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Education and Practice, let's move on: introducing the education zone team

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Abstract

The role of the academic in clinical practice has long been debated with no consensus on either what it is or what it should be. This paper suggests that we need to move on from the debate and implement ways of working that are commensurate with the needs of the students in individual organisations whilst fulfilling the requirements of curricula and individual roles. Within one university, a new way of working with partnership placement providers was implemented. This paper outlines the process, experience and outcomes of the initiative and attempts to provide an honest account of the achievements and complexities of such a project.

The aim of this project was to:

- *promote partnership between healthcare providers and education;*
- *provide a professional network in which to identify the evidence base for best practice;*
- *develop joint educational material that is underpinned by sound, contemporary evidence;*
- *share information which informs skill development, policy and clinical decision making.*

Key words: *Partnership, Collaboration, 'Ways of working', 'Thinking differently'*

Introduction

Pre-registration nursing programmes are now firmly embedded in the Higher Education system, yet the debate around the role of academics in the practice arena is still being regurgitated in the literature. We use the term 'regurgitated' deliberately as there appears to be very little sign of anything new emerging. There still exists a belief with some colleagues in the nursing profession that academics are 'out of touch' with the real world if they do not

engage in clinical practice, whereas others defend the currency of the academics' skills arguing that it is their ability to integrate and translate theory with practice that provides the richness of the students' experience (Fisher 2005). The debate started when the education of nurses moved from training schools into universities and the demise of the clinical nurse teacher left a gap that was tentatively filled using a variety of approaches. Twenty years later we are still conducting discussions about who is best placed to teach students and what the role of the nurse lecturer should be in relation to practice (Forrest, Brown and Pollock 1996; Gillespie and McFetridge 2006; Grant et al 2007; Mackenzie 2009,). In addition, lecturers also have to fulfil contractual obligations, meet research and excellence framework targets and maintain educational credibility. The role of the purpose of nurse teacher in practice is fraught with ambiguity and lack of direction and it seems to be at the mercy of political drift. A study by Grant et al (2007) funded by the RCN concluded that:

> *'acknowledging the different political drivers and contractual agreements for higher education institutes and NHS contracts, the nurse teacher academic in practice role needs to move with the NHS and non-NHS organisations in order for the role to make a meaningful contribution to educational structure'*.

They recommend that professional groups and employers alike work together to achieve this.

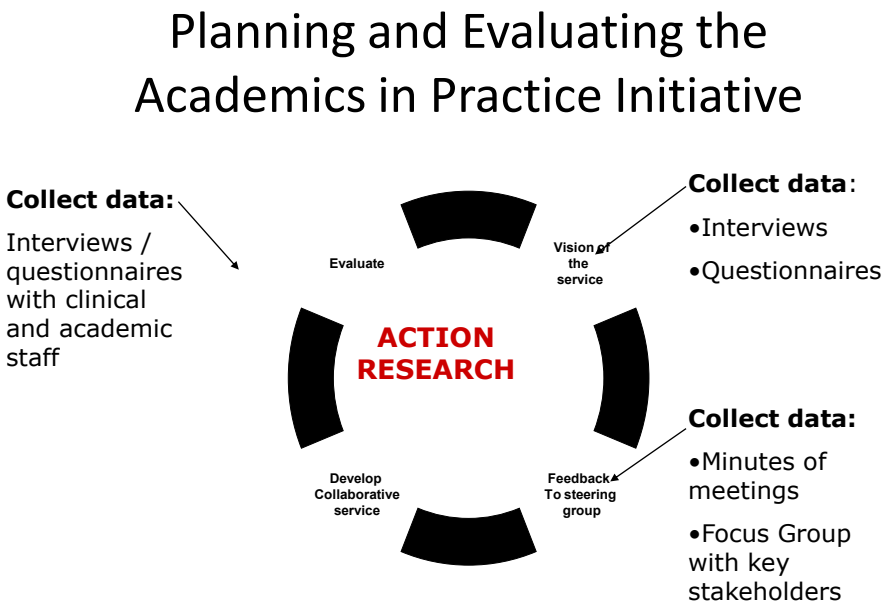
At Northumbria University, a team of academics set out to explore the models adopted by academics to support students in the clinical area and also importantly to further develop our working relationships with our clinical colleagues. The inspiration for this project emerged with the implementation of a new curriculum that embraced an inter-professional approach. Shortly before the implementation of the new curriculum there had been a restructuring of systems which saw the demise of the previous clinical liaison teacher role. This role essentially provided each practice placement area with a link tutor who could be called upon to provide information regarding educational issues and also provide a point of contact should a student issue arise. In line with the rest of the university, all students are now allocated a guidance tutor whose prime responsibility is to administer pastoral support as well as academic supervision. The students are visited in practice by their guidance tutor but the formal professional links between a named clinical liaison teacher and clinical area ceased to exist. The school managers were keen to develop a model that would address the gap left by the removal of the clinical liaison teacher, and this provided the impetus for this project.

The project was led by one of the authors and the project team consisted of a variety of educationalists from health care programmes within the school, the rationale being to explore best practice, share inter-professional innovations and enhance collegiality. In the first instance the team consisted of academics in-house with clinical colleagues joining following ground work.

This led to a truly collaborative initiative which was the primary aim of the project.

Initially, the team conducted a literature search in our quest to explore the variety of roles that existed in relation to the academic in practice. The majority of the literature focused upon nurse educationalists as this is the professional group that initiated the debate which led to our project. The composition of the group was also enriched by the involvement of an occupational therapist who was also practice placement facilitator. We also had to consider the organisational structure that exists within our partner trusts offering placements to students. Placements are provided over a large geographical area in the North of England bordering Cumbria and Scotland and are provided by a number of NHS Trusts as well as private organisations. Each trust is structured differently and within their organisations there exists a variety of roles in relation to teaching and learning. Whilst some organisations employ practice educators, lecturer practitioners, practice development staff, most of whom have some input with students; others rely on the expertise of the clinical mentor. The nature of each of these roles is explored widely within the literature and it is not within the scope of this paper to discuss this further. Many of these job titles carry with them different job descriptions and what seems to be clear is that not one role 'fits all' and provides a panacea to address the educational needs of students. An added challenge was that colleagues in the allied health professions such as Physiotherapy, Occupational Therapy and Midwifery had different ways of working and supporting students and, although keen to join the project, were unsure whether they were attempting to fix something that was not actually broken. The initiative was driven by nursing but we were keen that the project should be open to the multidisciplinary team.

An evaluation process was built into the initiative from the outset. In accordance with the principles of action research methodology, data collection, analysis and reflection inform each other and shape the study as it progresses (O'Leary, 2005). Lewin (1946) notes that change is valuable knowledge in its own right. Rather than undertaking the initiative, then evaluating the outcome, it was decided to conduct an evaluation at two stages during the project development. In this way findings could be fed back into the development so as to help shape future actions. In action research the link between the researchers, practitioners and stakeholders is a collaborative one. By working *with* stakeholders it fosters a better understanding of local issues and assists the researcher gain access to the research setting (O'Leary, 2005). Before commencing any research, discussions were held with the research ethics committees for the Trust and the University. It was agreed that the initiative was considered to be a service evaluation and according to the National Ethics Services (2007) an evaluation such as this does not warrant research ethics committee approval.



Following examination of the literature the group finally decided upon the creation of an educational zone team which would essentially be a combination of academics from different health disciplines and a number of clinical colleagues that could be selected by the trust. The purpose of this was to be to enhance collaborative working, strengthen partnerships and ultimately enrich the student learning experience. A small local teaching foundation trust agreed to work with us after we pointed out that the project would potentially help the trust in working towards its own specific targets as defined by the Strategic Health Authority. Negotiations were held with one of our partnership trusts with the aim of establishing a pilot site for the project before it was rolled out across all of them.

Process and Implementation

The overall aim presented was to promote the importance of collaborative education incorporating the following four aspects: partnership, consultation, practice development and research.

A number of practitioners were present as well as representatives from management and medical staff. Practitioners included staff from Occupational Therapy, Physiotherapy and Nursing. The presentation was well received and a number of issues were explored. What was important was to establish and agree partnership working. To assist this process the first evaluation phase was conducted. A questionnaire was distributed to both academic and clinical staff. They were asked to rank activities of lecturers in practice, based on the existing roles discussed in current literature. Fifteen stakeholders completed the questionnaire and the three

highest ranked roles were shown to be: 1) Clinical Liaison Teacher, 2) Supporter for research and audit, 3) Supporter for practice development projects. This phase of the evaluation process helped towards gaining a consensus as to how the project should move forward.

Concerns were raised regarding the sustainability of the academic in practice project. Clinical staff felt reluctant to engage in something that was short term only. This was discussed openly and reassurance offered of the university's support of this project. Various specific projects were discussed and three were selected based upon tangibility and time scale.

- Review of infection control practice: development of an assessment tool to assess practitioners in aseptic procedure;
- Portfolio of Learning Opportunities (POLO) development: improving learning resources across the trust reflecting curriculum requirements across all professional groups;
- Medication safety: reviewing intravenous medication practice.

It was agreed that academics would volunteer involvement in one of these projects and then arrange to meet with identified clinical staff. In addition both Trust and University established a steering group. The purpose of the steering group was to ensure governance and shared learning.

Once the zone team was convened the following objectives were negotiated and agreed:

Both organisations would:

- Share a common understanding of the curriculum and learning opportunities available;
- Develop educational material which is commensurate with the above;
- Facilitate the integration of government and professional body directives;
- Share information in relation to skill development, policy and decision making.

The first challenge was finding a mutually suitable time and date for meetings for university and clinical staff. Agreeing terms of reference for these meetings was the next challenge, and became a protracted process as the rotating clinical staff attendance at meetings was dictated by clinical commitments. There was a significant period of adjustment as we attempted to establish exactly what each party hoped to achieve from these meetings.

Over a period of months it became apparent that there were differing viewpoints regarding ways of working. Agreement arrived once clinical staff developed an understanding of the benefits and an interest in the use of research in practice. These individuals became the regular contributors and attendees of meetings. There was a lot of initial discussion around why the university appeared to want to 'impose' ways of working on clinical staff,

almost an unspoken suspicion of motives, which took a great deal of careful communication to overcome.

Evaluation

A second evaluation was conducted when the project had been running for one year. A focus group was coordinated by a member of the University teaching team not directly involved with the Academics in Practice project. Five academic staff and five from clinical practice consented to take part. The session was recorded and issues of confidentiality and anonymity were addressed at the start of the session.

The interview schedule consisted of semi-structured questions which were initially designed by the researcher and project lead and were based upon questions most frequently associated with service evaluation (O'Leary 2005). For example, was it successful? Were there unintended effects? Was it cost effective? Was it popular?, Should it be continued? The focus group lasted for 64 minutes. The recording was transcribed verbatim and then analysed into codes, categories and themes using the method proposed by Burnard (1991). To ensure the findings were credible the codes and categories from the analysed transcript were independently analysed alongside the original recording by two academic staff (one was present for the focus group and the other was not involved in the initiative).

Following analysis six themes emerged from the data:

- Timing;
- Thinking differently;
- Collaboration;
- Organisational commitment;
- Information spread;
- End point.

Timing

Within this theme there was a strong sense that confidence needed to be gained between the two organisations before any progress could be made regarding joint projects. This theme showed a sense of process, progress and positioning regarding *how* the existing projects might be run and *who* might take the lead on them. Scepticism existed as to *why* the University Academics wished to start such collaboration. The purpose appeared unclear and it wasn't obvious what projects might be attempted. Project ideas originated from within the Trust. One participant said that the projects were Trust 'stand alone' pieces of work that did not require input from the University. In fact, by involving the University it actually slowed the work down since there were more meetings to organise before work could get underway. Despite this Trust Staff recognised the expertise of the University

staff and realised that they could be called upon in a consultative manner when required.

> "*We might look to the Uni to assist us if we meet a hurdle"* (Trust 3)

On the whole the process of deciding on projects and setting up the collaboration took longer than had been anticipated. The Academics thought that the projects would take shape faster which caused a degree of frustration.

> "*We had targets and aims and we were going to go in and get it done but it didn't work like that. We had to talk and discuss the whole way. We just thought it would be quicker"* (University 1)

However, taking time to set up the projects seems to have had a positive outcome. One Trust participant thought the projects were 'richer' for having been thought through rather than conducted in a hurry.

> "…*the benefit of slowing it down, having lecturers involved, informing, updating* and *giving their views has added something*" (Trust 4)

Thinking Differently

Focus group data indicated that both University and Trust staff needed to work through project ideas which involved creative thinking from both parties. Due to different ways of working, there was a period when University and Trust Staff had to appreciate the differences and similarities existing between them. A degree of compromise was needed to ensure projects met all needs.

There were differences in the way the projects developed. Focus group participants agreed that the breadth of possible working practices were valued given that one model would not suit all projects.

> "*One model won't fit all so we need to keep that breadth and look at different ways of engaging with the different members of different teams. I see this as strength".* (Trust 3)

Participants acknowledged that there were differences in the way that their organisations practiced. Although the notion that there are differences is not new, it appears that working closely on one piece of work has somehow surfaced these issues.

> "*We had anticipated that there would be issues about different ways of working but it highlighted what the differences actually were. We can <u>see</u> what is different* now". (Trust 1)

> "*We all have operational constraints and Uni and Trusts are different. It's evoked a lot of discussion and as a result we have a better appreciation of each other and how we might work together. The outcome of these projects so far suggests that it's working".* (University 2)

Both University and Trust staff were very aware of the benefits that developed through the compromising process. Participants talked about the way the academics in practice initiative had an impact on closing the 'theory practice gap' by standardising some clinical procedures. One participant talked about the previous black and white thinking between Academic and Trust staff and how thinking was now 'greying' as a result of debate and compromise.

> "I *thought I knew how the Trust worked but now I realise how I do think differently now I'm in educational mode. It's good to realise this as it means you can recognise the differences and you can be open to collaboration".* (University 4)

Collaboration

Collaboration could only begin once both parties had an appreciation of each other's organisational practices. Both organisations had to feel that they would benefit from collaborative working before any progress might be made. Through collaboration, common ground needed to be sought. As it happened, the Trust initiated projects that fitted with the National Agenda of the National Health Service focus on patient safety and service improvement, and so were also important for the education curriculum.

> *"It has to be within the Trust agenda otherwise they will not commit staff and time if they are not getting anything out of it*" (Trust 1)

The personal agenda of those involved in the initiative was also highlighted. For University staff, working in an initiative such as this would help them to maintain clinical credibility, while for Trust staff it afforded them the opportunity to keep up to date with educational and research practices.

Organisational commitment

Support was required from both the University and Trust in order to sustain the initiative. For all those interviewed, taking part in the project was in addition to their usual role. One participant thought that collaborative working between Trust and University staff should be made part of all employees' job descriptions. It might also encourage participation in research which is high on the university agenda currently.

> "*As research capacity starts to grow, this might have an influence on support for this initiative. I really think it should be part of all academics' roles". (*University 5)

Information Spread

This interesting theme relates to a 'by-product' of the Academics in Practice initiative. This theme relates largely to the Academics' role within the initiative. University educators are in a strong position with regard to their contact with a number of Trusts and other agencies within the region. One participant likened the academics' role to a bee cross pollinating information between Trusts and so sharing best practices.

> *"Different trusts 'operationalise' documents in different ways. We see students from all the trusts so we can refer information back to you and say that another trust does it another way".* (University 2)

End Point

This theme accounts for only a few comments from focus group members. Here concerns were expressed as to the fate of the project.

> "*We've done so much work already and it seems a shame for it to just stop. It won't be wasted but just a real shame having worked so hard".* (Trust 1)

> *"I don't see the project ending. It's constantly changing. What we have started is a lifelong way of working together even if the project I'm working on closes up".* (Trust 3)

Conclusion

Overall, we feel that implementation of the education zone team proved a success due to the commitment and innovation clearly exhibited by staff. All the aims and objectives that were set were achieved, and there were many lessons learned. In the process, both clinical and academic staff have an improved understanding of the contemporary issues affecting each other's roles.

The main interest of the clinical staff was to understand the impact of the new pre-registration curriculum on placement activities and abilities, and the skills and knowledge of new graduates. This interest emerged as a result of concern with patient safety and stresses on student mentors, together with a desire to maximise student learning opportunities whilst on placement at the trust. Academic staff identified this as synthesis of theory in practice. The clinical staff appeared to have secondary interest in gaining support from academic staff to promote the research ethos within the context of practice.

All projects reached a successful conclusion, with a true spirit of collaboration emerging. Decision-making was shared and policies either revised or new ones developed. There was a much clearer shared understanding of each other's roles and functions, leading to a sense of multi-professional partnership. There was recognition of the importance of management support to facilitate the resources and time required to make a success of this process.

Above all, in order to make this project successful, we needed to invest heavily at the preliminary stages to ensure that clinical colleagues could visualise the potential benefit and worth of a collaborative venture such as this. What initially appeared to be presented as a 'university' project was hopefully recognised as a joint endeavour.

There was agreement that this model was innovative, but might not translate to other trusts in exactly the same format, due to differing ways of working and different structures existing in these organisations. On reflection, there have been lessons learned along the way included

- acknowledgement of initial reluctance to engage fully by clinical colleagues
- the need for alignment of aims and objectives early in the process;
- that these must complement the Trust agenda to be fully embraced; and
- that clinical colleagues may doubt their ability to engage and need support and

Awareness by academic staff of the insecurity felt by some clinical colleagues in the early stages was met with careful patience, and resulted in better understanding of shared goals in the long run.

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