Peninsula CETT
Small Scale Development Project Report

Project Title:

The Diploma of Teaching in the Lifelong Learning Sector in a Public Service context (linked to CETT objective 1 - broadening support for trainees in the workplace)

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Organisation: Cornwall College School of Education and Training

Role in Organisation: Lead Teacher, teaching on post-compulsory ITT courses

Background:

Established in 1929 to meet the training needs of local industry, Cornwall College has now grown to be the largest further and higher education college in the UK with an average of 45,000 students. Cornwall College is a key player in the devolved structure for the University for Cornwall and has over 2,500 students studying at university level. The School of Education and Training trains full and part-time post-compulsory teachers at five sites across Cornwall – Camborne, St Austell, Saltash and Stoke Climsland and at the Royal Cornwall Hospital in Truro. It also teaches professional development courses for serving teachers.

Project Aims:

Staff in the Health, Emergency and Armed Services have undertaken PCET ITT programmes for many years, some in preparation for a career change but many to support teaching and instructional roles within the public services. This project set out to investigate the application of the new LLUK endorsed PCET ITT programme in a Public Service context, exploring how the programme can be interpreted to continue to meet this important training need with specific reference to the experiences of students studying at the Royal Cornwall Hospital Treliske.

Description of Project as Undertaken:

After completion of the first module interviews were conducted with representatives of students studying the new programme. These built upon previous classroom discussions and tutorials and explored the difficulties experienced in meeting the requirements of the assignment brief and learning outcomes.

Outcomes/Findings:

A culture and tradition of teaching and 'life long learning' is deeply embedded within healthcare practice and, for most students enrolling on the PCET ITT programme, being both a teacher and learner is a key aspect of their employment. However, when it comes to organising contact with learners, making assessments, planning and developing curriculum and organising resources students come to the programme with varying degrees of autonomy, experience and opportunity.

Few students had difficulty with the generic ideas that informed good pedagogy. They were, however, challenged by certain functional and practical requirements. Notable were:

- The requirement to produce a scheme of work.
- The requirement to conduct initial assessments.
- The requirement to address the Skills for Life agenda.

Discussion:

Nurses, a general overview:

Prior to the government initiative Project 2000 the education of nurses was the concern of nursing schools and subject to state examination. With its implementation, however, universities took the lead with an emphasis on diplomas and degrees. This led to a reduction in training on the wards and students spending more time in the classroom. Nurses graduating from the university led courses were given more medical responsibilities and the day to day care of patients and routine ward duties performed by semi-trained care/auxiliary staff.

Generally, for entrance onto diploma courses candidates must have attained, at the time of application, a minimum of 5 GCSEs grades A-C including English and a maths/science subject. A degree course requires a minimum of 2 A levels plus 5 GCSEs A-C including English and Mathematics. Science subjects are usually required at least at GCSE level. 'Access to HE' courses also provide an opportunity to qualify for entry onto Nurse training programmes. Nurses are required to be engaged in their own CPD., the training of care assistants/auxiliary nurses and student nurses. Also, people who choose to study the Cert. Ed. are often involved in mandatory NHS training schemes, specialist training and patient education.

Discussions with previous students, past lecturers and the experiences of the author confirm that the Cert Ed / PGCE programmes written to previous standards found a ready constituency amongst nurses and nursing practitioners. There appear to be several reasons for this. Firstly, studying at H.E. level was not, on the whole, problematic. Secondly, many of the students were already familiar with some of the underpinning ideas of the old programme such as 'reflective practice' and 'experiential learning' from their time in training. Thirdly, some key readings encountered were from texts concerned with, or written by people with an interest in medical/healthcare education.[i] Finally the course allowed students to explore through option modules, especially the Independent Study Module, pedagogy that was relevant to their teaching contexts. For example, Problem Based Learning, Work Based Learning and Situated Learning featured frequently.

Nurses and the new programme:

Case study 1: Student A is a senior nursing practitioner working in the oncology department at Treliske R.C.H.T. Her primary teaching practice is concerned with patient education. Following a session with an oncology consultant, student A explains to patients what will happen in forthcoming treatments, teaches them how to look after themselves during the treatment and gives advice on managing social concerns. With very little prior information, the sessions require assessment of the patient's ability to understand technical information and effective communication skills in often difficult circumstances. In an extended tutorial following an observation of one of these sessions, student A was able to make meaningful connections between the outcomes of the session and improving her own practice. However, it was agreed that the observation could not be passed as two of the associated outcomes had not been met. (LO2. Research, plan and manage lessons (at least one of these must be observed), and schemes of work, embedding elements of functional skills and meeting the needs of individual learners and LO3. Demonstrate and evaluate the effective use of a range of learning resources, including new and emerging technologies). Eventually she went on to teach auxiliary nurses studying for N.V.Qs as a way of meeting the learning outcomes of the programme.

[i] For Example: Fish and Cole's *Developing Professional Judgement in Health Care: Learning Through The Critical Appreciation of Practice* and Michael Eraut's *Developing Professional Knowledge and Competence*

Case study 2: Student B is a community based senior nurse involved in training school nurses. An observed session concerning a government health initiative being rolled out in schools went well. A viable Lesson Plan had been prepared that included references to functional skills of the learners and the E.C.M. agenda. However, the student expressed frustration at the requirement to produce a scheme of work. She pointed out that the subjects she taught were either at the request of the learners to progress their C.P.D. or to fulfil management demands (i.e. health initiatives/policy or mandatory training) and that they were invariably 'one off' sessions of variable length. In other words she was not delivering a series of sessions over a given period of time leading to a specific award. After a while this student left the programme citing dissatisfaction with the course content as a key reason. Further investigation revealed that she had talked to students of the 'old' programme prior to enrolment and was not expecting a course so closely focussed on classroom practice.

Case study 3: Student C is a midwife attached to a health centre. For teaching purposes her clients are pregnant women and their partners. Embedding the Skills for Life and E.C.M. agendas and developing a scheme of work (covering health in pregnancy, birth and new born baby health have, so far, not presented many problems). However, teaching in groups remains an issue. At the time of her observation she was meeting her client/students daily as individuals but could only see them as a group once a month.

Case study 4: Student D is a nurse attached to a health centre. Although he has experienced similar problems developing a scheme of work as student B, he teaches healthcare to care assistants working in nursing homes. This has allowed him to conduct regular group sessions and access students studying for NVQs. Although not entirely confident with the Skills for Life agenda he, nevertheless, recognises that the group has potential when it comes to embedding numeracy and literacy outcomes in the sessions he leads.

Doctors, a general overview:

Medical education is covered by three distinct stages:

1. Undergraduate medical education - a period of study at medical school (attached to a university) with clinical placements in hospital and community settings and lasts, typically, five years.
2. Foundation programme - a two-year period which all UK medical graduates must undertake before moving on to run-through education.
3. Run-through training - a period lasting for several years, which follows on from the foundation programme, when doctors train to specialise in either general practice or a specialty. The length of training will depend upon the career area/specialty in which the doctor wishes to work.[ii]

Undergraduate training with a medical school usually lasts five years and the 'run through training' typically three years to reach General Practice and five to seven years for a speciality. Foundation doctors (F1 and F2s) and Speciality/GP training doctors are trained and assessed against specific competencies.

To gain admission to a medical school, candidates should normally have 3 'A' levels (grades A and B) including chemistry or physical science and at least one other subject taken from physics, biology or maths. For the consultants, in particular, teaching and assessing junior medical colleagues is embedded into their medical practice. However, doctors at ST, F1 and F2 level may also find themselves teaching junior colleagues. The curriculum for postgraduate competencies is

[ii] Adapted from http://www.nhscareers.nhs.uk/details/Default.aspx?Id=561

agreed between the Post Graduate Medical Education and Training Board and The General Medical Council.

Case study 5: Student E is a consultant orthopaedic surgeon. Although he teaches across a range of postgraduate levels most of his students are S.Ts specialising in orthopaedic surgery. Responsible for competency training his main teaching methods have developed from 'work' and 'problem based learning'. In response to ideas developed on the Cert Ed, however, he now formalises sessions using case history notes, x-rays and MRI scans. In these sessions small groups of students are required to make a diagnosis and suggest appropriate surgical procedures. Whereas in the past his main teaching strategy for a session such as this would have been constant ironic questioning he has begun to think about, and structure, the sessions differently. For example, he now writes a lesson plan, has developed case notes and resources that 'unfold' during the session to cover a 'simple' case becoming a 'complex' one, and organises the students into groups to take into account the different levels at which they are studying. He has also taken the opportunity to highlight the E.C.M. agenda within his team by pointing out the need to report suspicions regarding the causes of fractures. However, despite these positive responses he has expressed a certain amount of frustration with some of the requirements of the programme. As with most of the students, developing a scheme of work proved problematic and, whilst he saw the value of the Skills for Life Agenda in general, he queried the wisdom of attempting to make initial assessments of his own students. Pointing out that they all had to have good A level grades in science subjects, are studying at postgraduate level and have been subject to competitive interview for their posts he argued that initial assessments for numeracy, literacy communication skills and learning difficulties was the responsibility of others. Further discussions with student E revealed that a colleague and graduate of an older version of the programme recommended the course as a way of developing his teaching skills. During the last discussion with this student he advised he was contemplating leaving the programme.

Case study 6: Student F is a consultant in palliative care medicine. Like student E she teaches students across the range of postgraduate levels. However, because her specialism involves working with the hospice movement, care homes and 'care in the community' initiatives she also has contact with students studying at various pre-graduate levels. She is also fortunate in being mentored by an ex-lecturer of the programme at Treliske. We agreed in conversation that the social nature of her topic, contact with students studying at various pre and post graduate levels and good mentoring advice have all helped her overcome many of the difficulties faced by other students. However, she has commented that '…the course seems to be aimed at people working in colleges and does not make it easy for people involved in work based learning.'

Case study 7: Student G is a junior doctor (F2). His main teaching opportunities originally came from the clinical skills manager of The Peninsula Medical School teaching undergraduates. These sessions were not frequent enough to be viable in terms of teaching practice. He subsequently devised his own programme of study to address the needs of medical school undergraduates in the run up to exams and assessment points. Like student E he argued that initial assessment should be the responsibility of 'others'. He has also expressed some frustration with the functional emphasis on the programme. However, after exploring this topic in some detail he agreed that, with some exceptions, the learning outcomes for the first module seemed appropriate.

Support staff, a general overview

Most of the support staff joining the programme are in management positions and work for departments such as Human Resources, IT and other non medical or clinical areas with a responsibility for mandatory training.

Case study 8: At the time of joining the programme student G was delivering sessions on the IT driven appointments system 'Chose and Book'. Initial assessment proved problematic – invariably

she had never met her students prior to the session, the students were employed on clinical and/or medical grades – she was not, the material she was using was pre-prepared at a national level so she had little opportunity to prepare her own sessions, and so on. After a tutorial it was agreed this type of session would not provide enough opportunities to meet the learning outcome of the programme. However, to overcome these problems student G obtained a sessional post in an FE college teaching on medical secretary and receptionist courses. This has resolved most of the difficulties she originally faced. Indeed, she is now beginning to feel that the programme is helping her become better informed about recent reforms than some of her (new) colleagues.

Summary:

LLUK, in the publication ‘A Sector Skills Agreement For The Lifelong Learning Sector’ [iii]states:

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> Lifelong Learning UK (LLUK) is the SSC representing five key constituencies, which together make up the lifelong learning sector:
>
> - Community learning and development (CLD)
> - Further education (FE)
> - Higher education (HE)
> - Libraries, archives and information services (LAIS)
> - Work based learning (WBL).
>
> The lifelong learning sector occupies a unique position within the ‘Skills for Business’ network. Its employers provide services which meet the workforce development needs of other employment sectors, and it is an employment sector in its own right, with its own workforce development needs.

However, despite the students at Treliske being able to demonstrate between them they might be teaching in 3, possibly 4, of these ‘constituencies’, let alone the single largest organisation in the UK there is a growing sense that the new standards have been written in such a way as to marginalise their practices. (It is also worth bearing in mind that the current 1st year cohort has experienced a larger drop out rate than in previous years)

[iii] http://www.lifelonglearninguk.org/documents/070404_lluk_ssa_stage1_uk_report.pdf

Recommendations for Peninsula CETT:

1. Develop an assignment brief and scheme of work that is more sympathetic to the teaching context of public service/ healthcare workers.

2. Clarification should be sought/given regarding what constitutes suitable teaching practice and publicity material developed specifically for the public services/healthcare sectors that clarifies this point.

3. Guidance developed for ITT students working in public services/healthcare on how to become more pro-actively engaged in the delivery and assessment of LSC funded courses (especially in relation to their main employer's contract).

4. Where specific learning outcomes require functional performance that is not within the normal practice of a public service/healthcare worker, additional opportunity to teach could be facilitated through the offices of the ITT provider/Peninsula CETT. This would create the added benefit of widening the student's breadth of experience. (A model, of sorts, for this idea already exists in the way the full time pre-service programme is organised. However, the number of hours required would be considerably less and, with the levels of expertise on offer by the students at Treliske, finding a short term placement could be easier. Opportunities might exist, for example, on Social Work, Social Sciences and Healthcare courses of which there 18 at Cornwall College).

5. If the above recommendation is considered viable research regarding the opportunities within the FE colleges should be carried out ASAP.

6. To enable them to better support ITT students specialist training to be provided for public sector/healthcare mentors unfamiliar with the new standards.

List of References:

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