CLINICAL PRACTICE EDUCATORS

Role of clinical practice educators in an integrated community and mental health NHS foundation trust

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Abstract

Clinical practice educators (CPEs) aim to provide support and education to clinical staff and students to improve their professional practice. This article examines the work of a team of six CPEs, who were employed by one large integrated mental health and community health NHS foundation trust that incorporates both mental and physical health services. It explores how the role of the CPE can have positive effects on clinical settings, and can improve the provision of evidence-based care for clinical staff and students on placement in the trust. The article provides examples of the work undertaken by the CPE team and considers the plans for its future development.

Keywords

clinical practice educators, nurse education, nursing students, pre-registration students, professional development, training

IN 2014, A TEAM of six clinical practice educators (CPEs) were employed to work for one large integrated mental health and community health NHS foundation trust, which covers four counties and employs more than 6,000 staff. The trust provides clinical placements in partnership with several universities. The main purpose of the CPE role was to enhance the learning experiences of pre-registration nursing and allied health students during clinical placements. To achieve this, several functions of the CPE role were identified:

- To assist in the professional development and support of staff in clinical practice.
- To support pre-registration students on clinical placements in the trust.
- To role model the trust's values of caring, and safe and excellent care (Oxford Health NHS Foundation Trust 2017).

The CPE role was designed to work clinically with students, mentors and clinical teams to develop essential skills; enhance knowledge, competence and confidence; and ensure that students are exposed to evidence-based practice. To reflect the integrated nature of the trust, the CPE team was recruited from a variety of backgrounds, including mental health, adult and paediatric specialties. Six CPEs were employed in the team, equating to five full-time positions.

Since the introduction of the CPE team in the trust in 2014, the demand for the service they provide has expanded significantly. The CPE team works in partnership with senior clinicians and managers to develop learning environments and evaluate the effectiveness of interventions that enhance the student placement experience. Alongside this, the CPE team facilitates formal and informal learning, and designs training and development programmes for staff in clinical practice. The CPE team is expected to contribute to the review, development and implementation of local policies. It also contributes to the implementation of the trust's preceptorship programme

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and supports the promotion of clinical supervision and reflective practice processes. Above all, the CPEs act as role models to clinical staff and students by demonstrating effective professional attitudes and behaviours.

This article describes the work the CPE team has been involved in and considers future developments that could contribute to the continued support of staff and students in clinical practice.

Background

In the 1970s, nurses who worked in practice and supported learning were employed by schools of nursing, and were known as clinical teachers or tutors. Learning primarily focused on clinical skills, and teachers in these roles were paid at a lower grade than classroom-based teachers. Following the report Fitness for Practice: The UKCC Commission for Nursing and Midwifery Education (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999), several changes in nurse education and registration were made, including the removal of the clinical teacher role. In 2004, the Nursing and Midwifery Council (NMC) (2008) introduced the qualification of practice teacher.

In the UK, the provision of nurse education in the classroom as well as in clinical settings was reintroduced in the 1990s to address the requirement to support learning in practice and at universities (Whitehead 2010). It was suggested that raising the academic and intellectual level of nurses would improve clinical effectiveness and reduce the theory-practice gap (Whitehead 2010). Nurse education occurs equally in the classroom in universities and in practice in clinical settings (Lambert and Glacken 2005).

The role of the CPE continues to be debated (Pollard et al 2007). Jowett and McMullan (2007) undertook a study asking students, mentors and practice educators to evaluate the role. They concluded that the presence of practice educators based in the 'reality of working life in the clinical area' supported clinical staff and students. Furthermore, students felt that practice educators were their advocates, and registered staff viewed them as credible experts who were approachable and accessible.

Rowe (2008) and Sprinks (2015) identified a lack of a national job description for CPEs in the UK, indicating the requirement for role clarification. CPEs are required to have clinical and teaching expertise to facilitate up-to-date clinical practice education. Rowe (2008) stated that CPEs are most valued when they are visible and aligned to practice and the learning environment. If CPEs are clinically and educationally credible, this may go some way to addressing the theory-practice gap. Taking this approach appears to have contributed to the success of the CPE team in the trust.

Scope of the clinical practice educator role

As a new team, it was essential for the CPEs to invest time in developing relationships with clinical teams, heads of nursing and partnership organisations such as local universities. Fostering these relationships has been an ongoing process. As the positive reputation of the CPE team has increased, so have the number of requests for support, teaching and guidance. This, along with the volume and scope of the role, has led to the development of a database, which enables the CPE team to record the requests they receive while monitoring themes and areas of concern. Box 1 summarises the main themes from the database relating to the CPE role.

Preceptorship development

A report by Health Education England (2015) examining the future of nurse education recommended that: 'Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.'

Future nursing curricula are likely to implement this recommendation and preceptorship will become established in the education of nurses and other healthcare professionals. The Department of Health (DH) (2010) has provided preceptorship guidance with the aim of encouraging employers to offer a period of support for newly qualified practitioners and to ease the transition from student to registered practitioner. However, preceptors themselves require preparation for this role (DH 2010).

In the authors' experience, preceptorship is highly valued. A period of preceptorship support is beneficial to staff professionally and personally. Preceptees have reported they feel valued and that the preceptorship process engenders confidence and competence. However, there are challenges in relation to a lack of protected time between preceptors and preceptees.

It is essential that there is ongoing support at a managerial level for the organisation to develop a culture that recognises the benefits of preceptorship programmes (Whitehead 2013). The CPE team's role is to: champion the proven benefits of the preceptorship programme; provide preceptee and preceptor support by being an expert resource, including co-facilitating the introduction day for the preceptorship programme; and facilitate reflective practice in clinical settings.

BOX 1. Main themes relating to the clinical practice educator role

- Preceptorship development – includes attending established preceptorship groups, providing information and direct support, along with assisting in the training sessions
- Student development – includes attending university sessions, and providing support and teaching in practice
- Mentor development – includes mentor updates undertaken in practice and direct mentor support
- Clinical supervision – includes one-to-one and group supervision, and reflective practice groups
- Clinical practice teaching – includes working directly with clinical staff and students during patient care
- Formal teaching – includes all planned teaching sessions both in and out of clinical settings
- Quality assurance – includes audits and policy reviews
- Signposting – includes sharing information and resources in the trust and with partnership organisations

Student development

The CPEs act as role models to students, who are required to be able to link theory with practice. Lambert and Glacken (2005) stated that without role modelling by mentors and practice educators, there is a risk that clinical experience may be prioritised over learning while students are on placement. Matthew-Maich et al (2015) emphasised that effective nurse educators are essential to influence future practitioners and quoted students' views that confident and caring teachers make confident and caring students. In the team, there is the additional advantage that some of the CPEs have part-time lecturing roles in local universities. This enables the CPE team to have up-to-date awareness of placement patterns and curriculum developments, as well as understanding the needs of the students and their course requirements.

Perry (2009) discussed the 'art of nursing' as consisting of not only practical competencies, but also the 'unspoken aspects of exemplary nursing care', such as those included in the 6Cs of nursing: caring, compassion, competence, communication, courage and commitment (DH and NHS Commissioning Board 2012). This combination is necessary for students to provide effective care in the future, and the CPEs promote this by role modelling best practice and supporting clinical staff to demonstrate exemplary patient care. The CPE team supports students while in practice by facilitating education groups, in which students from various multidisciplinary backgrounds come together and participate in skills-based education sessions, reflection and critical incident analysis.

Mentor development

Duffy (2003) raised concerns about the quality and support of mentors in practice. These concerns centred on mentors not failing nursing students who were not achieving their required competencies.

KEY POINT

The clinical practice educator team's role is to: champion the proven benefits of the preceptorship programme; provide preceptee and preceptor support by being an expert resource, including co-facilitating the introduction day for the preceptorship programme; and facilitate reflective practice in clinical settings

KEY POINT

Supervision enables clinical staff to have the opportunity to: 'Reflect on and review their practice, discuss individual cases in depth and change or modify their practice and identify training and development needs' (CQC 2013)

One reason for this was that many mentors did not feel confident to undertake the process of failing a student. Duffy (2003) suggested that this has implications for the student's subsequent training, the skills of the future workforce, and the provision of safe and effective patient care.

Professional bodies share these concerns and advocate that mentors should have adequate education and skills to ensure that students have effective learning opportunities in their placements and are assessed appropriately (Royal College of Nursing 2016). The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015) states that nurses should support the learning of students and enable them to develop their confidence and competency. However, there is debate as to whether all registered nurses should be mentors, since the mentor's role is complex and has several responsibilities in addition to teaching (Omansky 2010). Nevertheless, in the trust, there is an expectation that all registered nurses and allied health professionals will become mentors following a period of preceptorship.

As both experienced nurses and experienced mentors, the CPE team is equipped to support mentors to identify any issues early on and plan strategies to enable students to experience a positive learning environment. In addition, the CPE team is able to support the development of 'sign-off' mentors, who make decisions about whether a student has achieved the standard required to enter the professional register, and offer mentor support forums that provide mentors with updates regarding changes in nurse education, any curriculum developments and time to discuss student-related issues encountered in practice. This benefits the trust by ensuring there are enough skilled mentors to support students on placement.

Clinical supervision

Clinical supervision is well-documented as an essential aspect of ensuring safe and effective healthcare (Pearce et al 2013). The Care Quality Commission (CQC) (2013) reported that clinical supervision could contribute to patients and their families receiving effective care, as well as improving the recruitment and retention of staff. Supervision enables clinical staff to have the opportunity to: 'Reflect on and review their practice, discuss individual cases in depth and change or modify their practice and identify training and development needs' (CQC 2013).

The CPEs are part of the trust's training and implementation teams. This enables the CPEs to meet clinicians in training settings and support them to access clinical supervision in practice. Clinical teams in all specialties can be supported using reflective practice groups and bespoke clinical supervision. In healthcare services, clinical staff may experience frequent challenges and work pressures that require space and expert facilitation to explore (Campling 2015). McAllister and Lowe (2011) stated that development of resilience is vital in healthcare because of the risk of high stress levels in the workplace. Clinical supervision is one way of supporting the development of resilience. The CPE team advocates clinical supervision at all grades of staff and ensures that it is part of the trust's learning and development system.

Clinical practice teaching

The CPE team is ideally placed to work alongside clinicians, providing teaching in a collaborative manner while understanding the challenges that clinicians often experience. Anecdotally, feedback from clinical staff has been positive when the CPE team has been able to facilitate learning in clinical environments. According to Perry (2009), learning in clinical practice is a defining aspect of healthcare; therefore, the aim is to prioritise this aspect of teaching. This benefits students because they often have the opportunity to join teaching sessions and learn about evidence-based practice in relation to the patients they are caring for. An additional benefit is that including students demonstrates the importance of continuing to learn after becoming a registered practitioner. Examples of this aspect of the CPE role include working alongside staff to support them in developing confidence and competence

with clinical skills and physical health skills in mental health, and understanding aspects of legislation about how care should be provided. The CPE team also supports staff and students who require review and further development of skills.

One of the advantages of being a trust-wide CPE team rather than being aligned to a particular ward or clinical setting is that the CPEs are in addition to staff in the ward or clinical setting. This means that the team can be flexible and respond to requests for support as required, in accordance with their workload. However, because of the size of the trust and the number of staff employed, the remit of the CPE team could be seen as too large, thereby diluting the effectiveness of the role. Pollard et al (2007) concluded that lack of CPE roles in the UK is the result of role ambiguity as well as the financial implications for the NHS.

Formal teaching

Despite the lack of emphasis on formal teaching in the CPE job description and the original remit of the role being clinically based, the CPE team have received several requests from clinical teams and their managers for formal teaching. For the purpose of this article, formal teaching refers to teaching that has been planned and pre-prepared (Bahn 2007). Formal teaching can take place in both traditional classroom settings and clinical environments, if it is undertaken in a designated teaching room, ward office or similar facility. It is not conducted with the inclusion of a patient or at the bedside, which the CPE team has defined as clinical practice teaching.

Some of the requests for formal teaching can be attributed to a flexible approach and readiness to take training to the clinical setting. Clinical managers are increasingly requesting that teaching is undertaken in clinical settings rather than traditional learning and development settings. Such an approach is underpinned by the requirement to minimise time away from work and ensure patient care needs are met (Griscti and Jacono 2006). However, because of the informal nature of the teaching sessions, there can be frequent interruptions or delayed starts since staff members involved in the session are often sought for advice or to undertake work in the ward. In addition, several attendees have stated that teaching in their clinical environment does not enable them to concentrate entirely on the session – particularly if they have work left unfinished that has to be completed once the training has been concluded. Jowett and McMullan (2007) cited the ability to be flexible as one of the most valued aspects of the practice educator role from the ward team's perspective.

The CPE team has facilitated learning in traditional classroom settings in the learning and development department in the trust, such as a physical health skills course that was previously delivered by one of the local universities. As a result of their experience and clinical backgrounds, the CPEs have been able to recognise deficits in skills and educational requirements and seek ways to resolve them. One example has been the re-development of an assessment skills course.

Since the CPE team works across the trust, they have been able to foster positive relationships with many clinical staff. This has enabled clinical staff to take the learning from the classroom and implement it in practice.

Quality assurance

Every healthcare organisation is expected to provide effective care for patients, including maintaining a safe environment and robust clinical governance, and have in place clear policies and procedures to report and monitor care (NHS England 2013). However, reports have demonstrated that the healthcare provided does not always meet the required standard (Francis 2013). Therefore, the CPE team contributes to realising the vision of the trust to provide excellent care. This is achieved by being an expert resource for clinicians, offering advice and comments on policy and procedure, as well as being members of working groups who are involved in reviewing standards and responding to incidents.

KEY POINT

Clinical managers are increasingly requesting that teaching is undertaken in clinical settings rather than traditional learning and development settings. Such an approach is underpinned by the requirement to minimise time away from work and ensure patient care needs are met (Griscti and Jacono 2006)

Signposting

While not in the job description, one aspect of the CPE role that has emerged is for them to act as a resource for staff, individuals, teams and managers. Over the past two years, the CPE team has become widely recognised in the trust, and are approached by clinical staff and students for advice, resources and expert opinions. This has enabled the CPE team to empower staff to develop knowledge and skills and be champions of excellence in the clinical learning environment (Sykes et al 2014).

Challenges of the role

Any new role will be associated with challenges (Sykes et al 2014) and the CPE team has faced several of them. For instance, the CPEs' role in supporting staff and students to develop their practice may lead to a review of their clinical skills. This can cause anxiety among clinical staff who have not practised certain skills for several years, for example mental health nurses' use of manual blood pressure monitoring. However, it is essential that students encounter up-to-date evidence-based care in clinical practice (Lambert and Glacken 2005).

Another challenge has been the size and diversity of the trust and the need for the CPE team to work across a large area. Indeed, most CPEs or those with similar roles in other organisations within the UK are assigned to a specific team or directorate (Whitehead 2010). Sykes et al (2013) stated that it is primarily the ability of the CPE to develop positive and collaborative relationships with the organisation that is essential to the success of the role, as well as being ideally placed to influence practice and education.

In contrast to such challenges, several areas of excellent practice in clinical teams and by individuals have been identified by the CPEs. The trust-wide nature of the role has enabled the CPE team to share effective practice and avoid duplication of information.

In the authors' opinion, all educational roles require feedback to evaluate their effectiveness. The CPE team undertakes evaluation via one-to-one feedback, formal trust evaluation forms and online surveys. In addition, since the team is clinically based, regular verbal feedback is received regarding the effects of interventions and

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presence in clinical settings. The feedback received confirms that the CPEs are seen as positive role models by clinical staff and students. The CPEs are visibly present to support students and their mentors, and are seen as clinically credible by clinical staff.

Plans for future development

It is essential that the CPE team continues to evaluate the effectiveness of the service they provide; this enables them to offer effective education in practice that ensures students experience positive learning environments and develop the skills, knowledge and attitudes to provide excellent patient care.

By using evidence-based practice and being advocates of best practice, the CPE team is equipped to influence others to develop services and enhance patient care. It will endeavour to work collaboratively with all areas of the trust, including mental and physical health, by championing equality in healthcare, as required by the Health and Social Care Act 2012. In particular, the CPE team intends to be proactive in the potential development of further training courses that can be delivered locally. In addition, the CPEs should remain aware of the importance of their clinical credibility by undertaking lifelong learning in accordance with professional governing bodies.

Conclusion

The CPE role has the potential to transform education in practice as a result of the accessibility and visibility associated with the job. However, this role has no recognised title or job description on a national level in the UK. The CPE team is in a unique position, covering a large and diverse trust rather than being aligned to a particular ward team or directorate, which has sometimes been challenging. However, the CPE role should be diverse, flexible and creative. This is reflected in the wide variety of teams and individuals with whom the team works. The CPE role is evolving and the team is required to meet the needs of clinical staff, students and partner universities, as well as the trust. This means the team will continue to evaluate and reflect on the work it undertakes and review its objectives accordingly.

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