

Educational research

The preparation of practice educators: an overview of current practice in five healthcare disciplines

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ABSTRACT

This article presents the results of Phase one of a three-year project aiming to enhance the role of practice educators, i.e. practitioners who supervise students on practice placements. This project was funded by the Fund for the Development of Teaching and Learning (FDTL) which supports projects aimed at stimulating developments in teaching and learning in higher education that are disseminated across the higher education sector.

A review of the literature found no evidence of a common preparation route for practice educators. However, a number of key points emerged in each of these four aspects, which are nature and effectiveness of practice education, interprofessional learning, intercultural issues and role of the practice educator.

Questionnaire, focus group and secondary data were used to collect data that informed case studies for five selected disciplines: dietetics, nursing, occupational therapy, physiotherapy and radiography. Analysis of these five case studies resulted in recommendations being made for each of the five disciplines.

The case studies identified variation in the organisation of practice placements. A need to improve the status of the role of practice educator was a central issue for all five healthcare disciplines. In addition, an increasing demand for quality student placements that are resourced by practice educators means practice educators need effective preparation and support. Six key themes were identified as central to the effectiveness of preparing practitioners for their role as practice educators.

The next phase of the project team will involve the development and dissemination of existing innovations that are considered by the project team as being central to the role of the practice educator.

Keywords: practice education, preparation of practice educators, student supervision, supporting practice educators, work based learning

Introduction

This article will provide background information about the three-year project aiming to enhance the role of practice educators before reviewing relevant literature. An overview of the methods used to collect information used to inform the first phase of the project will be given, followed by summaries of the findings from five discipline-specific case studies. The final part of the article presents the analysis of five case studies and then finishes with an account of the implications of the work presented in the article for the next phase of the project.

Background information

Practice education is a core element of all educational programmes that prepare health and social care professionals for academic award and registration to practice. Ensuring quality and effectiveness involves partnership working between higher education institutes (HEIs) and healthcare providers, social care communities, voluntary and independent sectors offering patient/client care throughout the UK and the Republic of Ireland. Overall responsibility for the quality of programmes offered to all learners undertaking pre-registration programmes normally rests with the HEI.

Practitioners who support, supervise and assess learners for entry to their respective professions need to be prepared and supported in their educational role as practice educators. Monitoring the quality of practice learning is the responsibility of the registration boards of the individual professions. In future, within the UK, consolidation of the monitoring process from all bodies concerned in ensuring 'fitness for award, practice and purpose' will be facilitated through proposed 'major reviews'.¹

This article presents the results of Phase one of a three-year Fund for the Development of Teaching and Learning (FDTL) Phase 4 project.

The main aim of this three-year FDTL Phase 4 funded project is to make practitioners more effective in their role of supporting and supervising students in the workplace across a range of healthcare disciplines. The principal questions to be addressed in this project are:

- what constitutes effective practice in placement education?
- how can effective educational practice be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement?
- how can this good practice be developed and embedded in the contexts of health and social care within a multicultural workforce?

The outcome for Phase one of the project was to:

- identify and document good practice about the preparation of practitioners for their educational role.

This paper will use a number of terms, such as 'coaching', 'mentoring', 'preceptoring' and 'supervising', interchangeably, as these are all terms used in health care to describe the actions of practice educators, i.e. practitioners responsible for supervision of students undertaking practice placement.

The literature

This project has defined the practice educator as the identified practitioner in the practice placement who facilitates the student learning face to face on a daily basis, and generally has responsibility for the formative and/or summative assessment of competence.

A review of the literature found no evidence of a common preparation route for practice educators. The review identified four aspects of practice education. A number of key points emerged in each of these four aspects.

The nature and effectiveness of practice education

Firstly, for effective practice learning, practice educators should have the knowledge and skills to coach learners through practice based learning experience(s), where there is a sharing of knowledge. Secondly, in order to integrate theory and practice, practice educators need knowledge and skills in promoting reflective learning; to have ability and authority to facilitate the time and place for the learner to record their learning; and have insight into the curriculum that forms the basis of students' knowledge.

Another point is that practice educators, who are in an obvious position of power *vis à vis* the learner, need to be aware of their own performance as role models, but should also be sensitive to their influence on the professional socialisation of the learner. The review also noted that continued exploration and critical appraisal of the effectiveness of different sequencing and patterns of placements, along with proposed alternatives to the 1:1 model of practice educator support for health professions, may provide innovative models for practice learning effectiveness in the future.

Collaborative partnership systems between HEIs and health and placement providers, noted for sustaining and supporting the role and function of practice educators, should be retained and continuously evaluated for their effectiveness. In carrying out an audit of the learning environment and of the provision of any learning resources to support practice educators, educational practitioners need to consider the relative impact of team and organisational learning.

Interprofessional learning and practice education

A key point is that opportunities for interprofessional learning in the practice setting are still being developed. Furthermore, practice educators potentially play a key role in the organisation and facilitation of interprofessional practice based learning. Secondly, practice educator preparation programmes need to include specific learning opportunities to fulfil the specific requirements of facilitating interprofessional practice learning.

Intercultural issues in practice education

The contributions and challenges of diverse workforces in health care for professional education, mentorship, preceptorship, practice education and clinical supervision have yet to be identified. Also, intercultural working is a feature of healthcare workforces and intercultural mentoring is inevitably part of this. All mentoring takes time and effort, but the evidence seems to indicate that intercultural mentoring involves additional commitment.

Finally, intercultural competence should be part of the skill set of all health practitioners and therefore evident in the work of practice educators. There is a need to understand the extent to which it features in practice educator preparation and more widely in education for placement.

The role and development of the effective practice educator

The key point in this section is that effective practice educators need good interpersonal skills, practice proficiency and an ability to facilitate learning opportunities.

Given these issues in the literature, the project team commissioned professionals from five healthcare disciplines to produce a discipline-specific case study. These case studies aimed to identify and document good practice in respect of how practitioners were prepared for their educational role. These case studies could then be used to inform Phase two of the project, which intended to promote effective practice at organisational, professional and practitioner levels that would maximise student learning on placement.

Case study design and methods

Case studies have been used to collect information on a phenomenon by a variety of disciplines, e.g. education, experimental psychology and nursing.²⁻⁴ They involve an in-depth examination of a particular phenomenon that focuses on relationships and processes within a natural setting. Stake believes differing definitions of the case study exist in the literature.⁵ Consequently, the purpose and nature of case studies may vary considerably. Therefore, it is important to define and describe an actual case study so that the process of collecting information is transparent.

One definition of the case study refers to the collection of detailed unstructured information from a range of sources about a particular group or institution, usually including the accounts of subjects themselves. This approach does not attempt to generalise any findings.⁶ The project team believed that the philosophy of this approach in using descriptive methods within a qualitative approach was appropriate for this phase of the project. However, this definition did not provide clear guidance to data collection. The following definition of the case study retained this philosophical approach, but also acknowledged a need to pre-determine the data collection process:

- copes with technically distinctive situations in which there are more variables of interest than data points

- relies on multiple sources of data, with data converging in a triangulating fashion
- benefits from prior development of theoretical propositions to guide data collection and analysis.³

The project team combined these two definitions to inform the design of five case studies, analysed the literature to guide data collection, collected information from a range of sources using different methods, triangulated data as part of the procedure for data analysis and provided a description of the phenomenon within the five selected healthcare disciplines.

Questionnaire, focus group and secondary data were used to collect data in all five case studies.

Questionnaire

A central aim of the case study was to obtain information on current practice in preparing practice based supervisors within five disciplines in both the UK and Ireland. Limits in available time and resources for alternative data collection methods, such as individual interviews, meant that to collect data from such a large and geographically widespread sample made use of a questionnaire the only feasible choice. Several influences, including the literature review and discussions amongst project and case study team members, informed questionnaire design.

Information collected in the questionnaire included:

- respondent, e.g. institution, discipline, course(s) with practice placement
- students, e.g. numbers by course and ethnicity, interprofessional learning, preparation for practice placement(s)
- placement supervisors, e.g. criteria for appointment, preparatory courses, support mechanisms
- assessment of practice, e.g. methods, staff involvement
- benefits, problems and areas for development in practice based supervision.

To ensure that an overview of current practices plus a degree of depth of information of these practices was obtained from a large diverse sample, the questionnaire consisted of a series of open and closed questions. A draft questionnaire was piloted by a convenience sample of six members of staff working in higher education with an interest in the preparation of practice based supervisors. Following revisions, the final version of the questionnaire (see Appendix 1) was made available on the internet for completion in various ways:

- completed online and returned electronically
- downloaded and returned electronically as an email file attachment
- downloaded and returned as a completed printed copy.

Questionnaire response rate was as shown in Table 1. The response of 19 for nursing was far less than expected and as can be seen represented only 23.8% of the initially identified sample. There was no significant improvement in the response rate following further telephone or email contact. It could be argued that such a small response rate could go some way towards compromising the validity and reliability of the data as the number of non-respondents outnumbered the respondents. While Bowling has pointed out that an acceptable response rate is difficult to determine, Parahoo has drawn attention to the fact that non-respondents may have had markedly different experiences or opinions from respondents.^{7,8}

Table 1 Response rate by discipline

Discipline	Number sent	Number returned	Response rate (%)
Dietetics	13	6	46.2
Nursing	86	19	23.8
Occupational therapy	31	21	67.7
Physiotherapy	37	21	56.8
Radiography	26	12	46.2
Total	193	79	40.9

Focus group

Focus groups were conducted at two regional workshops to gather detailed qualitative data on certain aspects of the phenomenon. The groups consisted of six separate groups, each containing ten people working within higher education. The groups discussed three questions:

- 1 what is good practice in preparation of practitioners for educating students on practice placement?
- 2 what factors influence the quality of practice education?
- 3 what materials could be developed to help make practitioners more effective practice educators?

Focus group participants answer these three questions individually. Their answers to the questions were then used to inform discussions facilitated by either a member of the project team or a member of a case study writing team.

Secondary data

Data that had been produced for another purpose was collected to provide contextual information about professional body perspectives on the preparation of supervisors and their role in supervision of students undertaking practice placements. This information was sourced from professional and statutory body reports and/or websites, e.g. Chartered Society of Physiotherapists, Health Professions Council, Nursing and Midwifery Council, Royal College of Nursing.

Whilst these documents gave an overview of the standards expected by professional bodies, they didn't normally contain contextual information on the process and debates that may have informed their development. However, even with this caveat, such documents provided insight into professional expectations, which could be compared with current practice through triangulation with both questionnaire and focus group data.

Data analysis

The various data collection methods produced both qualitative and quantitative data. Data analysis merged data by type, i.e. qualitative or quantitative, from all sources and then used specific approaches depending upon data type. Qualitative data was analysed by following the principles of thematic analysis as described by Polit and Hungler.⁹ Descriptive statistical analysis of the quantitative data involved frequency counts and percentages. The demographic composition of the sample limited valid inferential statistical analysis of the data using the chi-squared test. However, this was not an issue of concern to the project team, given the essentially descriptive nature of the case study.

The findings of this exercise to examine the nature of practice education resulted in production of five profession specific case studies are which summarised at www.practicebasedlearning.org/PBL_cs/pbl.swf. The project team then integrated the findings from the five case studies.

Recommendations

The recommendations made for each of the five discipline case studies were as follows.

Dietetics

Clinical supervisory skills courses must be available to all such dietitians and be credited for continuing professional development (CPD). Training will need to be

at two levels: basic supervisory skills for all staff; advanced supervisory skills for base (named) trainers. Provision must also be made for annual updating of staff. The dietetic staff in HEIs, together with the facilitators, need training and support in the delivery of these courses.

Nursing

Academic and professional accreditation for the status of the mentor/preceptor is required. There should be recognition and acknowledgement of the demands of the role relative to patient/client workloads by employers. Introduction of mentorship principles in the third year of pre-registration programmes is required to foster understanding of practice education. A developmental model, to include grades of mentor, e.g. associate mentor to mentor to practice educator, should be introduced.

There needs to be standardisation and evaluation of preparation programmes at appropriate levels to suit an interprofessional practice education career framework.

Recognition of the need for partnership support roles, such as the practice educator role, plus commitment to continued development as part of a framework to support clinical academic careers is needed. Finally, there should be clarification of practice education responsibilities by HEIs and placement providers.

Occupational therapy

There needs to be greater recognition, within placement agencies, of the role and responsibilities of being a practice educator. The role needs to be formally recognised with appropriate support provided by managers/employers in relation to time, resources and payment. Additional support systems should be put in place to support the practice educators in carrying out their role. For example, a student learning resource room should be provided within the placement agency, to facilitate greater interprofessional working and liaison between the student groups during practice placements.

The process of accreditation of practice educators should be reviewed to ensure that the process is formalised and standardised across all of the occupational therapy programmes within the UK and Ireland. Current assessment procedures for practice placements should be reviewed in an attempt to compile a nationally agreed assessment report for all occupational therapy practice placements.

Opportunities for greater interprofessional learning should be incorporated into the placement experience through the use of tutorials, visits, journal clubs, and meetings.

Encouragement of greater liaison between the students on a daily basis, and joint working on collaborative case studies would also be beneficial. Alternative

models of placement should be explored, encouraging greater uptake of the 2:1 model, 3:1 model, long arm supervision and the role emergent model.

Physiotherapy

Managers, HEIs and the multidisciplinary team should feature as key players in supporting practice based educators. There should be recognition of the importance of student education. Equity and consistency in student payments need to be addressed. There should be reward/regard for the practice educator role. Workplace issues such as dedicated time for students and increased staffing levels are issues that need to be tackled.

Developments of current innovations should be monitored and extended, e.g. 2:1 model of supervision, collaboration between HEIs in the allocation of placements, use of portfolios. The new accreditation scheme for practice educators needs to be monitored and reviewed. Multidisciplinary models of practice based education should be developed.

Radiography

HEIs should actively seek additional and innovative opportunities for professional practice education in an effort to relieve the pressure on existing centres. Professional practice education in radiography has traditionally occurred in clinical centres; perhaps there is the possibility of developing professional practice education opportunities in non-traditional areas.

More use should be made of professional practice teaching suites where students could gain practical skills using role-play scenarios. Clinical departments and HEIs need to collaborate to maximise the use of facilities for the attainment of professional practice skills. More flexible use of the available professional practice places should be investigated.

Documentation from the HEI should be clear and unambiguous. Regular information/study days should be held to inform clinical staff and clarify any particular areas. Professional practice educators should be allowed sufficient time, be fully supported, and have access to the appropriate education and training necessary for them to fulfil their vital educational role in the preparation of the future workforce.

Attendance at an appropriate training course should be compulsory for practice educators before they undertake the education and assessment of students.

In order to retain the expertise of experienced practice educators they need to be given recognition for the valuable role that they fulfil in the education and development of the future workforce. Interprofessional education in practice environments should be encouraged not solely for the benefits that it brings for students and practice educators, but ultimately because of the benefits it brings for the patients.

Investment in resources for practice education should encompass personnel to support course delivery in academic and practice settings, as well as physical resources. A particular area that requires considerable investment is the provision of adequate IT facilities to support the growth of web based support for students and practice educators.

If the four tier structure is judged to be the appropriate way forward to enable the radiography profession to deliver a modern radiography service, then all stakeholders need to work in partnership to facilitate its implementation and to ensure protection of the public.

Analysis and summary

The issue that was most commented on by all the disciplines was the need for recognition of the role of practice educator. A number of case study writers believed that there needed to be more formal and accredited training for practice educators. They felt that there needed to be an element of progression within this training to raise the value of the role of practice educator. The accreditation of these courses and CPD recognition by professional bodies and employers would greatly improve the status of the role of practice educator.

The need to improve and expand on the resources required for practice placements was also stated as necessary. This included the need to increase numbers taking on the role, and organisational support in terms of time and physical resources, including desk space and computer availability.

In conclusion although there was a lot of variation in the organisation of practice placements there is a central issue for all five healthcare disciplines, this being the need to improve the status of the role of practice educator. There is an increasing demand for quality placements, and for this demand to be met practice educators need to be prepared and supported to carry out this role effectively.

Analysis of the findings from the five case studies by the project team have led to six key themes being identified as central to the effectiveness of preparing practitioners for their role as practice educators. These themes are:

- 1 teaching and learning in practice
- 2 supporting learning in practice
- 3 reflection in and on practice
- 4 assessment in practice
- 5 interprofessional learning in practice
- 6 diversity in practice.

These themes have been mapped against the Nursing and Midwifery Council Standards (NMC) and Health Professions Council (HPC), see Appendix 1, to ensure relevance of the six themes to current professional thinking on practice education.^{10,11} The good practice, issues and innovations within each of these six themes will be summarised for each particular theme.

Teaching and learning in practice

All case study writers identified a number of good practices. The centrality of practice placements to the professional competence of the student was considered to be a positive finding, with professional practice in some cases being 50% of the course curriculum. All the case study writers commented positively on the standards relating to practice based learning. All five disciplines have regulatory standards regarding practice based learning. These are written and issued by the relevant statutory bodies and meet QAA requirements on practice based learning. The nature of these standards varies in both detail and enforcement, which was highlighted as a problem for practice based learning.

The preparation of practice educators was also described positively, with all five disciplines providing preparatory courses for practice educators. The preparatory training provided for practice educators varied between different HEIs and across the different disciplines. The courses offered ranged from half a day to a number of days leading to a university accredited module.

The standard of preparation and support of students was commented on by all case study writers as good. Students in all five disciplines received preparation and support. This appeared to be the area where most work has been done by HEIs. Student support varied between HEIs from telephone contact and visits to web based online support.

While practice placements are viewed as being central to the student's professional development, all case study writers believed this role is not given sufficient recognition. The role of the practice educator also varied between disciplines. For example, the role in the assessment process ranged from a very active one in summative assessment of practice based learning, to an informal role in the assessment of students. There was a lack of resources available to the practice educator and placement experience in terms of time, space and computer facilities.

There were examples of innovations, for example where preparatory courses have been developed between professions, although this was a rare phenomenon, e.g. a joint course between physiotherapists and occupational therapists. The development of the students' professional practice portfolio was highlighted by a number of disciplines as a positive development.

Supporting learning in practice

The use of a dedicated person funded by the HEIs or healthcare providers, who develops new placement opportunities and may in some cases allocate the placements centrally, provides evidence of good practice in several disciplines. Other good practices included IT developments, including use of email, virtual learning environments such as Web CT and Blackboard, to support practice educators, as well as meetings being held to allow practice educators to raise issues relating to their educational role.

The number of available placements was a concern raised by all case study writers, although all stated this should not be the case if all those eligible to be practice educators were active in this role. In nursing, this was due to the high demand for the number of placements, whereas in occupational therapy this was due to an inexplicable lack of available practice educators.

Concern was raised about variation in support for both students and practice educators. There was also a lack of consistency in communication and administrative systems with students, in preparatory courses for practice educators, and the requirement to attend preparatory courses.

The organisation of placements again varied. In some cases there was a co-ordinated approach to the distribution of placements. However, an interesting physiotherapy innovation was identified. This consisted of a central database in the South of England that has been developed to maximise the utilisation of available placements between several HEIs.

Reflection in and on practice

The development of the use of portfolios for students as a method of reflection was highlighted as good practice by all disciplines. A key issue was the lack of time allocated to the role of practice educators to allow for reflective practice to be fully carried out, because of an inadequate amount of time for practice educators to reflect on their own practice being built into their role.

The development of online portfolios was highlighted as an innovative practice within radiography. A range of models of supervision was found. The use of 2:1 supervision was stated by physiotherapy as a positive development that allows for greater reflection through discussion among peers.

Assessment in practice

The role of the practice educator in assessment was stated as a positive development. In a number of the case studies the practice educator had a role in summative student assessments.

However, a lack of clarity in documentation was highlighted as an issue by a number of the case studies, as well as the need to ensure documentation is simple and consistent. It was stated in a number of the case studies that the weighting of practice based learning in the assessment process should be increased. Practice based learning was mainly accredited as pass or fail, and was not given appropriate recognition in the formal assessment process of many professional courses.

A shared assessment tool was highlighted as an innovation within physiotherapy.

Interprofessional learning in practice

All disciplines included interprofessional learning as part of the curricula, which was agreed to be good practice by all the disciplines. Interprofessional learning is a new requirement for five healthcare disciplines. However, integration of interprofessional learning in the workplace was stated as an aspect that is not happening to any great extent. All case study writers stated that the bulk of interprofessional learning took place within the HEI, and that within this context it remained logistically challenging to organise.

Examples of interprofessional preparatory courses for practice educators from different disciplines were given as illustrative of innovative practice within occupational therapy and physiotherapy.

Diversity in practice

The quality of placements was highlighted in a number of the case studies as the key means by which students were given the opportunity to gain experience in working with diversity. One of the key issues in relation to diversity was that increasing accessibility meant increasing numbers entering the five professions from currently under-represented groups. HEIs promoted this practice in principle. However, in practice this was not happening. Cultural diversity was stated in all case studies as a government target, yet in practice all case study writers presented data indicating that the majority of those being educated in the five participating disciplines' professions were predominately white and female. Identification of the number of students with a disability was not always made available, preventing the case study writers from making conclusions on this matter.

Whilst case study writers stated there were innovative practices in the nature and use of practice placements taking place in practice based learning, there was a lack of formal evidence of any innovations to include as illustrative examples within the case studies.

Conclusion

This initial phase of the project has led to identification of variation in the organisation of practice placements. In addition, improving the status of the role of practice educator was a central issue for all five participating healthcare disciplines. Both issues require national solutions to fully resolve them, putting them beyond the scope of the project. However, another finding to emerge from the case studies is something that the project could address. This finding was the increasing demand for quality student placements resourced by practice educators who have been effectively prepared and supported for the practice educator role.

Therefore, the project team intends to focus on the preparation and support of practice educators as it is an aspect of practice based learning that they believe they are able to influence. In the next phase of the 'Making practice based learning work' project, the project team will support the development and dissemination of existing innovations that are currently making progress in aspects of practice based learning relating to the six key themes covered, identified by the project as central to the role of the practice educator:

- 1 teaching and learning in practice
- 2 supporting learning in practice
- 3 reflection in and on practice
- 4 assessment in practice
- 5 interprofessional learning in practice
- 6 diversity in practice.

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CONFLICTS OF INTEREST

None.

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NMC advisory standards for mentors and mentorship (pages 10 and 11)¹⁰

	Communication and working relationships	Facilitation of learning	Assessment	Role modelling	Creating an environment for learning	Improving practice	Knowledge base	Course development
Learning and teaching in practice	X	X		X	X		X	
Supporting learning in practice	X	X		X	X		X	
Reflection in practice	X			X		X		
Assessment in practice			X	X				
Interprofessional work in practice	X			X		X	X	
Diversity in practice				X		X		

continued opposite

HPC practice placement standards (page 7)¹¹

	Preparation of practice educators	Relevant qualification, experience and training	Collaboration with HEI	Provision of information	Learning and teaching methods	Equal opportunities
Learning and teaching in practice	X				X	
Supporting learning in practice		X	X	X		
Reflection in practice					X	
Assessment in practice	X					
Interprofessional work in practice						
Diversity in practice						X

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