura (Nevid, 2011). These barriers included the lack of time and/or privacy to talk through a critical incident or learning experience with each student. Meanwhile, there was a sense of vagueness in terms of whether talking through a critical incident with the link lecturer was necessary or not. In the participant dialogue it appeared that the lecturer and student often had different ideas

about the objective of a visit. In addition, synchronising an appropriate time for practice placement visits, created barriers to making sure visits happened. In the medical profession Spilg et al. (2012) noted similar difficulties were shift patterns, geographical distance and reduced time for creating an educational bond between novice and expert, made creating a sense of community between the academic and clinical setting challenging. In the medical student example, however, it appeared that the pedagogical objective of face to face time between the novice and expert was clear (ibid).

Partnership

As discussed in Chapter 6 there was divided opinion about whether as partners in the nurse's education, the mentor and link lecturer did or should discuss each individual student's progress. In reality when this did happen it was random rather than routine practice. The mutually understood connection between the mentor and link lecturer contribution to the clinical CoP was to discuss and create an action plan in the event of student nurse 'issues' or failure to meet NMC requirements (NMC, 2008b, 2010). Some student participants appeared confused by the need for the link lecturer to be involved if they were failing to achieve:

'they (link lecturer) get an understanding of how you are developing, but then on the other hand your mentor should be feeding back if you are underachieving anyway, you know, so it's (link lecturer involvement) a waste of time really'

Site D, Student Nurse, William

Some lecturers said they offered support to both the mentor and student in this scenario. The mentor was also required to inform the PEF/CHEF as their allocated support mechanism, if they experience issues in relation to their allocated student nurse. The link lecturers as well as offering the mentor support in relation to student nurse issues had a role in the mentor preparation programme. In the context of the preparation programme, the mentor was the novice student and the lecturer perceived as the expert. Perhaps because of this dual identity, on the one hand a partner on the other an expert, the student nurse participants observed that some mentors appeared

anxious about practice placement visits. Student participants meanwhile had their own notions of the relationship between the contribution of the mentor and link lecturer to the CoP:

'I just see the link lecturer as a link between the student and the mentor and a buffer if things go bad, but again it depends on the input you get from that particular lecturer, if they even turn out (visit)'

Site B, Student Nurse, Alison

Leadership

There was indication from some lecturer participants that their link role was more of a priority in clinical placements without an allocated PEF. By default this implies that the PEF/CHEF role reduces the need for the link lecturer role:

'because I haven't got that PEF there I actually see it as one of my priorities (practice visits) because I haven't got that other contact there you know and there isn't that other contact for the mentors, so if there was something happening (student issues) I do see it as one of my priorities and possibly that is the reason why, there isn't (a PEF) there is only me'

Site C, Lecturer, Evelyn

In most clinical areas the PEF/CHEF role is well established while in the future this should arguably be a pre-requisite for practice placement status and student nurse allocation. A minority of clinical practice placements available to the pre-registration programme at the university involved in this study, however, did not at the time of the focus group interviews, have an allocated PEF/CHEF. This has allowed insight albeit tentative to what appears the natural alignment the PEF/CHEF role with leadership for practice-based learning.

These examples of perceived link lecturer role purpose and objective reveal some of the complexity in defining the contribution the link lecturer role makes to the clinical CoP enterprise either via presence in practice, or otherwise. This explains why a

potentially dynamic student nurse-centered learning opportunity appears lost in a range of competing agendas. Importantly, though, it provides evidence that mutual understanding of this role and its contribution was limited in the focus group data. Meanwhile, there were convincing indications that the link lecturer was more likely to be perceived as part of an academic CoP than a clinical one.

One community of practice or two

There was a sense in the students' dialogue about their practice-based learning that two CoPs rather than one exist, both with interconnected but essentially separate enterprises. The first being an academic CoP with the enterprise of preparation for practice-based learning via nursing skills preparation in the university's simulated hospital, classroom lectures and contact with a personal lecturer. The second, the clinical CoP, has the enterprise of supporting and enhancing practice-based learning. As nurse education has changed over the years these two CoPs have become 'uncoupled' as O'Driscoll et al. (2010, p. 212) recognised. The implications of this study are that current implementation of the link lecturer role does not bring about meaningful mutually understood re-coupling. Further, as indicated by lecturers who spend more time in placements that do not have a PEF/CHEF it is not clear that the link lecturer role is the key to re-coupling.

What is clear is that mutual understanding of the link lecturer role from the focus group data is not evident. According to Wenger (2007) mutual understanding stems from mutual engagement in practice and negotiating the meaning of individuals contribution. Despite the large number of practice placements, mentors, PEF/CHEFs, student nurses and link lecturers I was struck by the sense of a void in terms of a formal and time protected forum in which they could discuss support for learning in practice. This was highlighted when several lecturer participants said they had found it helpful to discuss the role and challenge their perceptions about it, in the focus group with their peers, as they had not done this before. Without a forum for regular update the link lecturer role and mutual understanding of it appear adrift, while in contrast the mentor is required to have an annual update and triennial review in relation to their responsibilities (NMC, 2008b).

7.1.2 Identity

Objective: *to explore the link lecturer role in terms of its identity in the community that supports practice-based learning.*

Identity stems from 'negotiating the meanings of experiences' as members of social communities (Wenger, 2007, p. 145). There are various stand points for exploring identity in relation to CoP theory; the two of interest in the context of this study are 'identity as a negotiated experience' and 'identity as community membership' (ibid, p. 149). From these standpoints identity is 'produced as a lived experience of participation in specific communities' (ibid, p. 151). From the lived experience of the participants the link lecturer's identity in the clinical CoP was not mutually understood; indeed the link lecturer was associated with various identities. From the lecturers' perspective there were indications that their link lecturer identity reconnected them philosophically with their nurse identity. Additionally there were elements in the lecturers' dialogue that indicated a professional identity associated with ensuring the students conducted themselves appropriately, an academic identity in terms of provision of academic guidance, and a clinical identity that drew on their clinical knowledge and experience to explore issues. On another level there was indication of the link lecturer identity being perceived on a continuum from kindly to policing; this generated a sense of uncertainty about objective. Student nurses responded well to a kindly pedagogically unchallenging identity; it left them, however, confused about the purpose of practice placement visits. As previously indicated if kindly equates with social support, the personal lecturer role allows each student nurse access to this. Conversely there was indication in both lecturers' and students' dialogue of the link lecturer having a policing identity. Several student nurses talked about suspecting the link lecturer was 'checking up' on them or 'trying to catch you out'. While this student's suspicions were perhaps unfounded, there is a message about a policing identity of the link lecturer role that is worthy of consideration in terms of taking the role forward:

'like they (link lecturer) don't phone they just arrive, and it is like to make sure you are there, cos that happened on my last placement on my last week, I had worked long shifts so I could have the Friday off and the link lecturer just arrived on the Friday, and was kicking off that I wasn't there, and the staff had to explain look she has done all her hours, she's done it, it was to see if I was going to be there'

Site D, Student Nurse, Susan

Variable identity on the kindly to policing continuum appeared to engender suspicion in mentors too; some student participants said their mentors 'warned' them about what to expect of the link lecturer. This does not bode well in terms of partnership working and joint contribution to a mutually understood CoP enterprise. It also appeared to leave all parties feeling vulnerable, as some lecturers discussed sensing they were unwelcome in some of their allocated placements.

For the student participants seeing a link lecturer in their practice placement appeared to present an opportunity for academic guidance and curriculum information gathering. This indicates the lecturer predominantly has an academic rather than a clinical identity regardless of the setting. The titles 'teacher' and 'link lecturer' used in the NMC SLAiP standards (NMC, 2008b, p. 40) also indicate an academic identity. Lecturers in response to student nurse requests for academic guidance and curriculum information during a visit appeared likely to lean to adopting a kindly, giving and guiding identity. In part this was to avoid confrontation, and/or because of a perceived sense of responsibility. Meantime, some students discussed being challenged by the visiting lecturer to source already available academic support; this appeared to generate an 'unhelpful' identity for the link role, rather than a sense of responsibility in the student. The identity of the link lecturer appeared to be negotiated by the students' priorities and needs for advocacy, mediation, pastoral, academic and professional guidance. In addition and possibly because of accepted vague role boundaries, the link lecturer had a hurried/unhurried and a formal/informal identity. The variety and fluid nature of the link lecturer role identity along with its unclear purpose and objective in terms of contribution to and membership in the clinical CoP and its enterprise create a complex mix of factors.

These factors help to explain why the role has been the focus of debate for decades (Fisher et al., 2012). Rather than negotiable link lecturer identity being perceived as positive, it appears to lead to the opinions shared in the following quotes:

'the visit, it means nothing it doesn't achieve anything'

Site D, Student Nurse, William

'well I just think you don't know what is expected of you when you go in (to see the link lecturer), you don't know what they are looking for really, and you think oh dear'

Site D, Student Nurse, Amy

Reframing a mutually agreed link lecturer identity in relation to membership in, and contribution to the clinical CoP has potential to reduce the likelihood of student nurses forming opinions like these.

7.1.3 Situated learning

Objective: *to explore practice visits in an authentic setting in relation to the meaning of the interaction between the link lecturer and student nurse.*

The authentic setting according to the concept of situated learning is important because the student as a novice is exposed to unique social and cultural influences that make mastering a professional role meaningful (Lave & Wenger, 2003). In the authentic setting valuable tacit knowledge and skill are acquired (Eraut, 2000), this was evident in the student nurses dialogue.

'if it is breaking bad news, you don't want too many people in the room, so as a student you might kinda sit out, but then you need to learn, so there is pro's and cons (to be weighed up)'

Site D, Student Nurse, William

In weighing up his learning needs against the needs of a potentially vulnerable patient this student demonstrated appropriate, professional, ethical and moral problem solving skills. In making these types of decision it appeared that most of the students would turn to their mentor for guidance, rather than contact their link lecturer or wait for a visit. All the student nurse participants had experienced a link lecturer visit while in an authentic clinical practice placement setting. From a situated learning perspective this allowed them to experience face to face contact with the lecturer out-with the university. If the authentic clinical setting facilitated discussion about practice-based learning in a unique way, this potentially would have been evident in the participants' dialogue. Importantly, though not recruited with this criterion in mind, each student participant had also experienced not having a link lecturer visit during some of his or her practice placements. From a situated learning perspective this meant they could, and did, compare visit and no visit experiences, as discussed in Chapter 6 (6.2). There appeared to be no negative impact in terms of developing appropriate, professional, ethical and moral problem solving skills in the absence of a link lecturer visit.

Though not initially designed with conceptual analysis in mind, the first two generic questions asked of the student nurses, were useful for gaining insight into their perceptions of clinically situated contact with the link lecturer. These questions were originally intended to ease the students into discussion about the significance of the link lecturer role in their practice-based learning:

1: My learning in practice is important because
2: My learning in practice is influenced by what, by who, and how?

Student Nurse, Questions (Appendix F)

Despite the topic of this study, the link lecturer role was not recorded in the questionnaires or discussed in response to student nurse Questions 1 and 2 (ibid). When talking generically in response to student nurse Question 2 the participants indicated that lecturers were valuable in terms of preparation for practice placements rather than enhancing practice-based learning:

'lecturers as well, lecturers can prepare you when you are in the theory (university)'

Site B, Student Nurse, Claire

This alludes to the lecturer being perceived as a member of an academic CoP. Meanwhile, the student participants talked about various influences perceived as vital to their practice-based learning. These included an internal locus of control, self-efficacy, positive attitude and personal motivation. This runs contrary to the dependant, perhaps learned, behaviour of asking the link lecturer for information and guidance already available via moodle and university-based academic support sessions. In addition, the students discussed the impact of others on their motivation to learn, personal confidence and professional growth. This motivation came from patient and carer feedback, their mentors, other nurses and members of the clinically-based multidisciplinary team. The presence or absence of a link lecturer visit appeared not to impact on motivation to learn in clinical practice.

To understand the contribution of the link lecturer to the enterprise of supporting practice-based learning the focus group questionnaires were designed to allow access to the perceptions of the participants from an alternative standpoint. Thus, lecturers were asked what student nurses might say, and vice versa.

Lecturers' perception of link role

'if a student nurse was asked to explain the link lecturer role I think they might say'

Lecturer Question 7 (Appendix E)

The questionnaire responses to lecturer Question 7 were interesting, particularly as six of the twenty-two participants did not answer it. Meanwhile, when asked to discuss in the focus group their response to lecturer Question 7 the participants struggled to convincingly define a role for the link lecturer. In relation to the leadership for student nurse practice-based learning debate (discussed in Chapter 2 (2.3) (O'Driscoll et al., 2010), there was no convincing evidence that the lecturer participants perceived this as their link role objective. Meanwhile, there was no evidence that the lecturers would expect the student nurse to be able to succinctly

describe the link role. Some quotes from the lecturers' questionnaires and dialogue in response to Question 7 are shared here to demonstrate the vagueness with which they explained how a student nurse might perceive a link lecturer's contribution to their clinically situated learning.

Visits:

'someone from the university who visits me in clinical practice to provide support and advice as required'

Site C, Lecturer, Evelyn

Pedagogical objective

'my link lecturer is interested to learn how I am performing in practice, for example, in clinical skills such as communication, aseptic technique, observations'

Site D, Lecturer, Malcolm

Issues:

'to come and see how we are getting on and to give us someone we can talk to, someone to listen'

Site C, Lecturer, Linda

Monitoring progress

'check I am achieving proficiencies and skills, and if I am learning the content of my learning plan'

Site D, Lecturer, Jane

Practice placement assessment documentation:

'someone who knows what stage of training I am at and where my learning should be focused'

Site A, Lecturer, Kimberley

These quotes demonstrate that those who implement the role struggle when asked directly what the objective of the role is. Further, they do not provide convincing evidence that there is a need for the link lecturer to be present in practice.

Student nurses' perception of clinical CoP learning resources

'if a link lecturer was asked to explain how and from whom I learn in practice I think they might say'

Student Nurse Question 6 (Appendix F)

I was curious when asking student nurse Question 6, to see if the participants thought lecturers perceived themselves as a key contributor to the clinical CoP and enterprise of enhancing their practice-based learning. Interestingly only four of the twenty-seven participants said on their questionnaire that the link lecturers might perceive themselves as a learning resource in practice. The student participants thought that lecturers would identify the mentor, the opportunity for authentically situated practice-based experience, the student's motivation and communication with their peers as key influences on situated learning in the clinical CoP:

'students learn skills from the MDT (multi-disciplinary team), mentors and nursing staff by engaging in activities'

Site a, Student Nurse, Janet

'from nurses, experiences, and skills, and you are responsible for your own learning and should actively seek out new learning experiences'

Site A, Student Nurse, Peter

'experiences, reflection, personal study, learning from other staff, opportunities provided, training sessions provided, red folder, learning the (NMC) outcomes, portfolio development, discussions with other students'

Site B, Student Nurse, Nicola

Analysis of the focus group data in relation to situated learning experience suggests that for the student nurse participants, perfecting their clinical skills was important to them. Practice-based learning was also about refining their communication and negotiation skills, understanding their emotional reactions, learning the intricacies of team work and mastering the etiquette of 'how we do things here' (Eraut, 2000, p. 1).

Working in an authentic clinical setting in particular appeared to give them a sense of purpose and identity in relation to preparation for registration. They talked about belonging and identifying with qualified nurses doing the job they recognised and aspired to. This resonates with situated learning theory (Lave & Wenger, 2003):

'I suppose that you're kind of learning almost to (resolve issues), kind of how to, because I mean in a year's time we're all looking at being staff nurses'

Site A, Student Nurse, Peter

The student participants discussed how a 'good mentor' helped them integrate with the nursing and multidisciplinary team, build relationships, and negotiate the potentially difficult social and cultural aspects of being accepted, particularly in the early days of a placement. Interestingly the link lecturer role is associated with helping student nurses overcome feelings of isolation (Brown et al., 2005; Ousey & Gallagher, 2010) and offering support 'to integrate into new environments and working teams' (NMC, 2008b, p. 26). The situated mentor, from the student nurse perspective, appeared to fulfil this remit as a socially knowledgeable and culturally insightful insider. Conversely, the link lecturer appeared to be perceived as a visitor from the academic CoP who could help get feelings of isolation into perspective, if opportunistically the visit happened when these feelings were to the fore. These factors are important, particularly at a policy level, when making decisions about investing in link lecturer visits.

The student nurses spoke enthusiastically about practice-based experience. Feeling accepted into a clinical team correlated with feeling supported as a learner in a new clinical environment. This in turn, encouraged the student to actively engage in increasingly challenging nursing care situations, while feeling progressively integrated and trusted in the clinical team. This finding mirrors the findings of other studies that identified that feeling professionally and socially accepted in a positive practice-based learning environment was influential on learning for both nursing and medical students (Cope et al., 2000; Stalmeijer et al., 2009). Practice-based mentors it appeared engaged intuitively in the modelling, coaching and scaffolding

methods of cognitive apprenticeship as defined in Chapter 1 (1.1.3). This resonates with the research findings discussed by (Cope et al., 2000) while interaction with mentors appeared to ensure the student nurses were knowledgeably competent to take on increasing responsibility. Meanwhile it was evident that the student nurse participants were intuitively skilled in identifying good clinical role models, engaging in coaching and scaffolding and identifying learning opportunities. The link lecturer role appeared not to particularly represent a clinical or academic role model in the clinical CoP enterprise. This might be related to vague role boundaries, purpose and identity, and to limited situated contact time. These factors are worthy of consideration in relation to negotiating the future of the link lecturer role. Meanwhile, the student participants appeared astute in their ability to identify a good clinical role model:

'personally I always try to seek out a good role model, someone that I think is a good nurse in practice and I try my best to try and latch on to them, whether they like it or not (laughs)'

Site B, Student Nurse, Callum

Exploring the link lecturer role through a CoP lens has brought into focus some fundamental problems in terms of understanding why the debate about it has dragged on for so long (Fisher et al., 2012). Mutual understanding of the role and what it is meant to achieve, appears at best superficial from the lecturers' and student nurses' perspective. Perhaps because of recurring vagueness in terms of purpose, objective and contribution, the identity of the link lecturer appears open to individual choice while appearing negotiable dependent on circumstance or competing demands. The lecturer participants in this study were required to visit student nurses in their practice placements. Visits allowed face to face contact with the potential for an educational bond to be formed in an authentic healthcare setting. Realistically, however, the link lecturers' presence in practice did not appear to equate with creating an educational bond, nor with perceived membership in the clinical CoP. Rather the link lecturer, appeared to be perceived by the student participants, as a visitor from an academic CoP with an unpredictable agenda that at times raised

feelings of being treated kindly but at times felt like being policed. This adds complexity for those who suggest that a clinically situated link lecturer remit continues to be necessary in pre-registration nurse education (McSharry et al., 2010; Simpson, 2009). Analysis of the data through a CoP lens revealed no convincing evidence that the link lecture role makes a meaningful pedagogical contribution to the enterprise of enhancing student nurse practice-based learning via membership or visitor status in the clinical CoP. With this in mind the data were also analysed through a cognitive apprenticeship lens; this analysis is presented next.

7.2 Cognitive Apprenticeship

My interest in the teaching methods of cognitive apprenticeship theory was ignited by studies that used them to understand how practice-based learning was facilitated, supported and enhanced by mentors in the clinical setting (Cope et al., 2000; Stalmeijer et al., 2009). The six methods of cognitive apprenticeship are outlined in Chapter 1 (1.1.3) (Collins et al., 1989; Collins et al., 1991). The focus group data were analysed conceptually for evidence of the link lecturer using three of these methods; articulation, reflection and exploration as defined at the start of the appropriate sections below. The choice of these three methods is justified in Chapter 3 (3.2). Academic support is associated with the link lecturer role both in the academic literature (Ousey & Gallagher, 2007; Price et al., 2011) and professional standards (NMC, 2008b). I was therefore, interested from a social learning theory perspective to see if there was implicit and perhaps explicit reference to the articulation, reflection, and exploration cognitive apprenticeship methods in the participants' dialogue. In order to explore the extent to which these cognitive apprenticeship methods influenced the way in which the participants perceived the link lecturer role, firstly their answers to the following questions were analysed, this was followed by analysis of the whole data corpus:

'name 3 things that influence student nurse learning in practice'

Lecturer Question 8 (Appendix E)

'name the 3 sources of support for your learning in practice that you most value'

Student Nurse Question 7 (Appendix F)

These questions, though not designed with conceptual analysis in mind, were deliberately asked at the end of the focus group interviews. Initially I was curious to see if having discussed support for practice-based learning for an hour; it would be easy for the participants to identify what they perceived as influential. Following this the participant responses to Lecturer Question 7 and student nurse Question 8 provided an ideal starting point for my conceptual analysis seeking evidence of the articulation, reflection and exploration teaching methods being used by the link lecturer.

Lecturer: influences on practice-based learning

Analysis of the responses to lecturer Question 8 was not complex; a good mentor, being part of a team, a range of clinical learning opportunities and self-motivation were identified as the most important influences on a student's practice-based learning. These align with situated learning theory (Wenger, 2007). None of the lecturers, perhaps not surprisingly had written articulation or exploration. What was interesting was that two lecturers explicitly mentioned reflection in response to Question 8 and both were vague in terms of their contribution:

'understand and practice reflection, the journey to becoming a reflective practitioner'

Site B, Lecturer, Margaret

'positive reflection'

Site B, Lecturer, Jennifer

Student Nurse: influences on practice-based learning

When asked student nurse Question 7 the participant responses were not dissimilar to those of the lecturers. The student participants however, emphasised the importance of clinical role models and patients as sources of support for practice-based learning. Five of the twenty-seven student participants recorded on their questionnaire that internet access to the library was important. This is indicative of how changes in information technology have transformed how student nurses access library and

other health care related resources. Only one student nurse listed the link lecturer on their questionnaire as a valued source of support for practice-based learning, while none recorded an opportunity to articulate, reflect on, or explore their knowledge and skills as a source of support.

The responses to lecturer Question 8 and student nurse Question 7, offer insight into the first three things that appeared to come to mind when the participants were asked about support for practice-based learning. The three teaching methods of particular interest in this study are now discussed individually to demonstrate the findings from my systematic analysis of the entire focus group interview data corpus.

7.2.1 Articulation

Definition: The expert prompts the novice to discuss the meaning of what they have observed, participated in and learned. The expert clarifies that the novice is drawing appropriate conclusions by asking questions that prompt articulation of their problem solving strategies and reasoning.

In alignment with the articulation teaching method of cognitive apprenticeship perspective I sought examples of the link lecturer role prompting student nurses to discuss the meaning of their clinical experiences and their problem solving strategies. It seemed more likely, however, that the link lecturer would remind the student about the theoretical underpinnings of the learning experiences open to them, rather than clarify how the student was drawing conclusions and whether they were appropriate:

'reminding them of what they have learned here (in university) and to implement it in practice, and vice versa'

Site C, Lecturer, Ruth

The focus group data did not provide evidence of the link lecturer role being used to explore in any depth the student nurses' problem solving strategies by prompting them to talk about their experiences in clinical practice. This highlights a potentially missed opportunity to bring meaning to the link lecturer role and structure to

dialogue with student nurses during visits. Engaging the student in articulation, to move them forward in their zone of proximal development (Daniels, 2005) requires time. Protected time was highlighted as a barrier to practice placement visits. Meanwhile, asking a student nurse to talk about clinical experiences that the lecturer was not part of might engender feelings of disloyalty or compromising patient confidentiality. Stalmeijer et al. (2009) found that sixth year medical students when faced with clinical vignettes could easily identify when clinical mentors engaged them in articulation. On the other hand, student nurses appeared not to talk about engaging in articulation with their mentors (Cope et al., 2000). This indicates that intentional engagement in articulation is a potential development area for student nurse mentors (ibid) and/or the link lecturer role. When clinical mentors encouraged medical students' to engage in articulation, Stalmeijer et al. (2009) noted they became increasingly confident and capable of talking knowledgably about their clinical experience.

7.2.2 Reflection

Definition: The novice is prompted by the expert to reflect on their clinical practice, to critically appraise their knowledge and skills, and to identify knowledge gaps and skills deficits. The expert can then assist with action planning to address these deficits as part of the reflective process.

Reflection differs from articulation as a cognitive apprenticeship teaching method in that it is used to prompt critical appraisal, identification of knowledge gaps and generation of an appropriate action plan (Gibbs, 1988). Reflection was discussed in Chapter 6 (6.3.3) having been associated with the link role by both lecturers and student nurse participants. There was limited evidence that lecturers encouraged student nurses in practice placement to reflect in any depth on their clinical practice experiences. Some lecturers, however, talked about encouraging students to write a reflective entry for their e-portfolio, as required by the NMC (2010). Reflection related activity as discussed in the focus groups appeared ad hoc in terms of a predictable approach, the objective being transparent and the intended outcome clear. This might have been because some link lecturer visits involved seeing student

nurses in a group rather than individually. Being prompted to engage in challenging reflective dialogue about practice-based learning experiences was seen by some student participants as a bonus; for others it appeared to feel intimidating and unfair. Some students resented being questioned about their knowledge because they recognised that not all link lecturers did this. Meantime, the amount of time apportioned to visits appeared consistently incongruent with a pedagogically meaningful reflective discussion. In addition there was no discussion about a follow up to reflective discussions in terms of completing the reflective cycle (Gibbs, 1988) to ensure that action planning to address knowledge gaps and skills deficits had been appropriately addressed. This is likely to be because the link lecturer in the context of this study was required to visit the student only once in a five week placement and twice if the placement was longer. There was, however, evidence that some students had developed their own approach to reflection, and engaged in this without prompting:

‘I sit down at the beginning of every placement and look at what are we supposed to achieve and what can we possibly achieve and actually have a kind of systematic approach to it’

Site A, Student Nurse, Rebecca

This demonstrates the student’s self-motivation, her ability to be systematic in her approach, and professionalism in her commitment to gaining as much as she could from each placement. It also indicates that motivation to learn is not lost in the absence of the link lecturer engaging formally or informally in a supported reflection process with the student. One student participant said that one link lecturer in particular had looked at some written reflections she had prepared for her e-portfolio; for this student this was ’quite good’. The student’s emphasis, however, appeared to be on academic support for her assignment; this highlights a need to differentiate between advice for assignments and reflection that produces additional educational growth:

'one (link lecturer) came out to see me on one of mine (placements) and em our PLE's (practice learning experience assignment x 2) were due and she was giving me a lot of advice and looking over some of my reflections, which was quite good'

Site B, Student nurse, Catriona

The evidence that engagement in reflection is not routinely prompted by the link lecturer during a visit indicates a potential area for developing the role. Developing the role in this way would of course require cognisance of time available, objective and intended outcome.

7.2.3 Exploration

Definition: The expert encourages the novice to identify appropriate learning goals to address their knowledge and skills deficits. The expert gradually withdraws support as the novice demonstrates increasing awareness and skill in exploring the evidence base for their practice.

Exploration differs from articulation and reflection as a cognitive apprenticeship teaching method in that the expert would gradually prompt less while the increasingly capable novice takes on more responsibility for identifying their knowledge and skills deficits. In the context of the link lecturer role as explored in this study this shift in responsibility would have to happen in the space of one or two practice placement visits. There was evidence as demonstrated in Chapter 6 (6.3.3) that lecturers would 'point out' learning opportunities to student nurses. Meanwhile, there was limited evidence of the link lecturer prompting the student nurse to identify learning opportunities. At the same time the student participants appeared motivated and capable of identifying learning opportunities without prompts from a link lecturer. Interestingly, when the link lecturer did appear to encourage exploration of learning, the focus was on the 'here and now' rather than on identifying appropriate learning goals to address the students' knowledge and skills deficits. This was perhaps indicative of the limited time available and the inevitably disconnected

relationship between a visiting link lecturer and a clinically situated student who meet once or twice potentially in a group:

‘they (link lecturer) are not there, I just said the fact that they are not on the ward, they are not someone you build up a relationship with, a rapport with who knows you'

Site B, Student Nurse, Anna

As defined in cognitive apprenticeship (Collins et al., 1989) a function of exploration is for the expert to gradually withdraw as the novice demonstrates increasing awareness and skill in exploring the evidence base for their practice. The link lecturer role, in its current form, does not lend itself to this function, because of its brief intervention type approach. This indicates that intentional engagement in exploration is a potential area for developing the link lecturer role, though more time than currently allocated to visits would be required to do this justice. It is however, worthy of note that the student nurse participants were required to demonstrate exploration in their ‘practice learning experience’ (PLE) assignment. Academic support for developing this assignment was as indicated in Chapter 6, available in the university setting.

Exploring the link lecturer role through a cognitive apprenticeship lens has brought into focus what happens or does not happen in the situated interaction between the link lecturer and student nurse. Limited evidence of articulation, reflection and exploration activity during face to face interaction in clinical practice helps to explain why the student participants appeared not to associate the link lecturer role with either clinical or pedagogical impact. Despite this the student nurses’ practice-based learning needs appeared to have been met as they had completed successfully the first two years of the pre-registration programme and attended eight practice placements. The obvious implication of this is that if the link lecturer has a future in the clinical CoP, perhaps it is not in pedagogical contribution. If, however, the role has a future, and pedagogical contribution is deemed its remit, then using the three teaching methods of cognitive apprenticeship discussed in this chapter has potential. This potential would include having a mutually understood structure for the dialogue

between novice and expert. In turn mutual understanding and structure would offer a way of providing evidence of meaningful resource investment.

7.3 Discussion synthesis

The findings of the conceptual analysis of the research data have been discussed in this chapter in relation to relevant literature presented in Chapter 3. The discussion is now synthesised while explicitly drawing together the key findings. Seeking clarity in relation to mutual understanding of the link lecturer role identity and its relevance in the clinical practice setting was central to my exploration of the data from a CoP theory perspective. There was, as already demonstrated, no convincing evidence that in its current form the link lecturer role has a mutually agreed identity or that presence of a lecturer in the clinical setting contributes something not already provided by other clinical or academic roles. In part this might be because in any apprenticeship type support for practice-based learning there needs to be a relationship between the expert and novice, and transparency of the 'organisation of practice, of its content and of the artifacts engaged' (Lave & Wenger, 2003, p. 91).

The time that link lecturers spent with student nurses in clinical practice consistently appeared inadequate for building a trusting working relationship. Further, artifacts used in the guise of enhancing practice-based learning, for example the student's practice placement document (red folder) appeared to provide a focus for discussion perhaps because of the absence of a more pedagogically driven artifact for example a template to guide articulation, reflection or exploration. Using cognitive apprenticeship methods around which to structure a pedagogical dialogue between the lecturer and student in clinical practice has the potential to enhance learning and to build an educational bond (Stalmeijer et al., 2009). Medical students said that engaging in reflection and exploration was more likely to happen during longer placement when they had time to build a working relationship with their mentor (Stalmeijer et al., 2009). For the student nurse participants some clinical placements were only five weeks long, during which they might be seen once by a link lecturer. As the link lecturer is attached to the placement and not the student there was a lack of consistency for the participants to draw on in terms of engaging in articulation,

reflection and exploration. The findings presented in this chapter provide valuable insight into the complexity of ensuring that future plans for the link lecturer role are realistic and mutually understood by members of the clinical and academic CoPs. Importantly, if the role is retained in nurse education it appears important to clarify which CoP the link lecturer role belongs to. In addition, this chapter provides evidence that if the role is retained, then shaping face to face contact around the use of specific cognitive apprenticeship methods has the potential to enhance student nurse practice-based learning.

7.4 Summary

To 'proceed without reflecting on our fundamental assumptions about the nature of learning' can 'have misleading ramifications' according to Wenger (2007, p. 9). This chapter has reflected analytically, through the conceptual lenses of CoP and cognitive apprenticeship on the link lecturer role while challenging assumptions about its contribution to practice-based learning. Based on the findings and implications discussed in Chapters 5, 6 and 7, the following and final chapter presents a key recommendation and three policy suggestions for the future of the link lecturer role from this study.

CHAPTER 8: Conclusions, recommendation and policy suggestions

This final chapter explores the extent to which the research aim was achieved and the research questions answered. This is followed by an overview of the contribution this study makes to existing knowledge about the link lecturer role. One key recommendation is made on the strength of the evidence base provided from the systematic analysis of the findings as discussed in Chapters 5, 6 and 7. This recommendation is aligned with three policy suggestions for the future of the link lecturer role. These suggestions offer a radical, new and forward thinking approach to supporting and enhancing pre-registration student nurse practice-based learning. The limitations of this study and areas identified for future research are then presented. Before the final conclusion section of this thesis the academic, personal and professional impact of my learning journey as a doctoral student and researcher is discussed.

8.1 Achieving the research aim

The aim of this study was to understand the purpose and objective of the link lecturer role in student nurse practice-based learning by comparing policy directive with practical application from the perspective of social learning theory. This aim was achieved through a critical review of academic literature, analysis of professional and educational standards and exploration of nurse lecturer and student nurse experiences and perceptions of the link lecturer role. Achieving this aim resulted in an insightful synopsis of the tension between policy directive and practical application of the role as demonstrated in Chapter 6 (6.1.2). This synopsis challenges traditional thinking about the contribution of the link lecturer role to contemporary pre-registration nurse education. Further, it suggests that the future of the role is worthy of critical consideration.

8.2 Answering the research questions

Four research questions were central to the research study presented in this thesis. My assessment of the extent to which these have been answered along with recognition of further questions generated from their exploration is now presented.

Question 1

What is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards?

To address research question one a critical review of the NMC SLAiP standards (NMC, 2008b) was carried out; the findings from this are presented in Chapter 5. This review allowed me to unravel a complex web of purpose and objective related policy expectations aligned with the link lecturer role. The overall intended purpose of the role as expressed in the NMC SLAiP standards is to support practice-based learning for student nurses; though neither learning nor support is defined therein (ibid). The overall objective of the link lecturer role as expressed in the NMC SLAiP standards appears to be to enhance practice-based learning via contribution to the development of student nurses, mentors, and clinical environments (ibid). There is an expectation that the nurse lecturer in order to achieve the overall purpose and objective of the link role will have an NMC approved teaching certificate and engage in scholarly activity to 'provide an evidence base for their teaching' (ibid, p.25).

What is not expressed in the NMC SLAiP standards (NMC, 2008b) is a translation of the responsibilities, criteria, competencies and domain outcomes aligned with the link role, to evidence-based teaching activities in a workable model of practice. This leaves the debate about presence in practice to fulfil the purpose and objective of the role unresolved (O'Driscoll et al., 2010). Whilst acknowledging that the NMC SLAiP standards (NMC, 2008b) are designed to guide implementation (Christie & Menmuir, 2005; Scott, 2000) the absence of a policy driven strategically managed implementation plan leaves the expectations aligned with the role as 'broad goals and affirmations of values' (Rumelt, 2011, p. 34). This study demonstrates that the broad goals and values aligned with the link lecturer role in the SLAiP standards (NMC, 2008b) were implicitly evident in the participants' dialogue. None of the participants, however, appeared explicitly informed about the purpose and objective of the role from a policy perspective. Question one allowed me to generate a rich evidence-base for understanding the relationship between policy directive and practical application of the link lecturer role, as demonstrated in Chapter 6 (6.1). Further, it highlighted unanswered questions about the professional, clinical and

pedagogical contribution of the link lecturer, quality indicators, and role overlap. These questions led to a conceptual analysis of the focus group data using communities of practice (CoP) and cognitive apprenticeship lenses in order to explore the data from a social learning theory perspective. This analytical exploration brings something new to the existing knowledge base and offers an alternative perspective from which to understand the identity and contribution of the role particularly in relation to situated learning, as discussed in Chapter 7 (7.1). The findings discussed in Chapter 7 support policy suggestions one and two from the key recommendation of this study.

Question 2

What do nurse lecturers and student nurses perceive is the purpose of the link lecturer role?

Question two was deliberately posed to explore the perceptions of two homogenous groups: one the provider and the other the intended beneficiary of the link lecturer role. The role as discussed by lecturers had a broader remit than the role as discussed by student nurses. From the student nurses' perspective the role provided a source of information, support and advice mainly via clinical practice placement visits. Despite this there was a lack of evidence that the student nurse participants perceived the role as making a meaningful professional, clinical or pedagogical contribution to their practice-based learning. Meanwhile, from the lecturers' perspective the role included a range of activities as discussed in Chapter 6, these included contributing to the mentor preparation programme and carrying out biennial education audits for their allocated placements. The aspect of the link role they spoke most about was practice placement visits to see pre-registration student nurses. Congruent with the student nurses' experiences, the lecturer participants failed to provide evidence of a meaningful professional, clinical or pedagogical contribution during these visits, despite discussing a range of activities that might take place. In addition implementation of the link role was unpredictable and at times seen by the lecturer as important and the student nurse as not important and vice versa. Question two was answered to the extent that the purpose of the link lecturer role was not mutually

understood. Individual lecturers, however, were fairly clear about what they thought the role should entail. Meantime, individual student nurses had varying experiences of the role and this shaped their perception of its purpose and objective. Question two generated further questions about the contribution of the link role to practice-based learning. This in turn fuelled my interest in the mutual understanding, identity and situated learning concepts of CoP theory as discussed in Chapter 7 (7.1).

Question 3

How do nurse lecturers' and student nurses' experiences and perceptions of the nurse lecturer role, including practice placement visits, compare?

The findings from the lecturer and student nurse focus group data analysis were compared throughout Chapters 6 and 7 in order to answer question three. In many ways these two homogenous groups discussed similar experiences and perceptions of the visit component of the link role. Visits potentially connected the lecturer and student in a joint enterprise of enhancing the student's practice-based learning. Both the lecturer and student participants experienced visits as ad hoc and unpredictable. Meanwhile, de-prioritisation of visits appeared to be accepted practice if extenuating circumstances arose for either the lecturer or student. In the absence of an audit of link lecturer activity, de-prioritisation of the role appeared not to be associated with consequence. The absence of a mutually understood audit tool perhaps contributed to the quality indicators for the role being unclear; or of course vice versa. Opinions differed both between and within the homogenous participant groups in regard to link lecturer role boundaries and identity on a continuum from kindly to policing. It appeared that what a lecturer felt was kindly a student could see as policing, this created difficulties in relation to genuine engagement and facilitating learning. Meanwhile, vague role boundaries resulted in incongruent expectations and tension for example in relation to the appropriateness of academic support for assignments during a practice placement visit. Visits were discussed in relation to a range of activities including dealing with 'issues', academic and pastoral support. Meanwhile, there was evidence of role overlap between the remit of the link lecturer, personal lecturer, mentor and PEF/CHEF. There was also convincing evidence that in the

absence of the link lecturer, the student nurses' practice-based learning was supported and importantly was supervised by their mentor. In the focus group discussions this fuelled debate about, rather than clarified the purpose and objective of the link lecturer role. Question three allowed the tensions created by lack of mutually understood professional boundaries, identity, purpose, objective and contribution to be explored in depth. In turn this generated questions about future investment in the link lecturer role and contributed an evidence base for the key recommendation and suggested ways forward from this study. Answering question three lead to my interest in the articulation, reflection and exploration aspects of cognitive apprenticeship as a way of examining current link lecturer practice from a social learning theory perspective as discussed in Chapter 7 (7.2).

Question 4

How congruent is the purpose and objective of the link lecturer role as expressed in professional nursing and educational standards with:

4a. the experience and perception of nurse lecturers with a link lecturer role?

4b. the student nurses' experience and perceptions of the link lecturer's role?

Question four was answered by comparing the findings from the critical review of the NMC SLAiP standards (NMC, 2008b) and the analysis of the focus group data. It was established that the overall purpose and objective of the role as expressed in the SLAiP standards was to support and thus enhance practice-based learning. As discussed in Chapter 5, the expectations of the link lecturer in terms of achieving the purpose and objective are expressed as broad goals and values, rather, than evidence-based teaching activities in a workable model of practice. There was implicit evidence that the themes identified in the focus group data aligned with the broad goals and values of the link lecturer role as expressed in the SLAiP standards (ibid). Despite this, the purpose and objective of the role in terms of implementation (lecturer), expectation (student nurse) and what is achieved by it (contribution) were unclear in the participants' dialogue. Further, the 20% of a nurse lecturer's time, which is suggested as appropriate for the link role in the current NMC SLAiP standards (NMC, 2008b), appeared incongruent with the remit described particularly

by the lecturer participants. At the same time some of the link lecturer activities discussed appeared incongruent with a justifiable use of resources for what appeared a negligible impact on enhancing student nurses' practice-based learning. Question four therefore generated further questions about the future of the link lecturer role both in policy and practice as a contribution to contemporary pre-registration nurse education.

8.3 Contribution

This study makes an important contribution to the existing literature relating to the link lecturer role, despite the limitations of representing one researcher's interpretation of policy and the experiences and perceptions of lecturers and students from one university. Combining a critical review of the academic literature and analysis of standards with a thematic and conceptual exploration of the focus group data has added something unique and timely to the existing knowledge base. The practice and policy implications of this study are detailed below. These suggest a need to critically consider the evidence base for policy and practice expectations in relation to the current link lecturer role in pre-registration nurse education. Meanwhile, though relatively new at the start of my doctoral journey in 2009, now in 2013 the NMC SLAiP standards are due to be rewritten (NMC, 2008b). The pending update of the SLAiP standards and the new perspective provided by the findings of this study offer a perfect opportunity to critically consider support for practice-based learning and the place of a link lecturer role in contemporary nurse education.

8.3.1 Practice implications

The barriers to understanding and implementing the link lecturer role as discussed by the participants in this study are congruent with the existing debate in the academic literature (Day et al., 1998; Grant et al., 2007; Price et al., 2011). Despite decades of investment in small and large scale research studies intent on contributing new understanding about the role (McSharry et al., 2010; Meskell et al., 2009), common issues related to it have not been resolved (Fisher et al., 2012). The academic discussion and debate to date has focused on how to carry out the link lecturer role,

its purpose and objective in terms of supporting practice-based learning and maintaining the nurse lecturers' clinical credibility (O'Driscoll et al., 2010; Ousey & Gallagher, 2010). The role meantime has grown in breadth and responsibility as student nurse and practice placement numbers have increased (Price et al., 2011). At the same time, since the NMC directive in the SLAiP standards suggested the university-based link lecturer should 'provide an evidence base for their teaching' (NMC, 2008b, p. 25), the nurse lecturer role has grown significantly in scholarly expectations and responsibility. Scholarly activity is increasingly aligned with taking the profile of the nursing profession forward, contribution to the Research Excellence Framework (REF) 2014, and at an individual level gaining doctoral degrees and engaging in pre and post-doctoral research. Contemporary nurse lecturers now deliver an undergraduate rather than diploma level pre-registration curriculum. Current trends indicate that the future nurse lecturer will be increasingly required to contribute to masters and doctoral degree nursing curricula (NMC, 2013; RCN, 2012). These factors have significant implications for the future of nurse education and contextualise the contribution of my research study to the existing academic discussion about the link lecturer role.

8.3.2 Policy implications

The relationship between policy and practice in relation to the debate that surrounds the link lecturer role has to date been given limited consideration (Aston et al., 2000; Grant et al., 2007). In this study the relationship has been unraveled in a way that provides insight into why the recurring issues highlighted in the academic debate about the role have remained unresolved for so long. The synopsis of the tension between policy directive and practical application of this role as demonstrated in Chapter 6 (6.1.2) articulates what appear to be irreconcilable difficulties. At the centre of these difficulties is the simpler cyclical paradox highlighted in Chapter 1 (1.1). This paradox includes two major factors, firstly the role exists in policy, and secondly the role is poorly understood in terms of purpose, objective and contribution; despite this it is implemented because it exists in policy.

8.3.3 Overview of contribution

An overview of the contribution this study makes to existing knowledge is now presented. The key implication of this contribution is that it is time to critically consider the future of the link lecturer role in terms of policy directive, support for pre-registration student nurse practice-based learning, and increasing academic demands on the contemporary nurse lecturer.

Practice placement visits

This study unpacked a cumbersome process of arranging and implementing practice placement visits; this adds a new depth of understanding to the on-going debate about presence in practice (O'Driscoll et al., 2010). It also provides valuable insight into why ad hoc implementation of the link role appears inevitable rather than a random occurrence. It was evident that time spent organising visits and travelling could be greater than link lecturer time spent with student nurses in a clinical placement. Meanwhile, there was no convincing evidence that link lecturer practice placement visits provided meaningful professional, clinical or pedagogical support for practice-based learning that was not already provided by other clinical and academic roles. In terms of use of resources these factors, along with the current increase in student nurse and placement numbers, and increasing academic demands on lecturers, indicate that practice visits while embedded in nurse education tradition are no longer viable.

Information, support and advice

The first of three themes in the focus group data covered a range of activities related to information, support and advice. These included what appeared to be a mediation role between the mentor and student nurse, and recurring investment in explaining and discussing how the student could interpret and achieve the NMC competencies in their practice assessment documentation. There was no evidence that in the absence of a link lecturer the information, support and advice needs of student nurses were neglected. Meantime, there was convincing evidence that the student nurse participants where more self-motivated, resourceful and resilient than lecturer participants gave credit for. Other information providing activities related to the role

for example sharing curricular updates with each placement and passing on information from student nurse evaluations appeared unreliable as visits to practice were openly reported as ad hoc. Importantly, the personal lecturer, mentor, and PEF/CHEF roles appeared to duplicate the information, support and advice effort of the link lecturer.

Professional development

The link role was discussed in the lecturer focus groups in relation to keeping up to date with changes in clinical practice. On closer examination of the data there was no evidence that clinical practice visits allowed meaningful or reliable development of clinical knowledge. Professional development of the student nurses was discussed more in terms of policing things like uniform policy than evaluating their moral and ethical professional values. Development of the mentor was discussed in terms of contributing to the mentor preparation programme. This contribution was mainly discussed as shared activity with the PEF/CHEF. Interestingly some lecturers said they did not know all the mentors in their allocated placements. This is perhaps inevitable given the number of clinical practice placements that the university-based nurse lecturer can have link responsibility for. Development of allocated practice placements was discussed in relation to the educational audit system. There were clearly areas of overlap with the PEF/CHEF role in relation to this activity and a reliance on practice-based staff for information to complete the audit. This raises concern about the quality and impact of the audit process and indicates that responsibility for practice placement audit should perhaps lie with practice-based staff.

Partnership working

Partnership working was discussed in terms of communication with practice-based staff and provision of information, support and advice for student nurses and mentors. Some activities appeared to involve partnership working with practice-based staff, for example, the educational audit system. There was, however, limited evidence of partnership in relation to the joint enterprise of supporting practice-based learning, as evidenced in the discussion about whether the mentor and link lecturer

discussed each student nurses progress (Chapter 6). In terms of leadership responsibility for practice-based learning, there was a clear bias towards the mentor and PEF/CHEF role. This is indicative of changes in nurse education in terms of lines of responsibility, and the addition of new roles including the PEF/CHEF.

Communities of practice

Exploring the data through a community of practice (CoP) lens provided valuable insight into the meaning, contribution and identity of the link lecturer role in relation to the team that supports student nurses' authentically situated practice-based learning. There appeared to be intuitive recognition of two CoPs that support student nurse learning. The first is an academic CoP supporting academic development and preparing student nurses for clinical placement, the second a clinical CoP facilitating, supporting and assessing practice-based learning. The nurse lecturer despite having a link role aligned with practice-based learning was clearly identified and respected by student nurses as a part of the academic CoP, rather than perceived as an integral part of the clinical CoP. This helps to explain to an extent why the arrival of a member of the academic CoP in the clinical CoP, results in confusion about identity, purpose and objective, as was evident in the lack of mutual understanding of the link lecturer role, and its contribution to practice-based learning.

Cognitive apprenticeship

A cognitive apprenticeship lens was used to analyse the focus group data for evidence of three of the methods of this teaching approach. Given that the link lecturer was perceived as having an academic identity, the articulation, reflection and exploration methods of cognitive apprenticeship were of particular interest. These three methods are explained and their relevance justified in Chapter 1 (1.1.3). There was minimal evidence that these teaching methods were used explicitly or implicitly to engage in a pedagogically meaningful way with student nurses during a practice placement visit. It seemed more likely that the lecturer would provide information than prompt or challenge the student to evidence their developing knowledge. Meanwhile, there was discussion as evidenced in Chapter 6 (6.2) that the unpredictable format of practice placement visits engendered distrust in the student

nurses. This would indicate that there is potential to use particularly the articulation and reflection methods of cognitive apprenticeship to provide predictability, structure and pedagogical activity to the link lecturer role, and thus potentially engender trust and genuine engagement. The exploration method of cognitive apprenticeship it appears would need the link lecturer to have more regular contact with the student nurse in clinical practice (Stalmeijer et al., 2009).

8.5 Recommendation and policy suggestions

This section presents one key recommendation and three policy suggestions for the future of the link lecturer role and support for pre-registration student nurse practice-based learning. The recommendation and policy suggestions are made on the strength of the systematic analysis of the findings of this study, and the conclusions drawn from this as outlined above. The recommendation and policy suggestions are also made with cognisance of the bigger picture in nurse education, particularly in terms of the shift in academic emphasis for student nurses and those who teach them in the university setting, and of new roles, for example, the mentor and PEF that support practice-based learning. Institutional pressures on nurse lecturers have continued to increase since nurse education moved to the university setting. These pressures include, larger student cohorts, preparing all student nurses for degree status, contributing to post graduate nursing programmes, having a personal lecturer remit, involvement in research, writing for publication, and generating income for the university by contributing to the REF 2014. These requirements of the nurse lecturer have resulted in tension in terms of protecting time for their link lecturer remit. There is a stark contrast between the link lecturer role in 2013 and the clinical teacher role of the 1960s to 1980s in terms of focus and protected time allocation for the role. The link lecturer role appears to have been generated from a sense that retention of the essence of the clinical teacher role was desirable and necessary; however, the shape of nurse education has since changed dramatically. The findings of this study suggest that the link lecturer role, as it is currently enacted, is no longer viable or justifiable in contemporary nurse education. Its place in supporting and enhancing practice-based learning appears to have been superseded by the creation of the mentor and PEF/CHEF role in practice, and the personal lecturer system in university-based nurse education. Further, it is assumed that in the unknown future of

nurse education, the scholarly expectations of nurses and those who teach them will continue to increase. This means that fundamental choices need to be made with regard firstly, to how resources are used in the future, and secondly to who is responsible for what from a policy and quality assurance perspective.

Recommendation

The key recommendation from this study is:

The link lecturer role, in its current form, should not remain in nurse education.

In support of this recommendation, three policy suggestions are offered for critical consideration in relation to supporting and enhancing pre-registration student nurse practice-based learning in the future. Suggestions one and two are inextricably linked, and offer a new radical forward-thinking approach to supporting practice-based learning. Suggestions one and two challenge traditional thinking about roles in nurse education. The third suggestion is less radical and stands alone as an alternative to a combination of one and two.

8.5.1 Policy suggestion 1

The link lecturer role is abandoned.

Rationale:

Evidence is now presented to support the suggestion that the link lecturer role in its current form is abandoned, while an alternative way of achieving the associated remit is provided. The on-going academic debate mirrored in the findings of this study suggests that it is not necessary for the contemporary nurse lecturer to have a link role in clinical practice. The link lecturer role appears to exist in policy and practice because of a tradition rather than fulfilling a justifiable remit. This study provides convincing evidence that neither the NMC, individual lecturers nor student nurses are able to identify what the purpose nor objective of the role is beyond the broad goal of providing support for enhancing practice-based learning. This study also provides no convincing evidence to suggest that the link lecturer role is mutually understood in relation to leadership, identity or contribution. The student nurse

participants viewed their link lecturers as a visitor from the academic CoP not an integral part of the clinical CoP. Placement visits, however, were not shown in this study to be an effective use of resources. Meanwhile, other facets of the link role appeared to duplicate the effort of other roles. This appears to be because the university-based personal lecturer, and the practice-based mentor and PEF/CHEF roles have changed how student nurse learning is supported (Elliott & Wall, 2008). It therefore, appears timely with the pending update of the SLAiP standards (NMC, 2008b) to critically consider removing the link lecturer role from both policy and practice. In support of this proposal to take nurse education forward it is suggested that the PEF/CHEF role is strengthened, the role of the senior lecturer responsible for practice placement management (Chapter 2 (2.13) enhanced, and the mentor role supported. Suggestions for these roles are now presented. These suggestions are made on the strength of the findings of this study, as highlighted in Chapter 6, that indicate recurring blurred role boundaries, duplication of effort and unclear channels of communication between the university-based and practice-based staff. It is acknowledged that further feasibility research may be required in relation to these suggestions.

PEF/CHEF

While presuming the link lecturer role is abandoned, suggestions are now made in relation to strengthening the PEF/CHEF role by officially aligning it with leadership and liaison responsibility for student nurse practice-based learning. The findings presented in Chapter 6 (particularly 6.3), indicate that the PEF/CHEF role has already adopted a leadership identity. Some lecturer participants talked about ensuring they were 'not kinda taking their (PEF) job away', and being aware that the 'we have got a PEF doing all the stuff'. Meanwhile, student nurses indicated that they and practice-based staff were less suspicious of the intentions of the PEF than the visiting lecturer. To an extent these tensions appear to be influenced by a perception of the link lecturer belonging to an outsider albeit a related CoP as discussed in Chapter 7 (7.1). Officially giving the clinically credible practice-based PEF/CHEF role leadership responsibility, would involve inclusion in what could become the clinical CoP focused SLAiP standards. Taking this approach would

retain the essence of the system whereby the practice-based ward sister or charge nurse were responsible for student nurses in the clinical areas.

The strengthened PEF/CHEF role could officially adopt some of the activities associated with the link lecturer role in recognition that they appear more aligned with a practice-based role. To cut down the channels of communication that appeared to reduce rather than enhance efficiency the PEF/CHEF team could work and liaise with the university-based senior lecturer responsible for the strategic management of practice placement allocations. To facilitate this the PEF/CHEF could have a university-based 'link' remit with an appropriate time allocation, similar to the 20% currently suggested for the link lecturer role (NMC, 2008b). The university-based component of the PEF/CHEF role could provide a partnership channel of communication between the academic and clinical CoPs. To bring closure to the debate about academic staff visiting student nurses in clinical practice, the PEF/CHEF could visit them in the university with allocated time in class as preparation for practice. Thus the PEF/CHEF could create a conceptual bridge from the practice to the education setting, rather than the lecturer creating this bridge in the opposite direction. This PEF/CHEF role could include responsibility for mentor annual updates and triennial reviews, biennial education audits, processing the student nurse practice placement evaluations, and informing mentors of student nurses' assessed learning needs. The PEF/CHEF could also be officially given advisory and support responsibility in the clinical CoP for mentors and student nurses.

Manager for practice placements

As discussed in Chapter 2 (2.13) the ENB study suggested that strategic management of the link lecturer role was urgently required (Day et al., 1998). To address this, a senior lecturer was given responsibility for management of practice placement allocations and dealing with related issues, at the university where this study took place. As discussed in Chapter 6 (6.3.2) the university-based manager for practice placements is part of a chain of communication where duplication of effort and potential dilution of efficiency appears to be problematic. The senior lecturer aligned

with managing practice placement allocation, or their equivalent, appears in a good position to consider the mediator part of the link lecturer role. If a mediator is required in relation to student nurse 'issues' in practice it appears best if this role be fulfilled by someone not directly involved with either party. As highlighted in sections 6.5.1 and 7.1.2 conflict of interest became problematic when the link lecturer was perceived as being friends with the mentor or practice-based staff. This study also found that student nurses were aware of the link lecturer being on a continuum from kindly to policing. This coupled with knowing the same lecturer might teach them in university and mark their assignments generated conflict whether real or perceived for some students.

Other facets of the current link lecturer role it is suggested from this study could be managed more effectively. For example, the distribution of curricular updates for all clinical placements could be managed more efficiently via a university website link. This approach would use information technology which current trends indicate is here to stay, ensure information is available timeously to those who need access to it and potentially reduce the risk of spreading infection via hard copy documents. Managing these facets of the current link lecturer role could become the responsibility of the PEF/CHEF and lecturer responsible for managing placement allocations. In addition sharing examples of how to achieve the nationally agreed NMC student nurse competencies via a central resource, for example a local or national online tutorial seems logical.

Mentor

The RCN suggest that 'more support and recognition is needed for the role of mentors, who provide invaluable guidance to would be nurses' (RCN, 2013b, p. 1). The student nurse participants talked about identifying with good mentors who appeared to be enthusiastic motivators. A good mentor from the students' perspective was capable of pointing out learning opportunities, prompting reflective practice and ensuring theory and practice were linked. To encourage this aspect of the mentor role, there is an opportunity to invite mentors into the university to join some of the student nurse lectures and skills practice sessions. This could address the issue of the

nurse lecturer feeling connected to clinical colleagues, via whom they could hear what is happening in the clinical areas. In relation to the re-coupling (O'Driscoll et al., 2010) of university and practice-based colleagues in the joint enterprise of supporting and enhancing student nurse learning, this offers a forward thinking alternative solution.

Support for practice-based learning

Having suggested how the responsibilities associated with the link lecturer role could be redistributed it is important to consider how this new approach aligns with other potential changes in nurse education. To address a recommendation of the Francis report (Francis, 2013) plans for a pilot study are underway in NHS Health Education England (HEE, 2013); this will involve potential student nurses spending at least three months 'working on the direct care of patients under the supervision of a registered nurse' as a condition to being accepted on the pre-registration programme (Francis, 2013, p. 105). Despite the controversy that surrounds this plan (RCN, 2013a, 2013b; Triggle, 2013a, 2013b), it has the potential to change the shape of pre-registration nurse education. Importantly in relation to this study future student nurses could be more familiar with the PEF/CHEF and mentor than the university-based nurse lecturer at the start of the three year BSc pre-registration programme. This adds strength to the suggestion that the PEF/CHEF role be strengthened with leadership responsibility for practice-based learning and provision of information, support and advice in the clinical CoP for mentors and student nurses while on placement. In the absence of the link lecturer as evidenced in Chapter 6 (6.2) the mentor and PEF/CHEF appeared to fulfill the student nurses' practice-based learning needs. This implies to some extent that the shift in responsibility explicitly suggested in this study has already started to happen.

Abandoning the link lecturer role though a radical shift from traditional nurse education thinking offers an alternative research informed approach to supporting student nurse practice based learning. To take nurse education forward it is important to attract likely candidates for future nurse lecturer posts. The suggested shift in practice-based learning leadership responsibility to the PEF/CHEF, and supporting

mentor development has the potential to offer legitimate access to the university setting. This access and the resultant familiarity would make making a career move into a lecturer role a natural transition. In terms of setting a good example to future generations of student nurses it is important that resources are seen to be used appropriately. The suggestion that the current link lecturer role is abandoned offers a vision of how this can be achieved, whilst supporting the conclusion from this study that it is incongruent with a justifiable use of resources to direct the nurse lecturers' time to link role tasks that could it is argued be better addressed in alternative ways.

8.5.2 Policy suggestion 2

The emphasis of the nurse lecturer role as a vital contribution to the increasingly robust academic foundation of the profession is supported.

Rationale:

Evidence is now presented to support the suggestion that having abandoned the link role and reallocated its responsibilities, the emphasis for the nurse lecturer should be investment in academic, research and scholarly activity as preparation for an unknown future (Barnett, 2012). Recognising the contribution of nurse lecturers to 'promoting professional knowledge, and scholarship' is not new (Day et al., 1998, p. 1). Since the ENB study (ibid), however, the demands for nurse lecturers to be scholarly active have increased. Regardless, therefore, of the unknown element, current trends suggest that higher levels of scholarly activity from pre and post registration nurses and those who teach them will feature in the future of nurse education. It is suggested that this requirement highlights the need to invest in the support and development of contemporary nurse lecturers as academic role models in scholarship and research.

Whilst acknowledging the on-going debate about the nurse lecturer having to maintain their clinical credibility (Day et al., 1998; Ousey & Gallagher, 2007), it appears time to accept that professional and academic credibility are the important attributes of the nurse lecturer role (Ousey & Gallagher, 2007; Price et al., 2011). Meanwhile, contribution to clinical developments and awareness of changes in practice can arguably be achieved more meaningfully than via the link lecturer role.

Many nurse lecturers are key contributors to specialist nurse and research forums related to their particular area of clinical interest. Contributing at this level as a credible representative of the academic CoP appears a more logical way to share knowledge and skill, and develop clinical practice, than the limited evidence of impact gained from investment in the link lecturer role. Meanwhile, acknowledging concerns about the nurse lecturer having clinical competence (Day et al., 1998), there seems no evidence in the findings of this study to suggest that the preparation of student nurses in the simulated clinical environment in university left them feeling ill equipped for attending practice placements. This implies that nurse lecturers are satisfactorily clinically competent to fulfil their nursing skills teaching remit.

What appears vital to take nurse education forward in the twenty first century is nurse lecturers investing in 'promoting professional knowledge, and scholarship' (Day et al., 1998, p. 1). The vision for this investment as suggested in this study goes beyond the expectations of the ENB study (ibid). Now that nurse education is located in the university system, the nurse lecturers' scholarly activity and output potentially contributes to on-going funding via the REF 2014, and raising the profile of the university in relation to attracting new business. To increase this potential it is important to ensure that nurse lecturers have time to invest in doctoral and post-doctoral studies, write for publication and attend professional and academic conferences. These are aspects of the nurse lecturer role that the participants indicated were in competition with and compromised by time for the link lecturer role. The more academically capable the nurse lecturer is the more able they will be to support future nurses embarking on undergraduate, masters, doctoral and post-doctoral studies. In addition, investment in this aspect of the nurse lecturers' role will strengthen the profile of the profession, whilst ensuring that resources are appropriately channelled to achieve maximum impact.

8.5.3 Policy suggestion 3

Retain the link lecturer role with a new identity aligned with a mutually understood purpose, objective, contribution, and evidence-based teaching activities in a workable model of practice.

Rationale:

Evidence is now presented to guide the suggestion that an updated link lecturer role could be retained. This role it is argued would require critical consideration in terms of a new identity, purpose, objective, and contribution. Considering a new identity for the link lecturer appears vital, as does taking a radical step and adopting a national approach to the role thus mirroring the mentor and PEF/CHEF approach (NES, 2007, 2013). To move the debate about this role forward the generation of an explicit evidence-based implementation strategy and workable model of practice with mutually understood, achievable activities that can be audited (Rumelt, 2011) appears overdue (Grant et al., 2007). This workable model of practice could be aligned with explanations of rationale and importance of the link lecturer activities as discussed in Chapter 5 (5.3) and with formal preparation for the role. With the update of the SLAiP standards imminent there is an opportunity to make fundamental changes to the link lecturer role identity and remit.

The findings of this study suggest that understanding the link lecturer as aligned with either the enterprise of the academic or clinical CoP may hold a key to halting confusion about the purpose, objective and contribution of the role. The participants in this study intuitively recognised the link lecturer as part of the academic CoP not the clinical one. This had ramifications for how the role was perceived in terms of related activities. For example practice visits tended to generate requests for help with assignments, rather than structured, focused dialogue about practice-based experiential learning. If therefore, the revised link lecturer role is intended to be part of the clinical CoP, it could be retained in the next version of the NMC SLAiP standards, along with the PEF/CHEF role which is not currently included (NMC, 2008b). This revised link role it is suggested would benefit from a new title as the titles ‘teacher’ and ‘link lecturer’ coupled with the nurse lecturer being university-based (NMC, 2008b, p. 40) appears to result in it being perceived as part of the academic CoP. Meantime, mapping the purpose, objective, contribution and responsibilities of those included in the updated SLAiP standards could help establish agreed professional boundaries and minimise the duplication of effort highlighted in this and previous studies. If, however, the link lecturer is intended to

represent the academic CoP the evidence generated in this study suggests it could be removed from the updated SLAiP standards. Regardless of which CoP the updated link lecturer role is aligned with, it appears vital that investment in the role should maximise the potential of moving the student nurse forward in their zone of proximal development (Daniels, 2005) and providing a good role model for professional, clinical and academic practice (Benner, 2000; Nevid, 2011). To achieve either of these objectives, the findings of this study suggest that using cognitive apprenticeship methods can support structured dialogue between expert and novice. Updating the link lecturer role is now considered from a clinical and then an academic CoP identity perspective, following this practice placement visits and time allocation are critically considered.

Clinical CoP: link lecturer

Giving the link lecturer a clinically aligned title and identifying its membership in the clinical CoP with an enterprise of supporting student nurse practice-based learning, opens a question about whether a hands-on patient care remit would be beneficial. Reverting to the clinical teacher role, as described in Chapter 1 (1.2.1), would it is suggested be a backward rather than forward step, and would duplicate the mentor role it could, however, offer the student nurse and lecturer an opportunity to engage in situated clinical practice. Regardless of the lecturer having a hands-on role or not there is evidence that without a predetermined focus the interaction between the lecturer and student in the clinical setting is open to distractions and de-prioritisation. This study suggests that using the methods of cognitive apprenticeship has potential to provide structure to situated dialogue and thus potentially raise the priority afforded to the role. Using these methods is discussed below, in relation to an academically oriented role in practice with no hands-on patient care remit. It appears important to establish, however, the focus of situated dialogue in terms of considering whether the link lecturer should have access to patient nursing and medical records in order to enhance the student nurse's clinical critical problem solving skills. If aligned with the clinical CoP and a joint enterprise in practice-based learning there also needs to be clarity about whether the mentor and link lecturer should discuss each student nurse's progress. The findings of this study suggest that

dialogue between the mentor and link lecturer should be focused on something specific, meaningful and achievable in a short period of time.

Academic CoP: link lecturer

Retaining the academically aligned link lecturer title and identifying its membership in the academic CoP with an enterprise of contributing support to student nurse practice-based learning, opens questions about purpose, objective and the need for visits. The location for the lecturer and student nurse meeting in order to fulfil the link role requirements is discussed later; however, it seems logical that this role should involve contact between the provider and beneficiary. To be meaningful in terms of this connection it also seems logical that professionally and pedagogically challenging dialogue related to clinical practice experience should take place. Suggestions are now made for the facilitation of this dialogue, while the provision of academic support for assignments is acknowledged as inappropriate duplication of the nurse lecturer role (Price et al., 2011).

The three teaching methods of cognitive apprenticeship explored in this study, articulation, reflection and exploration, offer one way of structuring professionally, clinically and pedagogically challenging dialogue. Cope et al. (2000) called these the more advanced learning methods of cognitive apprenticeship, suggesting that student nurses were more likely to use these as part of a conscious reflection process. Stalmeijer et al. (2009) noted that medical students were likely to engage in exploration and reflection to develop their professional portfolio, and in articulation to gain confidence and competence in talking knowledgably about their clinical experience. Exploration, however, appeared to be best utilised when the novice and expert had regular contact (Stalmeijer et al., 2009). With this guidance in mind, it is suggested that consciously aligning with some or all of these cognitive apprenticeship methods could provide the consistency and transparency that student nurses indicated was missing in their dialogue with link lecturers. Meanwhile, from a social learning theory perspective there could be a pre-determined academic focus on the development of the students' e-portfolio. On the other hand if the updated link lecturer is aligned with the clinical CoP with a hands-on remit, there is evidence that

the cognitive apprenticeship methods, modelling, coaching and scaffolding are useful for structuring meaningful dialogue (Cope et al., 2000). Regardless of the link lecturer being involved in the students' situated learning experience or just talking about it, using some of the cognitive apprenticeship methods could shift the emphasis of responsibility for learning from the lecturer to the student, and create a sense of priority for the link role.

Link lecturer visits

Currently some but not all universities in the UK provide link lecturer practice placement visits; meanwhile, this study and others have shown visits to be ad hoc in terms of remit (Day et al., 1998; McSharry et al., 2010; O'Driscoll et al., 2010). This study generated no evidence that link lecturer practice placement visits are efficient or effective in terms of resource investment or enhancing student nurses' learning. Importantly the evidence suggests that practice-based learning is not compromised in the absence of visits. If practice placement visits are retained, therefore, they need to be justified in terms of what they contribute to pre-registration nurse education, while a national approach it is suggested would offer equitable access to all pre-registration student nurses in the UK. Importantly if placement visits are retained critical consideration as discussed in Chapter 6 (6.2) must be given to organising them in a way that minimises administration, has protected time, a sense of priority and audit of activities. The format of a visit in terms of one to one or a group, most appropriate week of a placement during which to provide a visit, and how the objective is achieved, are also worthy of clarification. Importantly it appears necessary to establish a stronger evidence base than is currently available if practice placement visits are to be retained without a hands-on patient care remit. As an alternative to visits as described by the participants in this study, there appears potential for the student nurse to see the link lecturer in the university setting or for a meeting to happen via video conferencing. Regardless of how or where the lecturer and student nurse see each other there is need for clarity on the relationship between the mentor and/or the personal lecturer and link lecturer in terms of whether they should discuss each student nurses progress. It is perhaps important to think of this in terms of what

can be gained from this discussion, and whether it contributes something meaningful to enhancing student nurse practice-based learning.

Time allocation

The creation of a new effective and efficient identity and workable model of practice for the link role, would it is suggested, require reconsideration of the 20% tariff of a lecturer's time as currently suggested in policy (NMC, 2008b). This tariff has remained the same for more than twenty years while the responsibilities of the role and the number of student nurses and placements allocated to each lecturer have increased significantly. In addition to potentially increasing the time allocation tariff, dependant on what is expected of the future link lecturer; there is convincing evidence that protected time for both the student nurse and lecturer are important to successful link role implementation.

If the link lecturer is retained with a new identity it is suggested there should be national agreement that it is a valid recognisable role worthy of retention. The discussion presented here has synthesised the complex choices that require attention in order to define which CoP the role aligns with and what it is intended to achieve. In addition to the considerations discussed here there is a need to make clear who is responsible for other facets of the current link lecturer role for example leadership, information, advice and support as discussed in relation to suggestion one from this study. Meanwhile, it is fundamentally important to acknowledge that retaining the link lecturer role regardless of its identity and remit could come at a cost of curtailing other potential uses of the nurse lecturer's time as demonstrated in suggestion two.

8.6 Study limitations

The potentially limited generalisability of this study which involved a relatively small sample of participants from one field of nursing on four sites of one Scottish university is acknowledged. The findings, however, align with those of existing studies which gathered data across the previous few decades, for example Day et al. (1998), Grant et al. (2007) and Price et al. (2011). This alignment increases their reliability of the findings in this study. Further, this study brings something new to

the existing knowledge in that it analysed relevant standards, as well as subjecting the focus group data to particular conceptual scrutiny in an attempt to suggest potential policy developments.

The limitations of this study include it being carried out by an insider researcher and the methodology and methods chosen. There are benefits to and arguments against being an insider researcher as discussed in Chapter 4 (4.11.2). I am confident, however, that I carried out this study as an 'ethically self-conscious' insider researcher (Wood, 2006, p. 5). Active engagement in academic supervision with non-nursing professionals ensured that my ethical principles and research process were transparent while my choices, observations and assumptions were robust when challenged (Macnee & McCabe, 2008).

This qualitative research study was carried out from the perspective that social reality is constructed and shaped by humans while knowledge changes subjectively in light of new experience. It is recognised that a quantitative study could have reached a wider participant group and generated potentially an alternative perspective to the one generated in this study. A quantitative approach, however, would not have allowed the homogeneous in-depth discussions, and resulting meaningful insight, that the qualitative focus group interview format provided. It would also have negated the opportunity for me as a researcher to engage in analysing the lecturer and student nurse experiences and perceptions throughout the data collection period.

It is also acknowledged that the participant group in this study was relatively small compared with some previous studies about the link lecturer role (Day et al., 1998; McSharry et al., 2010; O'Driscoll et al., 2010). This study explored the experiences and perceptions of nurse lecturers and student nurses only, while previous studies gathered the opinions of a wider stakeholder group (ibid). Likewise this study only included representatives of the adult field of pre-registration nursing, while the link lecturer role is relevant to other fields of nursing for example mental health nursing and midwifery. One to one interviews as an alternative or addition to the focus group interviews carried out would have potentially generated alternative insights to the

link lecturer role. The justification for my research choices are detailed in Chapter 4 (4.6).

8.7 Areas for future research

This study brings something new to the academic debate about the link lecturer role, and in so doing has highlighted four inter-related areas for future research.

1. Academic and scholarly development of nurse lecturers.

Rationale: If the link role is abandoned and the academic role of the nurse lecturer strengthened as described in suggestion one (8.5.1), this would create an opportunity for research into changes in the scholarly confidence, engagement and output of nurse lecturers. There would also be potential to explore with student nurses, the lecturer responsible for practice placement management, PEF/CHEFs and mentors the impact of the absence of the link lecturer role.

2. Education and support to strengthen the PEF/CHEF role.

Rationale: If the PEF/CHEF role is strengthened as described in suggestion 2 (8.5.2) this would create an opportunity for research into the educational and support needs of their extended remit. There would also be potential to explore with student nurses, mentors and PEF/CHEFs the impact of the shift in responsibility for leadership in support for practice-based learning.

3. Exploring the career options in pre-registration nurse education.

Rationale: If the PEF/CHEF role is strengthened as described in suggestion 2 (8.5.2) this would create an opportunity for research into the effects this has on their perceptions of the potential for a career shift to the university-based nurse lecturer role. There would also be potential to explore with PEF/CHEFs their academic development aspirations as well as their experiences of visiting student nurses in the university setting and potentially engaging in some of their lectures and nursing skills preparation.

4. Exploring a new link lecturer role.

Rationale: If the link lecturer role is retained as described in suggestion 3 (8.5.3) this would create an opportunity for research into the nurse lecturers perception of their new revised link role. There would also be potential to explore with nurse lecturers, student nurses, mentors and PEF/CHEFs the impact of the new link lecturer role particularly if it is aligned with evidence-based teaching activities in a workable model of practice. In addition there would be an opportunity to explore the development of an appropriate audit tool for the link lecturer role.

8.8 Academic, personal and professional impact

My academic interest in this research study lay in improving my research ability while exploring a research gap relating to a topic of professional relevance. I started my doctoral journey fairly confident of my research skills; on completion I am acutely aware of having had a steep learning curve. This journey challenged me to synthesise my research aim and questions with an appropriate methodological approach and then to academically articulate my findings. My skill in critical analysis, academic writing and use of software programmes including NVivo and Endnote along with my ability to engage in academic discussion about my topic of research interest have been positively transformed. Further, the findings and recommendations from this study offer a credible contribution to nurse education and NMC policy makers. This contribution will be disseminated locally and with the wider nursing community via formal and informal discussion. The NMC is aware of this study and of my ability as a Doctor of Education graduate to contribute to further dialogue on this topic. My doctoral journey has given me a sense of personal achievement and importantly of making a professional contribution. At the outset of this journey I was inspired by the words often attributed to Henry Ford (1863-1947) the founder of the American Ford Motor Company.

"if you always do what you've always done, you'll always get what you've always got"

(Weiler & Neyndorff, 2013)

These words prompted me to challenge traditional thinking and be receptive as a researcher and nurse lecturer to new or alternative explanations for a familiar phenomenon. The findings and recommendations of this study suggest that doing what has always been done in relation to the link lecturer role is no longer professionally viable, resource effective or wise.

8.9 Conclusion

In conclusion this study makes a new and potentially important contribution to the existing literature relating to the link lecturer role. An important concluding message is that ignoring the issues that surround the link lecturer role has not in the past and therefore will not in the future resolve them. In an attempt to change the direction of the academic discussion and ultimately practice relating to the link role, this study offers one key recommendation and three credible policy suggestions for taking the findings of this study forward. The contribution of standards to the long standing discussion and debate about the link lecturer role has been unravelled while the conceptual lenses of CoP and cognitive apprenticeship have illuminated in a new way some of the issues that surround the role. The findings, recommendation and policy suggestions from this study highlight with a sense of urgency that the advisory and writing group for the next version of the SLAiP standards give critical consideration to the continued existence of this role. If the profession is reluctant to disband the link lecturer role, then as suggestion three indicates there is an urgent need to consider its intended identity, purpose, objective and contribution. Further, this study suggests that it is time to acknowledge and perhaps celebrate the unique contribution of the academic and clinical CoPs to the undergraduate pre-registration nursing programme. In so doing expertise can be used appropriately providing both good academic and clinical role models for the nurses of the future.

Finally, it is my view having invested four years in the exploration and analysis of this role, that repeating history by hanging on to tradition, and keeping the link lecturer remit in the mandatory SLAiP standards, without critical consideration of the implications is unwise. If the profession is serious about producing clinically and academically capable nurses to take nursing forward, the link lecturer role requires

fundamental and critical consideration in terms of its place in policy, resource investment and contribution. Meanwhile, is vital to the future of the nursing profession that nurse lecturers are supported to be confident, scholarly, and research capable role models.

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Appendix A: Participant Information

The link lecturer's role in pre-registration nurse education: explored through policy and practice.

I would like to invite you to take part in this qualitative research study.

Please see below for what will be involved if you decide to take part.

Who is doing the research?

Teresa MacIntosh: I am an Adult Nurse Lecturer, on the BSc pre-registration Programme, based at the XXXX Site, University XXXX Scotland. I am conducting this study as a post-graduate, doctorate of education student at the University of Strathclyde Glasgow.

Dr Aileen Kennedy and Professor Donald Christie (University of Strathclyde) are co-supervising this research study.

What is the research about?

The aim of the study is to understand the role of the link lecturer in supporting student nurse learning in practice. There is a long-standing debate in the academic literature about this role; various stakeholders have differing opinions about its purpose. You are invited to take part in a study that has the potential to contribute something new to the existing knowledge about the link lecturer role and could make an important contribution to nurse education.

Who will be involved?

Adult nurse lecturers who are responsible for acute and community placements, and who have no hands-on remit in clinical practice are invited to contribute to this research.

Final year BSc pre-registration adult programme student nurses are also invited to contribute to this research.

What will the study entail?

You are invited to take part in a focus group interview with 3 - 7 of your peers; this will last between sixty and seventy-five minutes. It will be facilitated by me (Teresa), on your own University site. In the focus group interview you will be asked to share your experience and perception of the link lecturer role in relation to supporting pre-registration student nurse learning in clinical practice. This will involve writing your own response to some prompts and questions and then discussing them within the focus group.

To allow for accurate data collection and analysis the focus group discussion interviews will be recorded using digital audio and video equipment. You are welcome to review and approve the word-processed transcriptions generated from the recording of the focus group that you participated in.

What will happen to information collected in the study?

The information collected from the focus group interviews will be analysed along with information from professional and education policy, and the academic literature. The findings from the study will be disseminated through professional journal publications, conference presentations and in a doctorate of education thesis.

No individual will be identified in any publication resulting from this study: any quotations verbatim to illustrate specific points will be made anonymous.

What are my rights?

Participation in this study is entirely voluntary. If you do decide to take part you are free to withdraw from the study at any time. Should you withdraw from the study during a focus group you may request that anything you have said is excluded from the analysis at the time or immediately thereafter. Once the analysis has been carried out it will not be possible to extract data as it will have been anonymised.

Further information about this research study: I am happy to answer any questions about the study.

Please contact me before XX/XX/XXXX if you are willing to take part.

You can contact me at Tel: XXXX, Ext: XXXX Email: teresa.macintosh@XXXX.ac.uk .

Thank you for reading this information sheet and considering participation in the study.

Inclusion criteria can be found on the back of this sheet.

Inclusion criteria for nurse lecturer

I have invited you to take part in this study because you work on the BSc pre-registration Adult Programme and have a link lecturer role in clinical practice.

Each focus group interview will last between 60 and 75 minutes and ideally have between 6 and 8 participants (minimum of 4).

Each focus group interview will be recorded using digital audio and video equipment and the data transcribed for data analysis.

Ideally each focus group will represent the following inclusion criteria:-
Nurse lecturers from the BSc pre-registration Adult Programme: responsible for hospital practice placements.
Nurse lecturers from the BSc pre-registration Adult Programme: responsible for community practice placements.
Less than 5 years of experience in role of nurse lecturer (since University XXXX, was formed in XXXX)
More than 5 years of experience in the role of nurse lecturer.
Lecturers who joined nurse education in each of the four original colleges of nursing, and in the two subsequent mergers that formed XXXX and XXXX.
Female and male nurse lecturers; from the BSc pre-registration Adult Programme.

****

Inclusion criteria for student nurses

I have invited you to take part in this study because you are in your final year of the BSc pre-registration Adult programme and have attended both acute and community placements

Each focus group interview will last between 60 and 75 minutes and ideally have between 6 and 8 participants (minimum of 4).

Each focus group interview will be recorded using digital audio and video equipment and the data transcribed for data analysis.

Ideally each focus group will represent the following inclusion criteria:-
Female and male student nurses.
A range of ages:

- 25yrs and below
- 26 – 35yr (the average of student nurses is 29yrs)
- 36yrs and above.

Appendix B:Email to Nurse Lecturers.

This email was distributed to all nurse lecturers who meet the inclusion criteria (Appendix A).

E-mail heading: - Invitation to discuss the role of the link lecturer in clinical practice in a focus group interview.

Dear Colleague,

I am writing to invite you to take part in the research study that I am carrying out as part of my Doctorate of Education course at Strathclyde University.

I am now in year 3 and have ethical approval from Strathclyde University and University XXXX to carry out a qualitative research study to explore the role of the nurse lecturer in supporting student nurse learning in practice. There is a long-standing debate in the academic literature about this role, and various stakeholders have differing opinions about its purpose.

On each University site I would like to facilitate a focus group interview with BSc pre-registration adult programme nurse lecturers, and separately with final year student nurses. This will involve (should you agree to take part) you writing a response to some prompts and questions that I have prepared, and then discussing your response with the others in the focus group.

I have attached a copy of the participation information sheet (Appendix A) for your information and consideration.

If you would like any further information, or would consider volunteering to take part in the focus group interview on your site please let me know by email by XX/XX/XXXX.

Kind Regards
Teresa MacIntosh
XXXX Site, University XXXX
Tel: XXXX Ext: XXXX,
Email: teresa.macintosh@XXXX.ac.uk

Appendix C: Consent form for participants.

Principal investigator contact details: Teresa MacIntosh, School of Health, Nursing & Midwifery, Site XXXX University XXXX. Tel: XXXX Ext: XXXX
Email: teresa.macintosh@XXXX.ac.uk

The link lecturer's role in pre-registration nurse education: explored through policy and practice.

I confirm that I have read and understand the participation information sheet for the above study. I have had the opportunity to consider the information, ask questions, and have them answered satisfactorily.

I understand that my participation in this focus group interview is voluntary, and that I am free to withdraw at any time without giving a reason or experiencing any adverse consequence.

I am aware that the focus group interviews will be recorded using digital audio and video equipment for data analysis purposes.

I agree to take part in a focus group interview / discussion with my 3 - 7 of my peers.

I understand the focus group interview will last between 60 and 75 minutes.

I am aware that I will be asked to write a response to prompts and questions that have been generated for the purpose of this study, and then asked to discuss my responses in the focus group.

I understand that the discussion will be facilitated by Teresa MacIntosh as a part time doctorate of education student at Strathclyde University.

I agree to treat as confidential anything that is discussed in the focus group interview.

I agree that anonymised verbatim quotes may be used for illustrative purposes in professional publications and presentations, and in a doctorate of education thesis.

<table>
<tr><td colspan="3">Consent to participate in a focus group interview to explore the:
The role of the link lecturer in supporting student nurse learning in practice</td></tr>
<tr><td>Name (Print please)</td><td>Signature</td><td>Date</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

Appendix D: Focus group interview guide

The link lecturer's role in pre-registration nurse education: explored through policy and practice.

'Do not disturb' sign on the door.
Furniture arranged so that each person is visible to the others.
Pens, spare paper and stapler, available.
Folders available (to lean on - when writing responses to the prompts / questions).
Focus group questionnaires printed (Appendix E & F).
Audio and video recording equipment checked and spare batteries available.
Refreshments provided to encourage a relaxed and trusting environment.

- Participants welcomed individually and as a group. Participants thanked for attending and for contributing their time and knowledge. Any necessary introductions made.
- Participants asked to switch off mobile phones to avoid distractions.
- The purpose of the study as part of my Doctorate of Education course explained.
- Participants reminded that the focus group interview will last between 60 and 75 minutes, and will be audio and video recorded for the purposes of transcription and analysis.
- Consent verbally re-confirmed.
- Each participant given a consent form to complete and sign (Appendix C).
- Each participant given a questionnaire: nurse lecturers (Appendix E) and student nurses (Appendix F).
- The participants asked to write their response to question one (5 minutes allowed for this and extra or less time taken as dictated by the needs of the group).
- The participants then asked to discuss their responses with the others in the group.
- Each prompt or question addressed in the same way.
- Be mindful of the time in order that the focus group interview does not take up more time than was pre-agreed.
- Once the discussion is closed, thank participants for their contribution, and invite them to email or telephone with any additional information that comes to mind.
- Remind participants that they can review and approve the word processed transcriptions generated from the recording, should they wish to do this.
- The participant's consent form and questionnaire retained.
- Write field notes before, during and immediately after the focus group interviews to capture any insights or information deemed to be important

Appendix E: Nurse Lecturer Questionnaire

Supporting student nurse learning in practice: the link lecturer's role.

Nurse lecturer perspective and experience: Name: University Site: Date:
LLQ1: My link lecturer role includes responsibility for
LLQ2: My understanding of the link lecturer role has been influenced by
My link lecturer role is LLQ3: important because LLQ4: not that important because
The benefits of having a link lecturer role are LLQ5: for me LLQ6: for the student nurse
LLQ7:If a student nurse was asked to explain the link lecturer role I think they might say
LLQ8: Name 3 things that influence student nurse learning in practice.

Appendix F: Student Nurse Questionnaire

The link lecturer's role in supporting student nurse learning in practice.

Student nurse perspective and experience: Name: University Site: Date:
SNQ1: My learning in practice is important because
SNQ2: My learning in practice is influenced by what, by who, and how?
SNQ3: Having a link lecturer is important because
SNQ4: Having a link lecturer is not that important because
SNQ5: My understanding of the link lecturer's role has been influenced by
SNQ6: If a link lecturer was asked to explain how and from whom I learn in practice I think they might say
SNQ7: Name the 3 sources of support for your learning in practice that you most value
SNQ8. Name 3 things the link lecturer role is for