The Personal Tutor and Tutees' Encounters of the Personal Tutor Role- Their lived Experiences

A Thesis submitted for the degree of Doctor of Philosophy

By Anjoti Harrington

School of Sports & Education
Brunel University
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Book Three

APPENDICES

APPENDIX 1

The Nursing Curriculum for the Undergraduate students (Taken from a London University's Curriculum where the highest number of tutees participated in my study.)

INTRODUCTION

The Pre-Registration Diploma in Nursing and the BSc (Hons) in Nursing and Human Sciences programmes students were taught by a new development of the curriculum (1995). It was initiated because the previous validation period for both programmes was near completion. This appendix will outline how the nursing curriculum development that took place and what students learnt in terms of the nursing programme .

In 1986 the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) published their guidelines for the Project 2000 programmes. The first programmes then commenced in 1989. The initial plans and guidelines were published a decade ago but since then many changes in both the Health Service and education have occurred. In addition in 1995 the ENB removed the restriction upon Pre-Registration Undergraduate Degrees in Nursing being four years and changed it to 3 years. All these changes needed to be reviewed and considered for the future programmes development.

CURRICULUM MODEL OF CHOICE AT THE LONDON UNIVERSITY

The cultural analysis perspective combines the work of two educationalists, Lawton (1983) and Skilbeck (1984) and was chosen as the most appropriate. This perspective provides both a formal framework but also elements of choice for the curriculum developer, and facilitates an up to date curricula by drawing upon the culture of the society in which the nurse of the future will practice.

The cultural analysis perspective is based upon a reconstructionalist or society centred ideology. As society is constantly changing so is its ideology and this means it is an appropriate curriculum perspective for any educational programme that needs to be dynamic and developed within an ever changing society. The essence of reconstructionalism is that education is seen as a way of improving society and can be applied to nursing education as a way of improving the health of society (Gilling 1985).

VALUES AND BELIEFS UNDERLYING THE CULTURAL ANALYSIS MODEL

The cultural analysis model is based on a society centred ideology. Education reconstructs society's views and knowledge base. Nurses therefore have to change their ideas, values and knowledge in relation to resources that are available, the economic climate and the current orientation of management of health care. Society, nursing and the individual are interrelated so the aims and content of any nurse education programme must be based on a detailed analysis of nursing and the society and clients served .

Skilbeck (1984) suggests that the curriculum is surrounded by a complex array of beliefs, values, theories, practical arrangements and misunderstandings. The curriculum is also guided by central policy from the UKCC, the English National Board for Nursing, Midwifery and Health Visiting (ENB) and European Commission Directives (77/453/EEC).

Using this model the curriculum is viewed as a representation and derivation of the culture and as a set of learning experiences that bridge the gap between the student and the culture, enabling the student to make choices and function with culture. Using this approach the resulting curriculum should be realistic and prepare nurses to practice in all health care settings, and in addition enable them to identify where changes are required and given them the ability to participate in the process (Studdy 1985).

INTERNAL AND EXTERNAL ANALYSIS

The analysis is formally divided into two parts, internal and external to the organisation each being equally important although some areas of the analysis will overlap. Throughout this phase, values and beliefs are identified and clarified in respect of the nature of the individual, nursing, health and the provision of health in a variety of settings. In line with the curriculum model being used the analysis enabled the initial framework for the curriculum to be developed although this is a dynamic process enabling modifications to be made throughout the development of process.

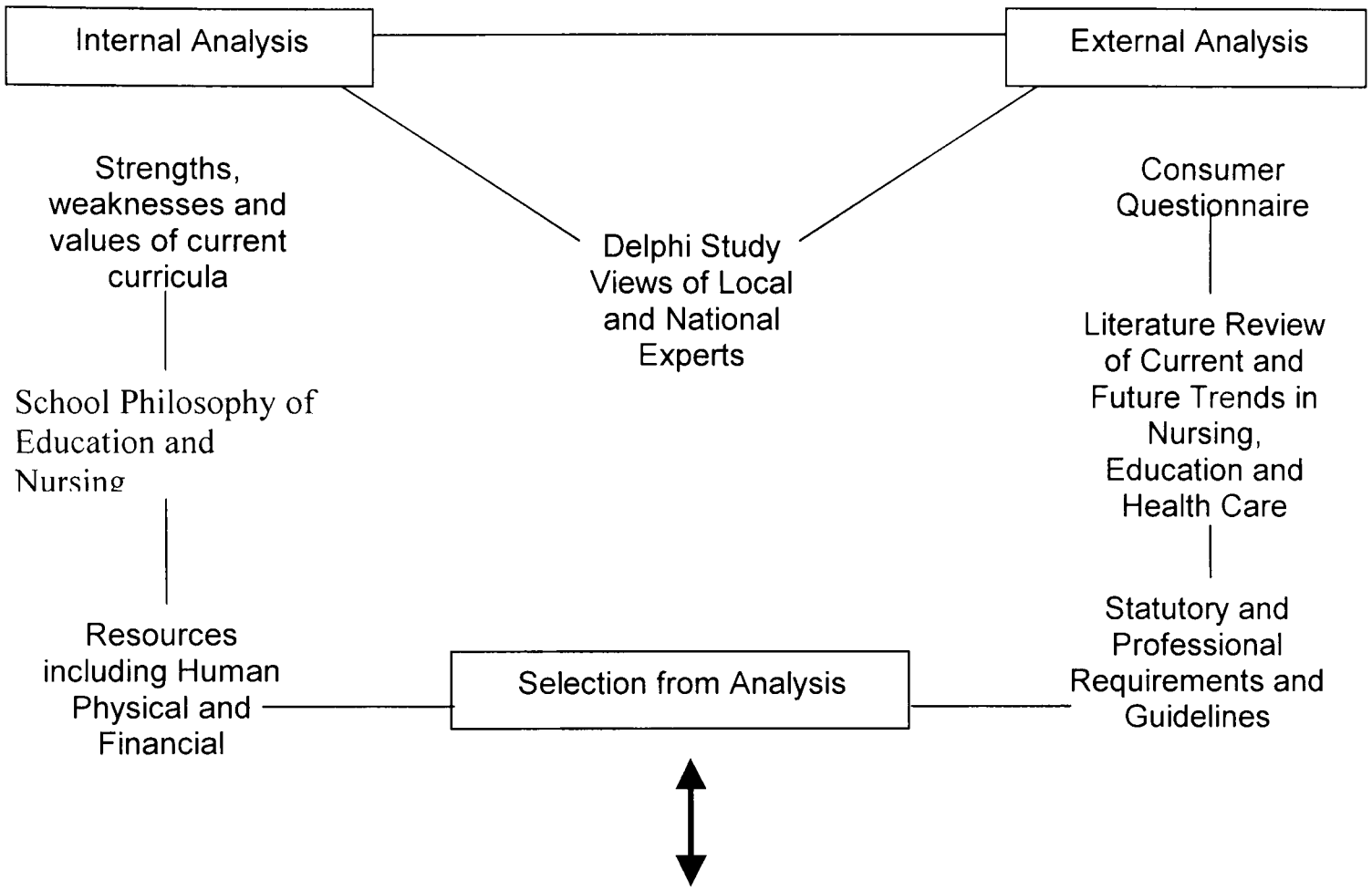
The learning outcomes which will be developed from the defined content provide the basis through which encouragement of learning and achievement of an understanding of knowledge will be assessed. It is expected that learning will continue long after interaction with the subject matter, so the learning outcomes are developed to be sufficiently broad to encourage that process rather than tightly structured objectives that do not allow for a broad depth of knowledge to be considered (Stenhouse 1975). This will provide the basis for life long learning.

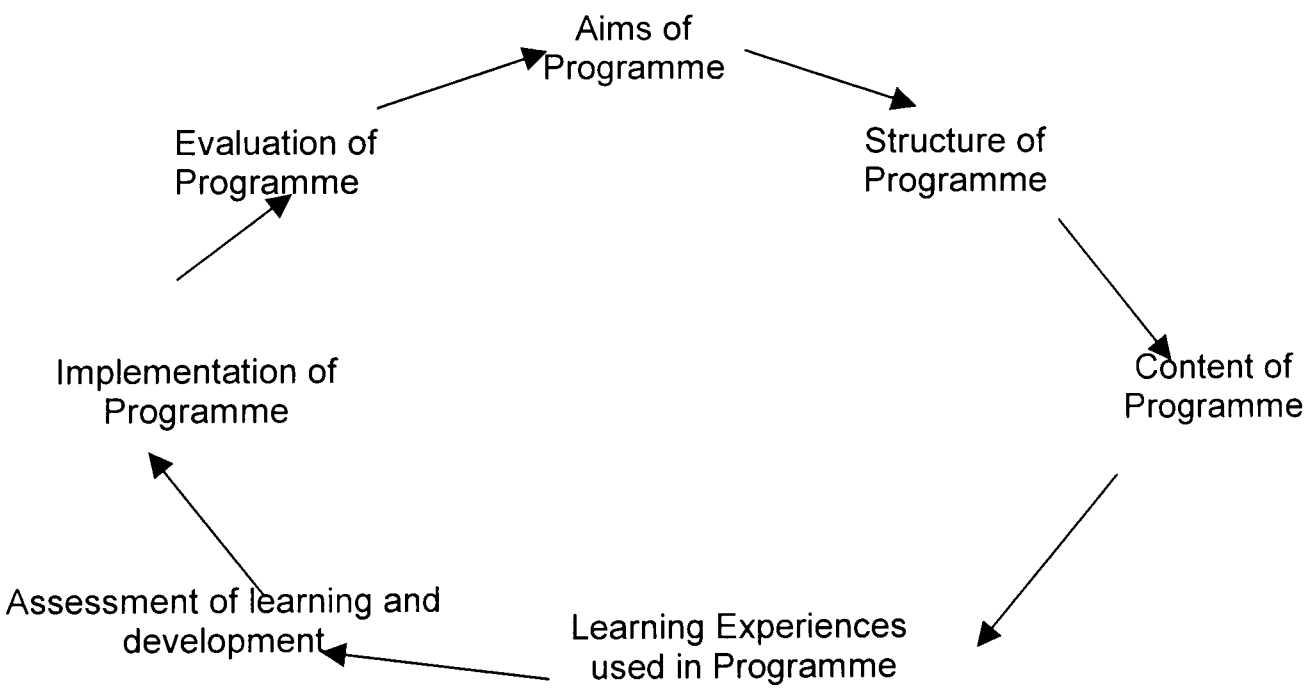
Evaluation is an integral part of both the development and the implementation of the dynamic programme. Evaluation will provide feedback on all aspects of the programme and will indicate any areas where changes are required, and given feedback to both the developers, teachers, and students about the effectiveness of the programme, and therefore given an indication of the quality of the programme.

T he above description of the model suggests a linear planning sequence, this is not necessary, and in practice there is oscillation between the difference stages (Figure 1). Therefore the model is dynamic and changes according to the forces that require change.

FIGURE 1

CULTURAL/SITUATIONAL ANALYSIS MODEL





Curriculum Development

From the Delph Technique conducted by the Educational Team Members (Goreham and Parker 1996) were used to develop the curriculum.

The twenty statements are:

- Be a problem solver;
- Monitor standards of care;
- Relate theory to practice;
- Provide efficient and effective care;
- Be accountable/responsible;
- Have a key role in teams;
- Manage care;
- Make decisions about care;
- Empower clients through the provision of information;
- Provide effective communication;
- Be assertive;
- Assess, diagnose and implement care;
- Practice reflectively;
- Work as part of a multiprofessional team;
- Be efficient;
- Be adaptable/flexible;
- Be proactive;
- Liaise with other agencies;
- Be adaptable to change;
- Demonstrate the effective outcomes of care.

The main requirements of the nurse from a clients perspective in rank order of responses are that the nurse should be:

- Caring, sympathetic and compassionate;
- Efficient and highly trained and responsible;
- Shows an interest in the client and their needs;
- Good at communication;
- Polite and courteous;
- Knowledgeable with up to date knowledge and skills;
- Provide information enabling clients to make decisions.

External Analysis

CHANGING FOCUS OF HEALTH CARE

When literature related to the changing focus of health was examined three main areas emerged. These were health, the service and clients of the service.

HEALTH

In relation to health the literature stressed issues related to the future health of the nation and health for the year 2000. Specific health issues such as coronary heart disease, cancer, mental illness and HIV/AIDS were discussed as well as risk factors such as smoking, diet and drinking. The literature then explored steps to improve health such as active health promotion/education and screening services (DOH 1992). Although the literature does not clearly identify the implications of this for nurses an increased focus on health promotion/education can be identified as one implication of the changes.

THE SERVICE

The literature reiterates the many changes that the National Health Service has undergone through the years and explores the impact of recent reports such as Griffiths (DOH 1983) and Tomlinson (1992) and Acts such as the National Health Services and Community Care Act (DOH 1990).

Booth (1992) said that the aim of the changes is a desire to see a more efficient business like cost effective approach to the management of the health care (Booth 1992). Bradshaw (1995) discussed the increased demand upon the service and how this had given rise to deficiencies within the service. With an altered management approach some of the deficiencies may be overcome. The Department of Health in the documents 'Working for Patients' (1989b) and the National Health Service and Community Care Act (1990) looked forward to a new service. There were proposals for the development of self governing Trusts in both the acute and community setting, new funding arrangements e.g. GP's to be fundholders and better audit arrangements. There was also the creation of competition in all aspects of health care with the division to purchaser and provider (Bradshaw 1995). The underpinning aim of the

changes was to provide clients with better health care and increased choice (Bradshaw 1995 and DOH 1989). There was an emphasis upon the services being decentralised with increased local access with care being provided by client focused units (Hurst 1995).

The implications for nurses have not been clearly indicated in the literature however it is clear that as practitioners within this service there is a need to gain skills related to business management and to ensure the service provided by practitioners is client focused.

CLIENTS OF THE SERVICE

One important aspect of the changes identified is the increased focus upon health rather than illness which has led to the term 'patient' being replaced by client. The term patients has always implied the person is ill and not an equal partner in their care. Client, however, provides the vision of someone who requires a professional service irrespective of their health state. Many changes identified in the literature relate to the provision of a better more efficient and effective health care service for the client. The client now has an increased awareness of health as well as increased knowledge of their rights through the Patients Charter (DOH 1991), access to services and value for money.

This service should encompass all health care needs and not just be focused upon the needs of those who are ill. Hurst (1995) suggested that there is now a need to provide a client focused service/care. He further suggested that staff of the future would become multiskilled and the care pathways would be client focused (Hurst 1995). The main implications for nurses of this include the need to provide consumer focused care, more effective liaison with other professionals and increased information provision for clients in order that they can make decisions about their care.

FUTURE VISION OF THE NURSE

The second area of literature to be examined was that of the future vision of the nurse. The literature outlined the changes that were currently driving the health care service such as:

- Improved health promotion (NHSME 1993);
- Disease patterns changing giving rise to ethical challenges related to issues such as genetic research (Chapman 1996 and DOH 1993);
- Clients taking a more active role in their health care (Chapman 1996 and DOH 1993);
- Clients expectations of the service increasing with a need for increased client focused service (Chapman 1996 and DOH 1993);
- With client focused care there is a shift in providing increased localised health care (DOH 1993).

From these changes implications for nursing in the next century can be identified. These appear to cover four main areas such as the context of practice, nursing practice, education for nursing and nurses' involvement in managing health care.

STRUCTURE OF THE PROGRAMME

There were issues raised about the lack of awareness of the structure of the programmes and the expectations of students undertaking these programmes. Evaluations of programmes nationally have identified that a lack of preparation mainly related to practice staff exists (ENB 1993b, 1993c and Rogers & Lawton 1995). If a programme is to be successfully implemented education of all involved is vital to this process.

There were comments related to the Pre-Registration Undergraduate Diploma programme being too adult orientated in the Common Foundation Programme which has been echoed about national programmes (ENB 1993c and Jowett, Walton and Payne 1992b). This must be overcome to ensure that if a common foundation programme is part of the structure in the new programme it provides a common core for all branch programmes.

DEFINITIONS OF THE CONCEPTS

CONCEPTUAL FRAMEWORK FOR THE CURRICULUM

The conceptual framework provides a guide for the structure and content of the programmes and enables the development to progress. Having gained the data from the analysis there was then a need to develop the conceptual framework for the curriculum. This was undertaken by examining the findings from all the data and drawing upon the curricula model and the subsystems of this model with the Curriculum Planning Team and Senior Lecturers and identifying what the concepts were. In addition workshops were provided to feedback the findings of all aspects of the analysis and discuss the concepts that had emerged. All informed individuals involved in the Delphi Study were invited to attend a workshop.

Fawcett (1995) states that the philosophical beliefs and origins of knowledge in nursing can be summarised by delineating the world view of the conceptual framework. The conceptual framework for the curriculum falls within the reciprocal interaction world view where human beings are seen as integrated, organised entities. Although parts are recognised they only have meaning within the context of the whole person. Interactions between human beings and their environment are reciprocal and reality is multidimensional, context-dependent and relative. Furthermore, the concepts identified therein are open systems acknowledging the inter-relationship between and across boundaries.

Given the emphasis within the conceptual framework its broad category of knowledge is defined as Interaction as delineated by Fawcett (1995). Characteristics of interactions based conceptual frameworks include communications, self-concept, role, perception, social arts and relationships (Fawcett, 1995). Although features of other classifications may be present interaction is seen as primary and is in keeping with the School Philosophy as shown on Page .

The notion of relationships can be seen and is bound in the interpersonal where two, three or more persons are interacting in a given situation. Environment is, therefore, multidimensional encompassing both the internal and external. This the diversity of environments in which the practice of nursing takes place is recognised.

Concomitant with and subsumed in the nurse/client interaction is the notion of partnership. Partnership is essential to empowering clients to meet their health potential and the major thrust is through health education and promotion. It is recognised, however, that in the practice of nursing partnership is not limited to relationships with clients but includes families, carers, other agencies and members of the multidisciplinary team.

All concepts are both empirical and abstract, empirical concepts are ideas that are formed from direct observations of objects, properties or events and abstract concepts are cognitive representations developed from experience (Chinn & Kramer 1995).

Some concepts are therefore formed from direct experiences with reality and others are formed from indirect experiences. All concepts, environment –internal and external, nursing, health and the individual nurse are placed on continuum between abstract and empirical dependent upon direct experiences.

ENVIRONMENT

The environment is divided into both the internal and external environment.

INTERNAL

The internal environment is related to where the client undertakes their day to day activities and may include their home and local setting, their environment within which they will receive any Nursing whether that is in the community, i.e. their home or a community/health centre or in an institution such as a hospital.

The environment within which Nursing will be provided in the future is changing with a greater focus upon community based settings rather than institutions. The community settings are also changing to become more client focused with access to the multi-professional team required for their care.

EXTERNAL

The external environment includes everything outside the client internal environment. This includes social, occupational, regional, national and international settings. These settings impact directly and indirectly upon the client due to health policies, medical innovations and epidemiology. Issues that arise within these settings affect Nursing that will be provided when the client requires any health intervention or Nursing.

NURSING

The profession of nursing is concerned with enabling people to achieve and maintain optimal physical, psychological, social and spiritual well-being when this cannot be achieved independently. Professional nursing care has, at its foundation, theory which is derived from nursing, the liberal arts and natural sciences. It requires sensitivity, clinical and problem solving skills and the ability to make informed decisions.

The context of nursing practice is multifaceted therefore there is a need to be flexible, adaptable and consider the impact the environment has on the individual and their ability to maintain health and well-being.

Increasingly the nurse is the initial point of contact for client care and will make decisions to manage and provide care. This requires the nurse to have an awareness of all health care professionals unique skills and be able to collaborate with these professionals in order to provide client centred good quality care. The nurse has unique skills and knowledge related to co-ordinating and managing care which ensure that clients needs for health are holistically assessed, diagnosed and that the care provided meets those needs.

HEALTH

Health may be regarded as a dynamic state with each person's potential being difference, therefore, each person's health needs are different. Working for health is both an individual and a social responsibility, and involves empowering people to improve their quality of life (Ewles & Simnett 1992). Health is, therefore seen as resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities (WHO 1984). The practitioner through their interaction with the client should facilitate the client to achieve their full health potential. This will include providing health promotion and education and professional care.

CLIENT

The client is an individual with unique needs requiring a professional health care service. Many clients have an increased awareness of health in today's society and desire increased involvement and control in their care (Chapman 1996 and DOH 1993). However there is also a need to be aware that there are clients for whom empowerment would pose challenges due to their cultural beliefs and/or their vulnerability such as the elderly or homeless. Nursing is required by the client when interaction with both the external and internal environment fails to achieve optimum potential for daily living. The client then requires nursing which is client focused and meets the needs of the individual.

NURSE

The reality of care no longer supports the image of the bedside nurse and so a new dominant image or identity that is consonant with reality must be found (Jolley & Brykczynska 1995). The nurse of the future will need to be adaptable and flexible in order to meet the challenges of a changing health care service. The nurse will need to be a highly trained, accountable and responsible professional demonstrating the effective outcomes of their practice. Efficient, effective and individualised care will be provided through appropriate assessment and diagnosis of client need using the theoretical knowledge the nurse continues to gain through education and reflection on practice. The nurse will manage the care they provide making decisions about this care and monitor the standards. Increasingly they will work as a partner or key member of the multidisciplinary team providing professional care/nursing through collaboration and liaison. The practitioner will need also to take an active role in future planning of health care services.

PARTNERSHIP

Partnership within the conceptual framework of the curriculum is seen to necessitate the existence of a relationship between the nurse, multidisciplinary team and the client and a desire to surrender a degree of expert power and control by the nurse for a positive benefit or outcome. The client is encouraged in selective intellectual and/or physical activities during some of the phases of health care. Client participation, involvement and collaboration are seen to be the precursors of partnership (Cahill, 1996).

INTERACTION

Interaction is a dynamic process, a vehicle by which the nurse and patient communicate in the interpersonal relationship. It can be said to consist of verbal and non-verbal acts, behaviours and responses which occur between the nurse and the client.

Refer to the section 3 on 'Profile of the Diplomate/Graduate' fur further details of the nurse's professional practice.

All of the concepts identified are compatible with the School Philosophy of Nursing and Midwifery Education (appendix 5).

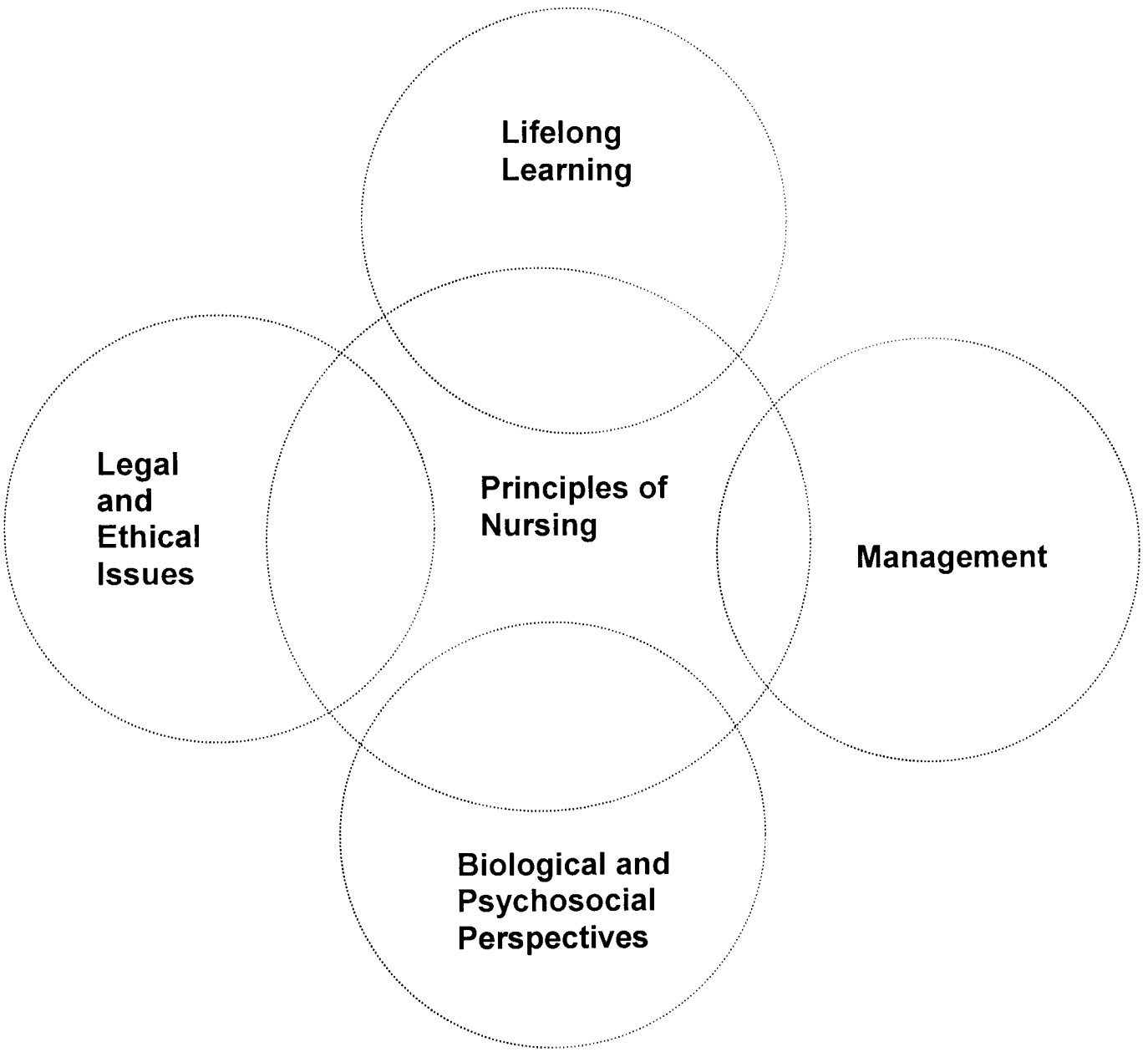
THE EMERGENCY OF THEMES

Once the concepts were identified the themes were then developed in the same way with the Curriculum Planning Team and Senior Lecturers examining the findings related to knowledge from the Delphi Technique, reflecting upon the concepts and referring to the curriculum model of choice and the discussion of the subsystems (Goreham and Parker 1996). This enabled there to be compatibility between the concepts and themes. As the themes emerged the compatibility and dependency of all of the themes upon the concepts became evident. The impact the concepts have upon individual themes is discussed further as the themes are described.

Figure 3 shows diagrammatically how these themes interact. Principle of Nursing is the central theme of these programmes and it is through the interaction of the Principles of Nursing with the other themes that Nursing is seen as unique in both the development of a body of knowledge and the combination of this knowledge with the other themes. It is through gaining a sound knowledge base that the nurse can continually question practice and continue to extend knowledge, skills and attitudes which are reflected in the rational, communication and technological subsystems of the curriculum model.

FIGURE 3

CURRICULUM THEMES



PRINCIPLES OF NURSING

The Principles of Nursing is the central theme of the programme and is based upon the premise that the foundation of nursing is concerned with enabling people to achieve and maintain optimal physical, psychological, social and spiritual will being when they cannot achieve this on their own. Whilst nursing activities provide part of a shared approach to care with other health care professionals the nurse has a unique ability to develop and maintain both healing and a therapeutic relationship with their clients (DOH 1995). Nurses provide the necessary physical and emotional support to achieve desirable outcomes for individual clients, their families, friends and other formal or informal carers.

By utilising knowledge about health and health needs, and how the individual is influenced by both the internal and external environment, nurses develop unique knowledge, attitudes and skills in order that they can holistically assess, diagnose, plan, implement and evaluate care. Nursing has developed frameworks for care that are uniquely relevant for nursing and these are utilised to provide individualised care based upon relevant theory and research (Fawcett 1995). As a result, consideration of all aspects that might affect a client such a psychosocial, biological, legal and ethical perspectives are drawn upon in order to manage nursing care in a competent and professional manner regardless of the care setting.

The communication subsystem is reflected in this theme as communication skills are essential to the development of relationships, imparting information and also to enable nurses to reflect on their experiences and further develop their body of knowledge

through research. The nurse co-ordinates care and so it is vital that they are able to be adaptable and flexible and work in conjunction with other health care professionals.

The process of becoming a professional nurse includes change and growth. The nurse needs to be proactive in identifying the development of nursing as a profession with an organised body of knowledge and specialised skills. Through educational and occupational experiences, the nurse develops attitudes, beliefs, knowledge and skills that, when integrated with moral and legal standards, characterise a competent and committed professional nursing service (Leddy and Pepper 1993).

Thus, professional nursing is derived from many forms of knowledge and it is through the interaction with other themes that the Principles of Nursing integrates this knowledge, provides a rationale for care and enables the nurse to exercise professional judgement in care delivery.

LIFE LONG LEARNING

This theme reflects the aesthetic subsystem. Life long learning is an essential characteristic for a professional to develop (Brown 1988, Houle 1981 and Jarvis 1987). This theme encompasses all aspects that would enable the nurse to develop this. Learning is achieved through student centred approaches encouraging the development of self direction and reflection for future learning (Jarvis 1988). Learning will be sought in response to a desire to solve problems and be flexible and adaptable in practice (ENB 1994 and 2995a). The student will require practice supervision, a sound knowledge of research and the development of analytical and

reflective skills in order to apply their knowledge to practice (Burnard and Chapman 1990 and NHSME 1993).

The concepts relevant to this theme include the environment which is a vital element in relation to learning. The environment must be positive and one where opportunities can be seized. The changing nature of nursing, and the skills, attitudes and knowledge required to practice as a professional whose motivation and commitment are vital to life long learning are also essential concepts.

MANAGEMENT

This theme draws upon the social structure and economic subsystem. Nurses are often the first point of contact for the client and therefore the co-ordinator of care. In order to undertake this role there is a need to develop knowledge, attitudes and skills related to all aspects of managing resources, decision-making, team working and ensuring quality of care. There is an increasing requirement for there to be clear links between clinical effectiveness and benefits to the client (Chapman 1996, DOH 1995 and Gilling 1989). The application of management theories/approaches to self, the care of individuals or groups of clients and team working as well as to the service is vital for the nurse's role.

All the concepts are relevant to the management theme. The environment within which nursing is being provided sets the parameters for the services that are offered. The nursing that is required also indicates the style of management needed whether that is direct or through co-ordination. The concept of health also impacts upon

management through the clients individual need to maintain health at the optimum level.

LEGAL AND ETHICAL ISSUES

Both the moral and belief subsystems are reflected by this theme. Professionals have codes of ethics which are explicit and legally recognised (UKCC 1992a). In order to uphold these the student must be provided with knowledge of relevant legal and ethical issues and theory. This is also important as disease patterns change and bring with them increasing ethical challenges (Chapman 1996 and DOH 1993). The self-regulation that Nursing has in situ is vital to the protection of the public in the fact of current and future practice (DOH 1995). The provision of health care increasingly requires practitioners to use ethical principles in decision making about both the care of clients and the management of the Health Service.

There are a variety of environments where health care is provided and these can all provide legal and ethical debate through issues such as resourcing. Health and the professional care provided to meet health needs can often be the subject of ethical dilemmas whether directly related to the care or the resources required to support that care. The individual requirements for care can also lead to substantial ethical debate and requires a nurse to re-examine their own principles.

BIOLOGICAL PERSPECTIVES

This theme draws upon the rational and technological subsystems reflecting the knowledge base required to practice. It is vital to the nurse to have an understanding of normal physiology and the pathology of disease in order that an understanding of client needs in both health and illness can be gained. With the increase in specialisation and the extended scope of practice a sound knowledge of biological sciences is vital as this requires nurses to increase and extend their clinical skills (Akinsanya 1984 and 1986, Eraut et al 1995, Jordan 1995, McCleod Clark et al 1996, UKCC 1992b and UKCC 1994).

The environments and health are more closely linked in their relevance to this theme. Changes in health and the environment can lead to new treatments/care protocols. The individual client is obviously affected by these changes but the nurse providing nursing may need to increase their knowledge, review their attitudes and extend their skills.

PSYCHOSOCIAL PERSPECTIVES

The social structure and its subsystem inform this theme. There is a need for nurses to gain knowledge related to psychosocial perspectives on health, illness and nursing because government health policy has an influence on individual and societal views of health and illness. Nurses need to be aware of those theories that influence individual growth and development as well as those theories that enable understanding of the relationship between society and the individual and clients needs for nursing.

The relationship between all the concepts can be seen to be interdependent with this theme as with the principles of nursing. Knowledge about health and the environment's influence upon this affects the clients needs, the nursing required and the nurse's skills.

ORGANISATION OF THE CONCEPTS, THEMES AND CONTENT

The concepts and themes identified for the programmes will be evident in each module. The programmes are structured using an integrated spiral curriculum (Bruner 1960). The rationale for this approach is that an integrated curriculum enables the education to be based upon democratic content, emphasise the holistic approach to client care and promote models of care that are based upon nursing negotiation (Hoy, Moustafa and Skeath, 1986). In addition, the spiral curriculum then encourages the students to revisit all important issues viewed from different contexts and perspectives and at different levels of complexity (Burrell, 1988).

The content related to each theme was derived from the analysis but will be dynamic in line with the curriculum model philosophy. The core/essential learning will be identified enabling factual information overload to be prevented (Harden and Davis, 1995). The core/essential learning is common to all students, covering competencies essential to nursing, includes the knowledge, attitudes and skills necessary to practice and enables the student to build upon this in subsequent phases of education (Harden and Davis, 1995 and Kirk, 1986).

The core/essential learning was identified under the content for each module but the students will also be encouraged to explore additional areas in the student directed time. Areas to follow up will be provided for students for each module with guidance concerning.

PROFILE OF DIPLOMATE/GRADUATE

DESCRIPTION OF STUDENT

END PERSON PROFILE OF A DIPLOMA NURSE

The nurse will be a 'highly' trained, accountable and responsible professional demonstrating the effective outcomes of their practice with evidence (Chapman 1996 and DOH 1995). They will be adaptable and flexible within a changing health care service meeting new challenges with a problem solving approach (ENB 1994 and 1995a). The nurse will demonstrate a use of theory and research directly related to practice (DOH 1993). This will be achieved through reflection whilst practising and continuing learning (ENB 1994 and 1995a). The nurse will effectively communicate with all individuals and be assertive as appropriate. Clients will be empowered by the nurse through the provision of knowledge (DOH 1993). The nurse will work as a partner in an increasingly wider multiprofessional team, taking a key role in liaising with other agencies (DOH 1993 and 1995).

Efficient, effective and individualised care will be provided through appropriate assessment and diagnosis of client need (DOH 1993.) Nurses will continue to foster their unique ability to develop and maintain healing and therapeutic relationships (DOH 1995).

The nurse will manage the care they provide, making decisions about care. Monitoring the standards of this care will be an essential aspect of this role and through this the nurse will use their knowledge to take an active role in future planning of care services (DOH 1993 and NHSME 1993).

END PERSON PROFILE OF A DEGREE NURSE

The nurse will be 'highly' trained, accountable and responsible nurse demonstrating the effective outcome of their practice with evidence (Chapman 1996 and DOH 1995). They will be adaptable and flexible within a changing health care service. Using their analytical problem-solving skills they will explore situations to identify potential solutions and will be proactive in relation to new challenges by suggesting innovative solutions (ENB 1994 and 1995a).

The nurse will demonstrate analytical and evaluative use of theory and research drawn from all disciplines directly related to practice which will also facilitate innovative practice (DOH 1993). Reflection upon their individual practice will continue to advance their understanding and learning as they embrace a philosophy of lifelong learning (ENB 1994 and 1995a).

The nurse will effectively communicate with all individuals and will be assertive as appropriate. The nurses role as an educator will be increasingly effective through their use of analytical skills and knowledge providing the client with all available options in their care. This will empower the client to make decisions about their care (DOH 1993).

The nurse will motivate and support peers in professional development and will work within a multiprofessional team taking a key role within this team. Through the use of their analytical skills they will be assertive about their unique role in co-ordinating care and liaising with other agencies (DOH 1993 and 1995).

Efficient, effective and individualised care will be provided through appropriate assessment and diagnosis of client need (DOH 1993). The care will be based on analytical examination of all available options. The nurse will continue to foster their unique ability to develop and maintain healing and therapeutic relationships (DOH 1995).

The nurse will manage and make decisions about care. They nurse will also influence other health professionals in planning future care services through their analytical evaluation of standards of care. Through the co-ordination of care, analytical skills and innovatory solutions to care, the nurse will assist other health professionals in shaping the future agenda of health care (DOH 1993 and NHSME 1993).

In addition to the end person profiles, there are aims for each programme and competencies to be achieved by completion of each programme identified in the programme structure and content document part 2 – (only an outline of the training plan will be shown as an appendix to this paper).

Example pathways for study for both programmes are in the Proposed Programme Structure and Content Document Part 2.

PERSONAL TUTORS

PERSONAL TUTORING SYSTEM AT THE LONDON UNIVERSITY

Each student will have a named personal tutor with a background in the Branch they are undertaking who will be responsible for:

- Assisting the student with development of their portfolio which is an integral part of the programme;

- Monitoring the academic clinical progress of the student;

- Monitoring the students absence and sickness and taking appropriate action;

- Providing pastoral held and support, referring the student to support agencies if appropriate;

- Ensuring a named person to cover for them whilst on leave;

- Keep accurate records of the students examination/assessment marks and all meetings that the student attends with their personal tutor;

- Assisting the student to develop academic skills and referring them to appropriate agencies for help and support if necessary;

- Meeting with the student during each module e.g. every 11-12 weeks.

Personal tutors are allocated to student by the Course and Student Service Department prior to the start of the programme. Personal tutors will have up to 10 students per cohort and 3 hours will be allocated per module for students to meet with their personal tutor. Personal tutors will be expected to be available to meet with their personal students either in a group or individually during these times. Training will be provided for personal tutors by the Director of Pre-Registration to ensure that they fully understand the role of a personal tutor.

SCHOOL PHILOSOPHY AT THE LONDON UNIVERSITY

The purpose of this philosophy is to articulate the essence of nursing and midwifery practice, education and research and how these disciplines meet the needs of people in health and illness. The foundation of nursing and midwifery is concerned with enabling people to achieve and maintain optimal physical, psychological, social and spiritual well-being when they cannot achieve this on their own. The practice of nursing and midwifery are informed by the belief that nurses and midwives exercise professional judgement in determining when healthcare interventions are needed.

Professional care, informed by knowledge derived from nursing and midwifery theory and the liberal arts and natural sciences requires sensitivity, clinical and problem solving skills, and the ability to make informed judgements. Respect and advocacy for the person are pivotal in the provision of professional advice, assistance and interventions in the interests of health and well-being. Consequently, every effort

must be made to respect the person's autonomy, dignity, integrity and the right to confidentiality in health and illness. Within the context of healthcare, nurses and midwives strive to enhance equality of opportunity for all within a varied cultural, racial and socio-economic society.

People are the central focus of nursing and midwifery care. Health and illness are dynamic expressions of human life. Within the context of a changing society and growing public expectations, nurses and midwives aim to promote health and well-being by enabling people, their families and significant others to realise their rights and responsibilities.

Nursing and midwifery practice takes place in a variety of contexts; therefore, nurses and midwives endeavour to be flexible, and adapt their skills in order to provide contextually appropriate care. Caring is holistic in its perspective and consideration is given to all relationships within the environment when assisting people to achieve health and well-being. This is facilitated by creating an environment which enhances quality of life, growth and development. The environment is defined as all conditions, circumstances and influences which are internal and external to the person.

Professional practice and therapeutic actions require critical reflection, progressive education and rigorous research. Professional knowledge is acquired through education which is an active life-long process. This process incorporates respect for academic endeavour, practice and research. Students are valued as adult learners who are responsible and accountable for their life-long learning. The provision of

innovative, suitably flexible, quality education ensures that critical thinking and effective problem solving skills become integrated into professional practice. These influence the quality of care, inform practice and further contribute to the development of professional knowledge.

APPENDIX
COMMON FOUNDATION PROGRAMME – '97 CURRICULUM

Module Title and Length	Practice Placement and Length	Assessment Details
Module A Introduction to Health and Nursing 12 weeks	Learning caring skills in the skills lab and practice rooms.	Coursework 15 credits level 1
Module B The individual and Health 11 weeks	Practice in areas where the caring skills learnt in Module A can be practiced. 10 days community – 20 days ward placement	OSCE Assessment and Coursework 30 credits level 1
Module C/D Nursing the Client in the Mental Health and Learning Disability 11 weeks	Mental Health, Learning disabilities and some physical disabilities. 16 days Mental Health – 8 days Learning Disabilities	Coursework and Practice Based Assessment 30 credits level I
Module D/C Nursing in the early years 11 weeks	Maternity and children's nursing 12/13 days Child Nursing – 12/13 days Maternity Care	Examination and Practice Based Assessment 45 credits level 1
Module E Nursing the individual in later years 12 weeks	In adult and older placement. 15 days Acute Elderly Care – 10 days Residential/Day Care.	Practice Based Assessment 15 credits level 2
Module F Comparative Health Care 11 weeks	Two weeks branch specific, two weeks an elective. 10 days Branch specific – 10 days Branch Specific Elective.	Portfolio 15 credits level 2

ADULT BRANCH – '97 CURRICULUM
***Modules shared with other Branches**

Module Title and Length	Practice Placement and Length	Assessment Details
Module G Nursing specific client groups 11 weeks	Surgery, including theatre 10 days theatre/day surgery – 15 days surgical ward.	Coursework 15 credits level 2
Module H Specific client groups 2 11 weeks	Rostered service in hospitals medicine/surgery. 40 days rostered medicine/surgery.	Practice based Assessment 15 credits level 2
Module I Nursing and reflection 12 weeks	Rostered service. 50 days medicine/surgery hospital.	Practice based Assessment 15 credits level 2
*Module J Management of nursing 11 weeks	Rostered service 45 days medicine/surgery hospital/older people.	Examination and OSCE 15 credits level 2
Module K Nursing and interagency collaboration 12 weeks	15 days – community placement	Project 15 credits level 2
* Module L The professional practitioner 11 weeks	Acute focus in hospital or community. 20 days acute care, e.g. ITU A/E community care	Portfolio and Practice Based Assessment 15 credits level 2

CHILD BRANCH – '97 CURRICULUM
***Modules shared with other Branches**

Module Title and Length	Practice Placement and Length	Assessment Details
Module G Assessing the child in a variety of care contexts 11 weeks	Community and General Paediatric wards 5 days health visiting – 5 days special needs - 13 days ward	Coursework 15 Credits Level 2
Module H Planning and implementing care for the child on admission to hospital. 11 weeks	General Paediatric/Community Rostered 40 days ward	Practice Based Assessment 15n Credits Level 2
Module I Reflection on care of the acutely ill child 12 weeks	0.5 A/E 0.5 Acute Ward/Rostered 25 days A/E – 25 days ward	Practice Based Assessment 15 Credits Level 2
*Module J Management of nursing 11 weeks	Specialist Placement Rostered 45 days ward	Examination and 7 OSCE 15 Credits Level 2
Module K Child nursing and interagency collaboration for children and their families 12 weeks	Community (Home Care Team) 15 days	Project 15 Credits Level 2
*Module L The professional practitioner 11 weeks	Negotiated High Dependency Placement Non-Rostered 20 days in either ward, neonatal unit or community	Portfolio and Practice Based Assessment 15 Credits Level 2

MENTAL HEALTH BRANCH – '97 CURRICULUM
***Modules shared with other Branches**

Module Title and Length	Practice Placement and Length		Assessment Details
Module G Nurse specific client group in non-NHS settings 11 weeks	Focus with voluntary organisations 25 days		Coursework 15 Credits Level 2
Module H Nursing specific client groups Interagency and seamless care 1 11 weeks	Rostered - 40 days	All placements are rotated. Students will undertake placements in acute, community and/or rehabilitation settings and an elective. This is to reflect seamless approach to care in Mental Health	Practice Based Assessment 15 Credits Level 2
Module I Nursing and reflection interagency and seamless care 2 12 weeks	Rostered – 50 days		Practice Based Assessment 15 Credits Level 2
*Module J Management Nursing 11 weeks	Rostered – 45 days		Practice Based Assessment 15 Credits Level 2
Module K Nursing and interagency collaboration in specialist areas of mental health 12 weeks	15 days		Project 15 Credits Level 2
Module L The Professional practitioner 11 weeks	20 days		Portfolio and Practice Based Assessment 15 Credits Level 2

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Appendix 2

Search for Literature on Personal Tutoring/Personal Tutor

The search was conducted on CINAHL (Cumulative Index to Nursing and Allied Literature), Internet, CD-ROM Database at The Institute of Education Library. Research into Higher Education Monographs, scholarly literature such as books and journals and other empirical literature. Manual searches in Nurse Education Journals produced some literature on the role of the personal tutor in Nurse Education but these did not actually analyse what the personal tutor does in supporting the students and did not report on the quality of the students' or the personal tutor's experiences. Cooper (1989) emphasised the use of multiple channels to search for literature. These are abstracts, such as following up references cited in review papers on the topic, the Thesaurus of Psychological Index Terms and dictionaries; books; browsing in bookstores and library indexes; contacts with experts on the topic; conversations with professors and other students who had conducted research into students' learning and support. Despite an extensive search I could not find research papers/reports which had specific research designed in terms of a philosophical or theoretical framework.

Hence, Cooper's (1989) four kinds of literature review will be employed in this study to ascertain prior relevant studies and to indicate what new knowledge ought to be sought. He had proposed:

- An *integrative* review that presents the "state of knowledge" relevant to the topic which draws conclusions from previous research studies; these would have a clear defined problem, an outline of the method of data collection; evaluation, analyses and interpretation of findings. This type of research was not found in the search.

- A *theoretical review* which analyses the theories that account for the existence of the phenomenon
- The *methodological* review which examines the research methods developed and utilised in the published works
- The *thematic* review which organises the core themes and presents the findings within a core theme (source: in Moustakas, 1994 p112).

Appendix 3 – Points Distribution to lecturers when providing personal tutoring support.

Pre-Registration Programme	**Student points**
Enrolled Nurse Conversion students	4
Diploma in Nursing Studies	4
BSc(Hons) Nursing	4
BSc(Hons) Midwifery	4
Post-Registration Programmes	
Post-registration Module students(not registered for BSc (Hons)	1 per module
Dip/BSc(Hons) Midwifery (leading to Part 10 of The Register)	3
BSc(Hons) Nursing & Midwifery/Health Visiting (Post-Registration)	2/3
MSc in Nursing	2
Academic supervisor (Post-Registration Programme)	
BSc(Hons) in Nursing/Midwifery (Pre-Registration)	3
BSc(Hons) in Nursing/Midwifery (Post-Registration)	3
MSc in Nursing	3
Mphil/PhD	6

"Unless there is a reason for remission, academic staff have to personally tutor/academically supervise students to a total allocation of 80 student points".

(Source: Researcher's place of work, J/public information/procedures/course management/courses ALL/CALL-04).

APPENDIX 4

BENNER'S (1984) FRAMEWORK

This framework is to be used by the student and mentor when discussing achievement of the learning outcomes. It provides guidance on expected performance criteria at each level

0	• Is not yet able to perform this activity satisfactorily to participate in the clinical environment
Novice 1	• Is able to perform this skill under direct supervision but requires frequent prompting and assistance • Performance is slow and lacks co-ordination • Is able to identify the cognitive and affective components of the skill • Is able to reflect on performance and identify learning needs
Advanced Beginner 2	• Can perform this activity satisfactorily under direct supervision but requires some prompting/assistance • Psychomotor dexterity is demonstrated • Awareness of the cognitive and affective components of the skill is demonstrated • Is able to reflect on performance and identify learning needs
Safe Practice 3	• Can perform this activity without assistance or prompting and does not require direct supervision • Awareness of the cognitive and affective components of the skill is demonstrated • Is aware of his/her limitations and seeks help and advice appropriately • Is able to reflect on performance to identify strengths and learning needs
Competent 4	• Can perform this activity satisfactorily without assistance, prompting or direct supervision, with acceptable speed and quality of work • Cognitive and affective components of the skill are integrated • Is aware of his/her limitations and seeks help and advice appropriately • Is able to reflect on performance to identify strengths and learning needs

APPENDIX 5

Key Concepts that emerged after data collection & preliminary analysis

THE ROLE OF THE PERSONAL TUTOR

Personal tutors' characteristic:
Female/ male tutors: female tutees preferred female tutors to disclose personal problems to, male tutors seemed less emotionally involved i.e. did not empathise or show warmth or any disclosure. Race as an issue, especially from the African students. Cultural awareness seemed lacking for some tutors,e.g. the tutees' background, prior educational/learning style.
Nurturance versus sterness
Adult/child Transaction – relationship.
Nature of support
gate- keeper – reference/testimony

The Higher education culture impacts on how tutors facilitate learning . Traditional school culture still persists.
Historical development, Integration.
The school culture-still attached to the hospital at the London, students' welfare centre is not so easily accessible. Cost to the students, money for travel fare & time.
The policy and practice for allocating students. Cannot change tutor.
Androgogy & pedagogy.
Time commitment-go an extra mile.
Academic & Pastoral support.

Personal tutees
Gender: male tutee seemed more resilient & determined, age of tutees- the mature students cope with inaccessibility reasonably well, seek alternative support. Tutees express a tutors' sexuality orientation- a few African did not like "gay tutors". Tutees are aware of their style of learning and know how dependent or independent they are. Depends on their previous, native form of learning/work. Tutees like tutors to acknowledge their presence. High dependency/low dependency. Academic problem & learning styles. Personal problem. Alternative survival strategies.

The impact on tutors and tutees

- Role conflict: Policing- monitoring of students
- Surrogate parents/mentors
- Role model for professional development
- Degree of Trust/co-operation
- Tutors – students' interactions some act as a "Buddy" system
- Tutees feel Rejection by Personal tutor.
- Work overload at the London University-too many students
- Inequitable, some tutees are supported well.

Appendix 6

Interview Guide for Tutor's participant

Introduction

I would like to thank you for volunteering to participate in my research study. I am doing a PhD in Education at Brunei University and I wish to understand how personal tutors experience their role. I would like to tape record the open-ended interview that will take about 30-45 minutes. If you do not want your conversation to be taped I will respect your wish but I will need to write some notes. I assure your total anonymity and confidentiality. The tape or the transcript will not bear your name. I have a biographical questionnaire and consent form for you to complete before we start to "chat" about your experience.

(Note to Anne- give biographical questionnaire to lecturer to complete, position the two tape-recorders; switch on electricity, pause button On. Remember to let interview flow naturally, use "Laddered Question Technique: Action, reasoning/knowledge, values, attitudes and feeling)

Start – Interview Guide [Switch on Play & Record]

1: Tell me how long you have been in Nurse Education and what has been your experience of personal tutoring students.

2:Tell me about the nature and type of support you provide for your tutees.

3: Tell me how you have found your role that is what has been your experience when you supported your tutees.

4: What sort of problems or support do your tutees require from you?

5: What do you do when you are unable to support your tutee(s) with their difficulties or problem?

6: How do you feel when tutees come to you for support?

7. Tell me what you like and don't like about being a personal tutor to students.

8: Tell me about your style of personal tutoring, that is, the approach you take and how you feel when you support your tutees.

[End interview. Thank Lecturer, switch off tapes and make sure to collect biographical and written consent. Tell them: "if wish to see your transcript, I can send it to you]

Appendix 6a

Interview Guide for Tutees' participant

Introduction

Thank you for volunteering to participate in my study. For my PhD in Education I am conducting research to find out what has been tutees' experience with their personal tutor. This will help me to understand the personal tutor-tutee relationship. As a result of your sharing your experience with me, I will be able to inform tutors what personal tutees expect from them. I assure your total anonymity and confidentiality. I will not validate or check what you shared with me with your tutor. The interview will take about 30-45 minutes. I would like to tape record the 'conversation' on tape. Would you mind if the tape recorder is switched on? If you do not want to be tape-recorded, I will switch the recorder off but I will make some notes.

[Note to Anne: Give out biographical questionnaire to tutee, read it with them and request completion of it. While the tutee is completing questionnaire, switch tape recorders to pause button, check electricity is on. Use Laddered Questionning Technique: action, reasoning/knowledge, values, attitude and feeling]

Start- Interview Guide [switch tape recorders on]

1: Have you had a personal tutor before you came to study at this University?

2: Tell me about the tutorial meeting (s) that you have had since you started your nursing programme of study

3: Tell me about your experience when you needed support from your tutor

4: Can you describe the nature of your meeting with your tutor? How did you feel when you were having a tutorial with your personal tutor?

5: How would describe your relationship with your personal tutor

6: Tell me if you had all your tutorial needs met by your tutor?

7: How would you describe the quality of support/relationship that you had with your personal tutor?

8: Can you describe what you expect from a personal tutor?

*[**End**. Thank student. Make sure the tape recorders are switched off and collect biographical questionnaire]*

APPENDIX 7 A Sample of tutees' and tutor' categories/attributes reported

Tutees' Encounters and Categories – Examples extracted from Cards (data analysis)	
"Negative experience were when Students felt betrayed/cheated/let down - Disempowered/Anxious with what tutors want - Verifying worth, I think my tutor doesn't like me because I'm black - Misguided/unsupported/lack of trust - Being passed on to → lead to a feeling of 'hopelessness' – 'uncared for, no engagement' – he tells me to see so and so - Pillar to post - disengagement - Help-seeking behaviour – 'Lone tutee' - Restricted choice – who students can have for personal tutor – Accessibility is not sustained - Every time I see my tutor we go into psychoanalysis, I avoid her - Data is suggesting that - Engagement is vital for a positive relationship. Must have: - Trust/consistency in behaviour - A sort of attachment with the tutor (my friend)	Students' emotion noted: Outpouring of frustration/anger Disappointment And real rage expressed when student failed - Being lectured to death – do this, do that - enormous bowls of facts. I can't passively agree to what I'm told - Practice setting – Tutor support mentors - Students felt tutors did not know them and did not support them. They collude with mentors. - Continually –experiences stress to pass coursework and clinical learning objectives – I borrow my friend's essay to help me - "Can you imagine what it is like to go to a tutor who doesn't care for you" - Indignant students/ I tested my tutor by copying my friend's essay. - demand characteristic of student – low academic skill – I struggle

Tutor's Encounters and Categories	
Lecturers' experience - Rescuing students all the time - Ground rules – set but not adhered to by students - Defacto Support - Sustaining 'low academic' students is hard - Empathy – Risk taking – offer individual support endlessly – go an extra mile - Power-relationship – not all tutors – 'I am the tutor'. - Organisational constraint structure/demands/interference from hierarchy (Bureaucracy) – too may administration duties - Value conformity – adult learner "my tutee" my students vs 'the student'. - Role conflict 'Firmly fastened mask' maintain role expert counselling, disciplining and policing. - → play safe – refer student to another lecturer – 'I can't help you, I don't know the subject'.	- Tutors' engagement – I feel responsible/free to negotiate access to me. - Professional integrity must be maintained at all cost. - Unable to support tutees whose needs are 'read my essay and tell me if I'll pass'. - They should behave like adults - Don't like tutees who expect me to call them when their messages are unclear. I don't return their calls if they don't tell me their name and give a clear telephone number. - I can't be here 24 hours a day for them.

APPENDIX 8

Profession Tom Heinz
Pro Vice Chancellors and
Dean for Students
A London University
Petticoat Lane
London E1 2HB

19 September 2001.

Dear Professor Heinz

Re: My PhD Thesis: "Role of Personal Tutor in Nurse Education". Permission to undertake Collection of Data at The University.

I am a Nurse Lecturer from the Adult Nursing Department. I met with you about a year ago when you came to give a talk on Continuing Education. I enquired whom I should write to when I am at a stage to seek ethical permission to contact students and lecturers to participate in my research study. You invited me to get in touch with you.

I am sending you my research proposal, an ethical consideration/consent form to consider and to advise me if you can grant me permission to conduct my research study at City University. I would very much like to meet with you and discuss my research proposal. I would welcome your comments or advice on approaching the students and lecturers at City University, Health & Sciences Department.

I would like a meeting with you sometime early October 2001. I will contact you via email to get an appointment. If you need to contact me before the end of September, then please email me. My email address is: a.dobinson@at,ac.uk, Telephone No. 020 58 688 5769

I shall send a copy of this letter and Research Proposal to Ms Madge Pane, Sub-Dean for Students.

I hope to meet you soon to discuss the above.

Yours sincerely

Anne Dobinson
Adult Branch Course Leader/Course Director
Undergraduate Nursing Programme

APPENDIX 8a Submission to the University Ethical Committee to gain approval to recruit participants

Ethical consideration

Invitation to Participate in a Research Study

Focus group and Individual open-ended taped interview into the experiences of personal tutors and their tutees

"What are the experiences of the personal tutor role by nursing students and their personal tutors? What is the contribution made by the system?

Dear student and colleague

I am inviting you to participate in a research study, which I think may be important. The personal tutor role is a key person to facilitate students' learning. Research has shown that the personal tutor has a dual role: academic and pastoral responsibilities for students in the higher education setting. The aim of the research study is to identify gaps in the personal tutor system; highlight areas of inequity or inaccessibility and to ensure the students are well supported during their time in the Higher Education setting. Please ask any questions regarding what you wish to know about the research and I will try my best to answer them.

Please make sure that you fully understand what the research is about and that you are free to opt out and not take part. There is no risk or penalty attached to your non-participation.

It would be helpful for all individuals who are approached to participate, to complete the written consent form attached with this introductory letter.

Dear Students and Colleagues

I am undertaking a study to examine why students have a varied experience of the personal tutorial service in higher education and whether or not nursing students differ from other groups of students in their experiences. It is my belief that students have had some good and some bad experiences with their personal tutors. Therefore, I wish to explore what were the good experiences, why they were good and if they were bad experiences, then what was bad about them? Also what are the expectations of personal tutors and tutees?

Prior to undertaking this current study, I have gained some lecturers' perception of the personal tutor role and if they felt equipped to provide support to students. From a wider literature review and my previous research, it has been possible to produce an interview schedule to analyse the views/experiences of the personal tutor system.

Firstly, I would like to approach students in a focus group of 10-15 students to obtain your perception of how you perceive your personal tutor and identify individuals who are willing to participate in a semi-structured taped interview of 20 minutes duration, in a private setting.

Secondly, a group of personal tutors will be approached and encouraged to participate in a open-ended taped interview of 30 minutes duration, in a private setting. **The selection of students or tutors will not have any relationship. It is not a correlation study.**

Each participant will be invited to participate freely and not according to what the personal tutees' reports were during the focus or individual interview session(s).

I assure students and colleagues that at no time will the notes taken or transcriptions of the interviews identify any participant by name or cohort or place where the interviews were conducted. I will be happy to supply a transcript of the interview you had participated in and for you to check the accuracy of the recording. I assure all the participants that the notes, tapes and transcriptions will be kept by me in a locked cabinet at my home. The only person who will have access to the tapes or transcripts will be my supervisor, Professor Roy Evans and myself. All tapes will be destroyed upon completion of the study in 2003.

I enclose a written consent form; I will collect it from you, signed, at the beginning of the interview, if you agree to participate.

Remember that you don't have to participate in the study. If you decide not be in the study, or drop out, this will not put you at any risk.

.

What happens if you are worried or if you feel upset? In that case, I will make an arrangement with the relevant Academic Adviser/Dean for Welfare services of the institution to make sure that an experienced Welfare Adviser sees you immediately and you can freely discuss your concerns in total confidence.

Please note total anonymity and confidentiality will be observed at all times. A consent form is attached with this letter for you to sign to say you agree to participate. I will collect the form prior to commencing the interview. Your name will not be disclosed and the questionnaires will bear no name.

Please read the consent form carefully and sign to say that you are willing to participate in a focus group interview or a semi-structured interview.

I would like to thank you for taking the time to read the invitation letter and your consideration of participating in the study.

Yours sincerely

Anne Dobinson
Nurse Lecturer and
Adult Branch Course Director

APPENDIX 8b

Ms Tara Timpson
Secretary to the Ethics Committee
Academic Registry Office
A London University
Petticoat Lane
London E 1 2HB
APPENDIX 21 – Ethical Approval

29th October 2001.

Dear Tara

Re: Ethical Permission to undertake research in the School of Nursing

Thank you for informing me that Professor Joseph Steinberg, Chair of the Ethics Committee, had requested some clarification on two issues. They are:

1. Will tutees identify their personal tutors and will the tutors be asked to participate in the study?
2. How I maintain confidentiality, i.e. storage of tapes and transcripts?

I assure you that tutees will not be required to identify their tutors and I will not ask tutors to verify or account their experience with the tutees who have participated in the focus group or individual semi-structured taped interviews. You will see I have added this in bold on my invitation letter.

The issue of confidentiality was already covered in the original proposal I submitted to the Ethics Committee. I have now underlined it to emphasise the fact (see attached sheet).

I hope I have now fulfilled the request of the Ethics Committee and Professor Steinberg. Is it now possible that by means of 'Chairs Action' I can be granted permission to approach students and Nurse Lecturers to participate in my research study.

Please do not hesitate to contact me if you have any query.

Yours sincerely

Anne Dobinson
Course Leader/Director
Undergraduate Adult Nursing Programme
Telephone No. 020 58 6888
Email address: a.dobinson@al.ac.uk

APPENDIX 8c

University
London

Academic Registrar

Anne Dobinson
School of Nursing and Midwifery

14 November 2001

Dear Ms Dobinson

Re: Research proposal entitled "Role of Personal Tutor in Nurse Education"
Principal Investigator – Anne Dobinson

I am writing to confirm that at the meeting on the 24 October 2001 the Senate Ethical Committee of City University, London received Ms Dobinson's research proposal entitled "Role of Personal Tutor in Nurse Education". The Committee considered the proposal and following minor amendments gave their full approval to the proposal on 29 October 2001.

Please do not hesitate to contact me should you have any queries on this matter.

Yours sincerely

Secretary Ethical Committee
Senior Administrative Assistant
Academic Registrar's Office
Tel:
E-mail:

APPENDIX 9

Students' invitation letter requesting their participation in a Focus Group interview.

September 1999 Cohort

Dear Student

Re: Invitation to participate in a Research Study entitled " Your experience with your personal tutor"

I introduced myself to you at the beginning of Module J and invited you to take part in sharing with me the experience you have had with your personal tutor during your three years programme of study.

I understand that you have all been very busy in making sure you complete all your assessments, and you may not have had an opportunity to volunteer as a participant. Therefore, as Christmas Break is almost here, I am taking the opportunity to invite and encourage you to share the experiences you have had with your personal tutor, whether they have been "good" or "not so good". I assure you of total confidentiality and anonymity if you agree to participate in a 30 minute taped, Focus group interview.

A stamped Self-Addressed Envelope is enclosed for you to return the sheet attached with this invitation letter. Please return this as soon as possible so that I can plan a mutually convenient time to meet when you are attending the School for Module L study days in January 2003.

Your participation and sharing of your experience will enable me to ensure that personal tutoring is positive and equal to all nursing students. What you say on whether you have had a good or "not so good" experience will assist me to suggest a policy to maintain high quality personal tutoring for students.

I hope you will offer me your support to enable me to collect data for my research.

Yours truly,

Anne Dobinson
BSc CPD Programme Director
&
Adult Branch Course Director.

APPENDIX 9a

Dear Students (September 1999) cohort

As your Course Leader, I am wondering if any of you would like to voluntarily participate in my PhD research study.

I am seeking approximately 15 volunteers from your cohort to participate in a focus group interview to take place on 15 March 2002 at 12.30 hours, during your lunch break. The interview will be of 45 minutes duration and I will provide you with a sandwich lunch.

The venue will be at W Campus. If you are interested to tell me about your experiences with your personal tutor, then, please read the letter of invitation and detach the slip below to indicate to me you wish to participate, You don't have to put your name, just write your Christian name or enter (a student from group....).

Put your name in an envelope and leave the envelope at the reception in W Campus.

Thank you for your support and volunteering to share your experience.

Yours truly

Anne Dobinson (Adult Branch Course Leader)

APPENDIX 9b

Written Consent Form: For Focus-group interview/ and Open-structured interview.

Title of the Research: " What are the experiences of the personal tutor role by nursing students and their personal tutors? What is the contribution made by the tutoring system?

Signature of Volunteer……..

Date……..

(Please tick one box.)

The researcher of the above study has invited me to participate in this research

Yes ☐ No ☐

I understand the nature and purpose of the research and I have a copy of the letter that explains about it.

Yes ☐ No ☐

I know what my part will be in the study and I know how long it will take.

Yes ☐ No ☐

I know that if during the interview, the study affects me, I will have the right to terminate the interview and I will be able to see a Welfare Adviser.

Yes ☐ No ☐

I understand that personal information is strictly confidential; I know the only people who may see information about my part in the study are the researcher and her supervisor.

Yes ☐ No ☐

I freely consent to be a subject in the study. No one has put pressure on me.

Yes ☐ No ☐

I know if there are any problems, I contact:

Dr/Mr/Mrs .....

Telephone No.....

APPENDIX 10

GROUND RULES FOR FOCUS GROUP

Please observe the following Ground Rules:

DO NOT DISCLOSE YOUR PERSONAL TUTOR'S NAME, DO NOT IDENTIFY YOUR TUTOR BY RACE, SEX OR ANY OTHER CHARACTERISTIC.

Please note I am interested to hear what positive or good and what 'not so positive' experiences you have had with your personal tutor.

A Big Thank You for agreeing to participate in this focus group interview about your experiences with your personal tutor. Your anonymity is assured.

APPENDIX 11

Focus Group – Interviews – Aide Memoire

Opening question: Tell me about the experiences you have had with your personal tutor(s).

My Aide memoire were:

Feelings: type of experience good or "not so good"

How many times did you meet with your tutor?

Were you able to access your tutor for academic support?

Were you able to go to your personal tutor if you had a personal problem which was troubling you.

Who else provided you with support in the school?

APPENDIX 12 Students invitation letter to participate in an open-ended interview following response.

Ref: c:\msoffice\winword\template\deanlett.dot

Mr Danny Jason
Rm 1103
West Lane Campus
London

2 November 2002

Dear Danny

Re: "Experiences of personal tutors with/and tutees in nurse education.

I am conducting a research study into the above subject for my PhD thesis. Whilst there has been some research carried out into the personal tutor role in nurse education, very little has been done to show how tutors and tutees have experienced the role. I am therefore inviting you to share your experiences with me in a 30-minute open-ended taped interview,

I intend to investigate the nature of the tutorial relationship and the expectations of the tutors and the tutees, This is not a correlation study, my aim is to map the variation in experiences and outline the factors that make for positive and effective tutorial relationships.

I received ethical permission in November 2001 from London University Ethics Committee to recruit lecturers and students to conduct this research. Confidentiality and anonymity are assured.

I plan to start data collection by January to March 2003 and hope that you will be willing to share your experiences with me.

Please complete the slip below and return it to me in the SAE provided.

Yours truly,

Anne Dobinson, Nurse lecturer
Tel: 0207 666 8888

Reply slip:

Delete as appropriate.

I am willing/not willing to participate in your PhD study:
My name and extension number is:----------

APPENDIX 12a Tutor's invitation letter to participate in open-ended interviews

Dear Gordon

Re: A request for your participation/assistance with Data Collection into the Personal tutor's experience with their personal tutor.

I am conducting a research project for my PhD thesis into the "Role of Personal Tutor in Nurse Education. I received ethnical approval to conduct the research at C University in November 2001 and I am inviting you to participate in the above study.

Although there has been some research carried out into the personal tutor role in nurse education, I found minimal reporting on how personal tutors and tutees experienced the role. So far I have managed to conduct a couple of data collection session by means of Focus Group interviews.

I am recruiting lecturers who have been selected randomly to participate in sharing their experiences with me in 30 minute open-ended taped interviews. Total anonymity and confidentiality will be assured. (Please see invitation letter together with ethical approval for further assistance)

I am investigating the relationship and expectations of personal tutors with their tutees and tutees with the personal tutors. I am not correlating the data gathered from students with their personal tutors or vice versa. My aim is to map variations experienced by tutors and tutees. My objective is to report the findings to colleagues in Higher Education on factors that contribute to a successful working relationships when providing personal tutoring support.

I plan to collect the data in November/December 2002. If you are prepared to participate in this research project then please fill in and return the tear off slip in the SAE provided.

With many thanks for your help.

Anne Dobinson - harri@harrington 690.freeserve.co.uk
Or internal mail

Telephone No:0207 666 8888 – Home 0208 505 7517

Respondent please complete and delete as necessary

My Name ..... My Tel No. .....

My preferred site to participate ..... West Lane Campus
..... Middle Lane Campus

I am willing/not willing to participate in your study (delete as appropriate)

Signature ..... Date .....

ANNE DOBINSON

INTERVIEW SCHEDULE

Please select the date and time of your availability to participate in a 30 minute interview relating to the 'Role of the Personal Tutor'. Once you have booked a time convenient to you please ensure that you save the document.

DATES	25 February 2003			27 February 2003			5 March 2003		
TIME	13.00	14.00	15.00	13.00	14.00	15.00	13.00	14.00	15.00

Researcher Work Place

OPEN ENDED INTERVIEW SCHEDULE

Dear Colleague

Please select the date and time of your availability to participate in a 30-45 minute open ended interview relating to the 'Role of the Personal Tutor'. Once you have booked a time convenient to you please ensure that you save the document. I will check the schedule daily and will confirm our meeting time via e-mail and telephone

DATES	19 March 2003				25 March 2003				
TIME	15.00	16.00	17.00	18.00	11.00	12.00	13.00	14.00	15.00
1									
2									
3									
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30									
31									
32									

(Sent by e-mail)

Dear Colleagues

Re: Thank you for agreeing to participate in my PhD Research

Thank you for being so wonderful, supportive and willing to share your experience with personal tutees (personal tutorship role) with me. You all responded to my invitation and I am now able to outline a timetable to collect the data.

In order to organise my data collection timetable, I have had to use the network (thanks to Joe) for assisting me with it. A document has been placed on the network J Drive. It is called J:/shared semi-structured-int-city which Richard has made available to me.

Please can you go to the network explorer looking into j/shared and you will see the document on the right hand-side. Click to open the document. Please book a time and date that is convenient for you to participate in the above study. Please REMEMBER TO SAVE THE CHANGES TO THE FILE BEFORE YOU CLOSE IT.

If you have any difficulty please contact me on Ext or Joanne on Ext or email her. Joanne is the secretary in the Adult Nursing Dept.

I hope you will continue with your support on the above.

Many thanks and yours sincerely

Anne Dobinson

APPENDIX 13

Anne Dobinson
87 Westbury Lane
BUCKHURST HILL
Essex
IG9 5PH

4 December 12002 Our Ref HJ/CP

Dear Anne,

Re: Research into the Personal Tutor Role

I am writing to confirm that you may contact 10-12 Undergraduate Nursing Students, who have given prior permission, to participate in your research. The contact person for this is Rosie Hibbard and to arrange to contact 5 nurse lecturers. This is on the understanding that the issues outlined in your letter of 29 April 2002 are addressed and that the students are approached in an objective and impartial manner with adjustments to the invitation letter.

If you find that you will need any access after 31 March 2003 please contact me again.

As indicated in your email of 21.10.02. I would like to receive a copy of your thesis when complete so that we can learn from the findings.

With best wishes for successful completion of your project.

Yours sincerely

Hilary James
Associate Dean

APPENDIX 13a

Ref: c:\msoffice\winword\template\deanlett.dot

Ms Hilary James
Associate Dean
Northern University
School of Health
Blackberry Lane
Lanster
LU7 TDS

10th December 2002

Dear Hilary

Research: PhD study into the Personal Tutor Role

Thank you for your letter dated 4 December 2002 and for granting me approval to do some data collection with 10-12 students and 5 Nurse Lecturers.

I will contact Rose Hibbard to arrange the dates I plan to travel over to the School of Health to meet with the students who volunteered to participate. Early in January 2003, I will be sending the invitation letters for the students and lecturers to Rosie. I shall enclose a copy of the letters for your information. I intend to do the data collection 10th - 14th March 2003.

I give you my total assurance that my research is to investigate the nature of the tutorial relationship and the expectations of the tutors and tutees. It is not a correlation study and my aim is to map the variation in experiences and outline the factors that make positive and effective relationships. Thus, I will approach the students and nurse lecturers in an impartial and objective manner.

I confirm that I will make my thesis available to you. It is due for submission in April 2004 and I hope it should be available for perusal by September/December 2004.

Once again, I thank you for allowing access to your students and colleagues.

Best wishes for a Merry Christmas and a Happy New Year. I hope all the students and lecturers get a well-deserved break from academic work.

Yours truly,

Anne Dobinson
BSc CPD Progamme Director
cc Rose Hibbard

APPENDIX 13b

Ms Rosie Hibbard
Senior Lecturer
Northern University
School of Health
Royal Westbury Hospital NHS Trust
Shripshire STY 8XQ

Date: 31 January 2003

Dear Rosie

Re: Students and Lecturers who volunteered to participate in my research study – "personal tutor role in Nurse Education

I would be very grateful if you could forward the students' and lecturers' invitation letter to participate in the above. I intend to come over to the Northern University on 26 February, 6 March and 11 March 2003 to collect the data. I sent an email to request a room if possible for me to use to conduct 30 minute open-ended taped interviews with the participants.

I will write to confirm the time I shall be arriving when I know the students' and lecturers' availability.

I hope you are able to get your school secretary to forward the participants' invitation letters.

Many thanks for your help and support.

Yours sincerely

Anne Dobinson

APPENDIX 14

Dear Sir/Madam

RE: Survey into the type of support being provided by Higher Education Institution to Nursing Students

I am a Nurse Lecturer at C University St Marks school of Nursing & Midwifery. I recently learnt on an intervention conference that some institutions have put the role of personal tutor into academic tutor role. As I am conducting a study into the personal tutor role in Nurse Education for may PhD study, I am guided by may supervisor at Brunel University to conduct a small survey to find out if this is the case that is the university has academic tutor and to find out who provides the pastoral and clinical support to students.

I enclose a survey questionnaire which will take no more than 10 minutes to complete. Please return the completed questionnaire in the freepost self addressed envelope.

Thank you for your co-operation in this survey.

Yours truly

Anne Dobinson

APPENDIX 14A

NMAS IDENTIFIED
UNIVERSITY FOR FIELDWORK 1
Quality Assurance Manager

November 2002

Dear Sir/Madam

Re: Survey into the type of support being provided by Higher Education Institutions to Nursing students

I am a Nurse Lecturer at the London University, St James School of Nursing and Midwifery. I recently attended and presented a paper at the 'Nurse Education Conference Tomorrow' at University Durham. From that Conference I learnt that some institutions have an additional support system – that of Academic Adviser to supplement the role of the personal tutor.

I reported this to my PhD Supervisor, Professor Roy Evans and he suggested that I conduct a small survey to find out if this is the case. I am, therefore, enclosing a survey questionnaire which will take no more than 10 minutes to complete. Please return the completed questionnaire in the Freepost envelope attached with this letter.

Thank you for your co-operation in this survey.

Yours truly

Anne Dobinson
PhD Research Student

Data Presentation and Findings from a Survey into Higher Education Institutions that provide a Personal Tutoring system and have an Academic Adviser to support students

Fieldwork 2
A Survey Questionnaire into the type of support from the Nursing and Midwifery Admission Services (NMAS) was designed and piloted locally. See below:

A Questionnaire Survey into the types of support provided for Pre-Registration Nurses in Higher Education Institution.

Dear Quality Assurance Manager,

I would be very grateful if you could take 5 minutes to complete this questionnaire, which forms part of my PhD research study into the role of personal tutor in nurse education. Thank you for your assistance.

Please enter a number in the box

1) Approximately how many nursing students are currently studying on your

Pre-registration Diploma courses ☐

BSc in Nursing ☐

2) Approximately how many Nursing Lecturers do you have within your institution? ☐

3) Of the above how many are personal tutors to Diploma/Degree pre-registration nursing students? ☐

Please tick the "yes" or "No" box

4) Do your students have:

A:	A Personal tutor	Yes ☐	No ☐
B:	An academic tutor/Adviser	Yes ☐	No ☐
C:	A combination of the above	Yes ☐	No ☐
D:	None of the above	Yes ☐	No ☐

5) Does your institution have a standard role definition for tutors?
(A copy of the personal tutor guidelines would be helpful if you can enclose one when you return this completed questionnaire)

Yes ☐ No ☐

6) Do you have a model of the personal tutoring system, which you use.

Yes ☐ No ☐

7) Is your School of Nursing based on the main University Campus?

Yes ☐ No ☐

8) Do you have a Student Welfare department on site?

Yes ☐ No ☐

9) Do you have a counselling service available for your students on sites where nurse education is being provided?

Yes ☐ No ☐

Please enter a percentage:

9) Percentage of students: Male ☐

Percentage of students: Female ☐

Percentage of lecturers: Male ☐

Percentage of lecturers: Female ☐

Percentage of students aged: 18 - 25 ☐
26 - 34 ☐
35 - 45 ☐
45 + ☐

Percentage of tutors aged: 25 - 34 ☐
35 - 45 ☐
46 - 55 ☐
55 + ☐

A Freepost envelope is enclosed for you to return the questionnaire.

I thank you very much for your assistance with my research study.

Yours truly,

Anne Dobinson
BSc programme Leader (CPD)

London University
London

Result of Survey Questionnaire

From the Applicant Handout book, 20 Universities that provide Nursing Education were sent a survey questionnaire as above to ascertain the type of support that they offer to their student nurses.

The sample of the Universities was selected randomly by placing all 47 Universities listed in the handbook into a hat from which, 20 Universities were selected.

These Universities were sent the survey questionnaire by first class post together with an enclosed Freepost SAE provided by my supervisor, Professor Roy Evans.

The response rate for the questionnaire was 100%.

The table on the next page will identify the Universities which were selected from across the United Kingdom by an Alphabetic letter to preserve confidentiality.

Table:
Data Survey Questionnaire into type of support provided to nursing students in higher education

Higher Education Institution/School of Health/Nursing	No of Diploma Nursing Students	No of BSC Nursing Students	No of Nurse Lecturers employed	% of Lecturers who provide students with support	Type of support offered to nursing students	Location of School of Health/Nursing	Access to Counselling Service/Welfare Adviser
University A	1500	100	110	50	Personal Tutor and Academic Adviser	Hospital and Main University	Yes @ Hospital and University Campus
University B		140 Midwifery Students	16	88	Personal Tutor and Academic Adviser	University Campus	Yes
University C	600	60	60	100	Personal Tutor, Disability officer and Academic Adviser	Hospital Campus	No but can access via telephone
University D	1200	60	90	78	Designated Senior Lecturer, Personal Tutor and Academic Adviser	University Campus	Yes
University E	1551	100	120	80	Personal Tutor and Academic Adviser	University	Yes
University F	432	109	44	68	Personal Tutor and Academic Adviser	Hospital Campus	Yes
University G	750	60	60	50	Personal Tutor	Hospital	No
University H	500	0	100	100	Personal Tutor and Academic Adviser	Hospital	No

University I	545	90	55	100	Personal Tutor and Academic Adviser	University	Yes
University J	2500	300	120	100	Personal Tutor and Academic Adviser	Hospital	No
University K	819	321	71	100	Personal Tutor and Academic Adviser	University	Yes
University L	1100	200	107	100	Academic Adviser	University	Yes
University M	900	400	120	100	Personal Tutor and Academic Adviser	University	Yes
University N	620	110	55	100	Academic Adviser	Hospital	Yes
University O	85 students midwifery		18	100	Personal Tutor and Academic Adviser	University	Yes
University P	600	100	85	67	Personal Tutor and Academic Adviser	University	Yes
University Q	700	65	60	80	Personal Tutor	University and Hospital	Yes
University R	750	60	60	50	Personal Tutor	Hospital	No
University S	450	80	55	40	Personal Tutor and Academic Adviser	University and Hospital	Yes
University T	800	120	74	85	Academic Adviser and Personal Tutor	University and Hospital	Yes

Response rate from questionnaire survey was

The table shows that 15 Schools of Higher Education Institution/School of Health/Nursing out of 20 offer support to nursing students by Personal Tutors as well as Academic Advisers. This is 75% of all participants in this survey.

Furthermore, the survey indicated that 75% of students have access to counselling.

4 Institutions sent me the guidelines/definition of Personal Tutors (see questionnaire No. 5)

See some examples of support offered by:

1) An Academic Advisor

2) Personal /Tutor

3) Academic Tutorial guideline

APPENDIX 15

Biographical Data Questionnaire for students

The experience of tutees with their personal tutors.

The information on this sheet will be used solely for the presentation of Biographical Data in the PhD thesis. It will be kept by the researcher, Anne Dobinson in a locked cabinet and it will be destroyed after the writing of the chapter on Data presentation and findings. Your name and personal details will not be written or identified by any means. **Instead you will be allocated a pseudonym to** preserve confidentiality and anonymity at all times.

Name.....

Sex: Male/Female (delete as appropriate)

Year you commenced your nurse training .....

Which nursing course and branch are you studying: Child, Mental or Adult Branch (Please delete as appropriate).

Did you have a prior occupation before commencing Nurse training:

If so what was it?.....

Please enter a tick in one box

18-21	☐	28 – 31	☐	38-41	☐
21-24	☐	31-34	☐	41-44	☐
24-28	☐	34-38	☐	44-48	☐

Please tick one box only

☐ **MALE** ☐ **FEMALE**

What would you say your ethnicity is? Please tick the relevant box

WHITE
☐ British
☐ Irish

☐ Any other white Background

MIXED
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other Mixed Background

ASIAN or ASIAN BRITISH
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian Background

BLACK OR BLACK BRITISH
☐ Caribbean

☐ African
☐ Any other Black Background

OTHER ETHNIC GROUPS
☐ Chinese
☐ Any other Ethnic group

NOT STATED
☐ Not stated

Thank you for participating in my study

Anne Dobinson
Bsc CPD Programme Leading
And Adult Branch Course Leader

APPENDIX 16

Biographical Data Questionnaire for Tutors

This information will be used solely for biographical data presentation and will be treated as confidential. This form will be collected by, me the researcher when you agree to participate in the open -ended interview.

Your name and details will not be disclosed to anyone.

Full name (surname & forename) _____

My professional qualifications are: _____

Length of time in Nurse Education: _____

Nursing Qualifications gained in year _____

No's of Pre-registration students assigned to me
(please enter how many you have) _____

No's of Post registration students assigned to me _____

Please tick one box only

☐ **MALE** ☐ **FEMALE**

I would describe my ethnic category as:

WHITE
☐ British
☐ Irish

☐ Any other white Background

MIXED
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other Mixed Background

ASIAN or ASIAN BRITISH
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian Background

BLACK OR BLACK BRITISH
☐ Caribbean

☐ African
☐ Any other Black Background

OTHER ETHNIC GROUPS
☐ Chinese
☐ Any other Ethnic group

NOT STATED
☐ Not stated

AGE

☐ 25 – 30 ☐ 30 – 35

☐ 35 – 40
☐ 45 – 50
☐ 55 – 60

☐ 40 – 45
☐ 50 – 55

SURVEY

1) Approximately how many nursing students are currently studying on your Pre-registration Diploma courses.

2) Approximately how many nursing lecturers do you have within your institution?

3) Of the above how many are personal tutors to Diploma/Degree pre-registration nursing students?

4) Do your students have:

A: A Personal tutor

B: An academic tutor/Adviser

C: A combination of the above

D: None of the above

5) Does your institution have a standard role definition for tutors?

Yes ☐ No ☐

Do you have a model of personal tutoring system which you use.

Is your School of Nursing ? based on the ? campus

Yes ☐ No ☐

6) If possible could you provide me with any written information you give to your students on personal tutor or academic support you offer to your students.

Percentage of students: Male
Percentage of students: Female

Percentage of lecturers: Male
Percentage of lecturers: Female

Percentage of students aged: 18-25

26-34
35-45
45+

Percentage of tutors aged: 25-34
35-45
46-55
55+

Percentage of students who define themselves as: White UK

Thank you for completing this questionnaire.

Anne Dobinson
PhD Student

APPENDIX 17 - Consent Form given to participants
London University & Northern University

Written Consent Form for open-ended interview

Title of research. "What are the experiences of the personal tutor role by nursing students and their personal tutors?

Name of volunteer (Capital letters) .....
(you may assign yourself a pseudonym if you wish)

Signature.....

Please tick the box after the statement

- The researcher, Anne Dobinson has invited me to participate in this research as a volunteer. ☐
- I understand the nature and purpose of the research and I have a copy of the invitation letter which explains the same. ☐
- I know what my part will be in the study and I know how long it will take. ☐
- I know if during the interview, the study disturbs me, I will have the right to terminate the interview and I will be referred to a welfare adviser. ☐
- I understand that personal information is strictly confidential. I know that the only people who may see the information about my part in the study are the researcher and her supervisor, Professor Roy Evans. ☐
- I freely consent to be a subject in the study. No-one has put pressure on me. ☐
- I know, if there are any problems I can contact. The Counsellor in the Welfare Department at the University. Ms Jay, Extension 60505. ☐

.....

Thank you for your participation.
Best wishes to you.

Anne Dobinson
Research Student, PhD

APPENDIX 18

Ref: c:\msoffice\winword\template\deanlett.dot

Ms Rose Hibbard
Senior Nurse Lecturer
School of Health
Royal Westbury Hospital
Newsbury
Shripshire
SY 3 8XQ

11 December 2002

Dear Rose

Re: My PhD study into the Personal Tutor Role

Thank you for your communication via email to me that you would be acting as my facilitator to establish contact with students and Nurse Lecturers.

I enclose a copy of the letter I wrote to Hilary James. I am really so grateful for your help and support to enable me to do some data collection in your school of health. I have worked as a Course Leader/Director for Pre-Registration Adult Nursing Programme for 5 years and I need an impartial school of nursing to do some data collection to understand the personal tutor role and add body to my findings.

Rosie, please can you advise me if the venue of my meeting with the students and lecturers will be at the Royal Westbury Hospital. I plan to do the data collection during the week of 10^{th} -14^{th} March and I will need to book overnight accommodation.

Also, can I send you some invitation letters in January 2003 for you to pass on to your students and lecturers?

I hope you can advise me when it would be convenient to come over to you between March10-14^{th} 2003.

I shall look forward to communicate with you early in the New Year.

I wish you a Merry Christmas and a Happy New Year.

Yours truly,

Anne Dobinson
Home email is harri@harrington690.freeserve.co.uk
Home telephone 020 8505 7517

Interview Schedules

Northern University

Schedule of Meeting with participants who volunteered

The time and dates were agreed with participants by letters, email and telephone calls.
Open ended interview schedule

DATE	**26 February 2003**						**6 March 2003**						**11 March 2003**					
TIME	9	10	11	1	2	3	9	10	11	1	2	3	9	10	11	1	2	3

Northern University

Schedule of Meeting with Participants who volunteered

The time and dates were agreed with participants by letters, e-mail and telephone calls.
Open-ended interview Schedule

Date	26 February 2003						6 March 2003						11 March 2003					
Time	9-10	10-11	11-12	1-2	2-3	3-4	9-10	10-11	11-12	1-2	2-3	3-4	9-10	10-11	11-12	1-2	2-3	3-4

Appendix 19 Letter to Students at the Northern University

Ella
Name and Address

20 January 2003

Dear

Re: "Experiences of tutees with their personal tutors in Nurse Education"

First, let me introduce myself to you, I am a Course Director for the BSc CPD programme. Prior to my current role, I had been a Course Director for the Pre-Registration Nursing studies programme for 5 years. I am very interested to identify issues/factors that enhance the experiences and support tutees receive from their personal tutors. Therefore, I am conducting a research study into the above subject for my PhD thesis. Whilst there has been some research carried out into the personal tutor role in nurse education, very little has been done to show how tutors and tutees have experienced the role.

Rosie Hibberd, Senior Lecturer at your University is my link person. She gave me your contact details and informed me that I can approach you. I received approval from your Associate Dean, Ms Hilary James to collect data from students and lecturers.

I thank you for volunteering to participate. I prefer to introduce myself before phoning you. I would be grateful if you could let me know if it would be convenient for you to meet with me either **26 February, 6 March or 11 March 2003.**

I intend to investigate the nature of the tutorial relationship and the expectation of the tutors and the tutees. **This is not a correlation study,** my aim is to map the variation in experience and outline the factors that make an effective tutorial relationship.

I am therefore, inviting you to share your experience with me in a 30 minutes semi-structured taped interview. I received ethical permission from a London University and approval from Ms James to conduct this research. I will ensure confidentiality and anonymity at all times.

Please complete the attached sheet and return it to me in the stamped self-addressed envelope.

Yours truly

Anne Dobinson

P.S. Tina, sorry we did not have an opportunity to meet. I got your message that you could not get to the school of Health on 6 March. I would be grateful if you could let me know when you would be available. Please return the reply slip in the SAE. Many thanks.

APPENDIX 20

Students' Statement of the Personal Tutor's Positive Attributes

- My tutor helped me with correction of my essay although she will not restructure the essay, therefore my ideas would still reflect from the essay. She would go through and actually read guidelines of any essay with me and interpret it. She is very caring and approachable.
- My tutor helped me a lot with regards to assignment and college work. She is always willing to guide and support me with personal problem. She dealt with them in a caring positive manner. She communicates well. She is prompt at returning emails, phone calls. She is honest and gives advice when work needs more attention and praises when felt it is well deserved.
- My tutor is friendly, approachable, up-to-date with research. She gives positive/constructive criticism on coursework. She returns my calls promptly.
- My tutor supports me with academic writing including valuable advice. She is reliable and approachable. She is so understanding, communicates important issues effectively. Overall, she helped me gain a lot of confidence to be a nurse.
- My tutor has always showed a keen interest in me as a person and in my progress. She makes herself available for me whenever, I need her. She is very empathetic and kind.
- My tutor was very interested in me and she always makes a point of being there for me. She helped me deal with personal and academic problem. I could not have finished my course without her support and willingness to see me succeed.
- My tutor was like a sounding board for ideas, career development, guidance on assignment. She helped me with clinical areas problems and she made my time at university a good time.
- My tutor treated me with respect, care and empathy.
- My tutor was a good listener, a friend and very supportive.

APPENDIX 21

Interview with Bab

1. I: From the time you've been in nurse education could you tell me how do you start the process of supporting your students when you are given a group of students as personal tutees …

2. P: When they are initially allocated ehm - *I always used to like to see them three times in the first unit module. The first time I put a notice up on the board. I would check out their commitments and find a time when they are in school rather than come over to meet me*[1]. And I would book a room and the first meeting would usually be at least an hour, *setting the ground rules, I can get to know them, and they to know a little bit about me. We set up ground rule in terms of their confidentiality, etc, etc, my expectations of them, expectations of me*[2]. Then on the second time that we would meet, which would usually be about four or five weeks later - I would go through all the assessment strategies, referencing ... They can get all that sorted and all the academic work sorted out, from the start. Then I think it's a bit easier. *And then the third meeting is usually - it is a one-to-one. And they make that of their own choosing*[3]. And at the moment it is obviously the one that fits in with handling their assessments. I look at essay outline, referencing etc

3. I *Do you give them your home telephone number or mobile number?*

4 P: *No. Not unless there is an emergency. If I suddenly get frantic calls from students ehm ... usually I have the student's numbers, I would give them my home number or my mobile number. It's quite rare, but I mean it has happened*[4].

5. I: Do you get them to give you a photograph? Nowadays you have such a variety of students . I mean different groups of students…

6. P: No.

7. I: So in terms of giving academic support can you tell me little bit about how you support them, you already said you give them guidance on how to do referencing etc …

8. P: In terms of academic support it's very much down to the individual student. I say to them after the first three initial meetings that during each module my expectations are that I would like to see them at least once a module. *I am very happy to see them more. But that is very much down to them meeting their needs. And some students will come to see me twice or three times every module*[5]. ... regardless of whether it is nursing. And others student don't. I would probably say, though, at the moment *I've got fourteen pre-registration students there is only one student I can think of who hasn't been to see me since probably module two and he is now in module eight. The rest require a lot of academic and pastoral support*[6]

9. I: The one student who doesn't come to see you, does it mean he is quite independent …

10. P: Yes. The rest is a sort of steady contact about something or another.

11. I: Right. Do you read the draft essays or just an outline of their essay?

12. P: I would read an outline or a draft unless it is something that I am going to mark if I am marking it. I explain to them I can't do that. But if it' s going to be somebody else I am happy to read it and make comments on how they can improve on it.

13. I: Has there ever been a situation where you read a student's draft and you didn't tell them that you thought it was not going to pass – and it failed?

14. P: No, I haven't.

15. I: And do you refer them to the special module leaders if the subject is not yours?

16. P: Yes. Although I have to say I get irritated when some students contact me - because their own personal tutors won't see them for academic support, because it's not their speciality. So for example, often see students as well whose work I have marked for an exam and failed, and then yes, I am happy to see them. They frequently come to see me with practice exam papers, their personal tutors do not help them.

17. I: Having re-submitted their piece of work, do they come back to you again for more advice and support?

18. P: Yes.

19. I: How do you find that? *How do you feel to see students who are not let's say they have a personal tutor in – and it's to do with the nursing exams and the student seeks help. Then ehm ... I think we are all nurses in the end of the day and they should be able to see their personal students*[7]. I yours come to you?

20. P: It is draining. I mean obviously because most people, most markers give detailed feedback, it is very, very clear where the students were falling down. And the best way round that is I usually get the students to time themselves to do some questions and then I will go through them, rather than them just turning up. The other thing that I do with my own students prior to examinations is go through the scenarios, the questions that may occur. and the OSCE's as well.

21. I: Do you arrange that session or did they initiate it?

22. P: *I arranged it for my tutees because I want them to do well*[8]. But that is something that I initially told them doubt in module one, that it is part of my ground rules, that it is something that I am happy to do. It's something that I found the students do appreciate.

23. I: So in clinical practice – have you ever had to support them.

24. P: *In the clinical area, yes, whatever students are there I always check how they are getting on with their clinical skills. I ask them that they understand the learning outcomes work with them and then have a tutorial*[9] And we often talk through the objectives and devise their learning contract. I don't have students in module one – the first students I get are from module two – I tend to find that the students already have a very good idea of what to do because they have had feedback on their first set of learning outcomes.

25. I: Have you ever had students, I mean tutees on your own ward. How do they, your personal students work on the ward when they see you ...

26. P: Yes I have had some of my tutees.

27. I: How do they behave – tell me if they try to put on their best behaviour when *you meet them during a tutorial in clinical practice?*

28. P: Yes, yeah probably to some extent. I feel that they like to see me and they tell me how they are getting and what aspect of care they have been

enjoying. It feels good that they are giving feedback and tell you about their progress[10].

29. I: They are trying to show that they are really very interested. But their behaviours do change because I have noticed …

30. P: Yes. It's very subtle changes. I feel good to know that I have a good rapport with them and my ward is a happy place for them. You know they are settled and it makes me feel happy …

31. I: Subtle changes, like settling them. In terms of pastoral support I would like to hear some examples of how you felt when you supported your tutees – I understand confidentiality has to be maintained - I will delete the names of the tutees you mention, can you tell me some personal problems that students have brought to your attention and on which you had to support them. How do cope and how do you feel about supporting them?

32. P: I certainly noticed a change in the type of pastoral support I had to give in the last few years. I've been in the school a fairly long time *since 1986 and the students that we tended to get then were straight from school, they tended to be female, they tended to be white, on the whole: middle class. And they very much got on with their lives, they had supportive parents*[11] – I think the most that ever happened to the students was that one or a couple along the way got pregnant, one realized that she was a lesbian. *Whereas now, Eh ...students are different and they've got dependent children, there are a lot more students from overseas. And what I'm finding is that even on their introductory time I find out that they have a far more difficult life than I think*[11] the students had previously. Not so much in terms of personal problems, the students who were local, wanted to be a nurse and had a supportive family. Hmm, now it's so different. The one situation that stands out in my mind was eh … in 1995 when - I was the course director and had to oversee the students from R. London coming together with the students of B School. In those days when the students weren't successful in their exam the course director had to see every student. And so there used to be *a long line of students outside the door waiting to say, you know, I'm unsuccessful and in tears*[12]. And I remember this because it was my birthday. I'd been drinking the night before and felt dreadful. A male student

came in and he sat down, he said: Oh, I've failed. I've been unsuccessful. And from sitting there and seeing him to be very passive he just burst into tears. he was from Sierra Leone, he told me how his family had been killed, murdered, everybody literally had been wiped out and he has not family and how he escaped from his country. And he just sat there, and cried in front of me and I have to say, all I could do, is cry with him. And that's why I remember it so well, my heart went out to him[13]. Because I can't remember every student effectively in that way. And he had not told anyone not even me when I had been his personal tutor, he had not asked for *negotiation*, nobody in the school knew - and that was the first time that he had faced that crisis. And I remember, you know, obviously he was going to get a second attempt, we spoke through some of the things, what he would like to do, all those sorts of issues. But *that is the one situation that I cried for the students and I still do for some of my tutees when they are faced with difficult problems in their lives*[13].

33.I: *Did he, the student from Sierra Leonne complete his studies?*

34. P: *Yes he did. Yes he did and he gave me a big hug to say thank you. I said that I didn't do much for him but he kept saying how grateful he was that I supported him*[14].

35. I: … That was a very good example. Are there any other examples, that you could tell me that you felt quite affected by their problems?

36. P: Well, I did have – well, I remember another situation, which very much affected me because eh … I started in the school as a clinical teacher and then got to do the teaching course and become a lecturer. And when I first turned up as a lecturer in those days we were allocated to a team, which was headed by a senior lecturer. So teams take through, a cohort of students. And then within the team those students were allocated out to you as personal students. So you would have a group of 40 students. Each lecturer got about 10 students. So within your team you all knew those students very, very well indeed. So this was the first time this situation occurred to me. *There was a male student, who was 26, … he had had a number of different jobs. And he started coming to see me and opened up about very, very serious issues in that he had burned the*

family home as a child, ... and he recognized that he was having a problem ... And we discussed that he did have a problem. And ... I was concerned. Through emergency at B A/E I tried to get him seen as he had slashed his wrist[15]. The senior lecturer at the time said: Oh, it was just a cry for help. there was nothing you can do. Anyway, that particular student used to came to see me. And I have to say ... I can remember it was a Friday evening, it was 7 o'clock. It was in the winter and it was dark ... And I remember, *I experienced a sense of fear he was telling me about some things that had happened in his childhood. And I discussed with him that I thought, that he needed some psychiatric help*[16]. And we spoke about the fact that he needs to be admitted. He didn't want to be admitted in the local hospital etc. And I recognized the seriousness of it and I phoned the on-duty psychiatrist for B Hospital, and he went and saw him. And that was on a Friday. *And when I came in to work on the Monday morning I had the Associate Dean waiting for me. He, my tutee had committed suicide, ... he had taken an overdose - he drunk a lot, he swallowed some pills... and I felt totally shock and upset*[16,17] – I had *actually overruled confidentiality and I contacted somebody, I remember. And I remember feeling so concerned and upset that nobody took him seriously. He went to see that psychiatrist that I had arranged and the psychiatrist told him that he had built up a significant relationship with his personal tutor*[18] *and he felt that this was the outcome. He didn't think he needed* counselling. I couldn't believe it, I could recognize the stress and distress in this man and what he was telling me was serious and that a trained professional in the area couldn't see it. And *I also remember I was pregnant very early, in the early stages of pregnancy, I remember going to the funeral and been absolutely devastated. And then I started to bleed. The whole – the whole thing was just horrendous and I thought how uncaring can people*[19] be, why did they not help him.

37. I: You started to bleed?

38. P: I started to bleed. *And I felt somewhat unsupported in the school, no-one offered me any support. And the other students were devastated. Absolutely devastated*[20]. They thought that he hadn't got help from anyone the school had

let him down. I felt that I let my other tutees down, one of their friend could have been saved and I didn't do enough

39. I: There was another one, he was not your personal student, but as course director you were involved in the case relating that experience would also be helpful?

40. P: I was speaking about him the other day. Because I don't know - did he ever complete?

41. I: No, he never came back.

42. P: He went to Ireland, did he?

43. I: Yeah, we don't know where he's gone. No one knows.

44. P: Yes, I mean, I don't know, how that came about to be honest, because he wasn't my personal tutee, I think I was acting in the role at the time as a course director.... And he had to come to see me and I can't remember why. And again he developed some sort of significant relationship with me and he used to call in all the time. Always – I mean, it was quite serious, actually, because he often smelt of alcohol.

45. I: *How do you feel when these students although they are not yours come and you have to support them?*

46. P: *I don't always do it if I can help it but when you see how desperate they look and you can't turn them away without finding out if you can do something to help them. I do it if I think there is something therapeutic I can offer them, that is going to help them resolve their problems or difficulties*[21]. And I don't do it if I feel it will cost me, myself, if I know, that it's too much for me or it's not a situation I can deal with then I refer them to the students' welfare dept to get specialist help. But if talking with them will help I am quite happy to do that.

47. I: *Has there been a situation where a student hadn't conformed to the rules and regulation of the school and you felt they should have known what to do ?*

48. P: Ehm ... there is a very recent incident, actually, a student in January '01 where I felt we had a good rapport, signed her objectives and *I marked the objectives only later to find out from her mentor that she had not had her objectives signed. I was taken back. I felt betrayed. And then there have been other numerous, numerous incidences with a student, disciplinary incidences. She*

was discontinued for failure of her OSCE at her third attempt. She was very angry, very upset. She came to see me for advice on what to do[22] ... the programme leader had advised about what to do. She had thought that when she got the third attempt it wasn't on appeal it was because of her situation she had been mugged. She thought that she was being allowed – actually she hadn't realized she was loosing mitigation to get the appeal - so she failed. And consequently I found out that she'd been to the student support person and the academic registrar. Anyway, she's been put back on the programme. *She actually shows her work and takes it to another lecturer with whom she developed a relationship in the clinical area. This person went to give support to her and at the hearing she told people that she'd been unsupported by the programme leader and by her personal tutor*[23]. She couldn't have had more support than she actually had. Subsequently she changed her personal tutor, which actually I am relieved about because I already had difficulty with supporting her. In defence of the other lecturer she doesn't know any of the background of the student, which is probably as well, because she is going into this unbiased. But I do think that on occasions we do have manipulative students and I don't think that we should so supportive of them.

49. I: Have you ever had a situation where you supported a student – *you tried your best to support them but they still haven't completed the course or they were unable to qualify? Have you had that situation?*

50. P: I have, yes, and I find that quite distressing - for the students[13,17]..

51. I: Finally, how would you describe your style of tutoring?

52. P: *My style of tutoring ... I think I like to be friends with the students in that I give support that there isn't any hierarchy with me and we have a one-to-one relationship*[24]. I don't often – I've only had one occasion – when I *got angry with a student and when I say angry I had to ... because she was being so rude*[25]. And again, this is fairly recently, in the last year. And since then, our relationship has improved. I *always trust students, when they are not shaping up they know that I am going to tell them, I think that is important that they*

should stand up and take responsibility for their learning[25], I am here to guide them, support them as best as I can and then it's up to them.

53. I: Do you feel they are your tutees and that you feel responsible for them?

54. P: *The students see me as being motherly*[26]. One student - when I was the course director I remember going to work with on the train and I overheard her … she was talking about nicknames for the lecturers. I didn't realize that students have nicknames for us and I said: Oh, have you got one for me? She started smiling and she said: We do. But I don't know if I should tell you. I said: Why? Is it that dreadful? She said: You might take it the wrong way but then she did tell me and said they called me the 'mother figure'. I could see why they called me that what. I'm protective of them a bit like my own kids

55. I: You seem to care for them . Do you view them as special people?

56. P: *Some of them I would say need nurturing. And I think – you know, I think some people would disagree with me but that is a part of my role. Certainly, when I look at the growth and development that students undergo in three years, when you see this person coming through at the end. Some of them have made huge changes in their life style*[27].

57. I: How do you feel?

58. P: *Yes, I feel good and appreciated, I get invited to weddings, all sorts of things*[28].

59. I: You have shared some brilliant experiences. You have allowed me to understand the personal tutor role lot better so that's all. Thank you very much for sharing all these feelings with me.

Reflective notes:

At first I did not think that Babs would open up so much about the experiences that she had had with her tutees. The room was a practical, large room and very cold. I thought how awful this interview room is. I could not get a smaller room. Babs did not mind, we found a tiny corner and at first we chatted normally about a few work issues. Then, we started the interview and very quickly, I felt that Babs trusted me and feel that I obtained a good account of her experience(s).
The key to highlighted sections:

1. Engagement, 2- boundaries establishment; 3- negotiation; 4-accessibility; 5-willingness to engage with tutees; 6-nature of support; 7-reason for engaging; 8-level of commitment; 9-type of clinical support; 10-tutor's feeling good; 11-change in tutees' biography and demography; 12-nature of tutees'problem; 13-emphatic understanding ; 14- students trust the tutor; 15- type of pastoral care and complexity of the role; 16- tutor feeling overwhelmed with the severity of

the tutee's disclosure of problem; 17- tutor is experiencing a sense of loss and grief and anger; 18- level of engagement that secured a deep trusting relationship; 19-level of commitment and care; 20- closeness to tutees; 21- therapeutic rapport & support offered to other tutors' tutees; 22- academic standard and integrity; 23-feeling betrayed; 24 tutor describes her style of support and level of commitment for her tutees; 25 tutor's expectation of tutees that they should take responsibility for their own learning;; 26- tutor adopts the role of surrogate mum; 27-28- reward for level of commitment.

APPENDIX 22

Interview with a male lecturer Fred

1 Ann Thank you for agreeing to participate in my research. I assure you total anonymity and confidentiality. I will assign you with a pseudonym and any confidential experience that you share with me will be written in such a way that students or colleagues will not be identified. When you see the thesis or any writing it's only you who will be able to identify that you said this or that and no-one else will be able to identify you. Is this okay with you?

2 Fred Yeah.. yeah..I'm sorry, I'm a bit late for our meeting, I was stuck in traffic.

3 Anne It's okay, I know you'd be coming and you phoned me to say you were on your way. It was good to know you were coming and I have arranged with my next participant that I would be about half an hour late to meet with her. She was pleased that we're a bit behind schedule because she has go to finish some marking. You have time to have a cup of coffee?

4 Fred Well, why not shall we? We are just to chat about "how was it to be a personal tutor" then you can hear my story once we have had a caffeine hit (Anne's laughter, come on lets go for the caffeine hit([pause button – on two-three mins]

5 Anne [pause button off] Good we have our coffee, do take some sips in

between talking or if you want me to press pause button-on, just point to the cup. Ready Fred?

6 Fred Umph.. umph.. yeah, so where do you want me to start with personal tutoring?

7 Anne How about you telling me what you do when you start a new group of personal students. First I would like you to think about your experience as a personal tutor, what it is like for you, how do you feel being a personal tutor and so on.

8 Fred Ok well I don't have any recent students. The students that I have are about half way through the course at the moment or towards the end for the most recent ones.

9 Anne Right, so tell me about your experiences with those you have.

10 Fred *As you know I have responsibility for all the pre-reg students. I had so many students, at one point that it was too much for me to provide them with support[1], it was difficult for me to give them what they need.*

11 Anne Ump – umph, what do you think or feel that the students need from you?

12 Fred *Oh mostly helping them with the assignments, course-work or personal problems. It was getting too much for me so I stopped taking them[2].* Um, but I *do generally start off by trying to establish quite a strong relationship at the start so I arrange to see them as a group. I establish a good rapport by telling them about essay*

writing skills and how to do referencing I tend to see them in module 1, 2 and by module 3 I get to know them and their ability[3]. And then I leave them to get on with their studies but I tell me that they can come to see me if they have any difficulty or problems.

13 Anne So do you set some form of boundaries or ground rules or anything like that?

14 Fred *I do have a sheet I give them when I first meet with them*[4], *I bet you I wouldn't be able to find one for you.*

15 Anne Oh yes – that would be helpful if you let me have a look at one when you lay your hands on one. But don't worry for now.

16 Fred Umph…umph.. the ground rules, which is just things like patients' confidentiality, how they can contact me. I want them to contact me if they have a problem with clinical work that they should tell me, then I can be their advocate.

17 Anne So you feel that you need to be their advocate in clinical practice if they are having problems and so on. What is it like to be a student's advocate?

18 Fred *Well, really it's about helping them bridge the gap*[5], *they may not have the experience to deal with difficult patients and mentors may have a high expectation of these students.* I have a lot of experience in Mental Health, it is difficult for the students to know what to do. *So really I am there to smooth out any problem or misunderstanding the students and their mentors may have.*

19 Anne *Well, you are not available all he time for the students. Do you? Do you give them your mobile number or home contact details?*

20 Fred *No absolutely not, No way will I let them contact me on my mobile or at home.*[7]

21 Anne So let's get back to the confidentiality issue, what do you expect from them, what sort of confidentiality issue do you feel they should consider?

22 Fred Yes, in general I say ump What they tell me, you know is between us, *but there might be things that they might tell me that I need to share with other people, but*[9] I would always tell them first if I was going to do that.

23 Anne Tell me a little about your experience with helping the students with their academic work

24 Fred *Oh I read the students' essays which are marked by our department. I try not to mark*[10] *or look at essays which will be marked by other departments. That is I don't mark the essay, I don't know what the markers are looking for and I'm worried about saying to them that it is alright and it isn't.*

25 Anne Oh right [pause button on] quick coffee drink

26 Fred Let's carry on

27 Anne Okay, so have you found that since the widening of the entry gate do the students need a lot of academic support? Have you come across this? How do you find them?

28 Fred Umph... *yeah we obviously have students who don't have much in the way of essay writing skills. I have students who have trouble writing essays. I don't know what to say really.*[11]

29 Anne Do you refer them on to the student learning support unit or do you feel it's your responsibility to support them?

30 Fred *No, I wouldn't say it's my responsibility. The students have the responsibility to study and to seek support and guidance, I never send them to the learning support unit*[12]*, although I probably should* but it was only relatively recently that I realised it exists.

31 Anne Tell me what you do when you look at a student's essay?

32 Fred *What I do is read their essay with them with sitting them and I have a red pen and I go through their essay with the red pen and I correct their grammar, you know their written English is often quite bad* [13]*and I correct the references, not for the whole essay, but I give them examples.*

33 Anne How do you feel when you have to mark or show the students that their grammar or English is not at a satisfactory standard?

34 Fred Well I tell them that I cannot look at all their essay each time they have to submit work, I don't have too much time. *It is a long haul, after all, we took them on, I don't know whether we should have done so, considering that they have to struggle so much with study at the Diploma level. But as we don't have a big net*[14] *from which to recruit high calibre students, we are where we are...*

35 Anne Once you have gone over the essay and highlighted their mistakes. do you re-look at that essay to make sure that what you told them to do, they have done so?

36 Fred Occasionally, some of them, especially the anxious one bring their essay back for a last check.

37 Anne Do you find that they have taken your feedback and improved on what they had done previously?

38 Fred Occasionally, they understood what I expected them to do, if you give them examples, *they will just follow that examples and they won't generalise it through the essay*[15]. Some of them do, some of *them just don't get* it.

39 Anne So how do you feel when they don't get what you told them to do?

40 Fred *Yes, I find it quite difficult, almost frustrating to understand actually*[17]*, umph the kind of process that some of them go through in writing an essay,* because to me writing an essay is quite easy, is not easy but it's sort of umph… it's a very finite process.

41 Anne Right what do you mean by finite process?

42 Fred It kind of hangs together, sort of makes sense. *I find it quite difficult to understand why people or students find it hard to write essays or do projects. It's a logical question to me, you're given a topic, you research it, use the library, then put down the ideas or answer the questions that you've been asked. What's so difficult about that*[18]? In writing an essay, I tell the students look at the key points, make a

list of them, put the list in order them ump. In a kind of way construct the rest around the key points.

43 Anne So do you feel that the students are unable to grasp what the essay requirement is about? Do you think they find it hard to comprehend the task that they have been asked to do?

44 Fred I would say *some student just do not get it*[19]. When I explain to them this the logical approach to do this essay or project, it's depends on their level. *You know the brighter ones can kind of take onboard very quickly*[20] *what I said but some of them just don't seem to know what I'm talking about.*

45 Anne So what do you think happens to those who just don't seem to know what you're talking about? How do you know that they've not understood what you were on about?

46 Fred Well, you can see it on their face or when they bring their draft essay, *you find that they have more or less repeated on paper what you told them, they cannot show in their essay that they have really thought about how to tackle the work*[22].

47 Anne How do you feel when you see that they haven't taken on board everything that you suggested to them?

48 Fred *Well, I feel that I have banged my head against a brick wall*[22] *and I feel quite frustrated that they haven't understood what I asked them to do.*

49 Anne Do you get angry or cross with them?

50 Fred No, not really, it's their work, I don't get angry but *I tell them that I can't go over the same thing over and over again. I can only do*[23] *so* much to help and after a while I just give up. After all, it's them who have to complete the course. No me!

51 Anne Do you provide students with clinical support? Do you offer them guidance on how to compete the learning objectives, PBAs?

52 Fred Ump…yeah, my personal students I see them in the clinical areas, I was a link teacher for a couple of in-patient wards and a couple of community teams. When I first started here, I went to the wards once a week and supported the students.

53 Anne So do you still see students in clinical practice?

54 Fred Not as much as I was doing before taking on the course management job. When I was doing it I actually had a very good thing going, I had a very good relationship with the people who staffed the wards, particularly the charge nurses and the people in the community team who much stable teams.

55 Anne Do you have the same good working relationship with the students in clinical practice?

56 Fred *No not the same. There are so many wards and it's difficult to have a good relationship with all of the students*[24] *or staff.* They tend to look at you: "who are you". It's quite difficult to go there on a regular basis. But I do go there, I encourage the students to attend clinical meetings and so on, if the students have any difficulties on

the ward, I try and sort them out for them. I act like their advocate when I can. I also run reflection sessions, students come along. They are not necessarily nursing students. I really enjoy them actually.

57 Anne Do you have students who have a personal problem and they would like to get some advise from you? How do you manage this sort of pastoral support or the assistance you offer the students?

58 Fred *Students come to see me about all sorts of things, like traumas, like bereavement, um illness, sickness, all sorts of things, childcare difficulties, travelling to the clinical areas*[25]. These sorts of problems are raised by all students as well as my personal tutees. I suppose as course leader/director I get many more students coming to me with their problems. What they want me to do is different from my personal students. *There are aspects of managerial action to take it's not pastoral, I think it's a kind of being managerial, what they want me to do sort it out or fix it like a doctor*[26]. Umph... my personal students obviously want me to do all that, all those things too and they also want from me support. So, I try being sort of supportive and to help them think through how this is going to affect their course, and what you should do about it in relation to the course and so on.

59 Anne Mmm uh....

60 Fred And um, also the other thing they come up to me about is with their

failure at passing their assignment, course works or PBAs. And there is an overlap there because one example *I had from one personal student who had just been discontinued because he failed his second attempt and that is quite difficult because I'm the programme leader and I'm writing to him to tell him that he has been discontinued at the same time as he sort of came to me to cry*[27] *about it, so you know to kind of humour him.*

61 Anne What do you mean kind of humour him when he is crying?

62 Fred *Well, it's not the end of the world is it*[28]*?* This is what I tell them, you appeal if you have the right to appeal, produce the evidence that affected your performance and you will be okay.

63 Anne Do explore the reason why the student is crying and what you said has been well received and reassured him?

64 Fred No, this particular student had failed two pieces of work, so even if he appealed he would not be able to stay on the course, he will have no right of appeal. But, I cannot inform him of the severity of his case when he is crying. *I know why he may be crying. An overseas' student, once they have failed they have to return home. There will be no bursary and they cannot stay in the UK. I can't do anything to help this student*[29].

65 Anne I mean do you have any students who are quite distressed and in need of any other sort of support.

66 Fred Do you mean personal student?

67 Anne Yes, please tell me about your experiences with distressed students. how do you feel about it?

68 Fred Um. I have people who well, yes, I mean I had a student quite a while ago *who was quite unstable*[30] *and um [pause], was really not very well.*

69 Anne Don't worry I will not disclose the student or your name on the transcript. You will be given a pseudonym to protect confidentiality and anonymity. So do you mean the student was mentally unstable?

70 Fred Yeah, yes, um *she came and it was um sort of slightly different, if you know the fact they're mentally ill, it's slightly difficult to explain what she was like, but she was um very distressed and found it very difficult to talk about what was the matter*[31], and um it was difficult to um know quite how to help her. In the end she went, she took a break from the course.

71 Anne Right, did the student have a nervous breakdown?

72 Fred Ump…I don't know that *she had a nervous breakdown. I think she had a problem and she came into mental health nursing really in order to get some treatment for herself and then she discovered that she couldn't really cope with the treatment or with being so aware of her own problems. I think that's what was wrong with her*[32].

73 Anne So did you just leave it for her to sort it our or did you refer her to the counselling dept.?

74 Fred Well, I tried to get her to go to her GP and get some counselling. I

found it quite puzzling, because *I didn't really know what the problem was. Um I had a strong suspicion that her problem, she never did tell me but I did send her to the counsellor down the road*[33]. I tried to get her to talk to me in terms of how is it going to affect the course.

75 Anne Right umph, Did you do anything to get her to talk?

76 Fred Rather than counselling I try to sort of be helpful. But I don't know if that was helpful?

77 Anne Why do you think that you might have been helpful or not helpful?

78 Fred Because I think actually the difficulty is I'm a man.

79 Anne So the student was female and you felt that she wasn't prepared to open up her problem to you?

80 Fred Ah yeah! *She was female and she found it hard to talk. My suspicion is that she had been sexually abused by her* [34]*...?* And she could not tell me that. I could not get down to what was really the problem.

81 Anne So how do you feel when students see you in authority and they cannot divulge their problem with you? Do you encourage them to see someone they feel comfortable with?

82 Fred No, I don't say go and see somebody, I just refer to the university policy, refer them on the welfare adviser/counsellor.

83 Anne Have you other distressed student to cop with?

84 Fred Eh yeah. I have a student of mine who had a miscarriage and um at

the same time she was failing an exam and having to appeal for another one and also at the same time she was having problems going to her clinical placement.

85 Anne So what happed to the student?

86 Fred Again, there is much I couldn't offer to her because she would be discontinued. *Again she is a woman, she was very upset and um as a man I can't do much to help her*[35].

87 Anne Right, the student or you feels that there is barrier between you and her.

88 Fred Oh yeah, as a male lecturer, a female student would find it difficult to share their personal problem with you, me I'm also in a difficult position to offer her anything apart from refer her to the counsellor. But I had another student who was upset.

89 Anne Right tell me about the one you just mentioned

90 Fred Um, yes this one was a male student who came to me, whose mother had been diagnosed with AIDS and he was very upset, because of his attitude to AIDS really.

91 Anne What was his attitude to AIDS?

92 Fred He felt he would catch the disease and he would also die. He wouldn't be able to have a career in nursing and he blamed his mother etc etc.

93 Anne So do you think there is a gender barrier when supporting students.

94 Fred *No not really, I think it's cultural and I think it depends on what the*

problem is[36].

95 Anne Right, so what would you say your style of personal tutoring is?

96 Fred I think I'm quite approachable but *I am also aware that some people don't find me approachable.*[37]

97 Anne Right, why do you say this?

98 Fred Well, I just think that some people do eh [pause] think sometimes I'm fairly direct actually.

99 Anne Umm

100 Fred And some people don't like it

101 Anne Alright

102 Fred *There is somebody else in the department who operates very differently to me and there are times when it's noticeable that people go to that person rather than to me*[37].

103 Anne Is it in mental health department?

1-0 Fred Yes

105 Anne Oh I see right

106 Fred Okay, one of the questions was about style of personal tutoring? How can I share that with you? Well I think I get on well with you.

107 Anne Yeah, I do get on with you okay, you have a sense of humour and I'm used to you, you can be quite cynical at times, which I think some people may take a little while to get used to you. I don't know if when I asked about your style of tutoring, I offended you. I just wanted to get an idea how you perceive yourself to be in the way

you support your students.

108 Fred I think with students um, you see, I don't see counselling as being part of my role. I'm quiet so I try to be kind of rather than tell them what to do, I try to help them to think about what they are going to to do, but I don't encourage them to disclose a lot of stuff onto me.

109 Anne Right and I see you consider your role of personal tutor as it should be which I think is good. Some tutors can cross boundaries and act more like a pastor or a family member.

110 Fred No I can't be a pastor or their family, I sort of think, I think I'm more kind of an equal but um you know I have a bit more understanding of the system.

111 Anne Right right

112 Fred No more than that, *they're you know adults, they should sort out their own lives, it's not up to me to tell them what to do.*[38]

113 Anne What sort of things do you like students to do?

114 Fred The thing that I like least is students turning up without an appointment, but I understand as programme leader, I get many of them. I can have queues of people outside my door and it just drives me mad because I have a day planned and then you have 25 students that turn up to see you and it's absolutely hopeless. Ym what else. I don't like them leaving messages on my phone that say "phone me back now" sort of messages. I don't like students who assume that I have got nothing else to do.

115 Anne Well I can share and understand your thoughts on workload and how you feel. I did pre-reg course management for 5 years. Luckily I look after post-registration students so the demand on me is less, the students are more self-directed. But I do appreciate your help and support in sharing your experience with me. Thank you very.

Reflective note

This interview was planned to take place at 10 o'clock. This colleague Fred, did not respond via the e-mail system to participate but he did return the slip of my invitation to say he would participate. Most of the interviews were done and each time he saw me he would say, we must make time to meet. Eventually, he was able to identify a mutually convenient time to meet, which was 10.00 a.m. I waited patiently for him to arrive. Eventually at 10.20 a.m. he rang me to say he would be late about 5-10 minutes I said "okay, I shall wait for you"

Fred eventually turned at 10.40 hours. In the meantime, I was to meet a lecturer – practitioner at 12.00 and I had spoken with her and we changed our meeting time to conduct the open-ended interview at 12.30 hours. I had plenty of time and told Fred that he would settle down and have a coffee etc.

I have known this colleague for about 6 years and we have a good working relationship. He was comfortable, we laughed and joked and we had a cup of coffee. Admittedly we only had a couple of

mouthfuls of the coffee. Our conversation was good, fairly open, at times Fred's flow of conversation was punctuated with pauses which made me feel that he did not like being probed for fuller answers or descriptions. However, he shared his experience. I am doubtful of the whole truth, he may have embellished some of his experience in case I should be critical of the manner in which he supported the student.

Towards the end, when I asked him to tell me how he feels and what is his style of personal tutoring, be became a little challenging in terms of me asking such deep questions about him. He may have thought that I was making a comparison with other lecturers or what students told me.

But I wasn't, I was merely trying to elicit from him what sort of experiences he had, how he feels, how he perceived the students. I wasn't going to judge or give him a rating on his performance. I feel that he needed some reassurance, therefore, in my interviewing technique, I sensed when I could pursue more deep answers or when I should just be happy with what he had told me. For confidentiality and anonymity reasons, when I enter any of the data, the department of nursing will not be identified in case the person's name could be revealed. The name Fredstair will be change to "Star".

Did I feel okay interviewing Fredstair? Yes, I did. If I had not know him or had met him for the first time, I would have had difficulty

probing as I did. This interview took an hour to complete.

Key to highlighted section:

1- workload- unable to sustain support; 2- accessibility is clarified; 3- setting boundaries;4- managing caseload;5- accepting responsibility;6- clinical and academic support; 7-type of accessibility; 8-professional boundaries;9-10 sustaining boundaries-accessibility; 11- nature of support and tutor's expectation of the tutee; 12-casework; 13-clarifying problem on tutees' lack of study skill; 14- accepting that problem exists;15- students' study skill lacking; 16-17- casemaking and experienced frustration with students' lack of insight and learning skills; 18- casemaking-justification for his approach/style; 19- frustration; 20- casemaking on different type of tutees, 21- still casemaking; 22- frustration; 23-casemaking;24- enforcing boundaries; 25- clarifying nature of support; 26- fix it like a doctor- 'detached manner- not willing to engage'; 27- role conflict experienced but cannot support; 28- show a lack of insight into tutee's feelings;29- attempt to show some sympathy for the tutee who is distressed; 30- discuss tutee's fitness to be a nurse; 31- no engagement or little, not willing to engage or enter into pastoral nature of support; 32- making a case; 23 tutee does not appear to trust tutor, so what it seemed to me; 33-36-female tutee and male tutor- barrier to disclose or engage, 36-38

continues to justify himself and make a case about his approach when supporting tutees.

APPENDIX 23

1. Anne:Thank you for agreeing to participate in my research study. What I would like to know from you is, from the time you started your 3 years nurse training what has been your experience with your personal tutor?
2. Student:On the whole I was not given a personal tutor in the beginning of the course, then after 3 months *I got a personal tutor and I kept the same personal tutor throughout my nurse training. I found that my personal tutor was very helpful throughout the whole 3 years. I had a blip in the sort of middle of the course where I sort of had to take a six weeks study break and I found that my personal tutor was quite supportive and she listened to me while that was happening*[1]. So over all my experience was very positive.
3. Anne: What was happening to you?
4. Student: I was going through a difficult patch. I was worried about my health, the placement was awful and I could not go to talk to my family in Ireland.
5. Anne: How did you feel when you were faced with work and personal problem?
6. Student: *I was feeling lonely and did not know what to do about the placement and my health. I was feeling low. The ward staff was not supportive of us and it makes it difficult to cope. My personal tutor was good, if she sees me in passing, she will recognise me and stop by to ask how I am*[2]*. One day, I didn't go to placement and I just could not even bother to phone the ward staff. So, instead I rang my personal tutor to say that I just can't face going to the ward and she asked to* come and see her.
7. A: Right, I just want to find out without knowing all the basic confidential aspect what was it you couldn't face. Can you tell me why did you feel lonely with your problems. I think it would help me to understand the situation you were in.
8. Student: *I had a death of close school friend of mine at home, at the time and I got in tatters with my studying, I finished with my boyfriend, and I also had other things piling up, just got on top of me a little bit*[3] I just needed some time to sort my self out and I had a negative placement where by, it just knocked my confidence – totally
9. A: Can you just expand about the negative clinical placement, what was negative about it?

10. Student: It was on a ward where they were having, experiencing a lot of staffing problems and staff was totally unmotivated. There was a lot of sickness and the 'G' on my Ward went on long term off-sick, there were no 'G' grades they were having a semi-permanent, I think an F grade, may be come to in and do the job for about 3 months. It was just when I started placement. Basically I find a lot of them, the staff *sort of half- stressed, out to kind of abusive to students and patients and I told the link lecturer and things like that. I also told my personal tutor and she rang the ward to tell the staff that I would be off-sick*[4].

11. A: Can you give me an example about abusive to patients and students?

12. Student: *Staff would just be pulling at them around shouting at them behind the curtains, just not being very caring at all to the patients, it really upset me, I lost faith in nursing after that placement and it just knocked my confidence because I didn't know that sort of things was going on and this is what nursing is going to be*[5]. *I knew it was wrong to observe such things and do nothing about it. But as a student you do not criticise the trained staff otherwise they gang up on you and you ended up getting a bad report. So, I felt, I didn't want to work there and I eventually just went off the ward. I rang my personal and said that I was not going back to that ward and I missed like 120 of my clinical hours, because I just couldn't, it was just really, really upsetting me to see that the staff did not care for the patients and they were also abusive to the students, they would say, get down to the real work of nursing, this is not college life and they would give you all the heavy patients to care without much help, and I knew that the staff nurses work at an increasing amount of pressure and I felt sorry for them but I also knew that they should have done something about it, and they shouldn't let it go on that way. This is not caring or nursing*[6]

A: *So you phoned your personal tutor and she saw you. What did your tutor do to help you?*[7]

14 Student: *Yes. I saw my tutor and told her about the placement and I just didn't want to go there and she rang them to say I would be off-sick*[7, 8].

15 A: So what plan did your personal tutor make for you?

Well that is the way to talk about something so obviously she told you to go and see the ward manager – you saw the link teacher and so on

16 Student: Yes

17 A: So how did the link teacher receive your comment about what have been going on the practice, was he or she supportive, or not?

18 Student: I was quite disappointed, to be honest with the link lecturer and the support that she gave me, and I said to her that I did not want to be on the placement. I said to her that I have seen enough to know that I didn't want to be on the placement. *She basically said to me that to know good practice you have to understand bad practice*[9]. I said to her as much as I didn't want to – as much as I know that, that she was probably right, I didn't want that. I needed a 3 months placement where I *could learn good caring and nursing skill and I said to her if you know that this ward is bad, do you still have me to stay on it, because it wasn't just me that was complaining about this ward*[10] – all the students that I had known before and after me had said they had problems on the ward, and I said why do we have to stay? If the college are aware that this ward is notoriously bad for students why do they keep sending students here, because nobody is having good placements and it is a waste of a 3 months placement if people are not coming back? I was taking a lot of sick- time out and I was ringing in – you know my problem for handling it badly, I came to see you as you were our Course Director, my personal tutor asked me to see you. The link lecturer should not have scared me off as in "that you're going to have to make written complaints", "you're going to have make this that and the other" and I felt at the time that I just couldn't have been bothered to do it. You know when you sort of saw me – actually you put me off taking more uncertified sickness because I would have to join another cohort and delay my qualification, you asked me to go to my GP and get some counselling and help with my personal health problem. I went and told my tutor that I saw you and you advised on what I should do, if I find that I cannot write a complaint letter then I must tell the link teacher that I am not happy to do that and she should take my words as I was telling her. *My personal tutor was supportive and told me that to worry unnecessarily. I made my decision that I would go and see my GP and get myself signed off sick*[11]. I simply I wouldn't worry complaining to her, the link teacher but I didn't really, couldn't really be bothered with all this written stuff. I felt up tight that I wasn't being supported for it, if somebody had supported me and

said we would take this on board, we would try and do something, this is how you go about it and helped me then I probably I would have formalised the complaint, because I had felt that strong about it, about patient care at the time.

19 A: Well, it was unfortunate to have experienced a negative clinical placement and you had to 3 months break. You still made you good progress and got something positive out of it – you are a qualified nurse now. Can we still talk about your experience with your personal tutor a little bit more. How did you feel about your working. Tutorial relationship that you had, in terms of your relationship with your personal tutor, what you think was particularly very good.

20Student: Yes, I think it has been good.

21A: So what made it good for you and what did it mean to have a good relationship? What do you think help to make your experience good for you?

22student: *My personal tutor is very honest*[12] *with me. I mean even up to the last minute when I was getting my reference from her for my staff nurse post, my personal tutor went through my reference with me and she said, you have to be honest with yourself that sometimes I was a bit <u>short minded</u> with my learning and studying.* I was kind of like angry at first when she was writing about my motivation and ability to do the job and I said: 'oh, she shouldn't be writing all that on my reference', but afterward it seemed to make me appreciate why she was writing, because I am quite <u>short minded,</u> there were times when I rang up and said oh have I got to hand this piece of work in next week and can you help me, I knew I would get her crossed her because I left it too late to get help, – but I just find her to be very honest, she would tell me off and so rightly so but she would still make time for me and help me. She would say to me 'come on Rianne you can't keep going on like this, *you're going to have to organise yourself better', but at the same time she praised me, at the same time she would remind me all for good things that I have done, and she was just very honest there was nothing I could criticise her about, I think how she felt is how she presented herself to me and I think that <u>was great</u> in that respect*[13]*. I was able to say well this is my own fault, and I need to start taking more responsibility for myself*[14] – I think we had a good relationship in that way.

23A: Well that's good and in terms of contacting your personal tutor that's been very good. You said you felt angry when she was going over the reference with you. Can you tell how you felt and what you meant by being angry?

24 Student: Yes, at that moment, I could say I liked her, it is bit like your friends criticising you, you get angry but you know they are being honest and I did not think she should be telling my future employer that I was not well – organised at times and my motivation can easily decrease etc. She could have been less truthful to them, not really lying but not say it so openly and make it obvious.

25A: Did you tell your tutor that she shouldn't be saying the truthful fact about you on the reference? How did you react when you read your reference?

26 Student Well, I told her that I'm surprised she is writing it on my reference, I did not express myself angrily or anything like that. I said: couldn't you that in a different way, for example that I am very motivated when I get the support from trained staff and so on?' I remember that I kept smiling at her comments even though I was a bit disappointed, I didn't want to upset her because she had been supportive of me, *she had always been in contact with me by e-mail which is good when I was doing my exams because I e-mailed her my practice paper – you know, my practice exams questions and she was really prompt in getting back to me and giving me comments and guided me. If I ever I phoned her and left a message she would always get back to me really, really promptly*[14] *either at home or she would leave me a message*[14] for me or whatever. So yes, we were always in contact and she would let me know when she was going to be on holiday and things that she would give me like a list –so I knew when she wasn't going to be around and she also tell me who I could contact – so there was always somebody there that I need that I could speak to – *she always made arrangements for her students to get the necessary support*[15]. I felt bad that I was angry because she was being honest, so I did not her to know that I was a little disappointed. After all, she helped me through the course, more than what some of my friends got from their tutors

27A: That's good, so I am glad you had some very positive experience from your personal tutor. Not all students have that sort support as you have just said. It's good to hear you talked positively about your experience.

28Student: Yes, I could not really grumbled. She was good. *I would say she was a bit just like my mum would be with me*[16].

29A: If you were to describe your ideal personal tutor how would you describe this person?

30Student: Approachable and honest, they would have some sort of empathy about students because it is not always easy for student to do the course, i.e to work in practice, juggled personal life and do the study. Nursing is <u>hard</u> when you have to work and you have to be honest, you have to level with yourself and people. You can just judge somebody or anybody who you know are helpful and caring. I think you know what I mean someone who is in interested in your welfare and want to see you succeed. I know that everybody is not the same but as a student I expect my tutor, the course director to know what I am experiencing and find ways to help me.

31A OK Rianne, thanks very much for sharing your experience with me.

Please note: Rianne is a pseudonym. Her personal problem was not probed because it was felt that it was not appropriate to get her to talk about it. She seemed to skip over it, did not volunteer the information about boyfriend nor did she want to mention more of it. This may be due to my role as the course director, I already knew about it and felt that getting her to talk about it on tape would be unwise and may reveal her identity.

Reflective note:

I had known Rianne during the Branch programme. She would often keep me informed on how she was doing and what domestic problems she was having etc. If I asked her if she had seen her personal tutor, she would replied: " yes, but she told me to speak to you as well". Her personal tutor liaised well to me about Rianne and we agreed the support she needed. I felt that she often wanted validation of what she should be

doing, she would always be willing to come to me and her tutor to share her difficulties with me. I felt she spoke truthfully about her relationship with her personal tutor and she communicated her needs with clarity. I don't know if she is manipulative, or if she misses her parents or she has a high help-seeking needs. Once she found that we are willing to assist her, we promoted a sense of dependency on us

Analysis: Key to highlighted numbers:

1- *Commitment and accessibility of the tutor; 2-commitment & warmth from the tutor: 3- student is experiencing study crisis; 4- commitment; 5- student is feeling betrayed and possibly another study crisis, a moral dilemma and the tutor goes an extra mile to help the tutee; 6- managing the notion of learning in such different cultures- nursing practice & university; 7- case-making – student legitimise her concern and the tutor shows, commitment; 8- tutor rescues the tutee, rescuing a potent phenomenological code here, the student is being rescued by the tutor;9- case-making continues, student says something about the passive notion of learning or fear regarding the clinical staff power to define student's worth; 10- commitment when tutee is not coping, the tutor advises tutee how to cope, signed sickness, the tutor is non-confrontational, understands the tutee; 11- my tutor is honest, the tutee verify the worth of the tutor; 12- commitment; 13- the tutor expects the tutee's commitment, taking responsibility for learning; 14- verifying worth; 15,16- commitments and accessibility.*

APPENDIX 24

1. A: Thanks for participating in my research study and as I told you I will preserve your total anonymity and confidentiality. The consent form that you had signed is just for my supervisor to ensure that I did coerse you to participate. There is no way that you will be identified from what you say on tape. In any way, do raise your concern if you have any. What I would like to hear from you Farah is for you to tell me your experience you have had with your personal tutor – from the beginning of the programme of study

2. Farah: *I had 2 personal tutors – the first one I had up until the end of the first year and then I had the second one. I preferred the second one to the first –the first one did not bother to return my call or respond to my email whereas the second one was always prompt in responding to me. He was much easier to get hold of and communicate with me regularly with me or when I am in school and if we meet in the corridor, he would always stop by to say "hello, how are things[1]?"*

3. A: So, who did you have for the first one, did you have is a male lecturer or female lecturer?

4. Farah: It was a female the first one

5. A: So, the first one was a female lecturer. Where is she now?

6. Farah. *Yes, she was female. She seemed always busy or she would be off work forone reason or another[2].*

7. (line of tape deleted to preserve lecturer anonymity)

8. A: So how was the first meeting started – can you tell me?

9. farah: *When I got in contact with her – and then I would arrange to meet her – sometimes it was 2 weeks before I was due to meet her. Even though I made an appointment, I wont even see her because she would leave or have a note on her door to say she is away and could not see personal students[3].* So I saw her only about 3 times in the first year when I was working out what to do for the first module essay on how my lifestyle changed when started the course, *I had to get her to check my essay plan – the second meeting it was very much near the first year, at one point I was really stressed out with a certain piece of work, a research essay and I went to see her[4],* then I think I saw her 3 times in the 2 weeks. It took her the third meeting, she asked me to go and

see somebody else[5] *and* in the end I saw a male lecturer and he said to me if it's to do that piece of work and - *if you are really stressed out, give me a call and we can see if we can go through it and we will work something out. I just found him so much more supportive*[6]. By that time, my first personal tutor was leaving the school and I asked this male lecturer if he would take me on as his tutee. *He was delighted that I asked him and he responded positively and willingly*[7]. My first tutor was okay about the change, she was leaving, so I don't think she could care less.

10. A: Right – so same thing then, you were given someone you chose and liked. Did it please you? The first point is I would like to understand how you felt about your first personal tutor and then how did you feel with the second one. Ok, you had quite an experience of 2 tutors – now in terms of the first one you said you found, it was difficult to get in touch with - how were you trying to get in touch with that tutor – was it telephone?

11. farah: It was usually telephone – leaving a message. Yes, mostly telephone, sometimes by emails.

12. A: So you were you leaving a message and were your messages answered?

13. Farah: *Not all my messages were responded. think a lot of the time she was actually studying probably as well – so I noted when she was on study leave or on holiday I could not see her, so I had to check with her when I could arrange to meet her*[8] – or she would meet me or vice-versa – I suppose at first you are too stressed to say you there is a need to see you soon, I didn't really need that much help – but I think it is just the fact where you were told at the time that you had to report to your personal tutor once every module and then I do it that way – I also felt that when I saw her – oh I might get an hour with her, I would have preferred to see her little and often – and often when I needed someone to talk about something. Or if, it was literally oh I am just a little worried about this and I just want to pop in and check something with you– do you know what I mean, whereas it was I who have to make sure, that I make an appointment to see her, I would have preferred to see her, may be see her every couple of weeks or something like that. *I suppose to when having a problem*[9] *there and then, and then I just believe I could go in and see her or the next day or something like that. That was never the case, I would have to deal with my problem by all myself or go and look for a*

friendly tutor[10] *with whom I could talk. I felt crossed* [11] *at times when my tutor wasn't in most of the times, I could not get hold of her in any way, you feel like a neglected person*[12]*, no-one cares for you*[13]*, you need help but don't know what to do.* I just didn't like going to knock at someone's else door when I had been allocated someone. It wasn't fair, other students can call on their tutor and see them as often as they could, but for me it wasn't like that. When I did go to see my problem, that research essay, *I was struggling*[14], she could have told me she had no time to look or help me with the essay, I failed the first attempt, for the second submission, I went back to her and angrily told her that I failed can you guide me and help me to pass this essay, then she asked me to go to the male lecturer. never *I feel still angry and upset about it. I had failed a piece of work before*[15]*, I passed my GCSE, got my A level and to fail the research essay was a big blow for me. Because of that failure, I can't get a distinction when completing the course. I am so disappointed*[16] *for not* coming out with a distinction.

14. A: So are you saying it's your personal tutor's fault that you failed the research essay? In term of academic support your first personal tutor you felt she needed to provide you support with writing the essay. What is your interpretation of an academic support, how do feel should be done for you? What you just said, if I'm right in hearing you is that you were not supported academically by your personal tutor?

15. Farah: *Oh yes, in some way I'm putting the blame on her – but I didn't like most things about her – you can teach someone in one way because it is someone else, in another way and one person will take it better that others and I think that was a lot to do with it – when she was explaining to me about something to do academically sometimes I would come away feeling angry and I just felt more confused – I still don't quite understand how she could be a tutor*[17]*.***[student's tone raised and sound angry, a little tears trickling when recollecting about the failure of first attempt essay]**

16. A: Alright, I am sad you feel upset. hopefully you are getting over the dissatisfaction that you had.

17. farah: And what else happened I mean after she left. You said this – *it took the college about 2 months to actually give me a different personal tutor even when I had completed the request form for change of personal tutor*[18], my

first tutor and the present one had agreed the change and during that time I was when I was really struggling again, I found it really hard to cope then as well

18. A: It was probably because you had a lot of academic work and examination to sit.

19. Farah: *Yeah.I had an essay in particular and I had no personal tutor and I was feeling abandonned* [19]– I think it was our first essay in the branch programme – I was really stressed about it and in the end I got hold of someone and I did go and see her but what made it worse that when I went to see her 3 times. I was taking some health tests and I had some bad feelings, and there were other stuff going on as well in my personal life. Still, I had put in a lot of time in that essay and I still came out with a mark of 40% and I was really so upset and I thought maybe it was because *I didn't have my personal tutor there to keep me going*[20], *I could not go to anyone to help me*[21], I was finding anyone and everyone to sort out find information about the Ethic essay from whoever I can get and I felt that the college let me down a little bit there – if I had someone more permanently I would have completed my course with excellent grade and would have felt a little bit better.

20. A: So – ok, so that person had left you and had gone elsewhere and so you were assigned another personal tutor but it took them 2 months – tell me about that meeting with the second tutor

21. farah: I phoned him and left a message explaining that I was a University student and I had already met him briefly – so I arranged to see him and I did that before I needed him to look at any work just to basically introduced myself *and I think he did return the call within a couple of days and for me that was then straight away it was so calming* [22]– I really don't know much about him – he was just sort of calm and said 'hi there' and that was it and then we got on quite a bit of way and then obviously when I had another essay he looked at it – knowing that *I didn't really need any help*[23] *at that time but it was just another style to write it,* he suggested some minor changes and I passed the essay well.

22. A: So you felt happy and it calmed you to know that your telephone call was always answered by the person. You had already spoken to and about the support he provided you – was good about it? In terms of your expectation

what is your ideal personal tutor that you would have liked to experience – what is that ideal person you would describe as your ideal personal tutor?

23. Farah: My 2nd tutor provided me with some academic support. I don't expect much from my personal tutor, *but I want someone who is interested in me*[24]. Always taking interest I think, you know if you discuss something the last time – in theory you must sort it out, talk and find out how I dealt or cope with the problem that I had. How is that – I need to sort that out and things like that, I think it will make you think that they actually are looking out for you. Not just saying 'oh well you can do this – phone so and so. It's better that the personal tutor speak to her other colleagues, actually tell the colleague can you please help so and so, it not just sort of say to you look at the telephone list in the corridor and give that person a ring. How about saying well you know this number might help you – speak to this person and so this give you more directive information. I *like someone who is being calm*[25] *and rather than appearing in a flap and say – I can't believe it you are getting yourself in a knot, I cant believe it, a tutor telling me I am in a knot.* I need someone to just calm me down when I am anxious, instead you go to see the person who you thought could help you, is herself in a state of anxiety herself. What help is that? I do expect help and support when I need it not just get pass over to someone else. *Also when you make an appointment with people and not to be able to meet with you soon is not acceptable, and while you are a week down the line – you got problems with things you would like to know that you can get to see your tutor quickly* [26]– I know it is not always the case that you could just pop in to someone to say, *hi I got a problem, help me now, but to wait for a week or so to get a phone call when you needed help, it's just like telling you "get stuff" or sort yourself out.. Leaving it tell next time, next week I could have been dead or I want to be getting on with something else*[27]. But you can't do anything because you got to wait until for next week to see some one. This is how I felt, what the point of having a tutor who is supposed to help you with academic support or personal problem. It's pointless to say you have been allocated someone to help you.

24. A: What personal problem had you experienced? Did you need some pastoral support to deal with any personal problems?

25. farah: Little bits and pieces – I had some money stolen off me.

26. A: Was it in the University, nurses home?

27. Farah *Yeah.Someone had my Cash card they practically took it – took all my money all my wages the day before I got paid – but to be honest I wouldn't use a personal tutor*[28] for that. The only reason I might go to see is perhaps you – I mean at that point as far as I understand that's not completely a cause for me not to go to work or get out from Theatre where I was working. I would only call on you if I felt distressed over the loss of money and I didn't have anyone else to help, then I would come down to ask you for a bursary advancement. I have never had a big personal problem that's stop me getting on with something work wise or any thing like that and any other personal problems that occurred I wouldn't really put that on a personal tutor or I probably would go to my parents or see my sister or something like that.

28. A. I hope you don't mind me asking, what sort of rapport did you have with your second tutor?

29. Farah. *I would say it was good, he would listen, crack a joke and try to cheer you by telling you that I should n't worry about this or that, It was like a bit trying to calm you down, stop you from getting anxious*[29]. I felt good talking to him. But again, he had to go away on long term off-sick, we could ring the department and see whoever and whenever we need somebody to help. At that point I gave up with personal tutor. It was at that time that I had all my money stolen and I didn't feel like going yet again to someone else with my problem. So, I cope as best as I could.

30. A. Well, did you cope all by yourself? Did you go and talk to your friends or peers?

31. Farah. My friends are those with whom I did my A level, the girls or boys in our group are great fun to be with but they are not someone I could go and share my personal problem with.

32. A. Did you do alright with your academic work when your personal tutor went on sick or long term leave.

33. Farah, Well, I did in a way, not all by myself. The patient teaching project was a bit frightening, do you remember I saw you in the library and you suggested that I take out such and such textbooks to help me. I looked for the books and they did not have them, I came straight down to your office to ask what I

should do? You then lent me some of your books, I gave the draft essay for you to look and I passed it with good marks. So, no, I did get some help from you.

34. A. I am glad to hear it was helpful. What about your staff nurse post you are applying for?

35. Farah. Oh yeah, that is another problem, my personal tutor is not around and I will need help to write the supporting statement on the job application form. Can I come to you for help?

36. A. Of course you can, but you will need to bring me your portfolio and all the comments you had on your practice-based assessments if you need me to write the reference for you.

37. Farah. Thanks Anne, I will bring them in for you tomorrow. Oh, that's a great help to know you will help me with the job application and reference.

38. A. Remember that your personal tutor often have to be involved in your academic development. When you do future studies and if you are in need of sort of help don't struggle on your own or even for some reason you're finding it hard that personal domestic issue is really affecting your study or if you are just unable to make a certain dead line, you should be able to get some advice from you personal tutor. Don't let your first disappointment or you felt let down prevent you from seeking help, you don't have to do it all alone. I hope you would come back and do further studies.

39. farah. *No, I don't want to come back here. The college let me down.I know a lot of my friends have good personal tutor, get quite a lot from their personal tutor and they got a big interaction with them and I think that is really good – for me I sometime felt sad and lonely*[30], and it sounds a little horrible for me to say that the *college don't care but I sometimes felt that I am often just a body, allocated a sort of number and I am as if, it is a conveyor belt, I am on it and its only when people always have personal problems then the conveyor belt*[31] stops – and when things, the other students needed extension and meet dead lines then there are the people that are well known for skiving or moaning and they seem to get supported a lot more, they get the help, the conveyor belts stop for them – and although they might not need it. Because they go in 2 days before the essay is due, they get the extension, sometimes it feel like it's a bit unfair – so especially when I get my work done, I don't ask

for extension, when that happens it's so demoralising. 50% at some point I felt like I was really struggling along I was doing my work I was getting along with it I wasn't letting other things interrupt it and these other people who may not have needed help but I just felt like they were receiving a lot more and people knew them, then they walk down the corridor and all the people will know them and then they say hello and things like that to them and if I had something little that I wanted to see someone about – I really didn't know who to go to because no one really knew me because I wasn't ever having any problems I was on the conveyor belt without any know problems not too much disruption. So I carried on no matter how I felt.

40. A. It is sad to hear that this is how you felt – sometimes quite often, yes - it might be like that you think that person is getting all the attention because he or she is not being able to cope, they get the attention. Sometimes, you may have a problem but you feel you would do it all alone because you will feel more mature, you would want to deal with the problem without seeing any tutor. Yes, I can see why you feel like that – hopefully with future studies – you know you are not just a number on a conveyor belt, you are a person, it's not a weakness to call the person you got as your personal tutor. Some tutors will take an interest in you – will have caring attitude. If you don't get the person you like then ask for a change, yes you do know, you're nodding, you know that someone does care and at least will be interested in you as a person. You are right sometimes students feel they had been denied of support or– simply lack of support. They end up doing the best when they could do with some support to get their essays checked and things like. You too can get the support if you require it, so don't feel angry or feel that you are a number. I do appreciate what you shared with me, in terms, you really shared what is it like to be a student, what is positive and what not so positive for you. Thank you very much for that.

Reflective note: Farah is pseudonym. Farah spoke very honestly about her experience. She seemed upset, and occasional her voice were loud when she was angry when she relive her disappointment and her failures or her low grade in essays I could see some tears pooling in her lower eyelids. Occasionally her voice was full of emotions, as if she wanted to cry. I felt I had to show an empathic

listening and understanding. I offered her that she could see the welfare adviser if she wanted to talk about her disappointed in the personal tutoring system. She said she was okay. We stayed for another half an hour, had a coffee together and she expressed her disappointment in the personal tutoring system. She said she would not come to this university for further studies. She is a bright intelligent student, with good A levels, she wanted to study medicine but did get her grade to go into medicine. I "felt" her disappointment, her anger, her bitterness of being let down. There is a student who had high expectation of herself, she feels disheartened about her low achievements. It may be a disappointment that she could not do medicine and she wanted to excel in Nursing. But I think she used an expression, a metaphor "on a conveyor belt" quite strongly to express how the personal tutoring system work.

End of reflection.

Notes to highlighted section and key numbers;

1- signalling regards and interest to student "hello how are things?

1- expectation of accessibility; 2-support capacity; 3- being strategic; 4- needs to organise access; 5- De facto support; 6- the other tutor shows warmth and interest in the tutee, diagnosing option; 7-verifying worth, this is no a standard requirement but a personal need; 8- expectation of accessibility; 9-acknowledging needs and presenting cases; 10 –defacto support; 11- feels betrayed; 12,13;14;15- verifying worth and acknowledging needs; 16- anger and disappointment; 7,18 –presenting case, acknowledging needs and learning responsibilities; 20 –dejected, betrayal;21- defacto support; 22- calming- verifying worth and expectation- feel good; 23- sustaining support;24- engagement; 25- acess needed as if it is an emergency, 26- Farah expects 'calming' to be listened to; 27- sustaining, expects tutor to be watching a brief, it's the tutor's responsibility; 28- making her cases; 29- calming, tutee's expects 'make me feel good and not upset; 30- defacto support has limitation; 30- quality of interaction- mutual engagement and respect and trust are expected by the tutee; 31- verifying worth- 'I'm an individual- I need help in the same way as the others do' 32- my expectation-' the school did not treat me as an individual'.

APPENDIX 25

Tim's transcript (Male Student)

1. Anne: OK, like I say I assure you total anonymity and confidentiality, what ever you share with me no name will be disclosed and if you do happen to say any people name or any one's name I will delete them. So what I'm interested to hear from you to tell me the experience you had from the time you started your nursing training course here and up to now. I am interested in how you felt about the experience, what did it mean for you to have a personal tutor and so on. Please tell me what sort of experience you had with you personal tutor my experience with my tutor hasn't been

2. Male Nurse:On *the whole, very good to start with. At the beginning of the course it didn't start too badly I mean with my personal tutor she seemed quite keen for me to be organised and tell me what she expected of me*[1], and so, I said what expected from her, which was quite good. But when is actually came down to it I found out that she did not know anything on how to help me, she did not know how the system worked, *so when I did have a problem, so she didn't really know who to refer me to. She didn't really seem very interested in the problems anyway, so she just fob them off and wasn't very interested and if I had a problem she wasn't very interest*[2]. *If everything was going ok. she was* fine. She would write it all down that she said, did this and really she did not do anything. As I said, but if I had a problem *she didn't want to know me*[3]

3. A: Could you tell me what's the problems you had with her?

4. Male Nurse: I will, I mean I had a problem to start with, because I wanted an extension for a piece of work that I had done in the beginning of the course, which when it was, I can't remember– and I *went to her ask her what I needed to do about the extension? She said how am I know what you should? She didn't know what I needed to do, she basically fob me off*[4] *and* told to ask someone else, and she didn't help me deal with it which wasn't quite good in the beginning. But I was of course obviously very quite nervous about starting the course, *I haven't been in it quite long didn't know how the system*

worked. I would have been expected my personal tutor to know the procedures that I need to go through to do that piece of work[5]. I then later on, that happened a couple of times I called on her to advise me what to do, I *needed to take a break in the course for personal reasons but she wasn't interested, in the end I had to go and speak to someone else about it* [6]

5. A: Did you explain in detail what the problems were to your personal tutor? Tell me the personal problem you had, what you told her and what were her response to your request for help?

6. Male Nurse: I thought I needed the time off the course, *things were going on in my personal life that I couldn't carry on with the course I was going to end up failing the course and I didn't want to do that so I wanted to take some time out, organise myself. I explained all this to her and she didn't really help*[7], she didn't support me in taking the time out and in the end I had to go and speak to someone else which continued until I had to eventually change my personal tutor – because it wasn't really working out. It may be partly that I *expect people who are in an organisation to know what to do or how to refer people who can help, but to do or say: well I don't know what you want me to do, is not what I hope for a response, especially from a tutor*[8], I think it had been a personality clashed, sometimes people just don't get on, but I did feel that she did not have the background – if she did have it she wasn't putting it across very well – background knowledge in areas that I needed to know about nursing, what my course is all about, what is the policy and procedures, things like that.

7. A: So in terms when you trying to get hold of her, has she always responded to you. How did you feel when your tutor wasn't meeting your expectation or needs.

8. Male Nurse: *She was difficult to get hold of*[9], she was quite good to start with in the first part of the course, but after a while *she never responded to e-mails, I don't know whether she didn't know how to use the e-mail or any thing like that but something was wrong, I thought email was quite a useful way of getting things done, I found because you could write it down – you know exactly what you wanted to say, so after when I sent the e-mails I never got a* [10]*reply and I left messages, quite a lot of messages on her answer phone and never got a reply*. I know sometimes it is difficult because you know when

you're living in nurses home sometimes people can't get hold of you but I felt that she could have been more active on her responses, she could have even read it a bit quickly – she could have even tried to get in touch with me. I felt *quite disappointed in her*[11], it was pointless having a personal tutor who just doesn't respond to call or emails. I felt more and more demotivated to even to get to see her or speak with her

9. A: So how did you feel when you felt your calls not being responded – you said you felt demotivated, what was the experience like, to feel that you expect help but could not get it, explain to me how you felt, what was it like did you feel was your mood at that time.

10. Male Nurse: *Yes I did feel angry with her*[12], *I was frustrated, disappointed about the person tutor, she was meant to help me, I felt it ruined the rest of the course and I wasn't being supported within the college by my personal tutor*[13]. I could say I enjoy being a student on the course. It made it difficult out on placement ,it made the whole course more difficult because they, tutors are basically are the people who are going to support you the most. *If they are not supporting you and feel you can't look to them for help, then it is very difficult to concentrate on the rest of the course because you constantly worried about*[14] – *especially the academic side* that you don't know whether you are doing well or you can turn to for help.

11. A: What did you do before you came to nursing

12. Male Nurse: I did various things, I was a Health Care worker for a while and then I worked as an Office Junior. I did a degree before.

13. A: Was the healthcare support work beneficial? – it must have given you some grounding what to expect in nursing. Unless you felt a little bit too much to cope with nursing. So, why did you approach your course leader in the Foundation Programme and request a change of personal tutor when you felt unsupported?

14. Male Nurse: It didn't occur to me that I could do that. *I suppose I should have looked into it but as a mature man*[15], *you feel you stop asking for help,* and it didn't make sense that I could request a change of tutor. I had some idea what the clinical setting would be like, but you also get into work did help and it didn't help, it helped on a kind of like- work, load side of it because it is quite heavy – like you have never don't it before like shift work and things

like that but on the academic side and some the areas that I had bad habits in it was I needed to have someone to remind me that I have to apply the knowledge I getting from the school, apply in practice and also show good standard of work in my coursework and practice-based assessment. I got ticked off on the ward for not doing what I should be doing, like managing patient care by myself. I wasn't getting the supervision and I had no-one to go in the school to explain my problem.

15. A: I know you approached me about several issues relating to the course. Couldn't you come to me? I found you very articulate and you seemed to know what you want – that's what I've seen in you.

16. Male Nurse: Yes, I do like getting advice and help from you.If I'm keen I will work hard, I will seek out help for example from you. But at the same some bad habits with doing health care work, which you have to kind of get out of when you start training. *I had some unlearning to do, I could have done with the guidance of my personal tutor*[16] *or the link teacher.* The Health care support times, I am aware that you are busy with other things and I shouldn't be bothering apart from urgent issues, so that is when I felt that I'm de-motivated and I feel that I am not, will not enjoy it, the placement or the course – then I won't, then I tend to like give my up my work

17. A: I know you are bright and intelligent – I mean I know that I had to summon you for a disciplinary hearing, so I was involved a little bit with the problem you encountered on the ward. Your personal tutor was there too. I know the problem you had about placements – clinical placement when that the ward manager involved your personal tutor and the link teacher and it finally got to me to resolve it. Can you tell me a little bit about that incident? How did you feel that you had come to a disciplinary stage, your personal tutor, the link teacher and myself?

18. Male Nurse: Yes, I mean I did not like being in front of you, my personal tutor and the link teacher. The problem was I started a placement and I had a problem with the hours that I was doing. It wasn't just me, it was all the whole group of students wanted to work flexible shift – I had a problem with the hours that they were giving me and I wanted some like slight changes and I spoke to the manager who wasn't very keen to change my shifts, who wasn't very helpful. This brought me to you, I found quite annoying. I

haven't come across the problem before, then maybe the problem could have been solved by the link teacher, that would have been quite helpful. The link teacher actually came in which is quite good because sometimes when you are on placement you don't even get a link teacher but she came in and *I saw her and I spoke to her about the problems that I was having and she basically said the first time I saw her just, all she wanted to tell how brilliant the ward was and that I shouldn't be making any complaints and I should be doing exactly what I am being told*[17]. Which I had a problem with, because although I know that I am there to learn I do feel that it should be a give and take, so I told her about this and then the next time that she came in she basically said the same thing to me again and to the other students and it de-motivated me, and I got really fed up and ended up not going into the rest of the placement and I didn't complete the rest of the placement. Which I know it's the wrong thing to do but I had tried to speak to her and I had tried to speak to my personal tutor and neither of them had listened to me and I got completely fed up with it and didn't know really what I had to do

19. A. So tell me how did you feel about the lack of support from your personal tutor, what was it like to feel the way you did at that time?

20. Male Nurse: *I was very, very angry, I felt bitter about the way tutors gang up on you – I was very close to like just giving the whole thing up, I felt like not bothering with it any more – because I wasn't get anything from the tutors – no one was listening to what I had to say*[18]. I could appreciate what they were saying and I was trying to be flexible to a certain limit – but at the same time if I got an issue I'd like to think that someone especially from the college was going to support me and not tell me that I was wrong and then that the placement was always right. So I felt that it wasn't very well dealt with and then no one spoke to me about it again and until I got a letter from you actually saying that I was being called for a disciplinary hearing. I said there I go, I'm in deep trouble – I thought I was going to be thrown of the course

21. A: The talk that I had with you with you, it wasn't that harsh, was it? I was just telling you that the school expects a certain standard of professional commitment when you are training to be a nurse and on the course. So how did you feel that you are being called in to explain yourself.

22. Male Nurse: No, you weren't horrible, but it wasn't pleasant to be in such a situation – they obviously had written to you and you quite rightly you were doing your job. I had no objection in seeing you, but I was really angry that they hadn't bother to speak to me – which I thought would be the approach one would take prior to disciplining somebody or least tell me that I was underperforming or not up to scratch, then I could have try to improve myself.

23. A: Yes, I had like a formal complaint – yes, I had to see to it, hear your version of your story.

24. Male Nurse: Where as they should have – I would have thought it would have probably been more appropriate and probably would have been more helpful. I would have probably got more out of it if they had maybe come to me first – but I didn't deal with it in the best way either and reflection of it I would probably – I would have dealt with that in a different way now – I would have stuck the placement out or come to speak to someone like you, get more help and guidance from people in college and got the placement changed or do what ever it needed to take to avoid the disciplinary situation.

25. A: Unfortunately, that was an unpleasant situation and from then you became positive and you improved tremendously. What make you changed your approach to learning.

26. Male Nurse: It got better because you offered to find out from me what is the problem with me and my personal tutor. I requested that you find out from my personal tutor, why she didn't offer me help. I don't know what she told you but she agreed to let me changed to someone else. You told me that you couldn't take me as your tutee. You asked me who I would liked to have as a personal tutor, I think you did your best and I got what I wanted, I changed my personal tutor which did help a lot, but although I did not have that much contact with her and because things just got busy.

27. A. The person was happy to take on, offer and help you with whatever you needed.

28. Male Nurse: *Yes, she was very helpful – I had my exams coming up which was one of things that I was worried about – she was a lot much more helpful – any time I e-mailed my work to her she always got straight back to me*[19]. If I phoned her she get straight back to me which is what I would hope from

tutors. The same with you, *you always got back to me and any time you or my tutor left me a message I got to them so there was a "give and take in the relationship"*[20] *and I just, I think I, because they, my personal tutor or you would return my call – I knew that they were there to support me I put in more effort in my work, into what I was doing and did much better after coming to you a*nd got another personal tutor, I began to get good marks in that part of the course than the one had done before.

29. A: So, what made you changed your approach to learning, what did it feel to get what you wanted from the school.

30. Male Nurse: *Yes I changed my attitude to learning, I felt people are interested in what I doing and you got to do it and you know that they are going to be interested in the work that you give them or the things that you say to them – you are going to make more effort in what you are doing and you going to feel more positive about what the learning*[21]*, every I do something I feel I want to do* it for me and for my tutor, when you are doing and I became more confident, I began to enjoy my course. I was more confident going into that exam because I had shown my work and discuss my work with someone who was interested and it showed. You saw me I got top marks in my exams – I mean given the result I used to get and what I got now and you couldn't say that it made a big difference. I didn't say anything after that and I did really well. It worked much better I think it also – I mean every one is different so I think that sometimes you have a personality clash but at same time I think that some personal tutors who can't be bother with you don't get the best out of us. I have not spoken to my first personal tutor like I do now – I know my tutor, the one I got now and you are very busy and maybe, you make sure that they, *my tutor and you give the time and effort to all your individual students – because you do I – me personally I do feel much more – I felt much more confident when I had a good interaction with my personal tutor*[22], even if it's only speaking to her or you once a month – if I know that they are there for me and they are going to listen to me when I need them too - then I feel that it would really work better

31. A: Don't you think, it is unreasonable to expect a 'personalised' an 'individualise type of attention' in order for a student to get the most from the course?

32. Male student: *No, the school tells you that you will get a personal tutor to assist you with your academic work and if you have any personal problem or difficult. Therefore, I don't feel it's unreasonable to get treated well as if you are an individual*[22]. We are also learning to provide care for patients, if we don't get what we want, how can we expect to be good at our job. It works both ways, that how I feel. It is give and take situation

33. A. So if you were to describe your ideal personal tutor. How would you describe her or him?

34. Male Nurse: Do you mean what their characteristics should be and so on?

35. A: Yes

36. Male Nurse: Someone who is keen, eager who is – no that's the wrong word – *someone who is enthusiastic about their subject and in their students. Someone who knows how the system works*[23] - who knows that when you got a problem - who you got to contact that who you should need ring to find out if you didn't how to deal with the problem. It's just, I don't expect tutors to know every thing but make an effort. I mean I am not expecting an <u>outcome there and then</u> but then you know roughly if you say you wanted an extension and you need to speak to so and so, if you need help on the course and if you need to speak to someone else about a problem. It would help if tutor knew who you would need to speak to. *Someone who – gets back to you– someone who is on the ball, who will get back to you and make a conscious effort to be in contact with you*[24], *not just leave you to get on with it.* I know it is a two sided relationship but also sometimes personal tutors you know - needs to help especially at the beginning of the course – if you got work to show they understand how the system work – understand the academic side quite here, if its needed you need to pass through it your assessments and that – I know not everyone is an expert in a particular area but they should know the basic content of what is needed for you to pass it. It is just someone who is caring really – I think a lot of the problem is – some of it is *just social interaction – some of it is just understanding you who know – who kind of empathise with it slightly*[25] – you know when the student is out on clinical placement, the student should be supported – but the support is most important thing I think. A quality relationship where tutor understands what the students wants and not to just ignore your needs.

37. A: Very good – Thank You very much for sharing your experience.

Reflective note: Tim is a pseudonym. Tim and I have had a good rapport since my meeting with him when I issued him with a written warning about his non-attendance in clinical placement. He is a very confident, matured, 26 years old student. Tim, said his academic and clinical performance increased following his change of personal tutor. I feel he has embellished his difficulty in not having a response from his personal tutor. This change of personal tutor was granted by me because he felt he could not get on with the tutor he had. The tutor he talked about said she did not want him any more. Although he was a matured student, I felt he had a need to feel valued and cared for, he always sound excited when you respond to his call for help. Is it " ME, ME" case of manipulation? My doubt about him is that he did not much of an effort to get on with his tutor and talked about his negative encounters.

Hightlighted section- Key to numbers

1- sustaining/competency- he considered what the tutor had to know and be considered.2- commitment; 3-accessibility;4- commitment;5- De facto support; 6- casemaking; 7- competency; 8- significant expectation;9- accessibility; 10-coping;11- commitment calling and responding; 12- feeling betrayed and not trusting;13-casemaking; 14- taking responsibility or coping;15-shaping learning or how to learn16- sustaining, wanting help; 17- expressing needs and making a case;18- stating what he wants-making a case; 19- expecting a mutual engagement with tutor; 20-24 acessibility, commitment, taking responsibility for learning and sustained presence expected by tutee.

APPENDIX 26

An audit trail: Reflective notes on data analysis: a hard journey

Data Analysis – A Search For A Method. A hard reflective journey that led me to the Colaizzi method

At the beginning of data analysis I was overwhelmed by the number of questions that presented themselves to me. Where do I start? What am I looking for? How do I make sense of the data I collected. Miles and Huberman (1994:35) agree that the information piles up geometrically and worse still in the early stages of the study, the data looks promising and "if you don't know what matters more, every things matters". They advocate the use of the conceptual framework and the research questions, as the best defence against overload of data. Following the data collection and preliminary exploration and analysis of data I perceived the role of the personal tutors' and tutees' relationship to emerge as show in Figure:

Some of my interview transcripts were thick when tutees had experienced negative encounters or when tutors' relived their experiences as narratives. A 45 minute recorded tape took 8 hours to transcribe and yielded about 10-12 pages of data. A few transcripts were thin and it took 4-6hours to transcribe them and they were about 6 pages, they tended to be from tutees who had a good and positive encounter or when tutors were not so 'open' in disclosing how they experienced their role as personal tutor. Words are fatter than numbers and usually have multiple meanings and this makes them harder to

move around and work with (Miles and Huberman, 1994:56). One of the first tasks I did was to establish a "focus" (Dey, 1993: 3-4). The study was conceived with a purpose in mind to explore the lived experiences of tutors and tutees, so I needed to examine related issues which were conceived at the early stage of the study. I placed my preliminary data as a conceptual framework and my field notes in a readily accessible place when reading all the transcripts. Again, at times I felt I was getting lost with all the transcripts even though I followed the early steps of analysis as proposed by Miles and Huberman (1994). They suggested researchers keep a "contact summary sheet, illustrate - the excerpts which catch our attention, the contact type – the open interviews and how the visit (interview) went, this is the reflective notes following the interviews on the main issues or themes that strike you in the contact with the participants and to summarise the information you got or failed to get and your concerns. See an excerpt of a contact.

25.11.02. Bya came to participate in a one-to-one interview for my PhD Research. She smiled and said, it's so good I can talk about my experience, no-one in the school knows how badly I've been treated. We talked for one hour on her experiences. I felt upset when I played the tape back and listened to the "lack of care" experienced by Bya. I felt saddened at her plight, some of her children are still in Africa and she also has childcare problems with the child that is with her in this country. After the interview, I had asked her to speak to the pastor of the church to find out if someone would be willing to look after her daughter when she is working late or on a night shift. There were several other tutees participants from Africa who shared very personal details, that at times I wondered if I could cope with listening to their suffering. I had to set this aside.

On some occasions, I felt that I was getting to grips with how to manage the data analysis. In a supervision meeting I told my supervisor that I collated rich data and some key themes were emerging. When my supervisor told me I must demonstrate a method of data analysis I developed another sense of panic "a walk into the wilderness" and he told me that I should be "peeling the onion". I became vague in my understanding of what he meant and what I should be doing. I gave my supervisor a vague response to his question "what method are you going to use to analyse the data?" At this point, I lost the "thread of data analysis because the panic had set in and so, I abandoned Miles' and Huberman's approach to data analysis. I returned to my chosen research methodology and had became very aware that I was greatly influenced by the central thrust behind Husserl's transcendental phenomenology. A number of authors: namely Beck (1991a), Rose (1990) and Wood (1991) have adopted methods by Colaizzi; Bennet (1991 and Bowman (1991) had used Giorgi (1970) and Beck (1991b) used Van Kaam. I also heeded Crotty (1996:23) when he said that all these approaches draw on different sources for their method or devise their own. They display a common concern to derive '*themes or categories*' from the data which coalesces to form 'a *comprehensive description of the total phenomena*'. Dobbie (1991) advocates that the researcher '*intuits*' the data and suggests that by reflecting on the data, the researcher will uncover common themes that stem from 'the significant statements or 'meanings units' (Crotty, 1996:23).

Following the directives that I should '*return things to themselves*' and to the '*essences*' that constitute the consciousness and perception of the human world, (Koch, 1995), thus

as, Husserl had hoped to come face-to-face with the essences of consciousness, I too, wanted to present my participants 'reality' of the personal tutoring experience as it presents itself to the human consciousness (Crotty, 1996:30). Price (1996) suggested that phenomenologists (Giorgi, 1985, Moustakas, 1994 and Van Manen, 1990) favour detailed descriptive documentation of experiences, relying on the interpretation of text in specific contexts of meaning making. She also added that the method should be compatible with the researcher's philosophical assumptions regarding knowledge and the research question. (See Chapter 4 Section 16.2) for Colaizzi (1978), Giorgi (1970), Van Kaam (1966) Spiegelberg (1976) and Van Manen (1990) data analysis methods were explored

My aim of the data analysis is to obtain an accurate description of the phenomenon (Strauss and Corbin, 1990:22 and Hunt, 1991) and to preserve the uniqueness of each lived experience. Thus, the analysis required me to '*dwell*' on the participants' definitions of the experience, a process which comprises intuiting, analysis and describing. By undertaking this for each participant, I would uncover the meanings of the lived experience for each participant. The meaning of the lived experience surfaces as common elements identified from the subject's description (Mills, 1994).

In the search for a specific method of analysis, I chose to use a method that was said to offer perceived safety of validity and reliability and a ready-made template. Beck (1994) identified thirteen studies in which Colaizzi's methods had been used. In four of these studies caring was investigated, and in three studies the focus was on the lived experiences of the nurse rather than the patients. So, I concluded that Colaizzi's (1978)

method should be my main guiding "guru" for data analysis, together with Cortazzi (1993) and Van Manen (1990). The Rationale for combining several methods was to enable me to show the 'richness' of the data I collated.

My account of the process of Data Analysis with Colaizzis method

I therefore, decided that it is pertinent that the data analysis was going to be a linear process, but a process in which participants' description (conventionally) termed protocol were read many times as findings emerged. In keeping with Miles and Huberman, (1994) and Colaizzi (1978). I attempted to analyse the data concurrently with its collection but the majority of the analysis occurred on completion of data collection (June to December 2003). Qualitative research analysis tended to be inductive as described by McKenzie (1994). I sought the understanding of the individual tutor and tutee's perception of the experience and not a proof of a preconceived theory. Thus, the aim of the data analysis is to obtain an accurate description of the phenomenon under investigation (Strauss and Corbin, 1990:22 and Hunt, 1991) and to preserve the uniqueness of each lived experience of the phenomenon, whilst permitting an understanding of the meaning of the phenomenon (Banois, 1988).

The analysis was undertaken with both intuition and reflection in order that I became sensitised to the emerging themes. I also asked participants to clarify the protocols to make sure they were a valid representation and that the themes and clusters were reflective of their experiences. This is what Lincoln and Guba (1985) refers to as

"member check" that provides evidence of credibility. The 7 steps of Colaizzi's (1978) that will be utilised for data analysis are:

Step1. Acquisition of a sense of each protocol's meaning through listening to and transcribing the tapes

I attempted to analyse data concurrently with its collection but the majority of analysis took place after the data collection between July to November 2003. I read and re-read the transcripts in order that I could gain a 'feeling for them, a making sense out of them' (Colaizzi, 1978). Although I familiarised myself with the data when I transcribed it, I had 'lost the thread' of the themes. This could have been avoided if I had analysed the verbatim transcripts immediately after transcribing. This was an impossible task because as a part-time PhD student I had other work commitments to fulfil. When it was time to focus on the data analysis when I undertook the transcription I found I needed to review the whole audio-tape by going back to the audio-cassette with the transcript in order to hear 'freshly' the content of the conversation and to gain and acquire an understanding of each participant's expressed or implied meaning, the tone of the voice and the emotions that accompanied the words. This was indeed a very difficult and a laborious task but, I had to undertake the process of listening to audio- tapes again if I wanted to grasp the uniqueness of the description of the phenomenon.

Step 2 Extract significant statements that directly pertain to the investigated topic.

At this point I approached Dr Bob Price to act as my independent judge and to take on the role of critical reader. I elected to approach Bob as he had conducted his PhD research on support with Distance Learning students. Dr Bob Price guided me on how to look at the whole verbatim transcript and to how to identify significant statements on a 5 x 8 inch index card with a code to signify which section of the protocol it was extracted from. For example, (3):5:2:1 signified that the statement came from interview 3, page 5, paragraph 2, statement 1. Dr Price suggested that it would assist me with cross-checking back the protocol in order to make it a simple process. I undertook the analysis with great trepidation, I intuited and reflected on the data collection in my diary notes and sensitised myself to the emerging themes. Although, after each open-ended interview I summarised the key 'stories' of their experience with my participants at the end of the interview because I wanted them to act as a 'member-check and to gain closure. Lincoln and Guba (1985) recommend researchers to invite participants to check the validity of their responses/experiences. Sometimes, it was difficult to achieve closure of the interview because the participants would often add new information on their experiences after I switched off the audio-cassette recorder. When I closed the interviews I thanked them and informed the participants that I would forward the full transcript of the interview for them if they wanted to validate it. I gave 10 'lecturers' transcripts and 10 students' transcripts back to the participant with a request to validate that the transcript is a true representation of what they said but out of the 20 I gave out. I only obtained 7 back. 4 from tutors and 3 from tutees. I could not force my participants to return the transcripts however when I phoned those who had not replied 6 tutors participants stated that the transcript reflected their experiences quite well. The tutees participants said the

transcripts were 'okay'. I can assume that my transcripts were accurate and had validated them to be a true representation of their experiences. The 7 participants annotated some more notes about their experiences. I considered them but did not include them on my transcript as I felt saturated by the data.

Step 3.Formulate meanings as they emerge from the significant statements.

This involves creative insight, which remains faithful to the original data. The meanings were validated by a third of those who participated in the open-ended interviews. The participants ("member checks") were not as 'easy' as I had hoped. My 'judge', who acted as an independent person, Dr Bob Price , an experienced researcher and a prominent academic writer suggested I return back to a few of my participants because the data that I had obtained lacked the depth of their feelings and experiences. They were not 'rich' in a sense and he requested that by returning to them would be the only way I could get into the 'essences' of their experiences.

I placed all my categories on an A3 sheet and met to discuss my findings with my independent judge, Dr Bob Price. Below is a short extract of his debate with me.

Notes on An academic debate on validating the Categories with my independent judge Dr Price on 10 December 2003.

Note 1

A3 categories map (students and personal tutor stories)

This exercise has proven very useful, although some of the reflections stemming out of it must necessarily be quite frank Anne. Looking at the categories arrayed here I am struck by how much richer they would have been had you discussed the evolution of ideas evenly throughout the study. I know that you have faced difficulties here, but would alert you to gaps within the stories regarding learning. There is only very modest allusion to learning as a process. Literature can assist here (e.g. the material on helping and your inquiries into theories of learning and support).

He, like my supervisor again told me to " look at the layers of the onion and keep peeling at it". I nearly became 'an onion phobic' and almost reached a point that when I saw an onion or was doing some cooking, I would get myself into the 'imagery of peeling at my data' in order to look at the core essences of the experiences as they were told by my participants. It proved quite difficult to organise more meetings with them in order to expand on the data that I had already collected. Upon advice from my academic colleagues and Dr Bob Price, I managed to speak to five of my participants on the telephone and got clarification on their experiences and feelings. My independent judge, Dr Bob Price said that it would be acceptable so long as I preserve the anonymity of the participants. The telephone 'add-on' interviews were not recorded but I made copious notes following my conversation with them. I also engaged some of my peers from the PhD students group with whom I was at ease to assist me in this process. At the same time I was very aware that I had to ensure and to protect the identity of my participants. I felt I did it well because I had used pseudonyms for all of my participants.

Each formulated meaning was developed with consideration of the statement preceding and following it, so that I understood the context within which it was spoken in order to illuminate the meaning. Dr Price, my judge guided me with the analysis and formulated meanings which I wrote on the back of the index card containing significant statements. Following discussion some of the meanings were re-worded, I tended to be tentative with my wording, I was cautious in attaching what I call "tags or labels" but Dr. Price was "bolder" in renaming some of my categories. See notes No 2 on Academic debate with Dr Bob Price's discussion on my categories that I had outlined on an A3 sheet and later condensed on A4, included in Chapter 4 Section.

Note 2 From Academic debate 10 December 2003

Student story categories

Phenomenological categories usually need to be worded in strongly experiential terms, emphasizing interest in the life world of participants. This is in part a stylistic matter, but it conveys an important message about the research design – I am working with the meanings of the people that I have talked to. Thus, it is probably better to talk about 'gaining and sustaining access, that 'accessibility'. Indeed gaining and sustaining access seemed to be at the heart of the student experience and what we could think of as their 'work' associated with personal tutors.

I think I would:

a) Change your category title to something like the above, or at least something that reflected student concerns/experience.

b) Make your first two categories into one category, under that title.

Step 4 Repeat the above steps for each protocol and organise formulated meanings into themes, clusters of theme or theme categories by:

- validating cluster themes by referring back to the original protocols to see if any data had been ignored or added to;
- if there are contradictory themes, this may reflect the real and valid experience. This data should not be ignored or discarded. The themes, clusters and categories were validated by my supervisor and independent judge. From the formulated meanings, themes common to lecturers and students were developed. I found the whole process of transcribing, developing significant and formulated meanings very time consuming and painful. I took 8-10 hours a day to analyse a transcript and the data in order to obtain the significant and formulated meanings. This process caused me a great deal of agony and 'headache' and I was very fortunate to have Dr Bob Price, an experienced academic colleague to assist me with academic debate, he paced me steadily.

I was cautious that Colaizzi (1978) had warned researchers to take great care in leaping from what is given in the meaning to the developed themes

given with them. Dr Price motivated me and insisted that the account should remain and contain as much primary data as possible in the 'actors' own words because they were 'saying it, as it was for them.

Step 5 The results of the analysis were then integrated into an exhaustive description of the investigated topic.

Step 6 Formulate the exhaustive descriptions of the phenomenon into a statement of identification of its fundamental structure.

Step 5 and 6 caused me more panic. How do I organise.... Themes into clusters? I have masses of data, it seemed that I almost have 2 phenomenological studies: one of personal tutors and the other of personal tutees. I could not see any outcome in sight. However, the only way to manage this was to call on my supervisor's and Dr Bob Price's knowledge and skills on how to present my findings. They encouraged me to stay calm, open up to the data and not to be alarmed by the process. With the support of my judge, my supervisor and my peers I came up with....the categories as illustrated below.

Tutees' Catergories	**Tutors' Categories**
• Gaining and sustaining access	• Engaging the learner
• Trusting, Self-trusting your tutor	• Being there for learners
• Learning about self	• Managing caseload

	• Building bridges • Maintaining professional integrity

Step 7 To validate the analysis

I returned to 10 tutors and tutees of my participants (co-researchers) and asked them if the analysis described their experience. They did not add or delete any information but the tutors annotated new notes but no new data. If they had I would have incorporated the new data in the final product.

Some problems encountered with Data Analysis

The data collection was a particularly enjoyable time, I allowed my participants to produce their various realities in their sensory world (so-called real world of personal tutoring) (Blumer, 1969). Berg (1999;8) said:

'what humans say and do are the results of how they interpret their social world....human behaviour depends on learning and they communicate what they learn through symbols and symbols being language'.

The interview began with 'rapport-building' with the participants. It took the form of *'chatting* (Berg and Glassner, 1979) before I got started on the 'real interview' mode. The

rapport was effective, I understood the interviewees' language and asked the opening questions:

'*please describe how you felt when you sought academic, pastoral or clinical support from your personal tutor?*. For the lecturer, the question was: '*tell me about your experience, the feelings that you have when you provide personal tutoring to your tutees?*'

The questions were the opening dialogue to get the participants to feel they are in a conversation with me and to tell me a story of their experience. I wanted them to reveal their thoughts, perceptions and the feelings they had when experiencing personal tutoring either as the recipient of the support or the 'giver' of the support.

The data that I obtained were 'thick descriptions' of experience from tutees who felt they were unsupported by the tutors', and a few were 'thin description' from students who had a good experience and felt well supported by their tutors. A couple of tutors' descriptions of their experiences were 'thin' as they did not openly share their personal feelings and insight into their experiences. During the process of data transcription I came to realise that on a few occasions I did not get a 'rich meaning of the experiences'. and that the 'thin' description of experiences needed to be probed further. It became a hard task and I found it difficult to make sense of the data, how to represent their experiences clearly and honestly on what they had talked about to me. What did they (tutors) mean by the experience when they said: 'I have a good rapport with my tutees?

I employed the usual method of data analysis that is to return to the typed transcripts (Field and Morse, 1985). What struck me most was how poorly they compared to when

the interviews were carried out and I had experienced a lively and an interesting half an hour or more with them, why was I faced with 'lifeless', dry and inanimate typed written pages?

I needed to comprehend where I went wrong? The interviews had been a dynamic and a live event (Burnard, 1992) for me and I assumed my participants felt the same. Blumer (1969:5) coined the word '*symbolic interactionism'* and said people account for meaning in two basic ways, firstly they attach meaning to an object, event, phenomenon and so on and the meaning may be understood as a '*psychical accretion'* imposed on the object. He explains it further by saying:

'symbolic interactionism... does not regard meaning as emanating from the intrinsic makeup of the things, nor does it see meaning as arising through a psychological element between people. The meaning of a thing for a person grows out of the ways in which the other person act towards the person with regard to the thing. Their actions operate to define the thing for the person; thus symbolic interactionism sees meaning as social products formed through activities of the people interacting

(Blumer, 1969:5)

The symbolic is the language and the interaction is the communication between two people. So, what my participants shared with me must be a 'real' situation or experience for them. We responded to each other in ways of verbal and non-verbal interactions, we maintained eye contact, we listened to each other, we both presumed that we were thinking about the same thing that is the personal tutoring experience. All these were happening alongside the words that were being spoken (Burnard 1992) and recorded. Burnard adds that 'both parties come to an interview with a range of thoughts, feelings and beliefs about the activity- data collection, and the recorded open-ended interviews.

The interviewer goes to the interview expecting to talk to the interviewee, and the interviewee may be a little anxious about her/his performance (Burnard, 1992). I found that with the participants when they asked me how they did, they expected me to say they did well as if it was a performance which needed to be judged, with some of my tutor participants, I felt some of the lecturers were less truthful and were 'best guessing my intentions and trying to tell me what s/he thought I wanted to hear, they gave me a minimal insight into their feelings or experiences and they shielded themselves by saying they could not tell me more because of the issue of students' confidentiality even though they were assured that anonymity and confidentiality of the data obtained during the interview would be maintained. With some of the tutors, I felt they were suspicious that what they shared with me, would be divulged to the higher authorities about their style of personal tutoring and they felt under sufferance to say good things about their experiences. Burnard (1992) said: ' it is difficult not to suggest that all sorts of possible'*sub-agenda'* may be working beneath the surface of an interview: both for the interviewer and for the interviewee.

When doing data collection, I sought to actively listen to my participants. Burnard (1992) calls this '*existential counselling'* on the basis that the researcher is not aiming to develop a theory about people and it is here that phenomenological analysis of research interviews and psychotherapy meet. He means to suggest that the interviewer attempts to represent as clearly as possible the world of the client or research respondents. The interviewer and interviewee try to enter the life-world of the other person in order to understand it. Macquarrie (1972) said in this respect that the researcher and the psychotherapist are

similar, their aim may be different but they both have a commitment to honestly represent the other person's experience of being in the world.

It remains quizzical to me why the interview was a lively and an enjoyable event for me but when the data analysis came it felt like a ' painful and dry experience'. Apter, Fontana and Murgatroyd (1985) claim that our mood may change during an interview in response to what was said and this may be possible for the interviewee too and they suggest that there is evidence, (though they do not present what the evidence is) that we can easily shift in our mood from one extreme to another during a relatively short space of time, our intentions can switch from businesslike and earnest, to flippant and playful, just as quickly. Therefore, when I looked at the pages of the type-written verbatim transcript I could not tell what were (me and my participants' mood). I assumed that our mood had remained constant through out the interviewing process. When an utterance was made on the audiotape I could not tell or identify specifically in what mood the particular utterance was made. For example, one of my participant who was sharing her experience kept using metaphor: ... 'it was the nail in the coffin for me' and she placed great emphasis on the word **'I did not like my personal tutor at all'.** One colleague avoided eye contact for most of the time during the interview. I made copious notes after the interviews but still I could not capture all of the nuances of their voices, mood and whether or not they were truthfully sharing their experience with me. Burnard (1992) calls these problems sub- vocal problems that occur during interviews, but which never get translated into the written transcript of an interview.

During my twelve weeks of sabbatical leave, I had no option but to return to all the audiotapes of the interviews again after transcription had been completed in order to both read and hear what was said again. (Strauss, 1986) said the gist of this is that if you can hear as well as you read what was said, then you stand a better chance of grasping the meanings. Strauss also recommends that researchers return to various parts of the tape and various sections of the written transcripts when making judgements on what the experience means or is revealing to us. My independent judge, Dr Bob Price looked at some of my original verbatim transcripts and he suggested that I should return to some of my tutees' interviewees and ask them: *'Is this what you meant? Or you said you felt unsupported.... What did you mean by it, how did you feel?* Presumably, I should have probed or I would expect my participant to respond by saying: *'this is what I said, I got very angry, I despise my tutor or I was so angry that I could scream for help and so on'.* Or I could say to my tutee participant, '*what do you think about the support you received from your personal tutor?*' Then that would have altered the whole meaning of my original interview and it would not make sense with what I had obtained in the first place. Burnard (1992) said what we were saying some time ago is coloured by our feelings in the present, and we may not agree with what we said in the past, most of us do not remember exactly what we meant when we look back, if we asked our participants if what they said and have transcribed (the transcripts and final themes or categories) are what they meant, they would more or less say "yes" this is what 'I said'.

In reviewing or looking back at what they meant would be to guess afresh at what it was they meant. This is what I found when I had to get back to my participants. They always

affirmed that I had reported their true 'conversations with me' and when I asked them to elaborate and to provide me with deeper meaning of the experience I found I should have probed further at the time to obtain an added dimension and deeper or fuller meaning of their experiences for example how they felt. In one example, when I telephoned and asked one of my tutee participants: *'Gem why did you laugh when you said your tutor was never available for you?'* Gem responded: "

well, we all laughed about her (personal tutor), she is so busy appearing in public and at other venues talking about... that she is always unavailable for us, so I think it is a laugh and a joke when the school says you have a personal tutor to assist you with your academic and personal difficulties".

Vignettes quotes that spoke in the manner that Gem spoke are difficult to cut into smaller quotes.

When it came to identifying common theme clusters I wanted to preserve as much primary data as I could. I got a second judge, Isa, who was also familiar with the Colaizzi method of data analysis to validate the theme clusters that Dr Bob Price and I came to identify, she validated 50% of the themes clusters and all the theme categories were agreed upon except where very minor suggestions to modify some of the wording were incorporated. I reviewed the clusters back to the original protocols in order to validate them as (Colaizzi, 1978) had suggested. Each protocol was studied to ensure that everything was accounted for within the theme clusters and the clusters proposed did not include anything that wasn't implied in the original protocol.

The Search for truth'' – trustworthiness of the study

"*The world does not tolerate all understandings of it equally*". I borrowed this line from Silverman (1999 :224) when he wrote the following quote:

" the assumptions underlying the search for objectivity are simple. There is a world of empirical reality out there. The way we perceive and understand that world is largely up to us, but the world does not tolerate all understanding of it equally

(Kirk and Miller, 1986:11). On this basis, it is necessary for me to discuss how rigour was maintained.

In quantitative research 'objectivity' is an important criteria when judging a research report that shows validity and reliability (Minichello et al, 1990). Reliability is defined as a consistent measurement from measurer to measurer and so on (Powers and Knapp, 1990:197) meaning that another quantitative researcher would obtain the same result. Validity refers to a valid way of ascertaining the constructs and if it really does measure the constructs (Powers and Knapp, 1990:164). For example, let us say, I designed a questionnaire to monitor and measure the stress levels experienced by all students studying for a PhD in Britain. Validity will be established by the extent the tool measures what it is supposed to do. If the results obtained were consistent with the results obtained by other researchers who employed the questionnaire with other PhD students, then I could argue that the validity of my questionnaire was of a "Gold Standard", it had a criterion- related reliability and concurrent validity. So, rigour in quantitative research is established by validity, reliability and objectivity, however, these terms are not applicable

and 'do not fit' the qualitative research paradigm (Lincoln and Guba, 1985 and Sandelowski, 1986).

Within qualitative research, such terms are different (Wheeler, 1992) and instead the term *'trustworthiness'* identified by Lincoln and Guba (1985) is used for 'validity'. This is because qualitative research has elements of subjectivity (Holloway and Wheeler, 1996). I could not observe the personal tutors' or tutees' experience of the personal tutoring process, but I obtained their subjective reality of their experience. I could not grasp or observe the 'objective reality of their experience'. Holloway and Wheeler (1996:163) said:

"...subjective experience is not merely a private inner world, but rather inextricably bound with objective reality and the basis from which scientific knowledge is derived".

Thus, a qualitative researcher is required to demonstrate the 'rigour or trustworthiness' of the reality of the lived-experiences of personal tutors and their tutees which contribute to knowledge development. I aim to show the 'trustworthiness' (Sandelowski, 1986 and Koch, 1994) by using the criteria of credibility, transferability and dependability (Lincoln and Guba, 1989). Credibility is achieved by involving the participants as 'member-checks' to recognise the description of their experience to be their own. I have already discussed this under Step 7 of Colaizzi data analysis method..

In establishing credibility, my prejudices and interpretations were challenged by my peers and independent judges. I also employed 'bracketing' my belief in an attempt to explicate my assumptions and thus to reduce bias. I also involved another Higher Education

Institution other than my own workplace. I explored tutees' and tutors' experience at a Northern University to add knowledge from a different setting and to 'bracket' my assumptions. I believe I have provided sufficient contextual and textual information through out my writing regarding the data obtained and analysed. Application of criteria for truthfulness in the study has been maintained throughout my writing of the thesis. This appendix and the findings will enable the reader to decide for themselves as to its transferability to other nurse education settings.

Sandelowski (1986) suggests leaving a 'decision trail' that other researchers can follow which entails discussion of the explicit decisions or steps that I took during the research process on the theoretical, methodological and analytic choices through out the study (Koch, 1994). An audit trail of the data analysis process has been shown in this Appendix.

Conclusion

Data analysis was an overwhelming experience. It led me to search for a suitable data analysis tool to manage masses of data. I started with a framework as advocated by Miles and Huberman (1994), but it proved to be inadequate. In order to preserve the 'uniqueness' of my participant's voice and to remain with 'transcendental phenomenology' I opted to use Colaizzi (1978), Cortazzi (1993) and Van Manen (1990) methods of data analysis. I undertook academic discussion when validating my categories and the process of data analysis has been presented in the Appendix referred to above.

APPENDIX 27

TABLE

BIOGRAPHICAL DATA OF STUDENTS – PARTICIPANTS

No.	Names (All names are Pseudonyms)	Gender	Age Range	Ethnic Background	Academic Qualification	Previous Occupation	Diploma in Nursing	BSc in Nursing
1	Sandra	F	18-21	White	5 GCSE	Nursery Nurse	C✓	
2	Reanne	F	18-21	White	5 GCSE	H C Worker	✓	
3	Margaret	F	30-33	African	5 GCSE	H C Worker	✓	
4	Tim	M	26-29	White	BSC. GSE + 'A' Level	H C Worker	✓	
5	Ellean	F	34-37	White	Access Course	H C Worker	✓	
6	Kay *	F	38-41	White	BSC in Journalism	H C Worker	✓	
7	Gina	F	41-44	African	2 GCSE+ Access Course	H C Worker	✓	
8	Bya	F	41-44	African	3 GCSE + Access Course	H C Worker	✓	
9	Connie	F	30-33	African	5 GCSE + 'A' Level	Office Worker	✓	
10	Eliza	F	22-25	White	4 GCSE + Access Course	Shop Assistant	✓	
11	Gem	F	22-35	White	5 GCSE	Vet. Nurse	✓	
12	Richard	M	26-29	African	5 GCSE + 'A' Level	Teacher	M✓	
13	Meera	F	26-29	African	5 GCSE + 'A' Level	Computer Prog.	✓	
14	Laura	F	22-25	White	4 'A' Level	Shop Assistant		✓
15	Lind	F	26-29	African	5 GCSE	Office	✓	
16	John	M	26-29	African	3 'A' Level	Teacher	✓	
17	Bob	M	26-29	White	5 GCSE	H C Worker	✓	
18	Robbie	M	26-29	White	3 'A' Level	H C Worker		✓
19	James	M	22-25	White	5 GCSE	H C Worker	✓	
20	Sheila	F	22-25	White	5 GCSE	School Asst	✓	

No.	Names (All names are Pseudonyms)	Gender	Age Range	Ethnic Background	Academic Qualification	Previous Occupation	Diploma in Nursing	BSc in Nursing
21	Rena	F	26-29	African	2 GCSE + Access Course	H C Worker	M✓	
22	Mag	F	22-25	African	3 'A' Level	Teacher	✓	
23	Simba	F	34-37	African	2 'A' Level	Office Worker	✓	
24	Juliette	F	41-44	African	5 GCSE	H C Worker	✓	
25	Gracie	F	41-44	African	5 GCSE	H C Worker	✓	
26	Mandy MA	F	26-29	White	MA in Occupational Psychology	Social Worker	✓	
27	Barry	M	22-25	White	5 GCSE	Teacher	C✓	
28	Lara *	F	22-25	White	5 GCSE	Office Worker	✓	
29	Jane *	F	26-20	White	5 GCSE	Office	✓	
30	Charlie	M	22-25	White	5 GCSE	Priest	✓	
31	Jimmy	M	26-29	White	BSC in Biology	Student	✓	
32	Rubie	F	22-25	White	4 'A' Level	Student	C	✓
33	Jeminah	F	22-25	African	3 'A' Level	Student	✓	
34	Rhianne	F	22-25	White	5 GCSE	Student	✓	
35	Ruskan	F	26-29	British Asian	5 GCSE	Office Worker	✓	
36	Kevin	M	26-29	White	5 GCSE	H C Worker	✓	
37	Gary	M	30-33	African	4 'A' Level	Teacher	✓	
38	Maggie *	F	30-33	White	5 GCSE	Barmaid	✓	
39	Marty	M	34-37	White	BA in Music	H C Worker	✓	
40	Ellie *	F	26-29	White	5 GCSE	Office Worker	✓	
41	Cindy *	F	26-29	White	5 GCSE	H C Worker	✓	
42	Lorraine *	F	22-25	White	5 GCSE	H C Worker	✓	
43	Bill	M	26-29	White	2 'A' Level	H C Worker	✓	
44	Helena *	F	26-29	White	5 GCSE	Computer	✓	

Abbreviations:

H C Worker - Health Care Worker
Branch
GCSE - General Certificate School Education
Health Branch
BSc - Bachelor in Science
participants were from
NB Please note students with * denote from Northern University.

F – Female
M – Male

Letters:

C Denotes Child
M Denotes Mental
All remaining
Adult Branch Nursing

APPENDIX 28

TABLE

BIOGRAPHICAL DATA OF LECTURERS – PARTICIPANTS

	Names (All names are Pseudonyms)	Gender	Age Range	Ethnic Background	Nursing and Academic Qualifications	No of Years in Nurse Ed.	No of Pre-Reg. Students	No. of Post-Reg. Students
1	Giny	F	50-55	White	M Phil, RGN, RCNT, RNT, DSM	25	24	12
2	Jan	F	45-50	White	M.A, BSc, RGN, RNT	16	31	11
3	Rob	M	45-50	British	MSc,RN, DipEd, RNT	10	20	6
4	Loretta	F	45-50	British	MSc, BSc, RN, DipEd	8	15	6
5	Christie	F	30-40	Chinese	RMN, CPN, RNT, DipEd	8	20	3
6	Clara	F	45-50	White	MSc, RN, RCNT, DipEd, RNT	15	20	30
7	Mathias	M	50-55	Black	Phd, B.Ed, RN, RNT	26	15	5
8	Fred	F	40-45	White	MSc, MEd, RMN, RNT	9	19	0
9	Wyn	F	40-45	White	MSc, MEd, RMN, RNT	12	15	10
10	Shauna	F	45-50	British	RGN, RNT, MSc	12	21	4
11	Carla*	F	50-55	British	RGN, RNT, MSc	20	35	50
12	Megan	F	50-55	British	RN, M.A. Cert, Ed	25	20	4
13	Billy	M	45-50	British	Phd, BA, RMN, CPN, PGEA	13	18	2+3 PhD students
14	Martin	M	45-40	British	MSc, BA, RGN, RSCN, DipEd, RNT	5	19	2
15	Grant	M	40-45	British	MSc, BA, RGN, DipEd, RNT	12	15	10
16	Judy	F	50-55	British	MSc, BSc, RGN, DipEd, RNT	20	20	5
17	Rik	M	45-50	British	Phd, MA, MSc, RGN, RNT	16	15	10
18	Amy*	F	50-55	British	MSc, RSCN, RN, DipEd, RNT	12	15	11
19	Babs	F	45-50	British	MSc, RN, RM, DipEd, RNT	17	14	49
20	Annette	F	45-50	British	MSc, BSC, RN, DipEd, RNT	15	10	6

	Names (All names are Pseudonyms)	Gender	Age Range	Ethnic Background	Nursing and Academic Qualifications	No of Years in Nurse Ed.	No of Pre-Reg. Students	No. of Post-Reg. Students
21	Charity	F	45-50	British	MA, BA, RN, DipEd, RNT	12	14	5
22	Gavin*	M	50-55	British	BA, RMH, RN, DipEd, RNT	12	12	0
23	Clara*	F	50-55	British	MSc, RSCN, RW, RGN, RNT	20	10	20
24	Sadie	F	35-40	British	BSc, RN, PGEA, RNT	6	6	10
25	Nina	F	50-55	British	MA, RN, DipEd, RNT	18	38	0
26	Liza	F	45-50	British	MA RN, DipEd, RNT	12	15	4
27	Jeanette*	F	35-40	British	RGN, RMN, NVCP level 5, MSc	2	16	10
28	Elana	F	50-55	British	RGN, MA, DipEd, RNT	15	14	6
29	Dianna	F	50-55	White	BSc, RM, RN, RCNT	23	30	15
30	Lily	F	41-44	White	MA, BA, RGN, RNT	15	22	6
31	Mathias	M	35-40	White	MSc, RN, BSc, DipEd, RNT	10	15	5
32	Raymond	M	55-60	White	MSc, RMN, RN, DipEd, RNT	25	10	5
33	Patsy*	F	40-45	White	BEd, RGN, RM. RHV. RNT	8	28	29
34	Eli	F	40-45	White	MSc, RN, DipEd, RNT	12	15	20
35	Jenny (Lecturer-practitioner	F	35-40	White	MSc, RN. PGCEA	4	6	12
36	Alison	F	50-55	'white	BSc, RN, RNT, DipEd	20	15	12

Abbreviations

Gender: Male (M) Female (F)

* Denote – Lecturers from Northern University

RN -Registered Nurse RGN -Registered General Nurse RCNT - Registered Clinical Teacher
RNT -Registered Nurse Tutor RMN -Registered Mental Health Nurse PGCEA- Post Grad Cert in Education of Adult
RM -Registered Midwife RSCN -Registered Sick Children Nursing RHC - Registered Health Visitor
B.Ed -Bachelor in Education DipEd -Diploma in Education Nurse Ed - Nurse Education
Pre-Reg - Pre-registration Post-Reg - Post Registration MA - Master in Art
Med - Master in Education Phd - Doctor in Philosophy Mpil - Master in Philosophy

NB The term White and British were stated by the participants. There were no "Non-White" participants. Two lecturers were approached and they declined to participate stating that they were unavailable.

APPENDIX 29

STANDARDS FOR PERSONAL TUTOR ROLE

The role of the personal tutor will be to provide personal support and academic guidance, following the University/Programme Regulations and School of Nursing Procedures, where relevant.

It is the Head of Department or their designated persons' responsibility to apply these standards within the context of the individual programme of study. Application of these standards will fulfil the standards set within the Students' Charter and incorporates the University of Teaching committee Personal Tutor: Policy Statement.

- All students will be allocated a person tutor, normally based at the same study site. the student will be given the name of her/his personal tutor during the first week of the course/programme of study.

- Personal tutors will normally arrange to meet with their personal students at the beginning of the course/programme of study. They will, at a mutually agreed time, undertake an end of module/unit interview with personal students regarding completion of assessment records and monitor clinical progress, where appropriate. It is the students' responsibility for negotiating further meetings for support, academic guidance or review of clinical progress.

- Students will normally be allowed a maximum of 3 academic support sessions per assignment, if necessary. **Personal tutors will not review a final complete piece of work prior to submission or pass comment on the standard of achievement.**

- Personal tutors will provide the student with information regarding how they may be contacted.

- Support and academic guidance may involve face to face meetings or other means of contact e.g. telephone, post or e-mail.

- Confidentiality of student information, where requested, will be respected in all but exceptional circumstances and in accordance with the NMC Code of Professional Conduct (2002).

- Personal tutors will, where necessary, guide the student to information relating to the wide range of student support within the University and Union of Students. The personal tutor will if required also act as a referral agent, on behalf of the student to School/University support services (e.g. Counselling Service, Careers Advisory Service, English Language Teaching Centre).
  Student Services Information Desk –
  Information for staff –
  Student Union –

- Personal tutors should facilitate additional academic support for students who are experiencing difficulties. Where this additional support is seen to be excessive personal tutors should seek advice from the course leader.

- Personal tutors will be informed of the sickness and absence record of students and, where appropriate arrange an interview with the student to discuss the implications and decide the action to be taken.

- Personal tutors will ensure/maintain a complete and comprehensive record of the students' progress and meetings held, including a record of meetings arranged and not attended by students and/or personal tutors. Both tutor and student would normally sign entries.

- Personal tutors will, when necessary, make alternative support available to students during periods of annual leave, providing a briefing of students' needs. The student will be informed of the named individual and a contact number.

- The relevant Head of Department will arrange for another tutor to act as support during periods of sickness/absence. The student will be informed of the named individual and a contact number.

- Personal tutors will support reasonable requests for special/compassionate leave.

- Personal tutors will discuss options available with student's who wish to take leave of absence and refer onto the course leader (seconded students would require agreement from their employing authority). Personal tutors to wrote 3 monthly to students on leave of absence enquiring of any change in situation (please see Leave of Absence Procedure).

- Personal tutors will liaise, where necessary, with programme/course leader, link lecturer, group secretaries and other departments (e.g. placements and assessments office).

- Where either the personal tutors or student perceive the relationship as being unproductive either party may seek to negotiate a change of personal tutor via the course leader/Head of Department, who will following Departmental procedure.

Approved following The School Learning and Teaching Committee on 24 September 2002

APPENDIX 30

Role of Academic Adviser – Senate Policy

From "Role of the Academic Adviser: A Policy Statement" – Senate: 15 June 1994.

1. The principal role of the Adviser is to provide academic and pastoral advice to undergraduates and to monitor their academic progress.

2. The role of the Adviser is formally set out in Regulation 5(1) Attendance and Progress of the General Regulations for Students which states:

> "The course of study and conduct of each student us under the supervision of an Adviser. The Adviser must be informed at once of any change in the Student's circumstances and will be ready to give advice and help at any convenient time. The Student must see the Adviser at the beginning and end of each semester and at such other times as the Adviser may determine."

3. The following is a summary of the Advisers academic duties and responsibilities, as approved by the Senate on recommendation of the University LTQC:

3.1 To be available for academic advice. The precise nature of that availability will vary from School to School (e.g. some Schools may operate an "open door" policy, others may not) but as a minimum shall include:

- Availability at the beginning and end of each semester;
- Either a recognised "open door policy" or a published procedure for students wishing to arrange an appointment with their Adviser or publications of an Advisers weekly "advising hours".

3.2 To be familiar with the University's Regulations for Undergraduates Degrees, the Instructions to Examiners (including Appendices which apply to their

School), and procedures relating to all student matters to a sufficient level to enable them to discharge their duties and responsibilities properly in respect of their own advisees without regular recourse to colleagues.

3.3 To encourage their advisees to plan their degree course and selection of individual units, at least provisionally, through more than the current semester, thereby avoiding failure to fulfil course requirements e.g. prerequisites, unit enrolment totalling the correct amount of credits etc.

3.4 To ensure that advisees are given adequate guidance when completing unit enrolment and related forms.

3.5 To draw attention to the Dean of School any factors which may affect the performance of an advisee in any part of an Assessment and which may assist the examiners in the performance of their duties.

Role of the Academic Adviser in NAM

1. At the start of the course each student will be assigned to a Lecturer appropriate to the student's Branch

2. The Academic Adviser will provide both pastoral advice/support, including the monitoring of sickness/absence levels, and academic advice/support, including the monitoring of the student's academic progress and, where appropriate, the selection of units.

3. The Academic Adviser will be familiar with:-

   (a) The course of study the student is undertaking, including summative assessments of both theory and practice.

   (b) The relevant U Regulations and the Academic Appeals Procedure.

4. The Academic Adviser will see students by appointment and will make time available for this activity. The allocating of time for this activity is left to the processional discretion of the Adviser. ***It is the student's responsibility to request appointments.***

5. The amount of contact should be determined by the student. However, there is an expectation ***that pre-registration students will meet their Academic Adviser at least twice in each semester and post-registration students will meet their Adviser at least twice during each unit.***

6. The Academic Adviser will maintain accurate records of any meetings with the student, to indicate date and length of meeting, resume of content and any agreed action to be undertaken and by whom.

7. The Academic Adviser can:-

   (a) Help the student understand what is required of the assessment;

   (b) discuss freely with the student ideas and plans for the assessment;

   c) clarify the question and discuss possible structure and resources;

   (d) give advice with regard to referencing;

   (e) read and comment on short written proposal/plan outlining what the student intends to do;

   (f) read completed scripts and comment on content and academic level.

8. The Academic Adviser cannot:-

   (a) write the assessment for the student.

   (b) give any undertaking about the quality of the script

   (c) grant extensions for summative theoretical assessment

9. In the case of a student being required to resubmit a summative theoretical assessment, the Academic Adviser is expected to read all of the student's first

attempt together with the marker's comments, and identify with the student, remedial work that need to be undertaken and record this accurately. Paragraphs (7) and (8) above apply to any resubmitted assessment as well as to work done in relation to first submissions.

10. The Academic Adviser should inform the ***Chair of the Examination Board*** of any factors which affect the performance of a student in any summative assessment of theory or practice, and advise students of their individual right to do likewise.

11. If a student wishes to be granted an extension for a summative theoretical assessment, *the Academic Adviser should refer the student to the School's procedure.*

12. If the Academic Adviser wishes the student to be allocated to another Academic Adviser, or if the student wishes to be allocated to a different Academic Adviser, *the Academic Adviser should refer the student to the School's procedure.*

ACADEMIC TUTORIALS – GUIDELINE STANDARDS

FOR STUDENTS AND LECTURERS

INTRODUCTION

Academic tutorials are an integral element of the Diploma of Higher Education in Nursing Scheme. The following standards have been developed to ensure equity and parity of the tutorials amongst lecturers and students throughout The Scheme.

ACADEMIC TUTORIALS:-

a. Are intended to provide students with the opportunity to review their academic progress with a course lecturer within a specific course(s).

b. Are offered to students to discuss specific aspects of course work with a course lecturer.

c. Are intended to provide students with advice and support in their preparation of work for course assessment.

d. Are for students to access voluntarily except when designated as a course requirement or following assignment referral when it may be a contractual condition.

STUDENTS CAN NORMALLY EXPECT

a. To have a minimum of one individual or group tutorial (as considered appropriate by the course team) per semester, per course, with a designated member of the course teaching team.

b. That in addition to (a), academic tutorial time may be offered, to individuals or a group of students within the timetable or by arrangement with the course leader or member of the course teaching team.

c. If individual tutorials are negotiated, that the lecturer offers a mutually convenient appointment to a maximum (normally) of 30 minutes for any one individual tutorial.

d. To negotiate topics to be discussed within the academic tutorial with the lecturer concerned.

e. The lecturer to review a plan of any course work, as a basis for discussion within the tutorial.

f. Following referral of coursework and/or examination, a minimum of one academic tutorial per course to a maximum (normally) of 30 minutes per course. The student should be responsible for negotiating such tutorials with the first marker.

g. The lecturer to inform them at the earliest opportunity if they have to cancel appointments and to rearrange a further appointment as soon as possible or an alternative with a colleague.

h. That if they are late for an appointment, without prior arrangement, they may have to rearrange or forfeit the tutorial.

LECTURERS CAN EXPECT:-

a. The student/s to contact the designated lecturer to negotiate the topic areas to be discussed prior to the appointment

b. That for course work tutorials, students will provide some evidence of having considered the requirements of the assessment and a possible focus, prior to the tutorial.

c. Students to keep appointments or inform the lecturer of cancellation at the earliest opportunity.

d. Students to accept that the production of the final piece of course work for assessment, is ultimately the responsibility of the student.

e. Students to inform the course leader or any member of the course team, of any difficulties they are experiencing with the course.

f. Students to adhere to scheme assessment policies and guidelines.

g. To record in the appropriate records, the topic discussed, any issues arising and time spent with the students.

2.0 TEACHING, LEARNING AND ASSESSMENT AT THE NORTHEN UNIVERSITY

How will I be taught and how will I learn?

A wide range of strategies will be utilised, reflecting your level of knowledge, the subject area and the diverse nature of a mixed group of students entering the programme with their own knowledge, skills and experiences. It is acknowledged that you will have different abilities, which will affect the way you meet the demands of the programme, consequently, the range and choice of methodologies will reflect not only the subject matter to be delivered but also take consideration of your individual needs.

The Course Planning Team has taken the approach of focusing primarily on teacher-led learning activities at Level 1. As you gain knowledge, skills and experiences, the learning activities become more student centred. However, it is acknowledged that there will be subject areas that will lend themselves to teacher centred approaches throughout.

When the concept of self-directed learning is introduced it will be ensured that you have:

- Help to set clear goals
- Understanding of the concept of evaluation
- The ability to achieve objectives
- Help to identify the boundaries of self-directed learning
- Help to maintain standards
- Tutorial support

The modular scheme presents the opportunity for shared learning between students studying on all Branch Programmes thus increasing your appreciation of you own

unique roles and the roles of others in the provision of health are. The consolidation periods following experiences in the Branch Programmes provides an opportunity for shared learning by focusing on issues that affect management and leadership in the Nursing Profession.

A key feature of the programme will be the reflective process. Specific time will be designated and you will be encouraged to reflect on experiences gained through the production of a Reflective Journal and by the utilisation of Models of Reflection. These should be included in your Student Portfolio.

Experiential learning is an important facet used in nurse education. Experiences in the Skills Laboratory and the Education Centre will be used to simulate "real" experiences which you may be exposed to in practical placements. Tutors will act as facilitators in enabling you to reflect on your clinical experiences in order to consolidate learning.

The following reaching and learning methods will be used throughout the programme:

- Key Lectures
- Seminars/Presentations
- Tutorials
- Discussions/Debates
- Group Work
- Experiential Learning/Role Play
- Computer Assisted Learning
- Simulated Exercises
- Problem Based Learning

Grading of assessed work

LEVEL 1: The Common Foundation written work is at Level 1. It is the introductory level for higher education and the aim is to provide you with the opportunities to orientate yourself to the requirements of higher education. It is recognised that the Common Foundation Programme is a balancing phase, particularly for those who are entering the programme from different qualification backgrounds. The Common foundation is also a phase during which students are introduced to the basic methodologies related to nursing theory and practice.

LEVEL 2: All Branch Programme written work is at Level 21. This is the intermediate level, which focuses on the development of your intellectual and imaginative powers. You are expected to demonstrate:

- A greater degree of understanding of nursing and the part I plays in health care;
- Clinical judgement and problem solving skills which are sound and relevant to practice;
- Written communication skills, which are appropriate for Level II work, placing the emphasis on comparative analysis, synthesis and evaluation.

Content of the Student Portfolio

The Student Portfolio used by RN Dip HE students reflects the requirements of the English National Board. The ENB (2000) require that the Student Portfolio contains the following:

- Cumulative information about the student's achievement of outcomes and learning through reflection, demonstrating the inter-relationship of theory to practice;
- The outcomes of assessment of theory and practice;
- Issues raised in discussion, including causes for concern between the assessor, the student, and the person/named lecturer as part of the formative process of development;

- The Action Plan or Learning Contract agreed between the assessor, student and the personal/named lecturer;
- Key issues from the student's experience which will inform the preparation for subsequent experience.

English National Board for Nursing, Midwifery and Health Visiting (ENB) (2000) Education in Focus Strengthening Pre-registration Nursing and Midwifery Education London, ENB

Viva Voce Guidelines

- Two assessors must be present during the Viva Voce Summative Assessment of the Student Portfolio.
- The Assessors must ensure that the grading of the Portfolio is appropriate to the Level of the student and use the appropriate Grading Criteria.
- The Assessors are to examine what the student has learned from producing the Portfolio

The Assessors are to focus on the following areas of the Student Portfolio:

- Is the Portfolio logical/relevant and clearly articulated?
- Is the Clinical Skills Section appropriate for stage of development of the student and demonstrated by clear documentation?
- Does the reflective practice demonstrate clarity and analysis, including recent, appropriate research?
- Is the reflective practice linked to a model?
- What has the student learned from the reflective process?
- Can the student articulate their strengths, weaknesses, opportunities and threats in relation to their development on the programme?

- What Action Plans have the student formulated to address their areas of weakness?
- Does the student under understand the material contained within the Portfolio?
- Is the student able to handle questions?
- Has the student provided evidence of attendance and evaluation?

3.0 STUDENT SUPPORT AND GUIDANCE

The University is committed to provide effective academic guidance and tutorial support.

Please find below, details of the minimum provision that you can expect to receive. This can be varied upwards according to specific circumstances. You are strongly advised to access this facility, although it is acknowledged that there may be times when you may choose not to do so.

It is also important that you read this section in conjunction with the University Information Handbook and the Student Charter (these can be obtained via the University Web page – www.norths.ac.uk).

Academic guidance (usually provided by the module tutor/leader)

The purpose of academic guidance is to facilitate the development of your academic skills. During the writing of assessed work you may receive:

- Information regarding the assessment method, marking criteria and general guidance. This will take the form of a timetabled, classroom session. This enables the assessment method to be explored and provides the opportunity for discussion and clarification.

- A further meeting either individually or as a group. You will be expected to have prepared some work, e.g. a plan or portion of text for appraisal. or points for discussion.
- A meeting either individually or as a group. It is expected at this stage that the work will be nearing completion.

As these meetings are developmental in nature, completed work will not be reviewed. Plans and/or portions of text will be appraised in relation to the assessment, but no prediction of grade will be given.

Time will be allocated for the above meetings and you will be notified accordingly. Please note that ad hoc meetings cannot be expected. However, if you need advice, please contact your tutor.

A record of the meetings will be kept.

Feedback on academic performance:

Assignments:

- You will receive individual, written comments from the marker for every piece of work.
- The feedback will be constructive and sufficiently detailed so as to enable you to learn from any mistakes and build on your achievements.
- Copies of your written feedback will be kept in your personal file.

Examinations:

- General comments from the markers on students' performance will be posted on student notice boards.

Special needs:

If you encounter any difficulties of a nature not previously identified or notified to the university, or if you feel that you require further assistance, please seek advice from either your personal tutor, module tutor or student support services.

Progress meetings (held with personal tutor)

In order to monitor your progress on the programme and complete the necessary documentation, you will have a minimum of one progress meeting per module.

A record of this meeting, together with the relevant documentation will be kept in your personal file.

Module timetables will include time allocated for these meetings. However, you will need to book an individual appointment or alternative dates/times with the relevant tutor.

Pastoral support

Your personal tutor will endeavour to help you during times of personal distress, particularly, if it is related in any way to your programme. However, it is important to note that the university provides a wide range of welfare services, which you are invited to access. Details are given in the University Information Handbook. In addition, the school has produced a leaflet with telephone numbers etc.

Remedial meetings

In the event of you being referred in an assessment of theory, the school will notify you by letter, requesting you to contact your personal/module tutor.

It is important that you arrange a prompt meeting with your personal/module tutor so that you can discuss and plan the following:

- Possible cause of failure

- Learning contract
- Remedial work/action plan
- Date of resit/resubmission
- Implications of referral
- Any extenuating circumstances

You will be given individual advice and support by your personal/module tutor which, is aimed at enabling you to develop the required academic level. However, you will be expected to fulfil any tasks as agreed, and provide evidence of work for discussion at the meeting(s). In the event of failure at a first attempt during a clinical placement assessment, a meeting will be arranged between yourself, your personal tutor and your assessor. Your personal tutor will arrange this meeting so that you can discuss and plan the following:

- Identification of weaknesses
- Learning contract
- Creation of opportunities for supervised practice

A further meeting will be arranged prior to the next attempt to explore progress.

General Student Information:

Student Conduct in Clinical Placement

Whilst on clinical placement you will be expected to meet the standards of behaviour required of the local Trust employees in direct contact with patients. More specifically, you will be expected to comply with nursing regulations, procedures and policies applicable to the area of practice.

Travel

It is your responsibility as a student to ensure that you attend both study days and clinical placements. Should you experience any major problems due to non

availability of transport (outlying hospitals at weekends), then it is your responsibility to negotiate around this situation with your relevant clinical placement manager/mentor.

Uniform Policy: General Principles:

Uniform is provided in the interest of professional appearance and safety for most clinically based nursing staff. All nursing staff for whom uniform is provided are expected to co-operate with this requirement to promote a good standard of personal appearance whilst on duty. The wearing of uniform varies according to the needs and setting of patients/clients.

Uniforms are issued at the beginning of the Programme. It should be worn correctly, in any placement where it is normal for nurses to wear uniform.

In all areas where uniform is not worn, clear guidelines exist on the code of dress. It is the student's responsibility to find out what these are and adhere to them.

Uniforms should always be clean and in good condition when commencing duty.

Strong perfumes must be avoided when in clinical practice.

Black, flat, lace up shoes and dark socks will be worn with tunic and trousers.

Women choosing the dress option must wear black tights. Cardigans must be grey in colour and must not be worn when attending to patients or carrying out clinical procedures.

Hair will be off the face and worn above the collar and of a clean, neat and tidy style. Long hair must be tied back and secured with a plain band. Beards will be neatly trimmed. Nails will be kept short. Nail varnish will not be worn.

Name badges that are clearly visible must be worn at all times during clinical placement. Badges identifying the wearer as a Student Nurse will not be worn if working as a Bank Nurse or engaged in other alternative employment. No other

badges will be worn with the exception of the student's membership of a professional organisation.

Uniforms should not be worn outside the hospital unless you are on a community placement. The wearing of uniform outside the clinical area is not acceptable unless travelling to and from placement in a private vehicle in which case it must be covered completely by a coat.

Jewellery will not be worn on duty with the exception of:

a) Wedding Ring

b) One plain stud in each ear

***Nose, tongue and other facial studs must not be worn on duty.**

Wristwatches will not be worn whilst attend to patients and necklaces should not be visible under "V" neck dresses or tunics.

Uniforms must be returned to the School Office on completion of the Programme.

During practice you will be involved in the delivery of care to patients/clients in hospital or the community and for that purpose you will be required to wear uniform. The uniform will be provided by the School of Health.

In general the standard of dress expected of students will be that of other staff in the areas to which you are allocated. Specific details relating to the area in which you are working will be provided by your personal tutor.

You will also visit a variety of other places during your training and will be expected to present yourself in a neat and tidy manner. For male students this means a shirt and tie as appropriate and for female students, smart casual clothes. You will be expected to wear your Staffordshire University School of Health badge at all times in placement areas.

Student Representation

We wish to encourage students to participate in programme planning, development and reviews. To this end there will be student representatives on the Programme Management Group to voice the views of students on matters related to the programme.

Student's Rights and the 1967 Abortion Act

Students have rights as determined by the "Conscience" clause found in Section 4 of the Abortion Act.

The "Conscience" clause specifies that individuals are not obliged to participate in treatments authorised by the act to which they have a conscientious objection.

If you do not wish to participate in such treatments you should inform your Personal tutor at the beginning of the programme or when you become aware of your concern.

Your Personal Tutor will offer advice if you have doubts with regard to this matter.

Transferring Training

By the time you start training you will have decided which of the three branches you wish to pursue.

However, some students may wish to change their choice of Branch during the Common Foundation Programme. Normally this will only be possible in unexpected placed have occurred in this Branch. Completion of the Common Foundation Programme does qualify you to transfer to a different institution to undertake your preferred programme (subject to the admission procedures of such an institution).

If you wish to transfer from one branch to another within this School, then please write to the Award Leader stating your reason for wishing to transfer.

Occupational Health

Before commencing your training you will have completed a medical history questionnaire which will have been checked by the Occupational Health Department in your training circuit. Many of you will already have visited the Department. Once you are in training you may need to go to Occupational Health again for a follow up check if you have an accident, or are sick for a long period.

However, the Department is not just there to say who is fit to commence training. If you are unwell whilst on placement or have any worried or concerns, Occupational Health will perform routine tests and offer counselling and advice. You can also attend Occupational Health for immunisations such as for Hepatitis B.

Health and Safety

It is important to stress that you are expected to observe all the University/School and Trusts' policies which are designed to promote Health and Safety.

Whilst on the programme all students will be subject to conditions of the Health and Safety at Work Act (1974) (including amendments). Students wishing to access the detail of the Act should contact the School Administrator.

The Act identifies responsibilities of both employers and those who are employed or under contract, in this instance students, as being equal in respect of Health and Safety. The University School of Health and Trusts are required to ensure as far as is reasonably practicable that the health, safety and welfare of students are safeguarded during programme activities.

You will receive instruction on policies and procedures.

Personal Effects

You are responsible for ensuring the safety of your property and you are advised against leaving any valuables, monies or other personal items unattended either in the classroom, changing room or wards.

Membership of a Recognised Staff Organisation

You are encouraged to join the National Union of Students. The School also encourages students to join an appropriate professional body/Trade Union Organisation, such as the Royal College of Nursing or UNISON.

Student Workroom

There are rooms within the School of Health, designated specifically for student use. You can use these rooms for study, for obtaining information such as assessment results, bursary slips, clinical allocations and other relevant notices.

Attendance for Placement Days

Attendance for all placement days is compulsory. However, the timing of attendance may be negotiated with clinical supervisors/assessors in advance.

Your practical placements are organised to meet European Community Directives. (See hours required below).

General and Specialist Medicine	300 hours
General and Specialist Surgery	300 hours
Child Care	150 hours
Maternity Care	150 hours
Care of the Elderly	150 hours
Home Nursing	150 hours
Mental Health	150 hours

Programme Attendance Policy: General Principles:

The Policy must be read in conjuncti8on with Staffordshire University General Student Regulations, which can be located on the School of Health Web site under Student Information.

To meet Programme requirements you must maintain an Attendance Register and hold it in your Student Portfolio.

Students unable to attend must communicate this to the Placement Officer and where appropriate the placement area on the day of sickness/absence.

Students, on return to the Programme must inform the Placement Officer and appropriate placement area within 24 hours.

Failure to notify sickness/absence may lead to possible extension to the programme which has bursary implications for the student.

Any period of sickness exceeding 3 days must be accounted for by submission of a Self Certification Form; that exceeding 7 days much be certified by your General Practitioner.

Attendance to the Programme

Students are normally expected to attend 100% of the Programme including all annual mandatory up date sessions in Manual Handling, CPR, Fire and Food Hygiene, under Health and Safety Legislation. The Programme will be considered untenable if the student does not complete parts of the curriculum that comply with the ENB Requirements and European Union Directives.

If students are unable or fail to attend the above sessions, additional sessions will be provided on one further occasion. It is therefore the student's responsibility to make themselves available on such occasions. Non attendance will result in students not

being able to work in clinical practice, thereby curtailing their progress on the Programme.

Any period or combined periods of absence equating 28 days leads to the Programme being compromised and may result in the student being discontinue.

Once a 7 day period of absence has been accrued, the student will be seen formally by their Personal Tutor. The student will receive official notification of the outcome of the meeting by letter, a copy of which will be retained in their Personal File.

Once a 14 day period of absence has been accrued the student will be seen formally by the Cohort Leader and Personal Tutor. The student will receive official notification of the outcome of the meeting by letter, of copy of which will be retained in their Personal File.

Once a 21 day period of absence has been accrued the student will be seen formally by the Award Leader and Programme Leader. The student will receive official notification of the outcome of the meeting by letter, a copy of which will be retained in their Personal File.

Once a 28 day period of absence has been accrued the student will be seen formally by the Programme Leader and Associate Dean. The student will receive official notification of the outcome of the meeting by letter, a copy of which will be retained in their Personal File.

Recommendations may be made to the Dean of Students in relation to discontinuation of the student`s programme where appropriate.

Students may bring a friend or representative with them to any formal meeting.

Referral to Occupational Health can be made at any stage in the process.

Students can only make up time following negotiation with the Personal Tutor and appropriate Link Tutor. The Personal Tutor will advise the student when this can occur and will notice the Placement Officer.

Frequent periods of short absence will be considered disruptive to the Programme and not in keeping with professional practice. In such circumstances the student will be seen by their Personal Tutor and referred to the Occupational Health Physician if appropriate.

Confidentiality

The Data Protection Ace (1984) stipulated that individuals who have access to personal data are obliged to maintain confidentiality.

The Data Protection Act also stipulates that individuals have right of access to any details held on computer. The University/School undertakes to maintain confidentiality and right of access as identified in the Act.

You will have access to personal details of patients/clients during the programme and are, therefore, required to treat such details as confidential.

The patient's/client's permission must be sought before disclosing personal medical details to non-medical personal. A breach in confidentiality is a serious matter and will result in disciplinary action.

Gifts of Monies

Patients/relatives/members of the public on occasion offer gifts or money to nurses. Individuals receiving gifts or monies much ensure that the local procedure is followed.

APPENDIX 31

EXTRACT FROM THE UNITED KINGDOM CENTRAL COUNCIL FOR NURSING, MIDWIFERY AND HEALTH VISITING RULES GOVERNING NURSE TRAINING APPROVAL ORDER 1989 No. 1456

RULE 18 (A)

1. The content of the Common Foundation Programme and the Branch Programme shall be such as the Council may from time to time require.

2. The Common Foundation Programme and the Branch Programme shall be designed to prepare the student to assume the responsibilities and accountability that registration confers, and to prepare the nursing student to apply knowledge and skills to meet the nursing needs of individuals and of groups in health and in sickness in the area of practice of the Branch Programme and shall include enabling the student to achieve the following outcomes:-

   a. The identification of the social and health implications of pregnancy and child bearing, physical and mental handicap, disease disability, or ageing for the individual, her or his friends, family and community.

   b. The recognition of common factors which contribute to, and those which adversely affect, physical, mental and social well-being of patients and clients and take appropriate action.

c. The use of relevant literature and research to inform the practice of nursing.

d. The appreciation of the influence of social, political and cultural factors in relation to health care.

e. An understanding of the requirements of legislation relevant to the practice of nursing.

f. The use of appropriate communication skills to enable the development of helpful caring relationships with patients and clients and their families and friends, and to initiate and conduct therapeutic relationships with patients and clients.

g. The identification of health related learning needs of patients and clients, families and friends and to participate in health promotion.

h. An understanding of the ethics of health care and of the nursing profession and the responsibilities which these impose on the nurse's professional practice.

i. The identification of the needs of patients and clients to enable them to progress from varying degrees of dependence to maximum independence, or to a peaceful death.

j. The identification of physical, psychological, social and spiritual needs of the patient or client: an awareness of values and concepts of individual care; the ability to devise a plan of care, contribute to its implementation and evaluation; and the demonstration of the application of the principles of a problem-solving approach to the practice of nursing.

k. The ability to function effectively in a team and participate in a multi-professional approach to the care of patients and clients.

l. The use of the appropriate channel of referral for matters not within her sphere of competence.

m. The assignment of appropriate duties to others and the supervision, teaching and monitoring of assigned duties.

Appendix 32

Guidelines issued to all undergraduate students at the London Univeristy when Students undertaking paid employment in addition to total course hours (including theory and practice)

Purpose:

To ensure staff, student and patient safety at all times.

Scope:

All pre-registration courses offered by the University, St Marks School of Nursing and Midwifery that have clinical placement as part of the learning experience.

Rationale:

The NMC Code of Conduct (2002) (1.4) states that: "You have a duty of care to your patients and clients, who are entitled to receive safe and competent care"

There seems to be cause for concern about the relationship between long hours and safety/accidents (Beswick & white, for the HSL, 2003). Certain occupations are at risk from work related accidents when associated with long working hours. Nursing falls into this category.

DTI guidance states that: "employers are required to take all reasonable steps to ensure that workers do not exceed an average of 48 hours weekly working time" (Arrowsmith & Neathy, for the DTI 2001). The Pre-Registration programme requires an average of 35 hours effort (clinical hours/personal study/college study) per week. This is included in the 48 hour limit.

We recognise that Pre-Registration Nursing and Midwifery students may need to supplement their income and as such, overriding principles have been identified to enable them to do this. Whilst this is not ideal, the safety of staff, students and patients must be paramount at all time.

Principles:

- Students should not exceed 20 hours paid employment in any one week, during term time.
- Students should not undertake their placement experience on a Late Shift and then undertake a Night Shift as an agency/bank nurse. Likewise they should not undertake any 'back-to-back' work, following a shift on the placement experience with a paid agency/bank nurse shift or vice versa. This would be deemed unprofessional and unsafe and may lead to disciplinary action.
- The NMC Code of Conduct (2002) (1.3) states that: "You are personally accountable for your practice. This means you are answerable for your actions and omissions, regardless of advice or directions from another professional".
- It is also important to recognise the impact of excess hours on the "Work-life balance". There is evidence to suggest excess hours can negatively impact on home and family life, which can then be passed on to the work situation.

References:

Arrowsmith, J & Neathy, F (20012) Implementation of Working Time regulations Department of Trade and Industry. London

Beswick, J & White, J (2003) Working Longer Hours Health and Safety Laboratory. Sheffield.

NMC (2002) Code of Professional Conduct NMC. London

Title: Tutees' self-assessment of Learning styles and learning Needs

Student's Profile

Note to Student

- Work through sections 1 – 8. This will help you to understand yourself and identify what your needs are.
- Share this profile with your personal tutor when you feel ready and when you sense you have mutual trust and engagement in the tutor-tutee relationship.
- Learning about yourself is a key to setting off on your learning journey.

Good luck!

Section 1 Your Life and Times

Purposes

To assist you in looking over your life to date. Think about the important occasions:

Relationships
Experience

That have made you the way you are now. In order to do this you will have to:

(1) Record the important events and stages in your life so far by constructing a lifeline.
(2) Consider the more important parts of your lifeline in detail.

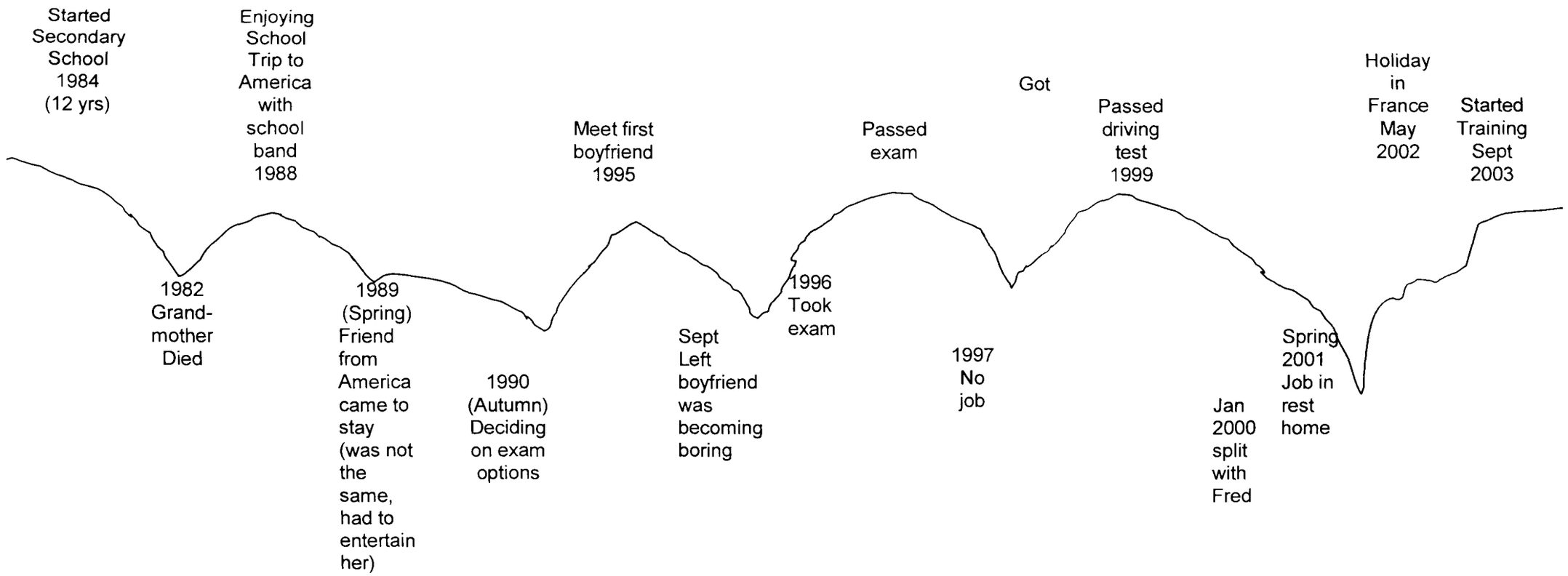
Remember - everything in This Section is Totally Confidential to you.

The Lifeline

A line on which you note the important events in your life.
It will assist you in identifying the important and significant events in your life and to recognise connections between them that you have not considered before.

It can be whatever shape you think will best reflect your life, e.g. straight spiralling etc. It can go up and down to reflect the highs and lows of your life; it can have different colours to signify e.g. family, work, education etc.

See example on the next page


Started Secondary School 1984 (12 yrs)
Enjoying School Trip to America with school band 1988
Meet first boyfriend 1995
Passed exam
Got
Passed driving test 1999
Holiday in France May 2002
Started Training Sept 2003
1982 Grand-mother Died
1989 (Spring) Friend from America came to stay (was not the same, had to entertain her)
1990 (Autumn) Deciding on exam options
Sept Left boyfriend was becoming boring
1996 Took exam
1997 No job
Jan 2000 split with Fred
Spring 2001 Job in rest home

Just state facts briefly at the moment.

The lifeline may include unhappy or traumatic events.

It is up to you as to whether you explore them or not and if so how much you explore them.

Stage 1

In order to construct a lifeline it may be helpful to:

(1) Note major details of different times of your life:
- Where you lived
- What were you doing, school, college, jobs
- Friends and personal relationships
- Significant changes of direction and events
- Beginnings and endings of phases

Include approximate dates and your age at the time. Not too much detail at this stage.

(2) Look at the list.

What was interesting about the examples?

e.g. 1988 left school - what a relief, but no job, what will I do for money?

(3) Using (1) and (2) start constructing lifeline.

Having completed your first attempt at the lineline ask yourself:

- Did you enjoy it?
- If so, why?
- If not, why not?
- How do you feel now about your life experience

Stage 2

Now look closely at a time or experience in your life, which was particularly significant to you. This is to encourage you to reflect on your experience.

(1) Identify an important event, time or incident from your lifeline

Ensure you choose one that you are happy to look at in some depth.

(2) Write down everything you can remember about it.

- When, where and what was the experience?
- Who was involved?
- What was the sequence of events?
- Were there any notable outcomes?
- What were your feelings at the time?
- What did you learn from it?
- What are your feelings about the 'experience now?

Having completed this stage, think about it and what you have gained from it.

- Do you understand the experience more fully and why it was important to you?
- Were you surprised by what *you* wrote?
- If so, in what way?

Section 2 Beliefs. Values and Attitudes

Purpose

To enable you to consider some of your beliefs, values and attitudes which affect your:

personal life
work life
communication with others

They are likely to strongly influence decisions you make.

Looking at them may help you to identify your strengths and the factors, which may affect the way you approach change and development.

Any Details You Record are Absolutely Private.

Stage 1

These questions may help you to think about yourself and your approach to life.

You do not need to ask them all, just the ones with which you are comfortable.

- What were the happiest, most exciting and satisfying events in your life?
- What made those occasions special?
- Was it the same reason for each of them?
- What kind of experience or activities do you enjoy most?
- Which do you positively avoid?
- How do you cope or deal with bad experiences. Can you identify any patterns of behaviour that were helpful/unhelpful?
- Have there been any occasions when your beliefs caused you to act in a certain way.
- Have there been any major changes in your approach to life.
- Were they due to external influences?

Or
Did they come from inside

Your thoughts about these questions should show something about the way you approach life. Stage 2 will allow you to place these into some general statements about your Beliefs, Values and Attitudes.

Stage 2

Write down a series of statements that express something of you as a person.

Look at the qualities *you* admire and those you actually possess.

(1) Personal Qualities

List the main features of you as a person:
Your sense of humour
Ability to communicate
Attitude to other people

How do you respond to:
Pressure
Criticism
Things not being planned

(2) Main Values and Beliefs

Think about the things you care about
What motivates you strongly?
Are you influenced by strong religious or political beliefs?
Do you value qualities such as courage, determination, honesty, loyalty, and commitment?

(3) The Influence other people have had upon the way you see yourself

Where have the positive and negative influences on the way you view yourself come from?

What messages did you receive from your parents as to what they wanted you to become?

Did you accept these or
Did you rebel against them?

Other people include parents, friends, partners, teachers or managers/supervisors at work.

(4) Influences that make you feel positive about yourself

What are you good at?
What activities/experiences give you a sense of value/achievement?

(5) Influences that make you feel least positive about yourself

What has left you with a low self-esteem/sense of failure?

Why may this have happened?

How might you change this in the future?

(6) What are your hopes, aspirations and ambitions?

(7) What would you like to change about yourself?
What would you like develop?
And why?

(8) What may stop you changing and developing?
Is it something in you?
Is it something in your situation?

Section 3 Your Professional Life

Purpose

To enable you to take a closer look at your working and professional life.

To help you to consider what is important to you in your work.

To be aware that work is influenced by all experience both personal and professional.

To be aware that as well as personal life experience other work you have done, and will do, outside nursing may influence your professional life, e.g. caring for children, other dependents or a dying friend or relative.

Stage 1

(1) List all the jobs you have ever done up to when you commenced your training.
Include paid and voluntary work.
(2) List other work you will continue to do

e.g. Voluntary work? Union work?
Caring for dependents?

Stage 2

(1) Why do you want to become a Nurse?

(2) What aspect of your work so far gives you most satisfaction?

(3) What gives you least.

(4) How important is your job as a nurse to you.
Is it:

- The most important aspect of you and your life?
- An important part, but not the only thing in your life
- Not just something you do to earn a living, but you could do something else if the chance came your way.
- Just something you do for a living.
- None of these, or any combination of them.

Reflection

Think about the stage two in this section.

- Did these questions help you recognise anything new about how you feel about your work?
- What aspects of your new career are important to you?
- If a friend asked you why you are a student nurse, what would you say?

Section 4 What kind of learner are you

Purpose

Your image of yourself as a learner will have an important influence on how you deal with the business of learning and will affect your progress.

You will consider situations where you have learnt easily and look at factors that have contributed to your learning success.

It will help you reflect on your experience of learning.

Remember these facts are confidential to you

How do you learn?

- Formal and informal

Formal learning takes place in school, college and training courses.

The learning is organised by someone else such as a teacher or tutor.

It can involve assessment of some kind, e.g. exams.

Informal learning includes learning from life e.g.

- Sharing information with colleagues about work
- Making observations about yourself and other people
- Studying topics that interest us
- Reading newspapers, watching TV etc.

Informal learning is something that is difficult to avoid.

You will have had a variety of experience throughout your formal education some good and some bad.

If you have a poor view of yourself as a learner it is often due to your experience of formal education.

A good learning experience can be the result of a good teacher who brings the subject to life. It can be good simply because you want or need to learn about a particular subject.

A poor learning experience is more difficult to analyse.
It may be due to external factors.
Perhaps the tutor did not tolerate mistakes.
Had no enthusiasm for the subject.

It maybe due to yourself.
Perhaps studying without a clear goal or purpose, so levels of commitment and motivation were not high.

Learning is an interaction between the learner and the learning situation, e.g.

The place where learning takes place
The time available
The other people involved
The resources available
When looking at good and bad experiences look at the learning situation and what you bring to it.

Stage 1

1. Think back on some of the learning experiences in your life so far.
   Either formal or informal

2. Now list what you consider to be:
   Your best learning experience - one where you learnt something really well.

   Your worst learning experience where you did not achieve what you had hoped for or that left you with bad feelings about yourself and the experience.

3. From both experiences describe the learning situation.
   e.g. Was it practical, individual or group work.
   What resources were available?
   Where did the learning take place?
   What was the tutors teaching style?

4. Identify something in both learning situations that made them your best and worst learning experience.

5. Identify anything in yourself that could have contributed to these experiences.

6. Using the information from 1 to 5 make two lists.

   List 1 will state all the things that make a learning experience GOOD for you.

   List 2 will state all the things that make a learning experience BAD for you.

Are there any experiences that you now wish to add to your lifeline?

- Were you surprised by anything you have discovered about your learning style?
- Did it confirm things you already suspected?
- Has it given you any ideas as to how you want to learn now?

Section 5 Skills Inventory

Purpose

Everyone has skills and abilities that are used every day. They are not always recognised or valued. This section is to help you identify the skills and competences you now possess and use every day, in order to help you focus on your talents and abilities and to decide which areas you may need to develop.

This section may not be able to be completed totally in Fundamental Care, but is an ongoing piece of work.

There are six categories. Each contains a number of competences of skill statements:

1. Communication and personal skills
2. Planning and observation
3. Aspects of teamwork
4. Practical dexterity
5. Study research and knowledge
6. Self-awareness and reflection

You will be asked to rate your performance in each area
Be honest and fair with yourself
Do not put yourself down
Do not over-estimate a particular skill

A	=	Very Good:	Always use this skill to good effect
B	=	Good:	Usually use this skill to good effect
C	=	Fair:	Usually use this skill satisfactorily, but could improve on it
D	=	Poor:	Use this skill, .out it does not come easily and should therefore improve on it
E	=	Very Poor:	Never use this skill effectively and must improve on it
F	=	Not Required:	Never required to use this skill

Make a list of the skills listed; note your rating next to them. Try to find an example from every day life, personal and professional, for each skill and write the example next .to the rating, with any comments you wish to make.

Note

A & B ratings indicate areas you recognise as being strengths

C, D &. E ratings indicate areas you may need to improve.

F rating indicates skills you will need in the future, but may not have needed up to now

This exercise should highlight some development areas for you.

You may wish to set goals for yourself related to these.

Return to the list you will have compiled every 2 - 6 monthly. Assess yourself as to how you have improved.

Skills Inventory

Communication & Personal Skills

1. Starting and developing a conversation and closing it skillfully
2. Listening - ensuring you are understanding someone and that he/she knows it
3. Expressing a compliment - letting someone know you like something about them
4. Expressing appreciation for something someone has done for you
5. Giving encouragement to someone who thinks s/he is not capable of something
6. Giving instructions - explaining something clearly and concisely to someone
7. Always explaining what you are doing and why, especially with clients/patients
8. Being supportive to someone who is distressed
9. Assertiveness - clearly expressing your thoughts and feelings
10. Expressing a complaint - notifying someone of a problem s/he is causing and negotiating a solution
11. Responding to a complaint about you, or dealing with criticism
12. Being open to persuasion - listening to other people's ideas and weighting their value
13. Persuading others - presenting ideas or arguing convincingly
14. Preparing what you want to say for a conversation that may be difficult or stressful
15. Using the telephone effectively to receive or convey information
16. Speaking to a group *of* people as in teaching or making a presentation
17. Writing formal and informal letters correctly
18. Producing written information such as memos, reports or essays
19. Speaking, reading or writing in another language

Planning and Observation

1. Setting priorities - identifying the most urgent tasks in a particular setting
2. Making preparation that will enable you to perform a task efficiently
3. Dividing a task and problem into manageable or sequential parts
4. Evaluating alternative solutions to a problem
5. Being adaptable and flexible in response to a changing situation
6. Recognising a person's emotions or psychological condition
7. Maintaining an awareness of and observing deviations from good health and safety practice where you work
8. Having a good memory for details such as names & dates
9. Noticing things, being generally observant about your surroundings
10. Planning and helping to plan, a health care or intervention strategy

Aspects of Teamwork

1. Seeking the guidance of someone more qualified or experience when necessary
2. Following instructions and acting on them competently
3. Finding ways of working successfully with people you do not necessarily like
4. Recognising when someone needs assistance and offering it
5. Knowing when to withdraw when someone does not need assistance
6. Giving credit, or showing appreciation to others for their contribution to a task
7. Being prepared to assist with a task that is not normally your responsibility
8. Dealing with problems of racism or sexism in your work situation
9. Maintaining an awareness of common professional goals, despite any differences of opinion or approval with a team
10. Ability to maintain a professional attitude under pressure from personal circumstances or problems.

Practical Dexterity

1. Performing delicate or intricate activities with your hands
2. Learning to use complex equipment
3. Dismantling or assembling complex equipment.
4. Lifting people or heavy objects safely - without risk to self or patient
5. Performing tasks, such as applying dressings under difficult or restricted circumstances
6. Performing tasks in such a way as to cause least possible intrusion or discomfort to a patient
7. Performing tasks in an assured way, so that a patient feels confident in your ability
8. Dealing safely with possible hazards in regard to infectious diseases e.g. potentially infected sharps
9. Using resources such as dressings or lotions effectively with minimum waste.

Study, Research and Knowledge

1. Gathering information by identifying and asking appropriate people
2. Using various information systems such as computers, microfiche, or indexing filing systems
3. Using a library to search for information on a particular subject
4. Extracting information from sources such as graphs, tables and diagrams
5. Extracting information from sources such as reference books and articles
6. Planning and directing your own private programme of study (time planning)
7. Taking notes from lectures and TV programmes
8. Selecting from a range of sources, the information you need
9. Critically evaluating several opposing arguments about a particular subject
10. Planning and writing an essay

Self-awareness and Reflection

1. Being aware of your feelings and how they may affect you and your performance

2. Expressing your emotions appropriately e.g. controlling anger

3. Responding to disappointment or failure. Analysing what went wrong and how it might be avoided in the future

4. Recognising when you are stressed and knowing when this may affect your performance

5. Managing and dealing with stress

Section 6 Focus on Achievement

Purpose

Good things do not usually happen by accident. They usually happen because somewhere along the line those involved have done something well. They have used their skills and abilities to achieve success.

Stage 1

1. Choose something, in which you have been involved, that was I success, either from previous work situations, or from your personal life

   It can be something you achieved in a group, or on your own e.g.

   Getting into the county hockey team
   Successfully completing a course
   Negotiating a change in your job or being accepted on a course

2. Write a brief description

   What did you achieve?
   Did you do it alone or as part of a group?
   If part of a group, what did you contribute?
   What was the outcome?
   How did you make it a success?

3. What skills did you use that helped make it a success?

4. Are there any areas where it would have helped to have had more skills?

5. Accepting and acknowledging when you have been wrong about something

6. Setting and achieving goals - making realistic objectives for yourself

7. Modifying your beliefs or behaviour in the light of new information or ideas

8. Evaluating' your own skills or abilities fairly and honestly, in order to establish how competent you are in your particular area

Section 7 The Review Summary

Purpose

To summarise the strengths and the areas and skills you would like to develop.

Write these on a sheet of paper and you will have a photograph of your self-evaluation at the moment.

The summary will be used as the basis for setting goals and identifying your needs for personal and professional development. This will be seen by other people.

Stage I

1. Look at the answers you have acquired from the. Review especially those in Sections 3, 4, 5 and 6
2. Identify the main strengths and areas for development from each one
3. From the strengths and areas for development that you have identified, think why you have chosen them and note these facts down.

Section 8 Setting Goals

Purpose

You have now developed a clear picture of your personal and professional skills and abilities so far.

You have identified strengths you did not know you had.

You have identified areas that you can develop and improve.

These are the areas you will use for goal setting.

What is a Goal?

It is an aim, an objective or target

You need to look at what you want to achieve and how you are going to achieve it
You will have long-term goals and short-term goals

Long Term Goals

These can range from developing skills, making a personal change or making career goals.

They can take as long as you wish to achieve. Some may take the three years of your training.

They can help you get your short-term goals.

Short Term Goals

These are more specific.

They should be achievable in less than six months.

They should have a clear objective, e.g. developing assertiveness skills or organising study time more effectively.