

An evaluation of the effectiveness  
of the lecturer practitioner role  
within an acute surgical setting

Marian Seddon

Hilary Walsgrove

December 2006

ISBN-10: 1-85899-222-2

ISBN-13: 978-1-85899-222-8

© Institute of Health and Community Studies  
Bournemouth University

## Acknowledgements

We would like to thank Shirley Hunter (Senior Nurse for Surgery, Poole Hospital NHS Trust) and Clive Andrewes (Head of Practice Development, IHCS, Bournemouth University) for their ongoing support with the lecturer practitioner role.

## Contents

	Page
List of Figures . . . . .	4
Introduction . . . . .	5
Justification for the study . . . . .	5
Aim and objectives . . . . .	5
Literature Review . . . . .	7
Background to the Development of the Surgical LP Role .	11
Introduction of the surgical LP role . . . . .	11
Overview of the surgical LP role . . . . .	11
Methodological Approach . . . . .	13
Evaluation as a research method . . . . .	13
Purposes of evaluation . . . . .	14
Structure of the surgical LP evaluation study . . . . .	14
Data collection and analysis . . . . .	15
Findings . . . . .	19
Phase 1: findings . . . . .	19
Phase 2: findings . . . . .	20
Findings from nursing staff LP evaluation questionnaires . . . . .	22
Discussion . . . . .	26
Phase 1: The use of evaluation methodology . . . . .	26
Phase 2: Senior nurse for surgery and ward/ department sister interviews and questionnaires . . . . .	28
Phase 2: Nursing staff LP evaluation questionnaire	31
Conclusion . . . . .	34
Recommendations . . . . .	36
References . . . . .	37
Appendix: The Quality Learning Environment Model . . . . .	41

## List of Figures

### Findings from the nursing staff LP evaluation questionnaires

	Page
Figure 1: Views of respondents towards the LPs . . . . .	22
Figure 2: Respondents' views of the LPs in relation to clinical practice . . . . .	23
Figure 3: Respondents' views of the LPs in relation to educational aspects . . . . .	23
Figure 4: Views of respondents on whether the LPs had a role in monitoring and evaluating the quality of patient care in the directorate . . . . .	24
Figure 5: Extent of respondents' agreement regarding whether the LPs supported nurses in developing initiatives to improve patient care/services in the directorate . . . . .	24
Figure 6: Extent of respondents' agreement regarding whether the LP role was valuable and a good source of support . . . . .	25
Figure 7: Extent of respondents' agreement regarding whether the LPs had a role in encouraging and supporting nurses in the surgical directorate to initiate audit . . . . .	25

## Introduction

This study draws on evaluation research methodology (Bond 2000) as a framework to examine the development of a new lecturer practitioner (LP) role within an acute surgical setting. The study was divided into two phases. Phase 1 incorporated the needs assessment and formative evaluation aspects of the methodological approach. These elements were a prerequisite to setting up the LP role (needs assessment) and the initial development of the new LP role (formative evaluation). Phase 2 of the study constituted an evaluation of the effectiveness of the LP role through a more formal approach (summative evaluation). The background to setting up the role was explored from a general as well as a local perspective. Data was collected from a variety of sources, including staff questionnaires, informal interviews and from critical analysis and reflection on the LPs' experiences of developing the role, from its introduction to its current form. The influence of the LP role on the acute surgical setting is discussed with reference to how it has evolved as a tool for supporting nursing staff development, along with the potential impact this has on the quality of patient care.

## Justification for the Study

The LP and other joint education/clinical practice roles have been evolving within healthcare settings. However, despite this evolution there is a dearth of empirical research to evaluate the effectiveness of such roles (Redwood et al. 2002). It was anticipated that this study would help to address the lack of concrete evidence pertaining to the evaluation of LP roles. It was hoped that the study would provide valuable data to inform the development of a model for LP roles in an acute surgical setting which could be used as a template by other healthcare professionals in similar settings.

From the local perspective, the joint LP appointment was set up as a new post, with minimal guidelines and with a broad, unstructured remit. The study was to provide evidence to enable the post-holders to clarify the value of the LP model they had introduced and to provide a framework to improve and develop the service for the future.

## Aim and Objectives

### Aim

The overall aim of this study was to evaluate the effectiveness of the LP role within an acute surgical setting using the Quality Learning Environment Model (see Appendix 1) as a framework.

## Objectives

- To present a unique model for an LP role in an acute surgical setting that encompasses both pre- and post-registration nurses;
- To appraise the LP role from its inception to its current form;
- To use an evaluation research approach to structure the study within an appropriate framework;
- To evaluate the impact of the LP role in relation to the clinical, educational and professional development of nursing staff;
- To evaluate the impact of the LP role within the surgical directorate;
- To consider the LP role in relation to collaborative working between the trust and the university and linking theory to practice;
- To make recommendations for how this LP model could be further developed.

This introductory section has demonstrated the justification for undertaking this study and has outlined the initial aim and objectives to be met during the process of the evaluation. The next section reviews relevant literature relating to LP roles.

## Literature Review

### Current political climate

Nursing is prominent within current healthcare reforms and government plans for a more flexible and adaptable workforce (Pearce & Trenerry 2000). In line with this philosophy, staff need to keep up to date with practice, keeping abreast of new developments in knowledge, understanding, technical skills and procedures. *The New NHS: Modern, Dependable* (DoH 1997) signalled government support for encouraging and supporting the development of nursing practice aimed at meeting patients' needs more effectively. *Making a Difference* (DoH 1999), with its focus on education and development, challenged nurses to develop new and innovative ways of working. *A First Class Service* (DoH 1998) outlined commitment to professional self-regulation, lifelong learning and adherence to the clinical governance agenda. Clinical governance aims to improve services and standards of care by creating an environment in which excellent care will prosper and it encourages an open, participative culture in which education, research and the sharing of good practice are expected and valued (Moore 1998). *The NHS Plan* (DoH 2000) further supported the development of experienced healthcare professionals as clinical experts with sound educational backgrounds.

### Nursing profession's perspective

The nursing profession itself, through the Nursing and Midwifery Council (NMC), subscribes to this same culture and its principles (NMC 2004). It expects all registered nurses to apply the principles of its documents to their own practice and outlines the accountability criteria that nurses must address in developing their practice. These include serving the patients' interests, developing appropriate skills and knowledge, acknowledging personal limitations, and personal accountability for practice (NMC 2004). *Fitness for Practice* (UKCC 1999) recommended that there should be collaboration between healthcare providers and health education institutions in developing diverse teams of clinical and academic staff offering expertise in clinical practice, management, assessment, mentoring and research.

Within this culture that greatly values the education and development of healthcare professionals and promotes these elements as being highly relevant for providing good quality patient care, there is clearly a need to develop roles that reflect this and that can deliver and support the emergent agendas. The LP role is one of a number of different roles that have been developing against this backdrop.

**Theory–practice gap** The LP role has also grown out of the recognition that there is an identifiable separation between education and practice settings. This gap between theory and practice within nursing has been increased by the introduction of radical changes in both nurse education and nursing roles (McGee 1998). The complexity of ward managers' roles and the isolation of nurse educators from clinical areas make it difficult for nurses to bridge the gap between education and practice (Vaughan 1989). A number of authors, including Lathlean & Vaughan (1994) and Murray & Thomas (1998), believe that within the nursing profession it has been a fundamental mistake to separate those who teach from those who practice and that this has accentuated the theory–practice gap. They stress the importance of nurses having a sound knowledge base and the ability to link theory with practice. Thus, there is a need to find creative and effective ways to respond to this while ensuring that nursing practice is taught by those who are experts in their field (Lathlean & Vaughan 1994).

**Striving for quality patient care** Nurses working in busy clinical areas often feel undervalued, their morale can be low and their educational and professional development needs are sometimes compromised. It has been identified that nursing practice can be adversely affected by such factors (Walsh 1999). In addition, it has been highlighted that nurses need to be experienced, knowledgeable and caring if they are to deliver high quality patient care (Blegen et al. 2001).

The provision of good nursing practice is linked with the basic premise that all patients have the right to be cared for by nurses who are knowledgeable and skilful (NMC 2004). Evidence suggests that introducing LP roles to link expert practice with an education and research role can help to address such issues, with LPs being major stakeholders within education and clinical practice, capable of uniting these two key domains (Rhead & Strange 1996).

**The expert nurse** It has been recognised that nurses regarded as being experts in their field of practice are appropriate people to provide opportunities for other nurses to develop expert nursing practice through relevant education and development (Lathlean & Vaughan 1994). It has also been shown that experienced, qualified nurses who may be considered as expert practitioners make a positive impact on patient care, and that the competence of the nurse can determine the quality of patient care (Benner et al. 1996; Lathlean & Vaughan 1994). This highlights the need to facilitate the development of nurses so that they can provide this level of care, and that this development should be led by more experienced, 'expert' nurses (Benner et al. 1996) supported by relevant education and



professional development. Nurse education and professional development should be valued and seen as a vehicle for improving patient care.

## Characteristics of the LP role

There are a number of interpretations of the LP role, which makes it difficult to categorise all of the individual roles into one prescriptive model. What is important is that LP roles emerge from the local needs of individual clinical areas after careful planning and evaluation (Fairbrother & Ford 1998), and that they remain dynamic so as to respond to changing healthcare needs (Woodrow 1994).

Despite many variables, common themes do appear to be inherent within LP roles. The main feature of the majority of LP roles is the combination of expert practice with an education and/or research role (Tamlyn & Myrick 1995; Driver & Campbell 2000). The LP is subject to dual accountability, where the role is unified in the practice area with educational elements arising from and combined with the practice role (Lathlean 1997). Another major characteristic is that the LP helps bridge the theory–practice gap, a concept explored and supported through a number of research studies such as Vaughan's (1990) study involving pre-registration nursing students within one particular health authority. Lathlean's (1997) study added some rich and deep data to support the effectiveness of LP roles in an environment where the LPs saw their actions as stemming from their joint clinical and educational responsibilities and the integral relationship between these two aspects. The participants were conscious of using their knowledge and skills to enhance practice for the intrinsic benefits this brings to patient care (Lathlean 1997).

The LP role is not without its potential pitfalls, which tend to relate to the fact that they are usually joint appointments between service and education providers (Tamlyn & Myrick 1995). This can lead to difficulties with balancing the two spheres of responsibility and to problems with accountability for the post-holder, who essentially has two bosses (Rhead & Strange 1996). The maintenance of credibility within the educational and clinical environments may also be a problem, as there may be heavy demands on the post-holders in terms of their personal and professional education and development (Rhead & Strange 1996). It is suggested that LP roles lack clarity of definition and that numerous roles with a range of interpretations have developed, sometimes in a rather ad hoc fashion (Driver & Campbell 2000). Thus, considering the complex nature of the role, the preparation of individual LP posts needs to be addressed carefully and thoroughly if they are to be successful (Fairbrother & Ford 1998).

## Summary

The literature review has demonstrated that there is scope for the development of LP roles. However, it also indicates that careful thought and management should be applied to the planning, implementation and evaluation of new LP posts. The next section of this report provides an overview of how the surgical LP role was introduced and developed within an acute hospital trust.

# Background to the Development of the Surgical LP Role

## Introduction of the Surgical LP Role

The surgical directorate encompasses four in-patient wards covering a variety of surgical specialities including major bowel, gastric, breast, biliary, ear, nose and throat, maxillo-facial and gynaecological surgery. There is also a well-established day case unit with a high throughput of patients undergoing day surgery, a day theatre suite and a busy endoscopy unit.

In July 2001, the surgical directorate appointed two lecturer practitioners (LPs) to meet the specific needs of nursing staff across the surgical directorate. As there was no existing LP post prior to this dual appointment, the LPs had the opportunity to develop a new LP model (see Appendix 1). This model aimed to create a high quality learning environment for pre-registration students and post-qualified nurses, to meet the quality agenda and to be instrumental in practice development. Through the implementation of this LP model, it was anticipated that patient care would be improved and the experience for both qualified and student nurses would be enhanced.

The main aim of the LP role was to provide a dynamic learning environment that would support and motivate staff and students to develop personally and professionally, thus promoting high quality patient care. It is suggested that the provision of high quality education and professional development for staff positively enhances patient care (Lathlean & Vaughan; McGee 1998).

## Overview of the Surgical LP Role

The LP for surgery's original job description was compiled jointly between the healthcare provider and the academic institution to create a role that spanned both arenas. The emphasis was on providing clinical support for qualified nursing staff within the surgical directorate and to facilitate academic support for university courses. This was to help bridge the theory–practice gap and to offer other benefits, such as functioning as an education–practice link (Williamson & Webb 2001). However, the LPs were able to integrate a more widespread framework for practice, education and professional development, which incorporated student nurses and the pre-registration curriculum.

The two LPs employed for the post within the surgical directorate had different clinical backgrounds and varied experience, skills and knowledge to bring to the post. This proved to be valuable in terms of how the role functioned and was developed. The diverse clinical and professional experience of the two LPs enabled them to develop a model in which they worked closely together, despite having their own individual responsibilities and interests. They were able to develop a fully integrated, seamless role and maintain joint ownership through which they could keep abreast of the local and wider picture. The main responsibilities of the LP role are summarised below:

### Surgical LP responsibilities

- Work with ward/department sisters and their nursing teams regarding clinical practice, education, professional development and practice development;
- Work with the senior nurse for surgery and the head of practice development at the university;
- Pre- and post-registration teaching commitments and course management responsibilities;
- Collaborative working on joint ventures within the hospital trust and university;
- Provide a link between clinical areas within the surgical directorate;
- Act as a link lecturer for clinical areas and the university;
- Act as a resource for advice and information across the surgical directorate, hospital trust and university.

The literature review and background to the surgical LP role have now been outlined. The following section discusses the methodological approach used for the study.

## Methodological Approach

This section sets out the principles of evaluation research and how this approach was used to structure the study within an appropriate framework that aimed to ensure validity, reliability and credibility. This enabled the researchers to demonstrate how such an approach could contribute to the analysis and evaluation of introducing an LP role into an acute surgical setting that spans the boundaries between education and clinical practice.

## Evaluation as a Research Method

Evaluation is concerned not only with assessing worth or value but also with seeking to assist in the improvement of whatever is being evaluated (Bond 2000). This study was about evaluating a service introduced to support the professional, educational and personal development of pre- and post-registration nurses working within an acute surgical setting and considered how this could support the development of a quality service for patients. A well designed and thoughtfully analysed evaluation study potentially enables the researchers to gain insight into how current services are developing and to identify strengths and weaknesses, thus providing a road map for the future direction and development of the service (Bond 2000).

According to Robson (1999), 'an evaluation is a study with a distinctive purpose; it is not a new or different research strategy' (p. 170). This was reflected within this study in that it had the distinctive purpose of evaluating the effectiveness of the LP role.

Patton (1982), an American evaluator, considers that:

The practice of evaluation involves the systematic collection of information about the activities, characteristics and outcomes of programs, personnel and products for use by specific people to reduce uncertainties, improve effectiveness and make decisions with regard to what those programs, personnel or products are doing and affecting. (p. 15)

This definition demonstrates that it is important to ensure systematic information collection and that, to be effective, evaluation has to be used by someone (Patton 1982).

## Purposes of Evaluation

There are three main categories of purpose that guide the request for, or the decision to undertake, an evaluation. These are needs assessment, formative evaluation and summative evaluation (Bond 2000; Robson 1999). Within this study the researchers utilised the principles of formative and summative evaluation to provide a structured framework.

Formative evaluation is intended to help in the development of the programme, innovation or whatever the focus of the evaluation is, as was the case for Phase 1 of the study. Phase 2 of the study constituted the summative evaluation of the LP role development. Summative evaluation concentrates on assessing the effects and effectiveness of a programme. This is likely to cover the total impact of the programme; not simply the extent to which the goals are achieved, but all the consequences that can be detected. The distinction is not absolute. In particular, summative evaluation could well have a formative effect on future developments (Holloway and Wheeler 1996). Most evaluations are neither totally negative nor totally positive and typically carry with them strong implications for change (Robson 1999). Working in the 'real world' of clinical practice provided the researchers in this study with a valuable insight into how the service was developing and the potential for change and improvement that could be achieved through formative and summative evaluation processes.

## Structure of the Surgical LP Evaluation Study

### Needs assessment

Prior to the formative evaluation of this study, a needs assessment had been carried out by the senior nurse for surgery and the head of practice development at the university. This identified the need for an LP role and led to the appointment of two individuals who would take up the post. A needs assessment is the process whereby needs are identified and priorities established among them. Such needs arise when there is a discrepancy between an observed state of affairs and a desirable or acceptable state (Robson 1999). Within the context of this study, the need to develop a quality learning environment for nurses within the surgical directorate was a prerequisite to the introduction of the LP role.

In summary, the needs assessment helped identify the need to:

- Improve the overall learning environment of the surgical directorate;
- Develop links and improve working between the university and surgical directorate;
- Introduce a joint education–clinical practice role to span the university and surgical directorate.

**Formative evaluation (Phase 1)** The main thrust of formative evaluation is to provide information that will improve the running or development of an ongoing service or a new project in relation to its value (Bond 2000). This process enabled the researchers to initially develop the LP role within the surgical directorate and represented Phase 1 of the study. In some respects, formative evaluation embodies components of action research since its goal is to make changes for improvement and this is maintained as an ongoing process (Hart & Bond 1999; Morton-Cooper 2000; Winter & Munn-Giddings 2001).

In this study, the formative evaluation enabled the development of the LP role based on:

- Collation of information from baseline staff questionnaires;
- Collation of information from discussions with ward/department sisters;
- Quality Learning Environment Model (see Appendix 1) devised and used as a framework for the LP role.

**Summative evaluation (Phase 2)** The main goal of summative evaluation is to present information about the overall effectiveness of a service or innovation (Bond 2000). Within the context of this study, it offered a process for evaluation of the developing LP role and its effectiveness, which was presented as Phase 2 of the study and entailed:

- The formulation of the aim and objectives for the study;
- The identification of an appropriate methodological approach for the study;
- Local Research Ethics Committee and research governance approval for the study;
- The collation and analysis of data from interviews with the senior nurse for surgery and ward/department sisters;
- The collation and analysis of data from staff questionnaires;
- Compilation and dissemination of a final report.

## Data Collection and Analysis

**Ethics** Ethical issues are an integral consideration during all phases of the research process, as well as in the use and application of research (McHaiffe 2000). The ethical principles governing research are that respondents should not be harmed as a result of participating in the research and they should give their informed consent to participate (Bowling 1997). As a means of ensuring that all research meets with these ethical principles, health authorities have a requirement to set up appropriately constituted committees (DoH 1991). These committees exist for the scrutiny of proposed research projects as part of the protection of people's rights and interests.

Phase 2 of the LP evaluation study was submitted to the Local Research Ethics Committee and the hospital trust's own research governance committee, and subsequent approval was obtained prior to the research commencing. Ethical approval was not required for Phase 1 of the study, but the researchers endeavoured to ensure that they adhered to the ethical principles governing research.

## Validity and reliability

Within the context of this study, the researchers were the LPs employed within the role being evaluated, which may have influenced the data due to their personal interpretation of information. They were evaluating their own effectiveness in a situation where they would conceivably have had some impact on the findings (Shepherd et al. 1999). This could cast doubt over the validity of the findings.

It needs to be acknowledged that this study was small scale and was conducted within a specific, local context. Within a positivist discourse, it is possible that the validity of this study's findings could be challenged and that its local focus could lead to it being considered lacking in both reliability and validity (Morton-Cooper 2000). Also, because it is context-specific, the generalisability of findings may be considered to be limited (Meyer 2000). Bond (2000) suggests that generalisability tends to be low within evaluation research studies and results are often applicable only to the setting being studied i.e. poor external validity. However, there may be more general implications that can be applied within different contexts.

In support of this study's findings, it was anticipated that local knowledge and understanding about practice would be generated and that the specificity of the study would give it relevance to the local setting (Hendry & Farley 1996). Gray (2004) considers that if an area being investigated is treated as an individual, unique situation, then findings can be transferable to other similar situations, which is what was anticipated for this study.

## Methods of data collection

A multi-method approach to data collection was used for this study (Bowling 1997). This involved the collection of data from a range of sources. The use of various methods of data collection demonstrated the importance placed on providing a clear understanding of the influence the LP role had on the development of an effective service for the surgical directorate. Previous studies have demonstrated that the use of triangulated methods of data collection and analysis, as used in this study, enhance validity and reliability (Bowling 1997). Such methods can help to reduce bias and uncertainty around the data. The use of two researchers within this study may also have helped to maintain a more objective and less biased perspective around the interpretation of the findings (Denzin 1989).



### **Phase 1: Informal data collection**

Phase 1 involved informal discussions and a questionnaire for nursing staff, which provided baseline information to inform the study. However, this did not constitute part of the formal research process that is contained within Phase 2. The LPs for surgery conducted the initial discussions with four in-patient ward sisters and three department sisters to ascertain a basis for the development of the surgical LP role. The key areas identified from these discussions are outlined on page 19.

In addition to the discussions with the ward/department sisters, the researchers designed a baseline questionnaire that was sent out to all registered nurses within the surgical directorate. The questionnaire enabled the researchers to identify the perceived educational and professional development needs of nursing staff that could be supported by the introduction of the LP role (McGee 1998). Although the response rate was relatively small, some pertinent information was gathered, which is outlined on pages 19–20.

### **Phase 2: Data collection**

Within any research process, the selection of data collection methods is based on the kind of information that is required. The use of semi-structured interviews and questionnaires is useful for small-scale enquiry. Robson (1999) suggests that these methods enable the researchers to find out what people think, feel or believe in relation to the research topic concerned. Because the purpose of this study was to gain information about what staff thought, felt and believed about the LP role, these two methods were deemed the most appropriate to ascertain staff views.

Phase 2 of this study involved semi-structured interviews, a questionnaire for some of the sisters and a nursing staff LP evaluation questionnaire. As Robson (1999, p. 227) explains, with the use of semi-structured interview techniques, the interviewer has clearly defined purposes but seeks to achieve them through flexibility in wording and in the order the questions are presented. A purposeful sample of senior nursing staff from the surgical directorate were either interviewed or sent a questionnaire. Purposeful sampling is a method whereby the sample is chosen deliberately for their expert knowledge of the topic, thereby ensuring the most appropriate informants are identified (Morse 1991).

The researchers conducted the semi-structured interviews with two of the surgical directorate sisters and with the senior nurse for surgery. Also, a questionnaire was sent out by internal post to the three other surgical directorate sisters using the same format as for the semi-structured interviews. The interviews lasted for 20-30 minutes and were audio-taped and later transcribed by the researchers. Each transcript was coded and

categorised into themes to enable the data to be presented in a systematic format (Bowling 1997; Robson 1999). Data gathered from the returned questionnaires was coded and categorised in the same way as the interview transcripts.

The semi-structured interviews involved open-ended questions, which was deemed to be the most appropriate method for a number of reasons. It allows exploration of areas of interest and promotes an understanding of the subject area through the participants' eyes (Holloway and Wheeler 1996). An interview guide was developed to identify areas to be covered and the sequencing of questions was determined by the flow of the interview and the information provided by the participants. The senior nurse participants had seen the role develop from its inception and were therefore able to provide some rich data that demonstrated the overall impact and effectiveness of the role.

The nursing staff LP evaluation questionnaire was deemed the most appropriate method to capture the views of a large number of nursing staff across the directorate. The use of self-completion questionnaires is a simple, efficient method in terms of time and effort (Cormack 2000). A purposeful sample of 118 qualified nursing staff within the surgical directorate was invited to complete the questionnaire. The questionnaires were sent out in the internal post with a return envelope. It was divided into five sections: professional development, clinical practice, education, quality patient care and value of the LP role. Within these sections, a number of questions were presented that required attitudinal responses on a five-point Likert scale, ranging from strongly agree to strongly disagree (Likert 1932, cited Robson 1999). Different grades of nursing staff ranging from D to F grade across the surgical directorate responded to the questionnaire. Although the response rate was relatively small (n=32; 29%), it was possible for the researchers to identify the extent to which nursing staff saw the effectiveness of the LP role and to evaluate the effectiveness of the role from the point of view of nursing staff working within the surgical directorate.

The data collected from the semi-structured interviews and the sisters' and the nursing staff LP evaluation questionnaires was used as a means of evaluating the impact and effectiveness of the surgical LP role. Findings from the data collected are described within the next section.

## Findings

### Phase 1: Findings

When the LP role was first introduced, the discussions undertaken with the senior nursing staff and information from the baseline nursing staff questionnaires provided information that would guide the initial introduction of the role. This also helped to ascertain staff perceptions of how the role should develop as a tool to support the educational and professional development of nurses within the surgical directorate. The discussions highlighted several key areas for the LPs to concentrate on within their role, which are outlined below:

Key areas identified from discussions with ward/department sisters

- Identification of staff learning needs;
- Provision of support and advice for staff regarding educational/professional development;
- Development of key links between the university and the directorate;
- Working clinically with nursing staff;
- Facilitation of staff development through involvement with clinical practice rotations;
- Participation in supporting effective team working within individual clinical areas;
- Promotion of the development and implementation of clinical supervision;
- Involvement with and support of staff with practice development projects;
- Development of links with other directorates/trusts.

Information from baseline nursing staff questionnaires

The baseline nursing staff questionnaires provided further information that helped to structure the LP role initially. This information was collated and is illustrated below:

#### **Staff understanding of the LP role:**

- Develop and assist with clinical skills;
- Focus on identifying learning needs;
- Facilitate training and teaching within the clinical area;
- Provide support to nursing staff;
- Liaise with academic environment;
- Act as a source of information;
- Facilitate new/evidence-based practice;
- Enhance the delivery of patient care;
- Role model/expert knowledge.

**How the LP role can support nursing staff clinically and educationally:**

- By providing academic and vocational support and encouragement;
- By offering training;
- By providing information;
- By acting as a trouble-shooter.

**Potential disadvantages of the LP role as seen by nursing staff:**

- Cost implications;
- Imbalance of time and support;
- Interfering;
- LP may lack specialist knowledge in certain areas;
- Unrealistic expectations.

## Phase 2: Findings

Phase 2 represented the summative evaluation element of the study and was therefore conducted using a more rigorous and formal process of evaluation. Once the data had been collected from the semi-structured interviews and sisters' questionnaires, it was then analysed, which produced a number of themes as illustrated below:

### Understanding of the LP role

- A joint role between the university and the trust;
- Picks up the academic side and the practical elements;
- Helps identify and focus educational/training needs of nursing staff, plans educational/training activities and facilitates entry into educational courses to improve education for post-registered nurses;
- Promotes practice development;
- Supports and works with qualified nursing staff;
- Acts as a clinical expert within surgery;
- Acts as a resource for information and support.

### The impact of the LP role

**Clinical practice:**

- Works alongside individual registered nurses to support the development of clinical skills and competency in practice (wards/departments);
- Limited impact on clinical practice due to theatre environment (day theatres);
- Provides a range of clinical practice training and assessment activities.

**Management issues:**

- Support for difficult and important issues;
- Has helped sisters with team development and addressing issues.

**Education:**

- Co-ordination of further education for staff;
- A more efficient, complex and in-depth training needs analysis;
- Excellent resource offering links to the university;
- Education demands have grown alongside the LP role;
- Acts as an educational resource for information/advice regarding courses and assignments.

**Professional development:**

- Provides support for newly promoted nursing staff;
- Decision-making regarding appropriate courses;
- Initiated and supported clinical supervision by providing education to supervisors and supervisees;
- Assists in identifying professional development needs of staff;
- Provides career guidance and preparation for interviews – previously directed out of directorate and few resources available to support staff;
- Facilitated senior nurse development programme – previously nothing like this was available in the directorate;
- Enables much more pooling of knowledge.

**Practice development:**

- Provides greater focus on promoting practice development;
- Conducted personal care and documentation audits;
- Involved in developing and introducing policies, procedures and audits;
- Supports staff within their individual areas in terms of practice development initiatives;
- Visionary in approach yet realistic in adopting new practices;
- Not re-inventing the wheel.

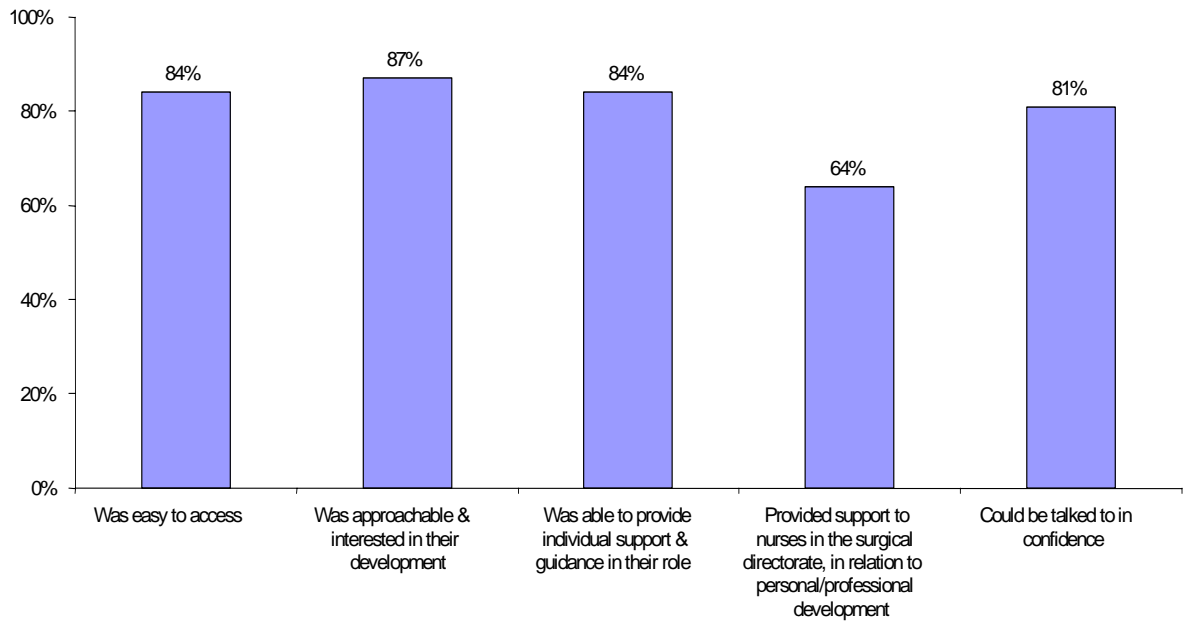
Once the data had been collected from the nursing staff questionnaires, it was descriptively analysed using a quantitative approach (Robson 1999). The aim of descriptive analysis is to summarise the data by extracting the salient points from the results rather than presenting every data item on the subject (Robson 1999). As the amount of data collected from the questionnaires was small, the researchers were able to carry out the analysis manually with the help of an electronic calculator. The potential for error was reduced by both researchers double-checking the calculations. In retrospect, it may have been more efficient to use a computer software package, such as SPSS. The data provided quantifiable information that could be used to gauge the extent of the support for various aspects of the LP role. It also enabled the researchers to ascertain where the LP role needed to be improved and developed.

Findings from the nursing staff LP evaluation questionnaires are illustrated in the following figures.

## Findings from the Nursing Staff LP Evaluation Questionnaires

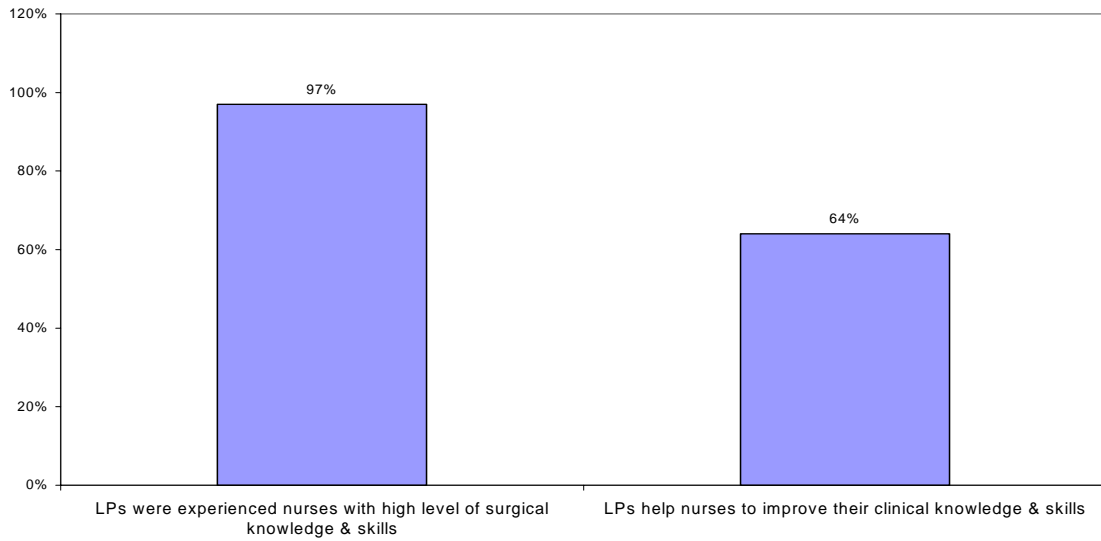
### Professional development

Figure 1: Views of respondents towards the LPs



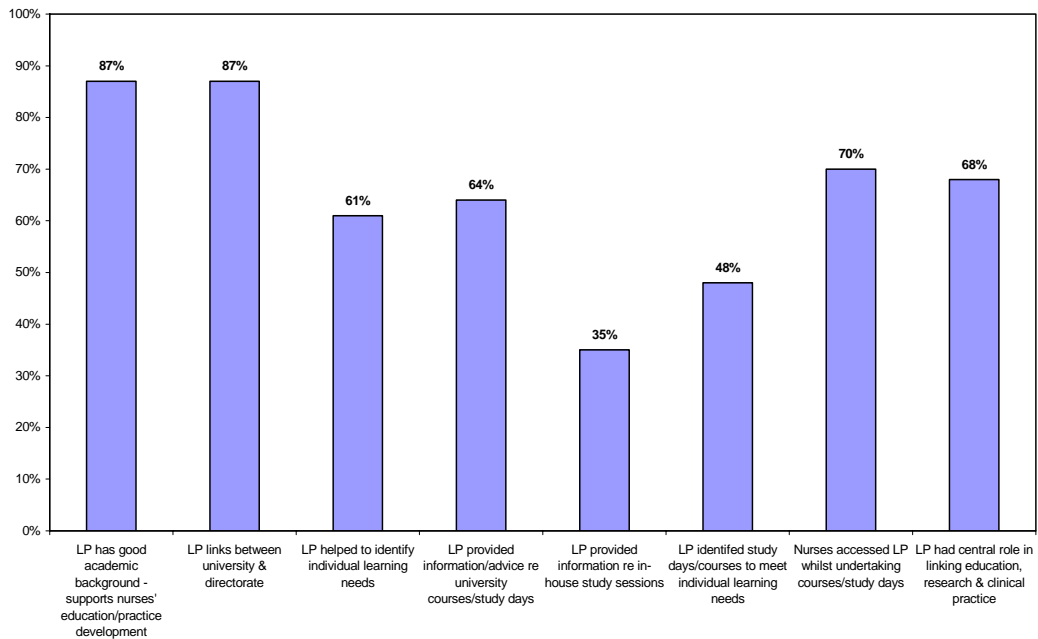
Clinical practice

**Figure 2: Respondents' views of the LPs in relation to clinical practice**



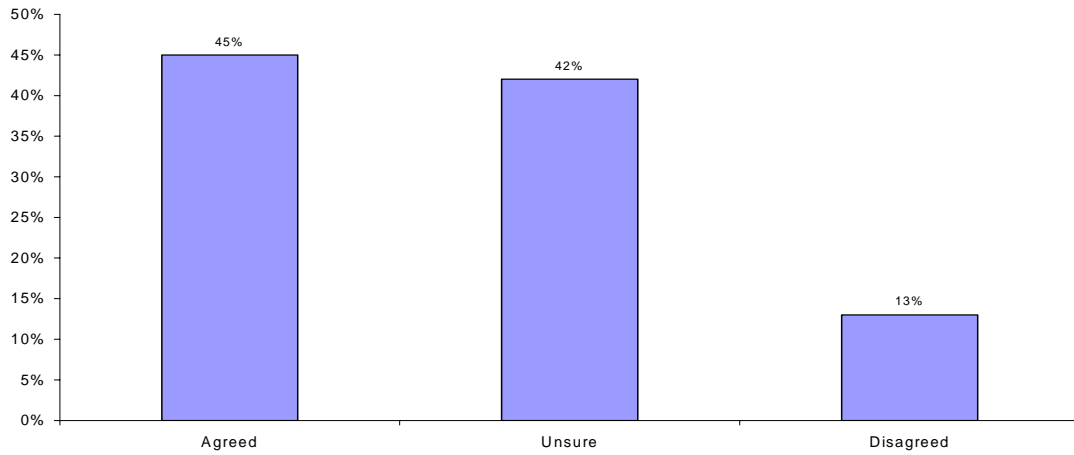
Education

**Figure 3: Respondents' views of the LPs in relation to educational aspects**

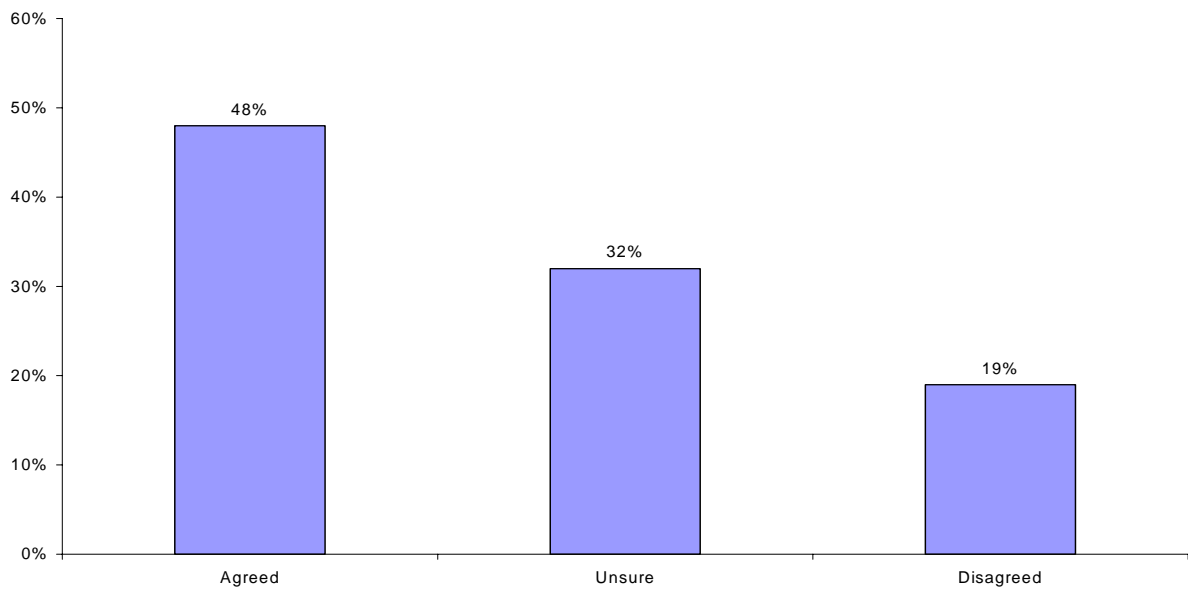


Quality of patient care

**Figure 4: Views of respondents on whether the LPs had a role in monitoring and evaluating the quality of patient care in the directorate**

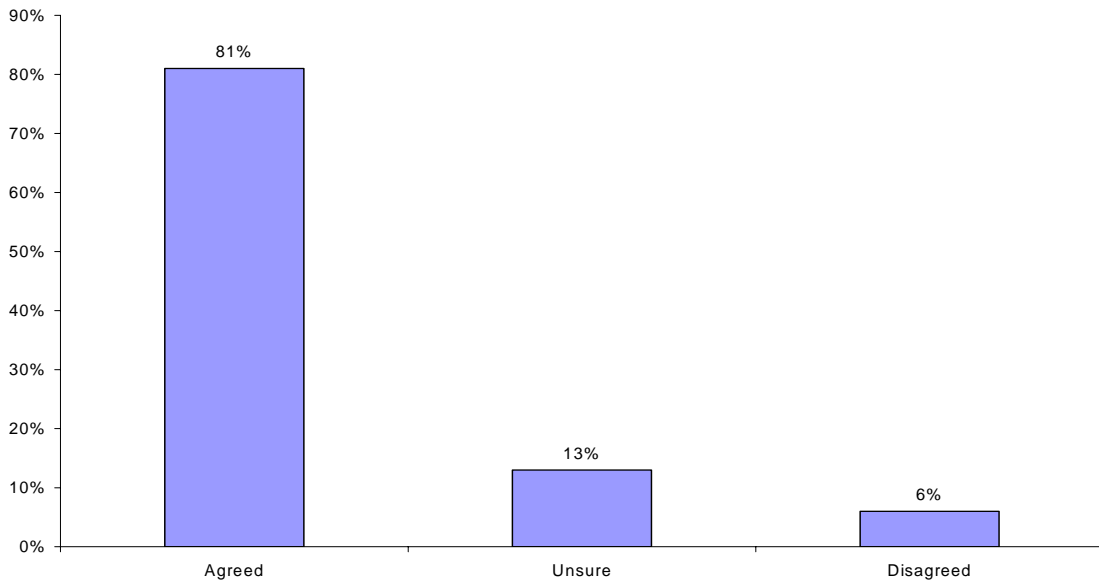


**Figure 5: Extent of respondents' agreement regarding whether the LPs supported nurses in developing initiatives to improve patient care/services in the directorate**



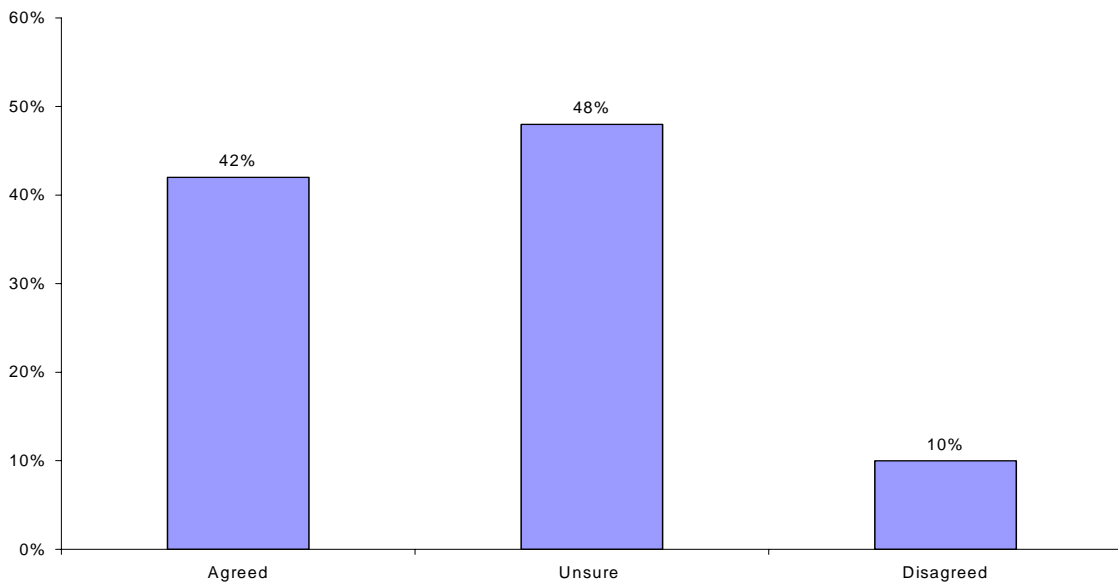


**Figure 6: Extent of respondents' agreement regarding whether the LP role was valuable and a good source of support**



Overall value of LP role in surgical directorate

**Figure 7: Extent of respondents' agreement regarding whether the LPs had a role in encouraging and supporting nurses in the surgical directorate to initiate audit**



## Discussion

This discussion section explores the key areas around the data collection and analysis. The information that was collected during Phase 1 and the findings from Phase 2 are explored. A reflection on the use of evaluation research as an appropriate framework for evaluating the LP role is also included. Phase 1 of the study focused on the initial introduction of the LP role while Phase 2 explored the impact the LP role has had on the surgical directorate and considers how the role could be improved and developed for the future.

In the UK there has been little empirical research undertaken to evaluate the effectiveness of educational roles in practice (Redwood et al. 2002). We believe that, although this was a small, context-specific study, it does add to the body of evidence that demonstrates the value as well as the drawbacks of LP roles and may provide a basis for developing future roles, both locally and within a wider context.

### Phase 1: The Use of Evaluation Methodology

By adhering to the principles of evaluation research, we were able to evaluate how the LP role has developed and have created a basis upon which to build and expand the role for the future within the local setting. We feel that the use of evaluation research was successful in achieving the aims of the study. It offered a structure to clearly guide the research process, enabling systematic collection and analysis of qualitative and quantitative data from a range of sources (Bowling 1997).

Phase 1 of the study enabled the LP role to be introduced and developed, based on the needs and expectations of the surgical directorate. This information was gained through the discussions and the baseline staff questionnaires, along with informal discussions with the sisters, the senior nurse for surgery and the head of practice development at the university. It became clear that the LP role needed to focus on the following areas:

- Clinical practice;
- Education;
- Professional development;
- Management;
- Practice development.

This focus was used as an initiative to link theory and practice through professional education and practice. This helped the LPs to structure the

framework for supporting nursing staff in meeting their needs within each of the identified areas, in line with the Quality Learning Environment Model (see Appendix 1). The resultant framework for the LP role appeared to be similar to joint education/clinical practice roles that had been developed and were found to be effective within other clinical areas in other geographical locations (McGee 1998; Rhead & Strange 1996).

## The Quality Learning Environment Model

The Quality Learning Environment Model (see Appendix 1) was developed in line with continuous quality improvement methodology (Berwick 1996; Langley et al. 1996) and is a diagrammatic representation of the LP role within this acute surgical setting. It demonstrates the supportive nature of the role, its facilitation of learning and its potential impact on the recruitment and retention of staff. To expand on this last point, it was the LPs' experience that if student nurses have a positive experience they will learn effectively and will want to return to that clinical area as a qualified nurse. If qualified staff feel well supported with regards to their continuing professional development, and if a high quality learning environment is an integral aspect of the clinical area, then they are more likely to want to retain their position in that area (Rowan & Barber 2000).

The Quality Learning Environment Model (see Appendix 1) has enabled the LPs to meet the needs of both pre- and post-registered nurses in a variety of ways. This was achieved on both an individual and group basis to facilitate education and professional development in clinical practice and to provide support and guidance within their developing roles. This included the use of learning contracts that were developed as a tool to help registered nurses focus on their individual learning needs and to identify strategies and resources to achieve them. The LPs also worked alongside individuals in clinical settings, organised and ran formal and informal teaching programmes, and initiated and participated in clinical supervision sessions. The LPs also initiated, were involved in and supported staff with practice development initiatives across the directorate and this became a key component of their role.

## Link between the university and the surgical directorate

Another aspect of the LP role was to act as a link between the university and the surgical directorate. Both LPs worked for one day a week within the university and had course management, and development and teaching commitments for pre- and post-registration courses. The courses they were involved with directly related to their individual areas of expertise as well as meeting the specific requirements of staff within the directorate. Examples include the mentor preparation unit, surgical nursing unit, pre-operative assessment unit, women's health unit and pre-registration students' final integration unit, which focuses on practice development.

Having revisited the baseline nursing staff questionnaire and discussions with sisters, it is clear to see that the LP role was initially developed in accordance with the needs and expectations of staff. How this was then put into practice within the remit of the developing LP role has been outlined briefly in the preceding paragraphs of this chapter. On reflection of Phase 1, the LPs felt that they had achieved what they set out to do and that they were now at a stage where they needed to evaluate the overall effectiveness of the LP role as it had developed. Thus, Phase 2 represents the evaluative phase of this study, the findings of which will now be discussed.

## Phase 2: Senior Nurse for Surgery and Ward/Department Sister Interviews and Questionnaires

Findings from the data collected and analysed during Phase 2 provide an evaluation of the effectiveness of the LP role within the surgical directorate (see Figures 1–7, pp. 22–25). Within this phase of the study, key staff were targeted, namely the senior nurse for surgery, ward/department sisters and registered nurses across the directorate.

Data from the senior nurse for surgery and ward/department sisters' questionnaires and interviews explored their understanding of the LP role, its impact and aspects of the LP role that they considered could be further developed.

### Senior surgical nursing post

Analysis of the data revealed that the senior nurse for surgery and ward/department sisters defined the LP as a senior surgical nursing post that encompassed a joint role between the university and the trust, focusing on education, clinical practice, practice development and staff support. This is supported by the findings of previous studies where similar definitions of the LP role were apparent (Dampier & Ford 1997; Newman et al. 2001; Wright 2001). The participants felt that the LPs were clinical experts within surgery, implying that they maintained a high level of clinical credibility within their practice. Webster (1990) suggests that clinical credibility means keeping up-to-date with current nursing practice so that what is taught in theory relates to what is taught in practice. In addition, working in clinical practice helps to sustain clinical credibility in the eyes of staff in the clinical area (Dampier & Ford 1997) and the LP is able to act as an effective role model thus helping to maintain quality patient care (McGee 1998). One of the participants in the study remarked that the LP was '*visionary, dynamic, motivational, supportive*'.

## A positive impact on key areas

The participants articulated that the LP role had a positive impact on a number of key areas relating to individual staff members, the clinical areas and the directorate as a whole. The areas identified were clinical practice, management, education, professional development and practice development. They recognised that the LP role was diverse and as one participant commented, '*it's a huge remit*'. Equally, it was suggested that:

*Things have progressed and moved forward within the surgical directorate as a result of the support of the LP role...If it stopped, we would really notice it...How did we do it before?*

Another participant stated:

*I think it is excellent. Coming from an area that didn't have anything in place at all, I feel it is a really good, open, friendly relationship across the directorate.*

These positive remarks made by the participants demonstrate the value that they placed on the LP role and its impact within the directorate.

## Working in clinical practice

In relation to clinical practice, the findings demonstrated that the LPs had worked clinically with individual members of staff, supporting them in developing clinical skills to facilitate competency in practice. One of the participants remarked that '*the impact has been on the way we work and the way we do things*', and another stated that '*she is an active LP and role model*'.

They also felt that the LPs had provided a range of clinical practice training and assessment activities for nursing staff. This was in keeping with the framework that the LPs had devised for their role (see Appendix 1). Although participants acknowledged that the LPs worked clinically with staff, they did feel that this was an area where further input from the LPs was required. Nursing is a practice-based discipline and the assessment of clinical practice is essential. This is well illustrated by reference to a number of competency-based tools that are used within nursing, such as Benner (1984) and Nicol et al. (1996).

## Practice and education responsibilities

The LPs were identified as co-ordinators of education and training within the directorate, thus enabling more efficient and in-depth training needs analysis. One of the participants noted that this had '*enabled a much more proactive approach to be taken*'. The LPs were able to do this due to the fact that they had a good understanding of the real issues within the clinical areas and could therefore recognise individuals' learning and development needs (Camsooksai 2002). As one participant asserted, it is

about *'opening up the gate for development, then it starts to feed to others; a knock-on effect'*.

From a wider perspective, the LPs were considered to be an excellent resource, offering close links between the university and the directorate. This collaborative link has been identified as an important element of the LP role in other studies (Camsooksai 2002; Redwood et al. 2002). However, it was also felt that there needed to be *'better working and communication between the trust and the university re. specific developments initiated by the university'*. This suggests that the links between the trust and the university would benefit from being strengthened further and will be considered as a recommendation for further development of the role.

### Supporting professional development of staff

The findings showed that the LPs played a key role in supporting the professional development of staff across the directorate through a variety of initiatives, such as clinical supervision, career guidance and support for new and newly promoted members of staff. Previously, LP roles have been discussed as a possible solution to *'ensure the fusion of theoretical knowledge and practical experience for staff nurses'* (Hewison & Wildman 1996, p. 747). This has been tested and discussed by Williamson and Webb (2001).

### Practice development initiatives

When the LPs first came into post, they identified that, in general, there was a distinct lack of structured, evidence-based practice development and that there was no co-ordinated approach to sharing best practice across the directorate. Since then, the LPs have been involved in supporting and developing a range of practice development initiatives. This was borne out by the participants in the interviews, who identified a number of projects that had been undertaken within their respective areas with the support of the LPs. Wright (2001) identified the LP as becoming a *'research interpreter'*, which is further supported by Thomson et al. (2001), who see LPs as mediums through which research evidence finds its way into practice. A range of practice development initiatives were initiated and developed through the LP role, some examples of which are illustrated below. However, the general impression was that practice development could be further strengthened and progressed.

#### **Practice development projects within the surgical directorate:**

- Clinical supervision for nursing staff;
- Pre-operative screening and assessment developments;
- Expanded nursing roles in endoscopy;
- Nursing care audit;
- Nursing documentation audit;
- Knowledge and skills development for care of acutely ill patients.

These initiatives and other projects had a positive impact on ways of working within individual clinical areas and across the directorate. The focus on practice development has led to the directorate having a different approach, with individuals and teams being proactive in identifying areas for improvement and development. They have taken ownership within their own clinical areas and continue to work on a range of projects and developments as part of their everyday working practice.

## Retention and recruitment

The senior nurse for surgery commented that the LP role had supported the retention and recruitment of staff within the directorate. However, this was anecdotal rather than being based on formal evidence and did not clearly feature as an aspect highlighted within this LP study. Perhaps, therefore, this is an area worthy of further investigation, although Redwood et al. (2002) identified that the majority of managers within their study found that investing in educational roles contributed to improving staff recruitment and retention.

## The LP role considered to be valuable

The LP role was considered by the participants to be valuable within the directorate and to have made an overall positive impact:

*The directorate has been very fortunate in the appointment of two highly motivated, professional and approachable LPs. Members of my team have benefited from their advice and support.*

## Phase 2: Nursing Staff LP Evaluation

### Questionnaires

The nursing staff LP evaluation questionnaires provided more quantifiable data relating to the effectiveness of the LP role from the viewpoint of the nursing staff working in the directorate. In terms of professional development (Figure 1, p. 22), the majority of respondents felt that the LP was easy to access, approachable and interested in their development. The majority also felt that they could talk to the LP in confidence and that the LP was able to provide individual support and guidance to them in their roles. These findings suggest that the LPs have made a positive contribution to staff development within the surgical directorate, which has been acknowledged elsewhere in the literature as an important aspect of LP roles (Fairbrother & Ford 1996; Lathlean 1992).

Although Rowan and Barber (2000) found that staff who felt supported with regards to their continuing professional development were more likely to retain their positions, this was not borne out particularly strongly

within this study. When respondents were asked whether LPs had helped to promote recruitment and retention in the surgical directorate, only 39% felt they had, 52% were unsure and 9% felt they had not helped. In retrospect, the researchers felt that the question was too broad and that if they had been more specific about different aspects of recruitment and retention, the overall responses may have been more positive and may have revealed more detailed data.

### Clinical practice

With regards to clinical practice (Figure 2, p. 23), the respondents acknowledged that the LPs were experienced nurses with a high level of knowledge and skills in surgical nursing. This supports the previous discussion about the importance of LPs having clinical credibility within their roles and being experts in their field of practice (Lathlean & Vaughan 1994). Over half the respondents felt that the LPs had helped to improve their clinical knowledge and skills. However, this may be an area for the LPs to work on for the future, as a number of staff disagreed.

### Educational perspective

From an educational perspective (Figure 3, p. 23), the LPs played a key role in the education and training of staff. They were a key source of support, provided information and advice to individuals within the clinical area, and maintained links between the university and the directorate. This has been demonstrated in other studies of LP roles where LPs were identified as being major stakeholders within education and clinical practice, capable of uniting these two key domains.

### Quality of patient care

Respondents were asked questions about the LPs' role in monitoring and evaluating the quality of patient care, supporting nurses in developing initiatives to improve patient care and supporting staff in the initiation of audit activities. These questions related to the impact of the LP role on the quality of patient care (Figures 4–6, pp. 24–25). Approximately half of the respondents acknowledged that the LPs had a positive influence on these aspects. However, a similar number of respondents were unsure of the LPs' impact. Clearer and more specific questioning in this area may have helped respondents who were unsure to articulate either positive or negative responses. A small percentage of respondents did not feel that the LP role had a positive impact on the quality of patient care. However, there is evidence to show that experienced nurses who may be considered as expert practitioners have had a positive impact on the quality of patient care (Lathlean & Vaughan 1994).

### Overall value of LP role

When asked a general question about the overall value of the LP role (Figure 7, p. 25), the majority of respondents stated that the role was valuable and a good source of support.



## A multi-faceted LP role

From discussion around the findings within this study, it is clear that the development of a multi-faceted LP role which spans both the clinical practice and academic arenas has provided a valuable tool to meet identified needs of staff within the surgical directorate. However, it has also generated a number of areas for further development, which are detailed in the recommendations.

## Conclusion

This study has outlined an appropriate model for establishing and developing an LP role within an acute surgical setting (see Appendix 1) and a clear definition has emerged that provides a template to guide future LP practice. During the study, the LP role was appraised from its inception to its current form and evaluated in relation to its development and overall effectiveness. It was identified that the LP had become an established and valuable role and a number of broad areas of practice as covered by the LP became apparent from the study. These areas were professional development, clinical practice, education and practice development. Although, overall, the LP role was considered to be of value and to have had a positive impact across the directorate, there were aspects of it that could be improved and further developed. These areas are outlined within the recommendations section.

Use of evaluation methodology as an approach for this study proved to be appropriate and provided the mechanism through which the aim and objectives were achieved. The multi-method approach to data collection and analysis enabled the evaluation process to be executed in a systematic manner. However, during the analysis phase, flaws were detected in relation to some of the questions asked. This led to the researchers being unable to demonstrate an entirely clear outcome for all topics considered within the study.

Although this was a small-scale, local evaluation study based within a specific area of practice, the LP model could be adapted and used as a framework for LP roles in other clinical and geographical areas. Key elements that emerged from the study are well-supported by literature relating to joint education/clinical practice roles, such as LPs.

The individuals employed in this LP role (who were also the researchers for this study) came into post with a limited understanding of the expectations for the role and how they were going to introduce it. They were confronted by a huge challenge, which they faced with a mixture of enthusiasm and excitement as well as trepidation and anxiety. This was fuelled by a lack of understanding of the role, having to serve two masters and facing a general feeling of scepticism by staff across the directorate. However, they were able to draw on each other's different strengths and expertise and worked well together as a team, supported by the senior nurse for surgery within the trust and the head of practice development at the university. They were therefore able to channel their

energy into the creation of their LP model (see Appendix 1), which provided a framework for working in a collaborative manner for both the trust and the university, thus bringing theory and practice together into an integrated whole.

## Recommendations

The outcomes of this study have shown that the LP role has had a positive impact within the surgical directorate. However, the study also highlighted some aspects for improvement and development of the role, which are outlined in the following recommendations:

- To maintain the positive impact of the LP role within the directorate;
- To continue to build and develop the links between the trust and the university through the LP role;
- To be more proactive in supporting staff development in relation to clinical skills and knowledge within the clinical areas;
- To aim at attending and participating in more ward/department meetings;
- To investigate further the impact of the LP role on recruitment and retention of staff and act on the findings;
- To investigate further the impact of the LP role on the delivery of quality patient care and act on the findings;
- To disseminate the findings of the study both locally and nationally through publication of a report, article submission and presentation at relevant conferences;
- To consider investigating the potential for the directorate to work towards gaining Practice Development Unit accreditation from the local university.

## References

- BENNER, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. California: Addison-Wesley.
- BENNER, P, TANNER, CA & CHESLA, CA. (1996) *Expertise in Nursing Practice: Caring, Clinical Judgement and Ethics*. New York: Springer.
- BERWICK, M. (1996) A primer on leading the improvement of systems. *British Medical Journal* **312**, 619.
- BLEGEN, M, VAUGHN THOMAS, C & GOODE, C. (2001) Nurse experience and education: effect on quality of care. *Journal of Nursing Administration* **31** (1), 33–39.
- BOND, S. (2000) Evaluation Research. In: D Cormack (ed.) *The Research Process in Nursing* (4<sup>th</sup> edn). Oxford: Blackwell Science, pp. 225–236.
- BOWLING, A. (1997) *Research Methods in Health. Investigating Health and Health Services*. Buckingham: Open University Press.
- CAMSOOKSAI, J. (2002) The role of the lecturer practitioner in interprofessional education. *Nurse Education Today* **22**, 466–475.
- CORMACK, D. (2000) *The Research Process in Nursing* (4<sup>th</sup> edn). Oxford: Blackwell Science.
- DAMPIER, S & FORD, S. (1997) Education and practice: a partnership. *Paediatric Nursing* **9** (9), 17–18.
- DENZIN, NK. (1989) *Interpretive Interactionism*. London: Sage Publications.
- DEPARTMENT OF HEALTH. (1991) Local Research Ethics Committees. HSG 5 August.
- DEPARTMENT OF HEALTH. (1997) *The New NHS: Modern, Dependable*. London: HMSO.
- DEPARTMENT OF HEALTH. (1998) *A First Class Service: Quality in the New NHS*. London: HMSO.

DEPARTMENT OF HEALTH. (1999) *Making a Difference*. London: HMSO.

DEPARTMENT OF HEALTH. (2000) *The NHS Plan: A Plan for Investment, A Plan for Reform*. London: HMSO.

DRIVER, J & CAMPBELL, J. (2000) An evaluation of the impact of lecturer practitioner roles on learning. *British Journal of Nursing* **9** (5), 292–300.

ENGLISH NATIONAL BOARD (ENB). (1996) *Shaping the Future: Practise Focused Teaching and Learning*. London: ENB.

FAIRBROTHER, P & FORD, S. (1998) Lecturer practitioners: a literature review. *Journal of Advanced Nursing* **27**, 274–279.

GRAY, DE. (2004) *Doing Research in the Real World*. London: Sage.

HART, E & BOND, M. (1999) *Action Research for Health and Social Care: A Guide to Practice*. Oxford: Open University Press.

HENDRY, C & FARLEY, AH. (1996) The nurse teacher as action researcher. *Nurse Education Today* **16**, 193–198.

HEWISON, A & WILDMAN, S. (1996) The theory–practice gap in nursing: a new dimension. *Journal of Advanced Nursing* **24** (4), 754–761.

HOLLOWAY, I & WHEELER, S. (1996) *Qualitative Research for Nurses*. Oxford/London: Blackwell Science.

LANGLEY, G, NOLAN, K, NOLAN, T, NORMAN, C & PROVOST, L. (1996) *The Improvement Guide*. San Francisco: Jossey-Bass Publishers.

LATHLEAN, J. (1992) The contribution of lecturer practitioners to theory and practice in nursing. *Journal of Clinical Nursing* **1**, 237–242.

LATHLEAN, J. (1997) *Lecturer Practitioners in Action*. Oxford: Butterworth-Heinemann.

LATHLEAN, J & VAUGHAN, B. (eds) (1994) *Unifying Nursing Practice and Theory*. Oxford: Butterworth-Heinemann.

McGEE, P. (1998) An evaluation of the lecturer practitioner role in the independent sector. *Journal of Clinical Nursing* **7**, 251–256.

McHAIFFE, HE. (2000) Ethical issues in research. In: D Cormack (ed.) *The Research Process in Nursing* (4<sup>th</sup> edn). Oxford: Blackwell Science, pp. 51–60.

MEYER, J. (2000) Using qualitative methods in health related action research. *British Medical Journal* **320**, 178–181.

MOORES, Y. (1998) Nurse consultants. *Health Services Circular* **161**, 22 September.

MORSE, J. (1991) *Qualitative Nursing Research: A Contemporary Dialogue*. London: Sage Publications.

MORTON-COOPER, A. (2000) *Action Research in Health Care*. Oxford: Blackwell Science.

MURRAY, C & THOMAS, M. (1998) How can clinical credibility of nurse lecturers be improved? *British Journal of Nursing* **7** (8), 490–492.

NEWMAN, M, HAYES, N & SUGDEN, M. (2001) Evidence-based practice: a framework for the role of the lecturer practitioner. *Clinical Effectiveness in Nursing* **5**, 26–29.

NICOL, MJ, FOX-HIELY, A, BAVIN, CJ & SHENG, R. (1996) Assessment of clinical and communication skills: operationalizing Benner's model. *Nurse Education Today* **16**, 175–179.

NURSING & MIDWIFERY COUNCIL (NMC). (2004) *Code of Professional Conduct: Standards for Conduct, Performance and Ethics*. London: Nursing and Midwifery Council.

PATTON, M. (1982) *Practical Evaluation*. London/NY: Sage.

PEARCE, R & TRENERRY, A. (2000) Developing a competency-based nursing programme. *Professional Nurse* **15** (5), 326–329.

REDWOOD, S, CHILDS, J, BURROWS, M, AYLOT, M & ANDREWES, C. (2002) *Beyond Closing the Gap: An Evaluation of the Lecturer Practitioner Role*. Bournemouth: Institute of Health and Community Studies, Bournemouth University.

RHEAD, M & STRANGE, F. (1996) Nursing lecturer/practitioners: Can lecturer practitioners be music to our ears? *Journal of Advanced Nursing* **24**, 1265–1272.

ROBSON, C. (1999) *Real World Research: A resource for social scientists and practitioner researchers*. Oxford: Blackwell Publishing.

ROWAN, P & BARBER, P. (2000) Clinical facilitators: a new way of working. *Nursing Standard* **14**, 35–38.

SHEPHERD, B, THOMSON, AM, DAVIES, S & WHITTAKER, K. (1999) Facilitating learning in the community with lecturer-practitioner posts. *Nurse Education Today* **19**, 373–385.

TAMLYN, D & MYRICK, F. (1995) Joint nursing appointments: A vehicle for influencing health care change. *Journal of Advanced Nursing* **22**, 490–493.

THOMSON, R, BOWLING, A & MOSS F. (2001) Engaging patients in decisions: a challenge to health care delivery and public health. *Quality in Health Care* **10**, 11.

UNITED KINGDOM CENTRAL COUNCIL FOR NURSES MIDWIVES AND HEALTH VISITORS (UKCC). (1999) *Fitness for Practice*. London: UKCC.

VAUGHAN, B. (1989) Two roles – one job. *Nursing Times* **85**, 52.

VAUGHAN, B. (1990) Knowing that and knowing how: The role of the lecturer practitioner. In: J Salvage & B Kershaw (eds) *Models for Nursing 2*. London: Scutari.

WALSH, M. (1999) Nurses and nurse practitioners: priorities in care. *Nursing Standard* **13**, 38–42.

WEBSTER, R. (1990) The role of the nurse teacher. *Senior Nurse* **10** (8), 6–8.

WILLIAMSON, GR & WEBB, C. (2001) Supporting students in practice. *Journal of Clinical Nursing* **10**, 284–292.

WINTER, R & MUNN-GIDDINGS, C. (2001) *A handbook for Action Research in Health and Social Care*. London/New York: Routledge.

WOODROW, P. (1994) Role of the lecturer practitioner: 1. *British Journal of Nursing* **3**, 571–575.

WRIGHT, SM. (2001) Contribution of a lecturer practitioner in implementing evidence-based health care. *Accident and Emergency* **9**, 198–203.



Appendix 1: The Quality Learning Environment Model © Seddon and Walsgrove (2001)

