

# Faculty of Health and Social Care Sciences

KINGSTON UNIVERSITY • ST GEORGE'S, UNIVERSITY OF LONDON

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## A WIDENING PARTICIPATION PROJECT

### Evaluating Academic Tutor Support models for the development of practice guidance within the Faculty of Health & Social Care Sciences

#### Report for the Learning and Teaching Committee of the Faculty of Health and social Care Sciences

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**July 2008**



**Kingston University** London

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## **Acknowledgements**

We would like to acknowledge all the Faculty students and academic staff, from the five schools, who provided us with valuable data in the questionnaires they returned to us via Blackboard, email or internal post. We are also grateful to the students, who gave up their leisure time to be interviewed and enable us to gather further useful data. It would have been impossible to undertake this project without their contributions. To all of you a huge Thank You!

There were also a number of colleagues who worked behind the scene to provide us with information and guidance in the facilitation of this project. A special mention to the following: Jo Mottley from the Faculty Quality Office; Leigh Kemp, who provided guidance and assistance with Survey Manager on Blackboard and Programme Administrators from the 5 schools.

**Published by the Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London, Cranmer Terrace, London SW17 0RE ©**

**ISBN: 978-0-9549890-9-5**

## Abstract

This is one of three projects, which was funded by the Learning and Teaching Committee of the Faculty of Health and Social Care Sciences. It originates from Kingston University Widening Participation Projects scheme, under the overarching Supportive Learning Environment Project. The focus of this project is an investigation of the current practice of academic tutor support (ATS), as it was noted that the practice and procedures of such a support varied among the undergraduate/pre-qualifying programmes provided by the Faculty's five schools, namely Nursing, Midwifery, Physiotherapy, Radiotherapy and Social Work. The aim of the project was that it would provide an evidence based practice guidance, from which a possible 'generic' academic tutor support model could be devised. ATS as related to health and social care sciences' Higher Education students showed a paucity of literature in health and social care disciplines except in nursing. However, this limited literature on ATS reveals that although various models have been explored, there is a lack of clarity in the nature of these models and little information of their efficacy. Furthermore, despite the importance of ATS being highlighted in the literature, few institutions appear to have undertaken evaluations of their ATS systems.

The overall design of the project adopted an interactive evaluation framework from a social science's perspective. After gaining approval from the Faculty Research Ethics Committee Faculty students and academic staff were invited to participate on a voluntary basis. Questionnaire data were analysed from 101 student and 27 academic staff. Subsequently, 11 students took part in individual, in-depth open-ended interviews and 10 course/module documents were also analysed. The results show that although a number of staff and students have identified ATS within their schools, no agreed model of ATS was found among the five schools and the purpose of ATS was interpreted in a number of different ways. The main conclusion drawn from the key findings suggest that the most appropriate academic support model would be a student focused approach, which anticipates students' needs and addresses these needs accordingly. The key recommendation is for the five schools to provide a proactive approach to academic support, one which addresses academic issues as they occur, without compromising the students' autonomy and independent learning. ATS should thus be delivered in a dynamic, collaborative and contemporary manner that reflects the "students' voice" and the needs of the Faculty's culturally diverse student population. Furthermore, the role of ATS should be clarified and formalised in a way that would be understood by both students and academic staff, in order to ensure parity of perceptions among all stakeholders.

**Key terms:** *academic tutor support; higher education; health and social care sciences; student learning experiences; evaluation of academic support*

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# **Evaluating Academic Tutor Support models for the development of practice guidance within the Faculty of Health & Social Care Sciences**

## **1. Introduction**

### **1.1 Background and Context**

This is one of three projects, which was funded by the Learning and Teaching Committee of the Faculty of Health and Social Care Sciences. It originates from Kingston University Widening Participation Projects scheme, under the overarching Supportive Learning Environment Project. The focus of this project is on academic tutor support whilst the other two address Practice Placements' Induction programmes for students and Academic, Personal and Professional Learning.

Within the Faculty, the role of the 'academic tutor' is a central component of learning support for students but, it was noted that the practice and procedures of such a support varied among the programmes provided by the five schools, namely Nursing, Midwifery, Physiotherapy, Radiotherapy and Social Work. Hence, an evaluation of the Faculty's current practice of academic tutor support was considered appropriate to be addressed, within the Supportive Learning Environment Project. The intention was that the results of the evaluation would inform the development of evidence-based practice guidance on the role of the academic tutor within the Faculty's five schools, across the two institutions (Kingston University & St George's University of London).

Furthermore, a preliminary review of the literature offered few details about the nature of the academic support provided within healthcare education. Most of the literature retrieved, derives largely from the nursing sector, with a couple of references from dentistry and medicine. Although some useful studies evaluated various support mechanisms, these do not appear to provide enough detail about the nature of academic tutor support, such as where or how often meetings between tutor and students take place or who is expected to initiate support. The literature seems to suggest that the traditional model of a personal tutor, who advises a student on academic matters and pastoral matters throughout the course, is the usual approach. Often this model seems to have evolved rather than have been specifically selected to address students' academic needs. As Gidman et al (2000) point out, little effort has been made within the healthcare education to evaluate the efficacy of current academic support models. The literature also suggests a lack of clarity regarding the nature of the academic tutor role. Gidman (2001) undertook a thorough literature review on the role of personal tutor within nursing education, and found no clear definition of the role. An earlier study by Richardson (1998) found that both tutors and students expressed uncertainty and confusion over what the role actually entailed, with one student commenting that each tutor seemed to interpret the role quite differently. It is therefore against this background that the aim and objectives of this project were formulated.

### **1.2 Aim and Objectives**

The primary aim of the project was to evaluate academic tutor support (ATS) models operating in all undergraduate/pre-qualifying programmes within the Faculty of Health and Social Care Sciences, with the potential of providing evidence-based practice guidance, from which a possible 'generic' model applicable to all Faculty undergraduate programmes, could be devised.

The key objectives were:

- To seek academic staff and students' views on the current academic support models
- To elicit academic staff and students' experiences of these models.
- To identify the "academic tutor support" models operating across the Faculty.
- To map out the nature of the tutor's role within the Faculty student academic support system.

## 2. Examining the Literature

A search for relevant literature was undertaken using databases, such as CINAHL, ASSIA, British Nursing Index (BNI) and Medline. Academic tutor support as related to health and social care sciences' Higher Education (H.E.) students showed a paucity of literature in health and social care disciplines except in nursing. However, one citation was found in dentistry and another one in medicine. Further searches from educational databases such as ERIC, produced six citations and two were found on the UK Higher Education Academy website. This limited literature on ATS reveals that although various models have been explored, there is a lack of clarity in the nature of these models and little information of their efficacy.

The main aim of this review was to explore whether current models of tutor support within healthcare are addressing student's needs, particularly the academic aspect of the support. Although there is little information on the efficacy of various models, some studies give useful pointers. Malik's (2000) study of tutor support within dentistry indicates a need for improved models, with only 18.4% (n=26) of students rating the scheme as successful. Findings from the study indicate a need for a more structured support system. The fact that the study obtained a response rate of 96.5% (n=139) from the student sample is an indication of the strength of feeling among students with regard to the need for an effective personal tutor system. Only a small minority (5%) felt that there was no need for such a system. Gammon and Morgan-Samuel (2005), who undertook an interventionist study, exploring the effect of structured support on student stress, self-esteem and coping, report that the research intervention had a noticeable influence in developing students' general assertiveness. It has been argued (McCabe and Timmins, 2003) that assertiveness can improve communication and confidence thus helping students to reduce stress and learn more effectively. It is argued that tutorial support can help familiarise students with 'unfamiliar academic demands', thus making the student feel more in control and more able to cope. Structured tutorial support can also affect students' self-esteem as it helps them gain confidence, skills and knowledge, and to better understand the academic demands placed on them and therefore reduce uncertainty. The findings from the literature clearly suggest a need for structured tutor support for students.

Linked to this is the need for support models to contain proactive rather than reactive elements, the latter being the case with most current support models. Rhodes and Jinks (2005) for instance identify ways in which students with difficulties can easily be overlooked. They state that '*students who were struggling academically and those reporting personal and health problems were responded to, in a reactive way*'. Given that many students find it very difficult to ask for help, a proactive model is needed to anticipate problems and deal with them quickly and effectively. Malik (2000) argues that tutors who are seen as

approachable are more likely to be sought out by students, thus helping to pre-empt any problems.

Rhodes and Jinks argue that

*'It is unethical to continue to recruit student nurses without offering adequate and appropriate support to enable success' (p396).*

It is evident from the literature reviewed that there is a need for a support model, which can be applicable to any healthcare education setting, particularly for a structured, proactive approach, rather than one which addresses students' needs in a reactive manner, (a comprehensive review of the literature can be found in Appendix 1). Owen (2002) found that whereas a variety of models could potentially work effectively, the most successful student support systems were the ones given the highest priority at the most senior levels of the university. It is also evident that whatever model is used, it is crucial that students are made aware of the support available in their institution. Good publicity of the ATS model available to students is therefore essential.

### **3. Design and Methods**

#### **3.1 Design**

Given the project's aim and objectives as stated above, the overall design adopted an Interactive Evaluation (Owen & Rogers 1999) framework, which is taken from a social science perspective with the potential for an Action Research approach. Thus, the project took a cross-sectional survey stance of current academic tutor support across the Faculty's five schools, the outcomes of which could be used to devise an evidence based academic tutor support guidance, applicable to all Faculty undergraduate programmes.

#### **3.2 Access and Ethical Considerations**

Approval was sought through the Faculty Research Ethics Committee (FREC) and access was gained from Heads of respective Schools within the Faculty. A letter inviting academic staff and students to participate in the study together with the project information sheet (Appendix 5) as well as a written consent form (Ethics Form RE03A) were formulated, in accordance with FREC standards and in keeping with the Research Governance Framework for Health and Social Care (DoH 2005) in the UK.

Anonymity and confidentiality were maintained by ensuring that none of the participants and the information they provided for this project were identified in the report. An independent research assistant facilitated all the telephone interviews and ensured that participants names and personal details were not recorded on the data sheet (except the demographical details required for the project). The research assistant, who had previous experience of collecting data from university students, managed the interviews sensitively. Ethical issues that might have arisen from this project were carefully considered to ensure that none of the participants suffered any harm or injury due to their participation in the project. However, if the project did raise any issues that the participants would have liked to discuss further, they had the opportunity to contact the project team to discuss their concerns and/or get any required support. Participation in the project was entirely voluntary and both staff and students were free to decline to take part or to withdraw from the project at any time without having to give a reason. They were made aware that if they chose not to take part, or to withdraw part way through the project, this would have in no way affected their status with the Faculty.

### **3.3 Sampling**

A convenience sampling method was used and all current undergraduate/pre-qualifying students (N=1846) and academic staff (N=155), involved with academic support, across the five schools within the Faculty of Health and Social Care Sciences (FHSCS) were approached to participate in the project.

### **3.4 Data Collection**

Two specifically designed self-report questionnaires (Appendix 2) were used to collect data from both academic staff and students, respectively. Both questionnaires contained 25 similar questions but the student questionnaire contained an additional question, inviting participation in an interview. The majority of the questions were pre-coded for ease of completion, within which there were seven multiple-answer questions. There were also four open ended questions to elicit description and perception of issues pertaining to the lecturers' experiences of ATS. This method of data collection was followed by in-depth open-ended interviews (Appendix 3) of eleven students and an examination of ten course/module documents (Appendix 4) within the five schools. The key issues addressed within the three data sources were similar and reflect the overall nature and organisation of ATS within the Faculty. These included:

- Availability of Academic Tutor Support
- Purpose of academic support
- Timing of academic support
- Academic support provider
- Mode/style of support delivery
- Venue of support delivery
- Preferences of mode/style/system of academic support

A pilot study of the questionnaires was undertaken with three non-participating members of academic staff and five students, for face and content validity and adjustments were made accordingly.

#### **3.4.1 Data collection procedures and challenges**

Initially, data from the questionnaires were collected anonymously on Blackboard, the Faculty web-based Learning Management System, as stipulated by FREC. The survey manager facility was used accordingly to design and distribute the questionnaires as well as to undertake basic data analysis. A total of 155 academic staff and 1,846 students' questionnaires were distributed. However, the response rates were fairly low for both academic staff and students. This poor response from both staff and students led to a change in questionnaire strategy whereby a global email distribution of questionnaires was undertaken, using a personal identification system and giving staff and students the opportunity to respond by email or via the internal post. This was later followed by an email reminder. As these lecturers were given the choice to remain anonymous, names were not required. This strategy helped to improve questionnaire returns to 101 Faculty students (72% increase) and 27 academic staff (67% increase). Table 1 below highlights the effect of the change in strategy.



A second strategy was also required in respect of interviews with students. FREC agreed for the proposed focus group interviews to be changed to individual telephone interviews with an offer of £10 book voucher for all participating students. This attempt to boost the number of interviews, was also due to a very poor response of students (n=2) volunteering to participate in a small focus group interview. Subsequently, a cut-off date had to be identified after two text reminders from a potential of 19 students and a total of 11 interviews were successfully undertaken.

Schools	Blackboard		Email		Internal Post		Total n	
	Staff	Student	Staff	Student	Staff	Student	Staff	Student
Midwifery	1	3	3	5	0	2	4	10
Nursing	5	19	8	27	4	10	17	56
Physiotherapy	0	0	1	6	1	5	2	11
Radiography	1	6	1	6	0	7	2	19
Social Work	2	0	0	3	0	2	2	5
Total number	9	28	13	47	5	26	27	101
Total %	33%	28%	48%	46%	19%	26%	100%	100%

**Table 1: Frequency of staff & students questionnaire return mode by school**

### 3.5 Data Analysis

**Questionnaires:** Tables 1 and 2 (below) show response rates from staff and student questionnaires, broken down into the five schools within the Faculty. Data were analysed using SPSS version 14.0 to produce descriptive statistics, such as frequency tables, charts and graphs. All the questions were pre-coded except the 4 multiple questions which were post coded, subsequent to a content analysis of the responses.

	N	% of staff population	n	% of staff sample
Midwifery	19	12	4	15
Nursing	92	60	17	64
Physiotherapy	16	10	2	7
Radiography	11	7	2	7
Social Work	17	11	2	7
Total	155	100	27	100

**Table 2: Staff response rates by school**

	N	% of student population	n	% of student sample
Midwifery	85	5	10	10
Nursing	1250	67	56	56

<b>Physiotherapy</b>	166	9	11	11
<b>Radiography</b>	233	12	19	19
<b>Social Work</b>	122	7	5	5
<b>Total</b>	1846	100	101	100

**Table 3: Student response rates by school**

**Interviews:** Data were also collected from eleven semi-structured telephone interviews undertaken with students from nursing and radiography. Despite the change in strategy the project team experienced difficulties in recruiting interviewees. Hence, the sample is skewed towards nursing. However, the aim of these interviews was to further explore students' views on the issues of academic support and any issues which may have arisen from the questionnaires. Data from these interviews were analysed, thematically.

**Documents:** The aim of gathering data from relevant documents was to further identify the academic tutor support (ATS) models operating across the Faculty and to map out the nature of the tutor's role within the Faculty student academic support system, from a cross-sectional sample of course and module handbooks written for students across the five schools. This provided additional evidence on current ATS practice within the Faculty, focusing primarily on the role of academic tutor and benefits to the students' learning experience. Ten documents were selected for analysis, based on their electronic availability and relevance to the project timescale. Two documents were from Midwifery, three from Nursing, two from Physiotherapy, one covering both Diagnostic & Therapeutic Radiography and one Social Work, as well as one inter-professional module handbook (Table 4 below), which was designed by the school of Social Work for 3<sup>rd</sup> year students from the 5 schools. The documents included a range of student handbooks and guides from 2005-2007, relating to a specific course and/or module and depending on their electronic availability.

<b>School</b>	<b>Documents Examined</b>
1. Midwifery	Top Up BSc Module Guide [for students] 2005/6
2. Midwifery	3 year Dip HE / BSc (Hons) Course Handbook October 06
3. Nursing	Dip HE Nursing Course Handbook October 2006 (Includes Student support flow chart & student support services)
4. Nursing	BSc (Hons) Adult Course Handbook 2005/6
5. Nursing	Top Up BSc (Hons) module handbook September 06
6. Physiotherapy	Year 1, 2 3 module handbooks 2005/06
7. Physiotherapy	Clinical Placements – Clinical Portfolio [students'] guidelines 2005/06
8. Radiography (Diagnostic & Therapeutic)	BSc (Hons) Degree Programmes: Student Handbook – School Information 2006/07
9. Social Work	BA (Hons) in Social Work Student Handbook 2006/07
10. Inter-professional	Inter-professional debate/ Management – Module Handbook January 2005 [from BA (Hons) SW]

**Table 4: Details of documents examined**

### 3.5.1 Data Analysis problems

With regard to questionnaires completed by both staff and students, it is noted that some lecturers misunderstood instructions for answering certain questions, meaning that they often ticked several answers when only a single answer was required. These replies were thus analysed as multiple response questions.

One of the main issues for both staff and students was the fact that due to the necessity to change data collection strategy, data were collected using two different methods, causing unforeseen problems with analysis. Some questionnaires were submitted by e mail or by post, and others were submitted through Blackboard. Responses received via Blackboard were collected electronically and the output produced collated figures. This meant that it was not possible to establish individual responses to questions. Questionnaires submitted by e mail or by post were received on an individual basis and responses from each questionnaire entered into SPSS. This method of data collection led to two separate data sets which had to be amalgamated for analysis. This was not a straightforward task as one set of analysis had to be undertaken first using SPSS, then the data from the collated figures (via Blackboard) were added to the frequency tables that SPSS produced. However, because the analysis required for this project is purely descriptive, the project team was able to amalgamate the data fairly easily. This would probably have proved very complex had bivariate analysis been required. These problems suggest implications for analysis when using an unfamiliar method of data collection or new technology. Careful consideration for alternative strategies is therefore required to address any failure of the selected method to generate the desired outcomes.

#### **4. Academic Staff's views and experiences of Academic Tutor Support**

This section outlines the main findings from the analysis of data from the academic staff's questionnaires. It reports on the views and experiences of those lecturers who have provided academic support to pre-qualifying students.

##### **4.1 Academic Staff Demographic Details**

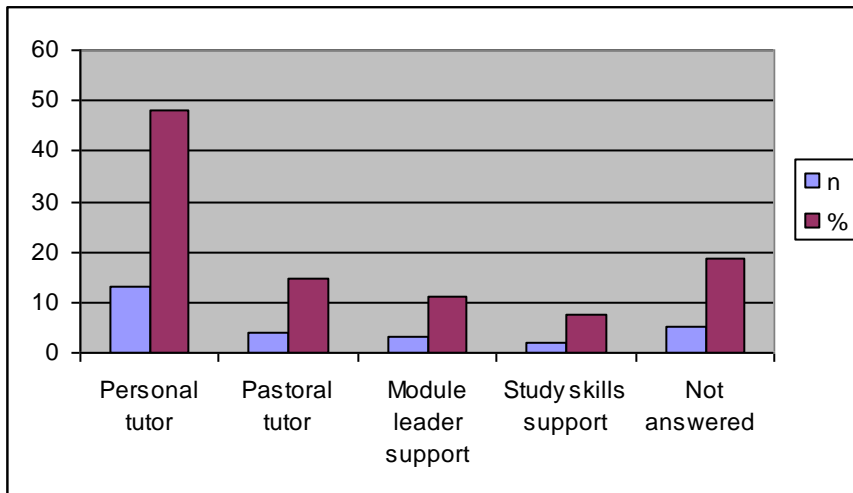
The majority of responses (64%, n=17) were from lecturers in nursing, this being the largest school (N=92, 60%) within the faculty. Four responses (15%) were received from tutors in midwifery, with two (7%) lecturers from physiotherapy, radiotherapy and social work each. Six responses were received from male and twenty-one female lecturers (22% and 78% respectively). The majority of responses (63%) were from module leaders, with a further five responses (19%) from programme leaders and four responses (15%) from course directors. One lecturer described his or her status as 'other'.

##### **4.2 Availability of ATS within school**

Lecturers were asked whether an academic tutor support system (ATS) was available within their school. Twelve lecturers (44%) reported that there was such a system; eight (30%) said that there was no such system. Seven (26%) lecturers did not give an answer.

##### **4.3 Other Tutor Support (OTS) system**

Academic staff who had indicated that there was no ATS system within their schools were given the opportunity to comment on any other tutor support system they were aware of and/or had offered to students. 48% (n=13) of the academic staff indicated that they provided personal tutor support, 15% (n=4) stated that they offered pastoral tutor support, 11% (n=3) provided module leader support and 7% (n=2) indicated that they provided study skills support.



**Figure1: Types of OTS provided by staff**

Lecturers were then invited to give an account of the nature of the OTS they had previously offered to students. This was an open question and therefore responses were post-coded rather than pre-coded. There were 13 responses but it was not possible to determine how many answered from each faculty due to the way the Blackboard results were recorded. However, there was wide variation between lecturers regarding the way in which OTS system operated within their school. Of note here was the fact that models of support varied according to the various stages of the course. Thus, different models were used for students in different years, and models were also adapted to fit the needs of students on placement.

The majority of lecturers appeared to arrange tutorials by appointment on an ad hoc basis, with several mentioning that such appointments were initiated by students. Tutorials were initiated by tutors when there were concerns about a student's ability of performance. One lecturer mentioned that personal issues were discussed with tutees if they were impacting on the student's academic work. Another lecturer stated that 'one to one' sessions were an opportunity to *'discuss anything of concern to the student'*. Two tutors reported that support was provided by a *Learning Support Facilitator* on a study skills course. This was confirmed by another tutor who stated that if a student had 'poor academic skills', they would be referred to a *Student Support Tutor*. A model of team tutorials, whereby students are organised into learning teams with a named tutor, was also reported. The tutor meets with the group fortnightly during the first year and individually once per semester. *'The focus is on how they are progressing on the course and identifying learning needs and strategies. Personal issues which impact on progress and development may be also discussed'*. The same model is used for year three students, but the frequency of contact varies with tutors meeting with their learning teams three times in semester one.

Several lecturers reported that tutorial support was arranged at specific times, often at the beginning of programmes or at the end of a clinical placement. One of the lecturers indicated

that Year two students on placements were visited by tutors in order to 'facilitate reflection and evaluation of practice learning'. One of the main factors influencing the timing of tutorials was the examinations or assignment timetable, with tutorials being organised to help students several weeks before assignments were due, or in the run up to examinations.

Although models of other tutor support vary, the most common approach appears to be the 'one to one' with a tutor, during which a variety of needs are addressed, including examination or assignment preparation, the discussion of personal issues affecting academic work, study skills and general progress. This implies that a 'one-to-one' personal tutor model tends to be utilised in addition to the other models discussed above.

#### **4.4 Information about availability of ATS**

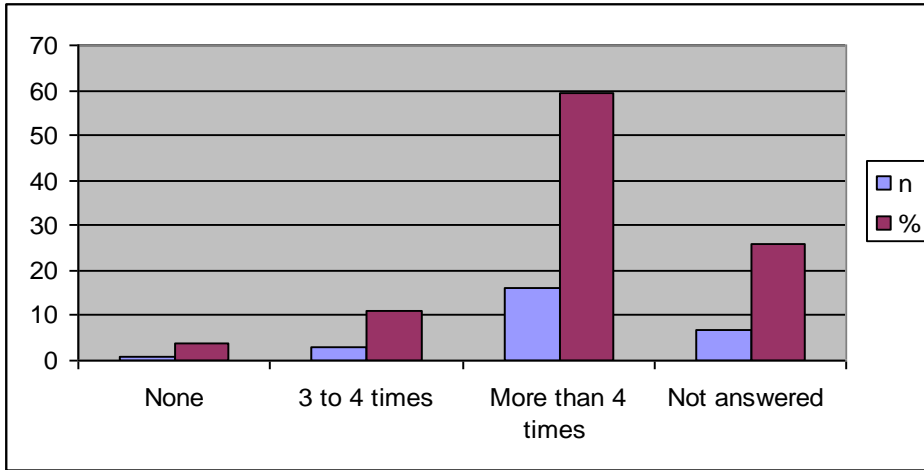
Lecturers were asked to state how students found out about the academic tutor support available to them. All but three lecturers answered (n=24). This was another open question and, as with the previous question, responses were post-coded rather than pre-coded. The most common methods of informing students about tutorial support are via Blackboard', flyers or posters within the faculty, or the module handbook. Several lecturers stated that students were informed verbally about the academic support available by tutors, and by fellow students. These could be in addition to e mail notices sent to students. One lecturer reported that students met with tutors on the first day of induction, and were therefore informed of the support available to them at that stage. Another one reported that personal tutors were randomly allocated to students at the beginning of programme but was unclear about how the student was informed of this, whereas a module leader said that students who had failed assessments were contacted in writing and offered academic tutorial support.

#### **4.5 Timing of academic tutor support**

This was also an open question, with a total of 20 (70%) responses being received. Most lecturers reported that academic support is provided throughout the entire course. Some tutors arranged tutorials to fit in with assignment timetables, so that students would receive support and advice about their academic work at a relevant stage in the course. Three lecturers reported on models that linked the timing of support to individual modules. In one model, formal academic tutorials were offered during key modules, usually during May to July. In another, support is offered from week three of the module, and the third example cited involved support being given half way through the module, with a further tutorial at the end.

#### **4.6 Frequency of academic tutor support**

The majority of lecturers (59%) reported that academic support was offered more than four times per semester and 11% (n=3) offered it three to four times. However, one lecturer reiterated that none was provided, and seven lecturers (26%) did not answer the question.



**Figure 2: Frequency of ATS per semester**

#### 4.7 Reasons for offering ATS to students

The top three reasons for offering academic support to students were:

- To deal with students' personal academic problems (81%),
- To help students who are unsure of assignment requirements (78%), and
- To help students achieve a better grade for their assignments (74%).

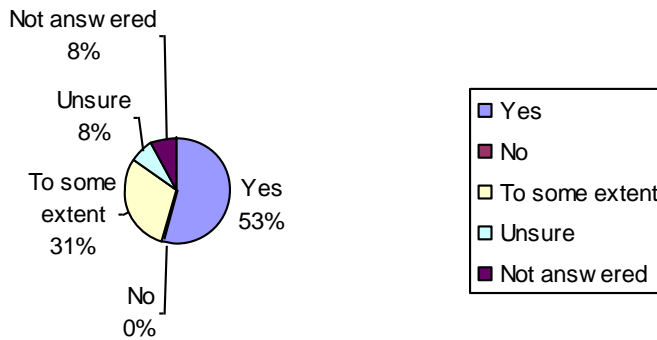
Over a half of lecturers (59%) provided support in order to comply with module requirements, and slightly fewer than this (37%) did so to comply with course requirements. About half the lecturers (48%) offered ATS to address students' personal life problems, and 41% used it to address students' professional clinical requirements.

	n	%
Students to get better grade for assignment	20	74
Student unsure of requirements for assignment	21	78
To deal with student's personal life problems	13	48
To deal with student's personal academic problems	22	81
To address student's professional clinical requirements	11	41
To comply with module requirements	16	59
To comply with course requirements	10	37
To help students with English as a second language	1	4
To see students on my module re lack of attendance	1	4

**Table 5: Reasons for ATS**

#### 4.8 Meeting students' needs

Over half of lecturers (53%, n=14) thought that the academic support they had provided, had definitely met their students' needs. 31% (n=8) thought that these needs had been met to some extent and 8% (n=2) were unsure. None of the lecturers thought that their students' needs had not been met at all.



**Figure 3: ATS meeting students' needs**

#### 4.9 Levels of support and staff autonomy

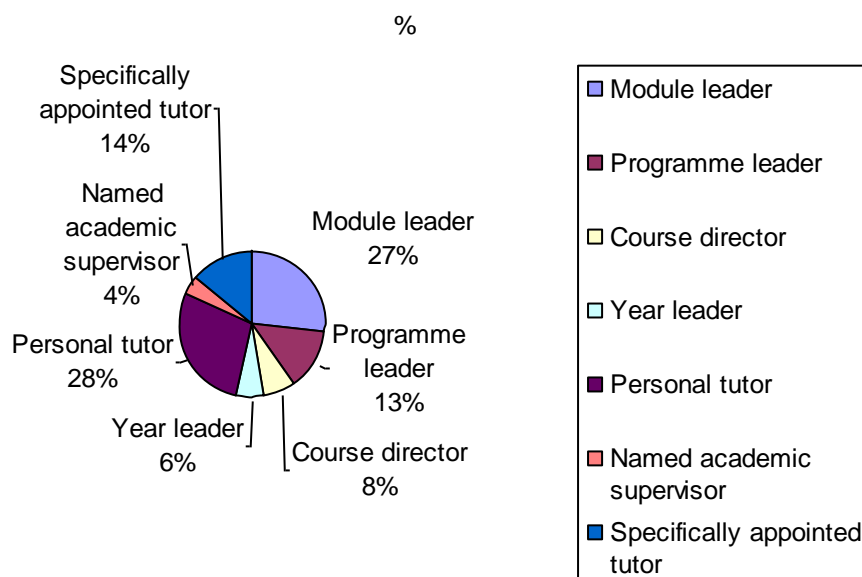
Lecturers were asked about the level of support they had given, whether they gave the same level of support to all their students and whether they have a choice regarding the type of support they can offer to students.

Over half of lecturers (52%, n=14) thought that there was variation in the amount of support given to students. These lecturers explained this by the fact that student 'demands' and needs varied. As one lecturer put it '*the same is offered to all students but it is their uptake which varies*'. On the other hand, just over a quarter (26%) of the academic staff sample (n=7) thought that there was no difference in the amount of support given.

Lecturers' choice over the type of support that they could offer to students was responded to, in mostly positive terms with nearly three quarters (70%) affirming that they did have a choice in this matter.

#### 4.10 ATS provider

Over a quarter of the lecturers (28%) indicated that the personal tutor was the main provider of ATS and similarly, 27% cited the module leader as normally providing academic tutor support. Whereas, 14% reported that such support was provided by a specifically appointed tutor. Programme leaders provided academic support in 13% of cases, course directors in 8% of cases and the year leader in 6%. On the other hand, one lecturer cited a student support and learning support facilitator, as those who usually provided academic support.



**Figure 4: Usual provider of ATS within the Schools**

#### 4.11 Frequency of Academic Tutor Support

Just under half of the lecturers (44%) stated that ATS took place when the student requested it, over a third of lecturers (37%) provided it throughout a specific module and about a quarter of lecturers (26%) few weeks before an assignment was due. Similarly, for a quarter (26%), academic support was provided on an ad-hoc basis, when necessary. However, just over a fifth of the sample (22%) gave support throughout the whole course but one lecturer reported that she initiated a meeting when the student had repetitively failed assignments.

	N	%
Weekly	2	7
Fortnightly	0	0
Monthly	0	0
Throughout a specific module	9	37
Throughout a specific year	0	0
Throughout the course	6	22
Specified weeks before an assignment	7	26
On an ad hoc basis when necessary	7	26
At student's request	12	44
At tutor's request	7	26
Other (specify) Repetitive failed assignments	1	6

**Table 5: Frequency of ATS**

#### 4.12 Organisation of ATS



Just under a half of the sample (48%) organised their ATS by negotiation with the students and a similar number of lecturers (48%) set up timetabled tutorials with 40% of the sample organizing ATS on a self referral basis. 30% organised their tutorials at specific times, through a drop-in system whereas a further 30% had an open door policy, with no specified time slots. However, just over a fifth of the sample (22%) required students to register their name on the tutor's office door or board, and a further 22% (n=6) used a pre booked appointment system.

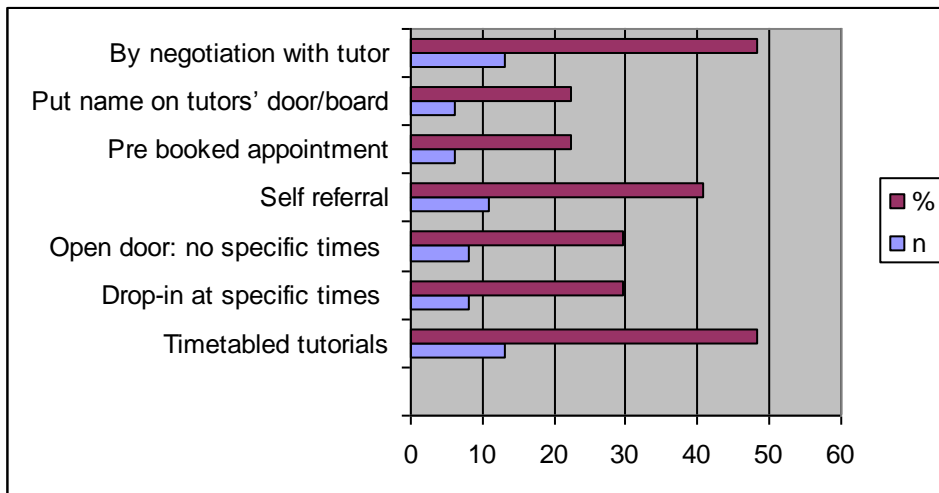
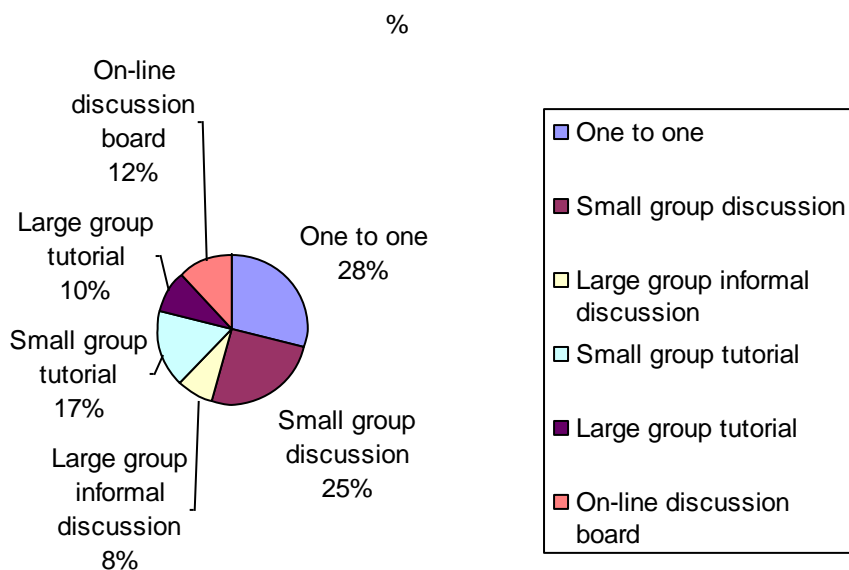


Figure 4.9: Organisation of ATS

#### 4.13 Types of Academic Tutor Support

Over a quarter of the lecturers (28%) stated that they undertook tutorials on a 'one to one' basis and another quarter (25%) held theirs on a small group discussion basis. 17% had small group tutorials, 12% quoted on-line discussion board with 10% and 8% held large group tutorial and informal discussions for large groups of students, respectively.



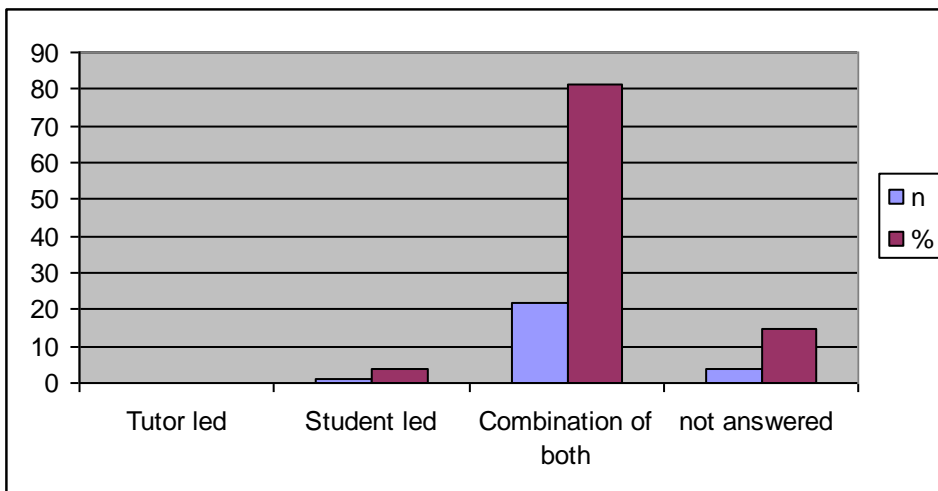
**Figure 6: Types of ATS undertaken**

**4.14 Venue for ATS**

Over a half (52%) of the lecturers held tutorials in their own offices and 41% used a pre-booked classroom for tutorials. A third of the sample (33%) held on-line tutorials, and a quarter (26%) provided academic support when students were on clinical placement with nearly a fifth (19%) using a seminar room to hold tutorials.

**4.15 Tutor vs. student led**

The large majority of (81%, n=22) of the lecturers indicated that tutorials were a combination of both tutor and student led with only one (4%) lecturer who stated that tutorials were student led and the remaining 15% (n=4) of the sample did not answer the question.

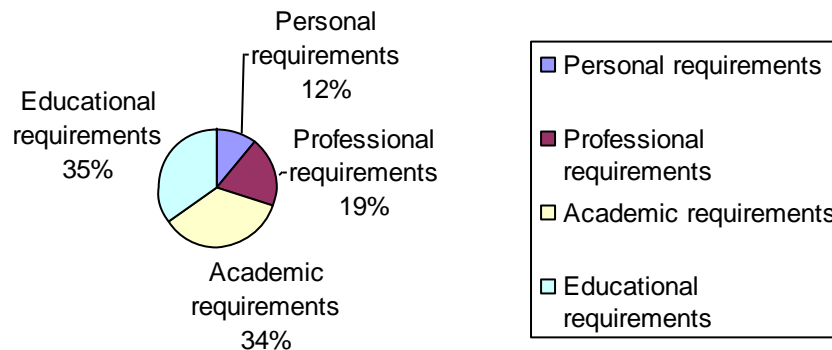


**Figure 7: Tutor vs Student-led ATS**

**4.16 Main purpose of ATS**

The main purpose of ATS was seen by 34% (n=15) of the lecturers as a means to fulfil academic requirements, and almost the same number (35%) thought that the purpose was to fulfil educational requirements. Whereas approximately 19% (n=8) identified the fulfilment of professional requirements as the main reason for ATS, with the remaining 12% (n=3) citing personal requirements as the main focus.

### Main purpose of ATS



**Figure 8: Academic Staff main purpose of ATS**

#### 4.17 Suggested models of academic support

Respondents were asked to suggest an academic tutor support system which could be feasibly implemented within the faculty, if they were given the opportunity to do so. Only 26% (n=7) of the lecturers answered this open question. Several of those who responded emphasised the importance of tailoring support to individual student need, and of the necessity for flexibility in this regard. One lecturer specifically mentioned that emphasis should be placed on identifying study needs before entry to all programmes within the Faculty. This was considered to be of particular importance because of incidences whereby students fail at the first attempt and are required to resubmit. These occurrences appear to be on the increase. It is suggested that an identification of academic needs at an early stage could help to address such issues. Three lecturers favoured the use of one to one academic tutorials, but not necessarily in combination with other means of support. On the other hand, two lecturers preferred small group tutorials with a particular emphasis on peer support, and another thought that small group work to specifically address study skills was a useful model.

## 5. Students' views and experiences of Academic Tutor Support

### 5.1 Introduction

This section outlines the main findings from the students' questionnaires and individual interviews. It reports on the views and experiences of those pre-qualifying students who indicated availability of, and/or had accessed academic tutor support (ATS) within their respective schools as well as those who were aware of, and/or accessed other academically related support within the Faculty.

### 5.2 Students' Demographic Details

From the 101 respondents, the majority of questionnaire responses (55%, n=56) were from students in nursing, this being the largest school, consisting 67% of the total number of the Faculty students surveyed. The composition of the other four schools comprises, 19% (n=19) radiographers, 11% (n=11) physiotherapy, 10% (n=10) midwifery, and 5% (n=5) social work students. Over a third of the students (39%, n=39) were in year three, followed by a similar number (35%, n=35) from year one, 18% (n=18) year two and 8% (n=8) year four students. 74% (n=75) of the sample were women, 25% (n=25) men and 1% (n=1) of the sample did not complete the question.

Interviews were undertaken with eleven students from two schools, nursing and radiotherapy. Two of those interviewed were male and the other nine were female. Due to these small numbers, it is considered prudent not to include any further details about those students who were interviewed in order to protect their identity.

### 5.3 Availability and frequency of seeking ATS

Questionnaire respondents were asked whether an academic tutor support system (ATS) was available within their school. 62% (n=63) of the sample reported that there was such a system, 33% (n=33) stated that there was no such system and 5% (n=5) lecturers did not give an answer.

Nearly three quarters (71%) of students failed to answer the question regarding how frequently they had sought academic tutor support in the previous 12 months. Of the whole sample, 18% (n=18) indicated that such support had been sought once or twice, 8% (n=8) three to four times and 3% (n=3) indicated that they sought ATS more than four times per semester.

### 5.4 'Other Tutor Support' sought by students

Respondents were asked to indicate any other tutor support they had previously sought. Nearly two thirds of students who responded to this question (63%, n=42) said that they received personal tutor support, and slightly more than a fifth (23%, n=15) cited pastoral support. Study skills support was mentioned by 6% (n=4), module leader support was identified by 5% (n=5) and there was 3% (n=3) of unspecified other support reported.

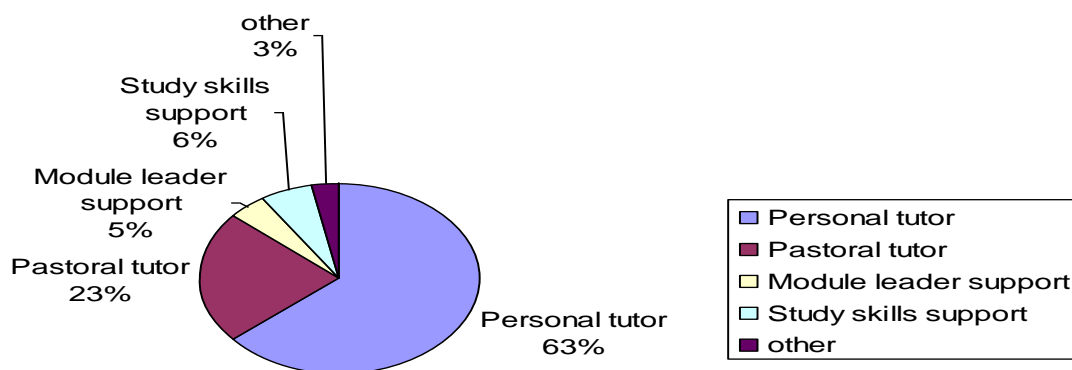
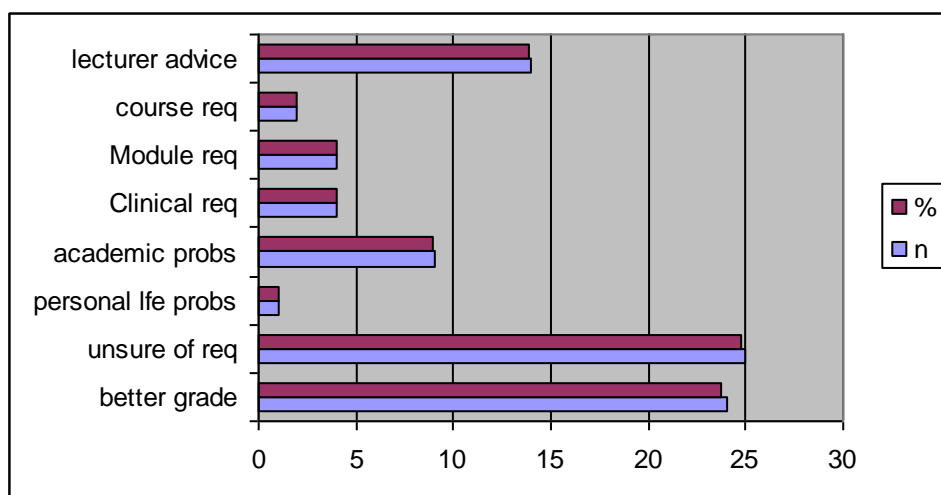


Figure 9: Other Tutor Support sought by Students

Some of the interview findings reflect these results with most students indicating that their personal tutor was the first port of call for all types of support. Only two of the eleven interviewees mentioned receiving pastoral support, and in both cases this was provided by the personal tutor. In contrast to the questionnaire data regarding module leader support, a larger percentage (55%) of the eleven students (n=6) said that they had sought module leader support available to them.

### 5.5 Reasons for seeking ATS

Nearly half of the students reported that the two main reasons for seeking academic support were because students were unsure of assignment requirements (25%, n=25), and because they were seeking a better grade for their assignments (24%, n=24). Only 14% (n=14) sought tutorial support on their lecturers' advice, and a further 9% (n=9) due to academic problems. A smaller percentage of students indicated that they sought such support to comply with module requirements (4%, n=4), the same number did so to comply with clinical requirements and only 2% (n=2) sought support to fulfil the course requirements.



**Figure 10: Reasons for seeking ATS**

Interview data from the interviews reflects these findings, with the large majority of students stating that they sought ATS because they wanted help with assignments, exam preparation and thesis writing. Several mentioned that help with general study skills was also a reason for seeking out support, including a dyslexic student who approached the dyslexia unit for help. Students tended to want help with clarifying assessment criteria for assignments, and indicated that specialist subject advice was of importance to them. In line with the above responses about pastoral support, two interviewees had sought advice about personal issues. Three students had sought advice about clinical matters while on placement.

### 5.6 Meeting students' academic support needs

Respondents were asked whether the tutor support they received had met their needs at the time. Two thirds (66%) of the students failed to answer, and of those who did, just over a fifth

(22%) stated that their needs had been met with a smaller number (7%) of needs met 'to some extent' and 5% (n=5) stated their needs had not been met.

### **5.7 Level of support to students**

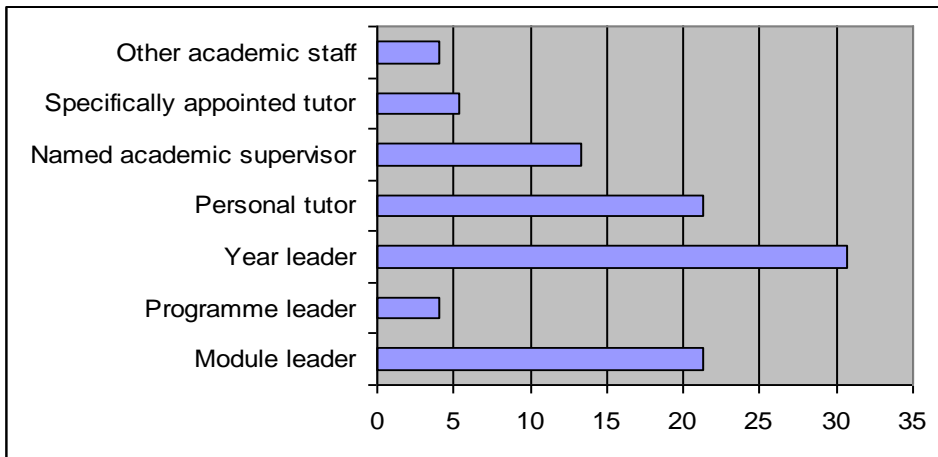
Students were asked whether they thought that the same amount of support was provided to all students. Nearly three quarters of the sample (72%) failed to answer. Just over a fifth (21%) thought that tutors did provide the same level of support to all students, with only 7% believing that there was a difference in the amount of support.

However, the interview data suggests two main factors that may influence the level of support individual students receive. These factors are the relationship between the personal tutor and their individual students, and the extent to which students are proactive in seeking support. Approximately half the students (n=6) interviewed about this issue thought that there was variation in the support received because some personal tutors favoured certain students, offering more support to them. Several students thought that this was affected by the personality of both parties, so that if tutor and student got on particularly well, support was more forthcoming. On the other hand, if there was a personality clash, less support was offered to students.

The other issue related to whether students took the lead in asking for academic support when needed. It was generally thought that students who were more confident in approaching tutors got more support than those who were 'shy' about doing so. Another point mentioned by several interviewees was that students with personal problems often needed more support but this was seen by most as perfectly acceptable because the issues that some faced, such as ill health or bereavement.

### **5.8 ATS Provider**

Nearly a third of the students (31%, n=23) reported that the year leader normally provided ATS. The personal tutor was identified by 21% (n=16) of the students as being the main provider of ATS, with the same number (n=16) reporting the module leader as the main provider of such support. Interview findings indicate that the personal tutor is the first 'port of call' for academic support, and that many students also approach the module leader, particularly with help for assignments and exam preparation. This is because the module leader is viewed as an expert in the subject and is usually keen to ensure that students succeed.



**Figure 11: ATS Provider**

### 5.9 Frequency of ATS provided

The response to the question about the frequency with which ATS was usually undertaken was quite varied. The most frequent response was 'at student's request', with just over a third of the sample (34%, n=44) indicating that this was how the frequency of ATS was determined. Less than a third of students (22%, n=28) affirmed that ATS was provided throughout the course, 21% (n=16) thought it was provided mainly on an ad-hoc basis. Whereas, 12 students (15%) cited 'at the tutor's request' with a smaller number (n=7) of students reporting that support was provided throughout the module, with the same number saying that it occurred before an assignment. Additionally, four of the students indicated that tutorials occurred weekly or fortnightly, with only one saying that they were a monthly occurrence.

### 5.10 Organisation of ATS

The response to the question about the manner in which ATS is organized produced a wide variety of responses. The most frequently cited method was by 'negotiation with tutor', with nearly a third (30%, n=46) of the students stating that this was the case for them. The second most cited method was the 'pre booked appointment' with a tutor, with 19% (n=29) of the sample answering in this way and 'Self referral' was given as a response by 15% (n=23). Other ways of organising tutorials were less likely to be utilised, with 12% (n=19) stating that tutorials were timetabled, only 10% (n=15) identifying a drop-in session at specific times, and the same number naming an open door system with no specific times as the norm, followed by students writing their names on the tutorial list placed on the lecturers' office door, was the least likely of all to be utilized.



**Figure 12: Organisation of ATS**

Data from the students' interviews reflect the above results, with the majority stating that most appointments were a result of the student contacting the tutor by telephone or e mail. This was usually the case with personal tutors and also module leaders. Few students had pre-scheduled meetings, although this was the case for two students who regularly met with their dissertation supervisors. One student also mentioned structured appointments with her tutor when on clinical placement. Similarly, some students had attended scheduled group tutorials. None of the interviewees reported on drop-in or open door policies.

### 5.11 Types of ATS

As part of the survey, students were also asked what form the academic tutorials took. Findings show that 51% of the questionnaire sample (n=57) have one to one tutorials, and that just over a fifth (21%, n=23) have small informal group discussions. Other methods include small group tutorials (10%, n=11), online discussion boards (9%, n=10) and large informal group discussions (8%, n=9). Only two students indicated that they take part in large group tutorials. Interview findings also suggest that the one to one tutorial is the most common form of academic support, and that group tutorials are also regularly used for this purpose.

### 5.12 Venue for ATS

A large number of tutorials take place in the lecturer's office, with 40% of students (n=51) indicating that this was the case. A pre-booked classroom or seminar room was the second most likely location, with 30% (n=38) citing this as a usual location, 14% of the sample (n=18) indicating that tutorials take place on-line and 9% (n=11) in class at the beginning of a lecture. Only 7% (n=9) of the sample indicated that tutorials occur while they are on placement.

### 5.13 Tutor vs student led and choice of ATS

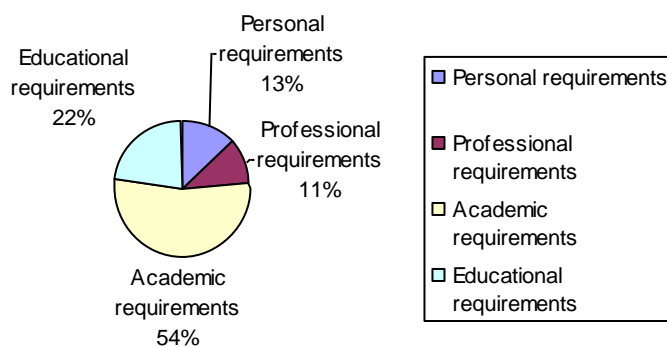


The students were asked whether they thought that ATS tended to be tutor led, student led, or a combination of both. Nearly half of the students (44%) failed to answer the question. A quarter of students thought that tutorials were a combination of both tutor and student led, 19% (n=19) thought they were tutor led, and 14% (n=14), that they were student led.

Students were also asked whether they had a choice regarding the type of ATS offered. A third (33%, n=33) thought they had no choice in the matter, a quarter (25%, n=25) stated that they did have an influence and 42% failed to answer.

### 5.14 Main purpose of ATS

Students were asked to indicate what they considered the main purpose of ATS to be. Of those who answered this question, over half (54%, n=41) suggest that academic requirements were the main reason, just over a fifth (22%, n=17) stated that educational requirements were paramount, 13% (n=10) that the main purpose of ATS was to help fulfil personal requirements, and 11% (n=8) that it was to fulfil professional requirements.



**Figure 13: Students' main purpose of ATS**

Interview data reveals a similar picture, with half of students seeing the main purpose of ATS as providing support for assignments and exams, especially in helping students with specialist knowledge and assisting in clarifying assessment criteria. Two interviewees thought that the main focus should be to provide general support and encouragement throughout the course, and only one student raised the issue of pastoral support.

### 5.15 Suggested models of academic support

Students were invited to describe the type of academic tutor support system they would wish to implement within their respective schools. Over three quarters of students (77%, n=78) answered this question. About a third (32%) of the students identified the use of Blackboard or on-line facilities for tutorials, including the use of e-mail, as their preferred ATS system. Many thought that both tutors and students should be conversant with the relevant technology so that tutorials could be held using this method. Several commented that on-line tutorials were particularly beneficial for students on placement. Seventeen percent students

(n=17) favoured the use of tutorials organised around their assignments. One student clearly illustrates this point:

*"In terms of working towards academic assessments, I would like small tutorial groups with a lecturer who is familiar with the assessment criteria, for each module...and make them compulsory tutorials... Students would feel a lot more supported if there was a lecturer who they got to know and that they felt they could go to, for help with assignments".*

13% of students (n=12) thought that tutorials should be scheduled, with very few advocating the ad-hoc approach. Responses varied with regard to how or when scheduling should be organised. Some reported that they would prefer weekly sessions and others that tutorials should take place at least once a semester or twice yearly. 9% (n=7) said that tutorials should be "*student led and flexible*" but definitions of this were unclear in the answers given in the questionnaires. However, only three students (3%) mentioned that they preferred small group tutorials, either in person or online. One of the students from the School of Physiotherapy commented that the system was "*fine*" and outlines an approach whereby a group of students are assigned a tutor and the tutor and tutee can meet at the request of either party to discuss any issues of importance to the student. In addition the school has other lecturers who are open to students booking appointments to meet with them even if they are not their Personal Tutor.

One student respondent suggested that successful students from the previous academic year could be invited to provide tutor support to students, arguing that these graduates are well placed to offer academic support as they are familiar with the course.

In terms of general comments about academic tutor support, several raised the issue of tutor approachability. These students felt that irrespective of the tutor support model, some individual tutors could be unapproachable and gave the impression that they were too busy to devote time to student tutorials. One student stated: "*At the moment tutors are too busy to deal with student's academic problems*". Another added that the system should be "*more friendly, so that people weren't scared to go to get help for whatever reason*".

Another important issue raised by a minority of respondents was that any model should encourage tutors to support students before assignments are due rather than contacting students only after they have failed. This point links with the comments above whereby several students mentioned that they would like help when assignment deadlines are looming. However, these comments about student failure suggest that some students seemed particularly frustrated that they failed an assignment, having received no tutor advice beforehand. Another, respondent comments on feedback for assignments, stating that:

*"...particularly for 1st years, the tutors need to be more proactive in giving constructive criticism for course work in order that the student understands why they received the mark they did and how to improve their work for next time".*

During the interviews, the students were also asked what type of academic tutor support could realistically be implemented within the school, based on their own experiences of student needs. The two most popular methods for supporting students academically were 'one to ones' and small group tutorials. The main emphasis for students was the ability to access support and guidance in order to achieve successful results in assignments and exams, as well as general study skills. It is important to students that lecturers, whatever their formal role, have the specialist academic knowledge needed to guide students with their work. This help could therefore be provided by a personal tutor, a module leader, or another academically credible tutor. Students considered group tutorials to be useful because they allowed individual students to raise points and queries which were often relevant to the whole group. In other words, they allowed for the exchange of ideas. 'One to

ones', usually with personal tutors, were viewed by students as invaluable for giving them the opportunity to explore issues in more depth, as well as providing general encouragement and motivation during their course. Some interviewees preferred scheduled one to ones, while others were happy with the ad hoc method.

## 6. Overview of ATS practice from the students' course and module handbooks

This section presents an overview of the findings from the course or module documents examined, in the search for the current ATS model/approach or system used within the Faculty respective schools. The term 'Academic Tutor Support' (ATS) was not evident in any of the 10 documents examined and the 'Personal Tutor' system was found in four of the schools except Social Work. However, an account of the models found in each of the school is offered here (see Appendix 4 for summary):

- **Midwifery:** The personal tutor is mentioned nine times in the Dip HE/BSc (Hons) Midwifery Course Handbook 2006 and the aim of the role is to "*provide tutorial support and supervision in the development of skills and knowledge*". Thus, the academic element is an inherent part of the personal tutor's role both within the higher education environment and in the clinical practice setting. On the other hand, for the 'Top Up' BSc (Hons) course, there is no mention of the Personal Tutor's role. The type of student support provided for this group of students is from a "*chosen and/or allocated Research Supervisor*", from whom students are required "*to seek academic help, advice and supervision*". It should be noted here that the Top Up course is on a part-time academic basis during year 4 of the course, whilst the students are working full-time.
- **Nursing:** In the Diploma HE nursing course handbooks (2006), there are five references to academic support for students.
  1. Academic Support provided by Module Leaders and named Academic Supervisors. "*Module Leaders are lecturers who are responsible for the delivery of individual course modules*" and are "*available to offer support and advice on academic issues which relate to specific modules*" (p43) and a named supervisor and allocated for each modular assessment. The *Academic Supervisor* is described as a lecturer with expertise in the module subject and accessible to assist, guide and support the students in the preparation of assignments, generally in the form of group tutorials. Tutorial times are arranged by the academic supervisors.
  2. Personal and Professional Support: Students are allocated a facilitator at the beginning of the course. The facilitator arranges to meet regularly with a small group of students from the same cohort and is concerned with students' personal progress and welfare. It should be noted here that this facilitator's role seems to be similar to the Personal Tutor found in the pre-2005 course handbook.
  3. The Study Hut: an Academic Support Tutor offers further support to students in the development of literacy, numeracy and writing skills.
  4. Academic Skills 'Pop In': this is a weekly session offered by a group of lecturers who assist students with the development of their academic skills.
  5. A Student Support Senior Lecturer provides advice on issues that may be affecting students' performance on the programme.

In the BSc (Hons) Adult course handbook 2005/06, the Personal Tutor is mentioned 7 times with the student support section referring to *academic support* which is provided by *Module Leaders & Academic Supervisors*. The *Personal Tutor* is responsible for students' progress

and welfare, similar to the Dip HE programme. In contrast, the Top up BSc (Hons) module handbook (2006) refers to student support, which is provided by a chosen or allocated *Academic Supervisor* with personal and academic roles.

- **Physiotherapy:** An electronic course handbook was not available for this school, but 9 module handbooks were accessed and examined, across the three years of the course. None of these module handbooks included any form of student support system. However, two useful handbooks were the research module handbook and the Clinical Portfolio students' guidelines. The research module handbook (2005/06) refers to a Research Supervisor, who "*liaises with students*" to support them "*to formulate their research proposal*" (p10). The term Personal Tutor was mentioned twice in the Clinical Portfolio students' guidelines 2005/06. Here the personal tutor's role is to assess formative and summative portfolio and assist in writing objectives for their learning contracts.
- **Radiography:** The students' handbook 2006/07 examined, covers both programmes, Diagnostic and Therapeutic. The Personal Tutor seems to be the main source of academic support and students are encouraged to approach their personal tutors with problems, including issues with study skills and exam techniques. The Personal Tutors are randomly assigned to students on entry onto the course and they normally remain with them throughout the duration of the course. Although the personal tutor assumes a multifaceted role, including pastoral care, students are given the opportunity to approach other member of staff, according to their preferences.
- **Social Work:** Three distinct pathways of student support with academic elements were identified in the BA (Hons) degree programme student handbook (2006/07). However, "*The highest level of support is provided at Level 1 and this is followed by a tapered reduction in tutor facilitated support over Levels 2 and 3*" (p32). Level 1 students are provided with the University (academic) student support sessions, either as individual tutorials, learning teams or peer support groups, at a minimum of twice weekly, whereas Levels 2 and 3 students have these on a weekly basis.
  1. The Faculty inter-professional short course on study skills at the pre-entry is seen as part of the support given to students on the degree programme, since it is offered to all successful candidates. Academic support is additionally provided to Level 1 (Year 1) students by Level 2 and 3 (Year 2 and 3) students through a *Student Academic Mentoring Scheme* but Level 3 support Level 2 students by assisting with induction into practice settings. The focus of such an approach is towards self-responsibility for professional practice and standards.
  2. *Learning Teams:* These are tutor facilitated small groups, which students are allocated to and remain in, throughout the course. The focus is on peer support, study skills and learning strategies development. However, the *Learning Team Tutor* is the first point of contact when students have problems with the course. "*Individual tutorials are also provided on a regular basis*" (p32). These deal with learning agreements, review and progress files.
  3. *Practice Learning:* During their clinical placements, the students are allocated individual *Academic Tutors* who provide a "*bridge*" with University (academic) learning and oversee learning contracts.
- **Inter-professional module:** This is an inter-professional module found in the BA (Hons) in Social Work module handbook (2005). It was considered appropriate to examine this document because students from the other four schools are also involved in this module. It is a year 3 optional module for Dip HE Midwifery and BSc students from Nursing, Physiotherapy and Radiography. Unlike the other module

handbooks, none of the key words and terms was found. However, it appears that the module leader is the main point of contact for the students' academic support.

## **7. Discussion**

### **7.1 Introduction**

This discussion focuses on the key emergent findings of the analysis of the data collected from the three data sources, namely academic staff and students questionnaires, student interviews and, the module and course handbooks, which reflect the overall nature and organisation of academic tutor support (ATS) in the five schools within the Faculty.

### **7.2 Availability of ATS**

According to the findings, it is evident that one third of the students and just under a third of academic staff do not recognise an ATS system within their respective schools. The reason for this could be due to the specific term "Academic Tutor System" (ATS) used in the questionnaire. Despite undertaking a pilot study of student and staff questionnaires, the term ATS could have been ambiguous for both groups of respondents. It should be noted here that an explanation of the term was indicated in the information sheet but a clear definition of the term was not provided in the questionnaire. Moreover, although the question, asking respondents to comment on any 'other tutor support' they were aware of, was meant to be answered only by those who had indicated that there was no ATS system within their respective schools, findings indicate that a number of the others also responded to this question. For instance, 89% (n=24) of the lecturers answered the question about the manner in which students found out about ATS they had provided to students.

### **7.3 Purpose of ATS**

The main purpose of ATS varied only slightly for both groups of respondents in respect of educational (teaching and learning needs) and academic requirements. The interview data showed a similar picture, with an emphasis on support being provided for assignments and examinations. However, it seems that this picture is different when the reasons given for seeking and providing ATS are examined. A high number (81%) of lecturers indicated that they provided ATS "to deal with students' academic problems" whilst only 9% of the students indicated that "personal academic problems" was the reason for seeking ATS. Such discrepancy could suggest that students are unaware of their academic difficulties and there seems to be disparity between the students and academic staff perceptions and/or experiences of ATS. On the other hand, it could be that the students did not fully understand the purpose of ATS. Hence, these findings could suggest that the nature of ATS is blurred and to some extent poorly understood. Conflicting views about the nature of the personal tutor's role has been previously reported by Rodriguez-Gomez (1991) and Goorapah (1991). Gidman et al (2000) and Gidman (2001) also found a lack of clear definition of the role, with Richardson (1998) noting the confusion by both tutors and students over what the role actually entails. Crotty (1993) purports that lecturers have a role in providing information to students, and that they should be more proactive in doing this.

## 7.4 Provider of ATS

A range of varied terms were identified from the three data sources to describe the provider of academic support. The following twelve terms are examples of findings:

- Academic Supervisor
- Academic Tutor
- Academic Support Tutor
- Learning Support Facilitator
- Learning Team Tutor
- Module Leader
- Named Academic Supervisor
- Personal & Professional Facilitator
- Personal Tutor
- Programme Leader
- Research Methodological Supervisor
- Year Leader

Although descriptive enough, such wide range of titles and implied roles used to describe academic support given to students within one Faculty could lead to confusion and uncertainty for both students and staff. It seems that clarification is crucial especially when new academic support models are introduced and new titles are assigned as seen in the Nursing and Social Work schools. An example of how such situation has been addressed for the recently introduced academic, personal and professional learning student support (APPL) for nursing students (Fergy et al 2008), was to design handbooks for students and 'facilitators'. Since these were implemented whilst this report was being prepared there has not been an opportunity to examine the contents of these handbooks to establish the parity of information, such as definitions and roles.

Another finding of note about the provider of ATS is, despite evidence of the popularity of the personal tutor, only 28% of the staff and 21% of the students had identified the Personal Tutor as the main provider of ATS. An explanation for this is that a much higher percentage of the respondents who had cited the personal tutor as 'other type of tutor support' whereby 48% of the staff stated that they had provided personal tutor support and 63% of students had received it. The personal tutor is also quoted quite frequently in the other two data sources as provider of academic support and seen as the first point of contact together with the Module Leader who is also important for ATS due to their subject expertise and vested interest for students to succeed as well as their personal and professional credibility.

However, the largest discrepancy found between the two groups of respondents, about the main provider of ATS, was the 'Year Leader', who was cited by 31% of students and only 6% of lecturers. Such discrepancy further indicates a disparity of perceptions and lack of clarity regarding definitions between students and lecturers, as indicated in the literature (Richardson 1998, Gidman 2001).

## 7.5 Scheduling of ATS

Due to the fact that the literature refers to wide variation concerning the nature of academic support, particularly in terms of venue (where), timing (when) and the frequency (how often) it took place (Richardson 1998, Malik 2000, Owen 2002 and Price 2003), the scheduling of academic support meetings was one of the areas requiring greater exploration. The findings from the data of this project corroborates with these previous studies, to some extent.

**Frequency:** Despite 62% of the students recognizing the existence of an ATS within their respective schools and nearly 50% identifying the categories, 'unsure of assignment requirement' and 'to get a better grade' as their main reasons for seeking ATS, a surprisingly large number (71%) of students did not respond to the question about how frequently they had sought ATS within the last 12 months. Although, this might indicate that they did not seek any ATS during that time, however 47% of these respondents were from year 3 and 4 and a smaller number (18%) from year 2. Therefore, the variation in the level of support needed, as well as possible lack of uncertainty about the support available could have influenced these results. There were 35% of year 1 students, but a more structured model was reported to be in place for such students. Hence, there was no need for them to seek ATS since it was offered and/or built into their programme. There is also evidence in the results that 63% of students had their support from personal tutor who is seen as the first point of call.

Most students appear to prefer ATS on either a weekly, twice weekly or 'ad hoc' basis (at the student's request). However, none of the respondents referred to the existence of protected tutorial times, a finding also reflected in the analysis of the Faculty documents. Malik's (2000) study demonstrates that despite the introduction of a more formal scheme, there was no stipulation as to how often tutors would meet with their students and who should initiate meetings. However, unlike Malik's study, nearly three quarters of the lecturers and a quarter of students in this study affirmed that they had a choice in the type of academic support they provided. Malik's study (2000) indicates that students were more likely to be satisfied with the scheme when meetings were regular and frequent.

**Timing:** Within the Faculty, the scheduling of ATS is reported to have been delivered throughout the entire course at strategic points of various modules and linked with assessments and examinations. It seems to be largely a tutor-led support with individual sessions prominent for Research Supervision and formal academic tutorials were offered during key modules, usually during May to July. However, previous studies have found that students would prefer a system whereby routine meetings for academic support are scheduled irrespective of any problems that arise (Nylund and Lindholm 1999, Owen 2002).

**Venue:** The venue for ATS within HE institutions does not seem to have been addressed in the literature, except those tutorials undertaken within clinical settings. In this study, a large number of ATS took place in the lecturer's office followed by a pre-booked classroom, as a second most reported venue. However, there appears to be a discrepancy with the findings concerning the frequency of on-line tutorials with 33% lecturers stating that ATS is undertaken on-line but only 14% students citing this as a form of academic tutorial. Since the samples were not paired, it is not possible to comment on the significance of such findings but the students' suggested ATS model (as discussed below) does refer to on-line tutorial. Data based on the analysis of Faculty documents shows that the school of Social Work is the only school to make reference to online learning support, within its teaching strategies but not specifically as ATS. Such findings suggest a lack of acknowledgement of the rapidly developing aspect of contemporary teaching and learning within healthcare education, such as the use of concepts of the virtual environment, the virtual patient and the virtual ward.

A considerable number of staff (41%) reported that they provide ATS within a clinical setting and it is clearly in this context that a significant number of staff address students' professional clinical requirements. This approach suggests that some lecturers view academic support as an eclectic model with the integration of academic and clinical learning, thus, bridging the theory-practice gap as evident in all the schools studied, except nursing. Nursing seems to address clinical support issues separately. Such findings also support

Charnock (1993) and Gidman's (2001) arguments that within a healthcare context, it is generally agreed that the personal tutor's role helps students to bridge the theory-practice gap. However, some authors maintain that terms other than personal tutor are used synonymously (Morley 1990) and Hafez and Weiss' (2006) refer to a scheme which includes a formal schedule for tutorials and placement visits throughout the term.

## **7.6 Mode of ATS Delivery**

Both lecturers and students indicated that individual tutorials and small group discussions were the two most common forms of ATS provided within the five schools. Analysis of Faculty documents also revealed a predominantly tutor-led support with individual sessions prominent for Research Supervision with assigned tutors. It appears therefore that students generally have little choice with regard to ATS provision, with the exception of research supervision. Additionally, different approaches are utilised for different stages of the course and these are adapted to fit students' needs with assignments or on clinical placements.

The level of support is an aspect of ATS, which seems to be an area of concern for students. Students who were interviewed offered useful explanations which corroborate the findings of previous studies. Owen (2002) found that the age or gender of tutors was not of paramount importance for the students she interviewed but that 'approachability' was a major concern. It is therefore argued here that availability and accessibility of ATS has to be accompanied by the approachability of the lecturers and the quality of the tutor-student relationship is fundamental in the establishment of any ATS system. Malik (2000) argues that tutors who are seen as approachable are more likely to be sought out by students, thus helping to identify any problems in a proactive manner.

Evidence from the interview data suggests that the more confident the student the more support is gained. This has crucial implication for students seeking ATS, as the most cited methods of organising ATS was 'by negotiation with tutor' and by 'pre-booked' appointment. This corroborates with data gained from lecturers' responses regarding the organisation of ATS whereby the most common methods for organising tutorials were cited as 'negotiation with tutor'; 'self-referral basis'; 'open door' (normally in tutor's office) and 'drop in' session at specific times as well as pre-booked appointment. All these methods require students to approach lecturers directly. Thus, success in gaining access to lecturers will impact on whether students are able to arrange tutorials at a mutually convenient time. This raises issues of students' assertiveness and negotiation skills in attempting to access adequate ATS. Price (2003) argues that students often find it extremely difficult to ask for help, worrying about exposing their vulnerability in front of lecturers and 50% of Malik's (2000) failing students did not seek help from any source. Rhodes and Jinks (2005) identified the ways in which students with difficulties can easily be overlooked. They found that students who were struggling academically were responded to, in a reactive manner.

## **7.7 Suggested ATS Model**

It appears that lecturers were less enthusiastic than students in putting forward suggestions for an ideal ATS model. Only a quarter of lecturers responded to this question as opposed to over three quarters of the students sample. Academic staff tended to place emphasis on the need for a tailor made system, which takes account of the needs of individual students, with some flexibility inherent in the model. However, it was felt that this should commence at the pre-entry stage, as documented in the Social Work Course Handbook (2006-2007). These findings support Hafez and Weiss' (2006) personal tutor model, which has recently been



implemented for a post-graduate in Education course in London. This is clearly a good example of a system, which addresses issues of widening participation and, which supports students from a wide range of backgrounds, including a high proportion of mature students, as is the case within this Faculty. A mixture of 'one to one' and small group tutorials with peer support were also suggested by respondents. There is evidence in the literature to suggest that peer support has been found (Hoagberg et al 1999, Price 2003) to be a useful approach, essentially for students who find it difficult to assert themselves with academic staff.

The data suggest that many students would like to be able to determine what type of support they receive, according to individual needs. This suggests that they may find current models somewhat prescriptive and lacking in students' input. Several authors have warned against students' dependency arguing that students should be encouraged to become autonomous, independent learners (McKinnon 2004, Gammon 2005, Holligan 2005).

Although, when interviewed students indicated that they often preferred 1:1 tutorials, questionnaire data suggest that unlike lecturers, they were more concerned with online facilities for tutorials, which could include both one to one and small group discussions. They felt that both staff and students should be conversant with new technology, such as the Faculty Learning Management System, Blackboard. Several commented that on-line tutorials are especially helpful whilst they are on clinical placement, as would be the case for all healthcare students.

These suggestions clearly demonstrate the need for academic support models to be proactive rather than reactive. The latter being the case with most of the current support models identified in this study. The results also support the findings in much of the literature reviewed by Gidman et al (2000), in which it is recognised that while ATS is an important support system for students, there appears to be little consensus on the most effective model both from the students' and academic staff perspectives. To some extent this is not surprising given the wide range of terms that are being used across the five schools to underpin the academic tutor support role.

## **8. Conclusion and Recommendations**

Students undertaking the various undergraduate, pre-qualifying programmes offered by the five Schools of Health and Social Care Sciences enter through different access routes and bring with them different skills, different levels of confidence and pro-activity. Their aspirations and expectations about ATS may therefore differ according to their background and experience. A number of the students in the study seemed to have developed a belief that many personal tutors have too much to do and it is not surprising that they should seek more formality. Small group tutorials would be more cost effective and would remove

pressure from personal tutors who may have a high caseload of personal tutees. The tension between students' expectations of ATS and the demands of the curriculum delivery needs to be explored further in order to address any existing ATS role conflict. However, existing and suggested models do not seem to provide an environment which allows for students to develop into independent, autonomous learners responsible for their learning. This is an area that requires consideration in whatever model is used.

Although, a number of staff and students have identified ATS within their schools, no agreed model of ATS was found among the five schools. The fact that there is so much variation in opinion, especially concerning the main purpose of ATS, indicates a lack of clarity for students regarding the role of ATS and what to expect. This could also be a reflection of the varying needs of an increasingly diverse range of students. Furthermore, with students and lecturers interpreting the purpose and role of the academic tutor in a number of different ways, the purpose of ATS requires a clear definition, as well as titles and terms used to describe the academic support provider. The role of ATS should be clarified and formalised in a way that would be understood by both students and academic staff, in order to ensure parity of perceptions among all stakeholders. Given that many students find it very difficult to ask for help, a proactive model is needed to anticipate problems and deal with them quickly and effectively. The issue of accessibility to ATS and the approachability of academic staff require attention in order to improve uptake of ATS throughout the Faculty. The development of assertiveness and negotiation skills among students should also be considered in order to assist students in accessing adequate academic tutor support.

Although virtual learning environment is being advocated within the developing Blended Learning initiative across the five schools within the Faculty, this seems to be very much in its infancy and under-reported. It should be noted here that the students and staff participating or engaged in such innovation may not have taken part in the survey and that the views of participants in this new approach may not be reflected in the study's findings.

The main conclusion drawn from the key findings suggest that the most appropriate academic support model would be a student focused approach, which anticipates students' needs and addresses these needs accordingly. The perspectives of students and lecturers need to be accounted for in addition to an acknowledgement of the demands placed on the academic institution. The key recommendation is for the five schools to provide a proactive approach to academic support, one which addresses academic issues as they occur in partnership with students and without compromising the students' autonomy and independent learning. ATS should thus be delivered in a dynamic manner that reflects the 'students' voice' and the needs of the Faculty's contemporary, culturally diverse student population.

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## APPENDIX 1

### **Academic Tutor Support in Health and Social Care in the UK: a review of the literature**

#### **Introduction**

The main focus of this literature review is to explore the models of academic personal tutor support currently used in undergraduate healthcare programmes, with a view to informing further study about models of support in pre-qualifying courses, within a Faculty of Health and Social Care Sciences, comprising midwifery, nursing, radiography, physiotherapy and social work. Most of the literature uncovered by the search is based in nursing, although there are references made to dentistry and medicine. Thus, the search clearly revealed a lack of literature about tutor support in the other healthcare education.

There have been a number of changes in healthcare education in recent years, including an extensive modularisation of courses (Gidman et al, 2000) and increasing student diversity. One major change has been the introduction of the Project 2000 Diploma in Nursing. This led to programmes being moved from Schools of Nursing (which had close links to hospitals) to higher education institutions. There was consequently a change in the balance of programmes from 80/20 clinical/academic to a 50/50 clinical/academic. Such a situation has in turn increased the importance of the academic role of the personal tutor, over the last ten years and furthermore, 'with the introduction of Project 2000 type training, came an increase in the amount and level of academic work' (Gidman et al 2000, p403). Any support system for healthcare students therefore needs to support students both with their academic progression to Diploma/Degree level and to prepare students for their roles as a member of healthcare practitioners.

Rhodes and Jinks (2005) argue that there is increasing stress among nursing students, and that this stress affects their ability to learn. They point to increasing student diversity and the fact that 'people live more complicated lives' (p390). The need for 'good' student support is therefore extremely important. Nursing students in a study by Malik (2000) reflect on the way in which personal issues can interact with the stress of academic work, with 45.3% (63) of the students surveyed saying that their personal life was adversely affecting their academic work. The author also addresses the issue of high attrition rates within healthcare education. Student nurses leave programmes for a variety of reasons but the author believes that the support system is an important factor. In this context, the personal tutor has a crucial role in supporting students and addressing issues of student stress.

#### **Defining the personal tutor role**

Gidman (2001) undertook a thorough literature review on the role of personal tutor within nursing education, and found no clear definition of the role. Richardson (1998) noted that both tutors and students within nursing expressed uncertainty and confusion over what the role actually entailed, with one student commenting that each tutor seemed to interpret the role quite differently. However, it is generally understood to encompass teaching, counselling, and supporting (Gidman 2001). This involves the assessment of individual learning needs, monitoring student's progress and facilitating self-directed learning skills. Clinical roles tend to be less clearly defined than academic roles. Three elements of the personal tutor role emerge from Gidman's review: the pastoral role, the clinical role, and the

academic role. Rodriguez-Gomez (1991) and Goorapah (1991) both found conflicting views about the nature of the personal tutor role within nurse education. Richardson (1998) undertook documentary analysis on this subject and found that the role of personal tutor seemed to be problematic in terms of both formal prescription and personal expectations.

Gidman et al (2000) also advocate a lack of clarity about the role, and found that a variety of models are applied within the nursing context. The role can vary from involving mainly pastoral support to an 'all encompassing' role. However, Phillips (1994) defines the personal tutor as:

*'a teacher who has been assigned the responsibility of guiding a student, or a group of students, towards meeting objectives. These objectives may be formal...but also more subtle and personal to assist each student to maximise personal potential'* (p217).

To illustrate the lack of consensus about the meaning of the personal tutor role, Gidman et al (2000) point out that in some higher education settings, the main role of the personal tutor is to provide guidance on which modules to take. The tutor would usually be involved at the beginning of the course but would not necessarily be involved with the student's academic work. This contrasts with the usual definition where the personal tutor aids the student throughout the whole programme of study.

Gidman (2001) notes that in the healthcare context, most authors agree that the personal tutor has an important role in helping students to narrow the theory-practice gap. A similar argument is put forward by Charnock (1993), who suggests that the personal tutor should act as a bridge between what is taught in the HEI setting and what happens in clinical practice. However, some authors believe that the term mentor can be used synonymously with supervisor, and personal tutor (Morle, 1990).

One of the problems with attempting to define the role of personal tutor is the lack of clarity in the literature regarding how definitions arise. Most studies attempt to canvass the views of students and tutors, as well as looking at institutional definitions. However, it is evident that many institutions do not have clear definitions, and that, partly due to this lack of clarification, students and tutors interpret the role in a number of different ways.

## **The nature of academic support**

There is little detail in the literature about the nature of the academic support provided within healthcare, and in particular, nursing. Although there are some useful studies which evaluate various support mechanisms, there is not usually enough detail in these studies about the models themselves, such as where or how often meetings take place or who is expected to initiate support. It seems that the traditional model of a personal tutor (PT) who advises a student on academic matters and pastoral matters throughout the course is the usual approach. Often this model seems to have evolved rather than have been specifically chosen to address students' needs. As Gidman et al (2000) point out; little effort has been made within the healthcare field to evaluate the efficacy of current models. Due to the lack of detail in the literature, it is often not possible to explore the various criteria used for each model.

## **Models of academic support**

Gidman et al (2000) found that in most pre-registration courses, the model involves students being assigned individual tutors for academic and personal guidance. This has been the

accepted model for some time, and its aim is to facilitate students' progression through the course until they become a qualified practitioner. Some tutors provide pastoral as well as academic support. The models used range from formal tutorials to informal discussions, from appointments to an 'open door' policy. Some courses use a module, year and PT system within one programme. This can cause confusion for students who may not be clear about whom to approach for support or guidance. As the authors point out, nursing education has changed a great deal in recent years, and there is no longer a 'typical student'. Gidman et al argue therefore that support should reflect the needs of the student rather than the course of study. In the programme led by Gidman (a Diploma in Higher Education (Nursing) at a H.E. I Institute in the UK), a cohort leader acts as personal tutor to 20 or 30 students. Tutorials consist of a combination of group and individual tutorials. Initially, sessions are timetabled on a weekly basis and are thereafter negotiable with the student (Gidman, 2001).

The point made by Gidman regarding the need to tailor academic support to the needs of individual is reflected by Hafez and Weiss (2006). Their paper outlines the personal tutor model recently implemented on the post-graduate certificate in Education (PGCE) course at the University of East London. Prior to the beginning of the course, trainees fill in a pro-forma outlining what they think they need in terms of development. They are asked to assess their skills and strengths. This is followed by target setting against academic and professional standards. The targets are recorded on a pro forma and form the basis of future planning. This is clearly a good example of an individualised approach to supporting students from a wide range of backgrounds. One of the aims of the aforementioned system is to support numeracy, literacy and IT skills as well as providing the usual academic support. This is in the context of addressing issues of widening participation and supporting a diverse range of students, many of whom have English as a second language.

It is interesting to note that Newton and Smith (1998) cited by Gidman (2001), strongly argue that the personal tutor is the best person to support the student during clinical placements. They surveyed a cohort of pre-registration students and found that most students wanted one nurse-lecturer to supervise them in college and in clinical placements throughout the course. However, Humphreys et al (2000) point to the difficulties with this approach. For instance, lecturers may not have the time to visit students on placement and also, academic tutors may not have the relevant clinical expertise needed by students during their placement.

On the other hand, Malik (2000) evaluated a new personal tutor scheme for medical students at the University of Dundee. Data was gathered from questionnaires and interviews with both students and personal tutors. In total, 144 students completed questionnaires, which included 60 students who had failed exams and were undertaking remedial studies. A total of 28 tutors were included in the sample. These tutors completed questionnaires and also took part in an informal discussion about their role. Focus groups with students were also undertaken. The scheme had been recently revised and formalised in an attempt to address the needs of students more fully. A student support coordinator was appointed to oversee the scheme, deal with any problems, and to provide a staff development programme. The role of the tutor was to assist the student with academic-related matters, including advice on special study modules and elective attachments, and to refer students with financial, personal or health problems to the appropriate university services. However, there was no stipulation of the timing of the meetings or who was responsible for initiating and maintaining contact.

Malik (2000) also found that although medical students would make minimal efforts to contact their personal tutors but they would give up, if unsuccessful. This is despite the fact that most students reported wanting more regular meetings. A suggestion for this lack of tenacity could be because some students do not have a good rapport with their tutor and find them unapproachable. Owen's (2002) study reveals similar findings. Her study focuses on the personal tutor system in the Humanities faculty at a 'new' university in the North West of

England. It involved in depth interviews with students and staff and also focus groups and observation sessions at her institution as well as interviews with staff at four other HEIs in the North West of England. She found that the two aspects of the tutor support system most valued by students were the availability and the approachability of tutors. When asked what characteristics they value in a tutor most students replied that personal characteristics such as gender or age were not important but that 'approachability' was paramount. Many students reported that they were very reluctant to approach tutors that they had not already met.

Findings from Malik's (2000) evaluative study further showed that students wanted more social contact with personal tutors. 68% (n=98) of the students studied expressed this view. Students were more likely to rate the scheme highly if they were involved in social activities, and gave it a low rating if they had no such involvement. Lastly, data indicated that there was wide variation in the timing and frequency of meetings.

Rhodes and Jinks (2005) undertook a small exploratory study within a UK University. This entailed collecting data through face to face interviews with ten nurse teachers who acted as personal tutors to pre-registration nurses. In order to include a range of experiences, interviewees included both male and female tutors, and both newly qualified and experienced tutors. Tutors were asked about their satisfaction with the role, and their views on personal students. Findings suggested that all interviewees saw their role as a mix of academic and pastoral. The pastoral aspect of the role was very varied; one tutor describing it as parental. The most frequently cited aspect of the role was support. On a word count of 152 transcribed pages, the word 'support' was used 102 times. The word 'monitor' was used 19 times. The authors suggest that this focus on support, rather than on monitoring or discipline, reflects the caring role of nurses. Personal tutors described the enjoyable aspects of the job as '*being able to be supportive*', '*getting to know students well*', and '*developing a rapport*' with students.

However, some authors see the personal tutor's role from a different perspective. Crotty (1993) asserts that assessment of the nurse student's progress is the most important function of the role, and that students should be encouraged to take responsibility for monitoring their own progress. Gammon and Morgan-Samuel (2005) undertook a quantitative study to ascertain the effect of structured student tutorial support on student stress, self-esteem and coping. The intervention entailed giving structured tutor support to an experimental group of 25 students on the BSc (Hons) Nursing Studies Programme. This experimental group consisted of registered nurses aged between 25 and 55 who were in full time employment and were undertaking a part time BSc course. This group was then compared to a control group 25 students, who received the usual tutorial support provided on the BSc course. The support for control group consisted of an 'open door' policy, where tutorial support was provided at the student's request. Support tended therefore to be reactive rather than proactive. The experimental group were given tutorials on a fortnightly basis, lasting approx 45 minutes. They were also given the opportunity to see the tutor on an individual basis. While acknowledging some of the limitations of the research, such as the small sample size, the authors argue that the structured intervention did have a positive impact on student's self-esteem and assertiveness. They suggest that nurse educators have a role in providing information and structured tutorial support to students, and that they should be more proactive in doing this.

Gidman et al (2000) observe that some tutors favour an arrangement whereby they supervise a group of students, instead of, or in addition to the 'one-to-one' model. It could be argued that this produces more cost effective supervision. They also suggest that students like to feel that they receive the same level of support as their peers, and may be perturbed if time spent with others is greater, or if some students are seen as favoured. There is support for this in a report by Richardson (1998) who cites anecdotal evidence that some nursing



students feel they are disadvantaged or get 'varied deals' in terms of tutor support. The small group tutorial arrangement can therefore be used to help address this problem.

Owen (2002) outlines the 'curriculum model' which has been used at the University of South Carolina for the past twenty years. The course, named 'University 101', aims to introduce students to the university, to help them develop as learners, and to encourage them to function as a mutually supporting group. This approach places emphasis on the curriculum, and therefore aspects such as learning skills, information about the institution itself, and the allocation of a personal tutor are incorporated into an accredited course or module. Interestingly, the model is not formalised but instead is understood in terms of the norms and values of the university which are felt to be understood by all concerned.

In the scheme for PGCE students outlined by Hafez and Weiss (2006), there is a formal schedule of tutorials and placement visits throughout the term. There are also weekly timetabled slots where tutors are available for one to one, individual tutorials. Tutors are also available by phone, e mail, and individual meeting on demand. They also point to the fact that the personal tutor acts as a mediator between the trainee and the placement college and acts as arbiter if any conflict or problems occur. There is some similarity here with the healthcare field in that tutors provide support to students within the institution but also on placement. The students surveyed as part of the study reported that they particularly valued having a professional named tutor, having open access to tutors, and having a tutorial in the first two weeks of their course.

In order for tutor system to work, both tutor and tutee need to have an understanding of what the relationship is about and their roles within it. Some tutors favour learning contracts to address this issue. Neary (2002) recommends using learning contracts written jointly by tutor and student. Such learning contracts should specify how the student will learn, the time span involved, and criteria for measuring success. Based on her own experience of supervision, MacKinnon (2004), a law tutor, recommends encouraging the student to discuss their expectations of the process. She also suggests using a document which lists 'expectations and responsibilities' for discussion and amendment. This helps both the student and the supervisor to clarify their roles. Her own experience suggests that students tend not to be proactive in initiating such a discussion.

### **Scheduling academic support meetings**

The literature highlights wide variation in the way in which meetings with personal tutors are scheduled, and the way in which contact is initiated and sustained. Malik's (2000) study demonstrates that despite the introduction of a more formal scheme, there was no stipulation as to how often tutors would meet with their students, and who should initiate meetings (including initial meetings). In practice, there was much variation regarding the nature of academic support, in terms of where, when, and how it took place. Whereas some students met with their personal tutors regularly, others had virtually no contact. Out of the 144 students studied, 82% (n=118) stated that they would like more frequent meetings. These findings suggest three categories of personal tutors with regard to the contacts they have with students: those who had attempted contact with students and could therefore not be held responsible if students failed to get in touch; those who placed the onus on the student to make contact and those who felt that they had no time at all to devote to the personal tutor role. Some respondents noted the importance of scheduling tutorial time for students. A tutor in Richardson's (1998) study emphasised this aspect, because she recalled her student days where she was not given 'protected time' during tutorials. She now makes sure that her students are given uninterrupted tutorial time.

Malik's (2000) findings indicate that students were more likely to be satisfied with the scheme when meetings were regular and frequent. Students who did not actively seek out their tutors were more likely to report dissatisfaction with the scheme. He also uncovered significant results with regard to failing students. He reports that 50% (n=30) of failing students did not seek help from any source and of the remaining failing students who did seek help, only 18.2% (n=5) asked their personal tutor. Given that the main role of the personal tutor in this context was to help students with academic related problems, this is an indication of a discrepancy between a 'model' of support, as set out by the institution and the experience of students. However, as Price (2003) argues, students often find it extremely difficult to ask for help, worrying about exposing their vulnerability in front of tutors. This is also supported by Hoagberg et al (1999), who found that students were more comfortable in confiding in their peers.

Owen (2002) found that students would have liked a system whereby routine meetings with personal tutors are scheduled irrespective of any problems that arise. Nylund and Lindholm (1999) found similar attitudes among nursing students in their qualitative study of caring ethics in clinical supervision. The study is based on the analysis of narratives completed by 96 nursing students, whereby students were asked to describe their ideal supervisor. One of the aspects of supervision they valued was being able to meet with tutors when they were doing well, as well as when they were struggling or had made mistakes. They felt that this would give the confidence to take on new tasks. In this study, several students had welcomed being called in by tutors for sessions they had missed. Although tutors reported being reticent about approaching students in this way, because they were aware of privacy issues, students actually felt that such contact helped motivate them especially if they had become somewhat isolated.

### **Time constraints**

Several authors (Nolan 1987, Phillips 1994, Gidman et al 2000) highlight the constraints that many personal tutors are subjected to. In recent years, an increase in the amount and level of academic work has led to extra demands of tutors roles. Payne et al (1991) found that nurse teachers had difficulty combining the roles that they now have responsibility for, and that this impacted on time spent with tutees. Tutors in Richardson's (1998) study complain of being frustrated by spending a lot of time on monitoring students and on helping them interpret complex course guidelines. Gidman et al (2000) also note that although tutors are keen to encourage students to be more reflective in tutorial sessions, this activity presents another demand on tutor time. Over twenty years ago, Benner also (1984) cited by Richardson (1998), noted the problematic nature of such reflexivity in an environment in which the emphasis is on the 'twin dragons of turnover and technology'. Similarly, Rhodes and Jinks (2005) found that personal tutors reported time constraints as a problem when students came to them with stress.

Saarikoski et al (2005) compare the experiences of both UK and Finnish nurses and their views of the clinical supervisory relationship. A total of 558 students were surveyed in four nursing colleges in Finland and in two UK universities. One of their most salient findings was the amount of contact time with nurse teachers between the two countries. Their findings showed that Finnish students met with their nurse teacher an average of 3.9 times and UK students an average of 1.7 times. The amount of contact time was a significant factor in predicting a student's satisfaction with the supervisory relationship. However, it could be argued here that the tutor-student ratio may have had an implication in the number of

contact times. Gidman et al's (2000) review of the literature suggests that it is not unusual for personal tutors in nursing to have 20 students. In a small qualitative study consisting of in-depth interviews with five lecturers in healthcare, Litchfield (2001) found that four out of the five had over 15 students. The average number was twenty-two tutees.

However, taking a different perspective on tutoring, Morley (1994) links the issue of time dedicated to personal students, to gender and the pastoral role of female academics, arguing that:

*'...the iron cage of academia, adds that the heterosexist model of the nuclear family with its gender-specific roles and responsibilities appears to reproduce itself in the academic workplace. Women academics are sought out by students for pastoral care. This means that they have less time available than their male colleagues for developing their career-enhancing publications'* (p200).

### **Pastoral support**

Gidman (2001) notes the problems with dropout rates for student nurses in recent years, citing findings from the UKCC's (1999) report, which suggests that nursing programmes can be particularly stressful and nurse learners are perceived as unique in that they come from a practitioner based profession, which requires prior learning, but they also operate in an environment where performance is of the utmost importance (Price, 2003). The issue of performance during clinical placements is highlighted by Baldwin (1998) longitudinal four year study of nursing students in Scotland. Baldwin reported stress occurring as a result of trying to integrate the academic and clinical aspects of the course that students experience. Therefore, the need for pastoral support during clinical placements is fundamental.

The literature suggests that most personal tutors do offer pastoral support to students in need, but that if students have complex or serious needs, they will refer them to the appropriate university service, such as the counselling service. Litchfield (2001) found that all five of the personal tutors he interviewed stated they would try to help a student with personal concerns themselves initially, before referring the student to the university's counselling service. Findings from Rhodes and Jinks's (2005) study also indicate that personal tutors saw pastoral support as a part of their role, acknowledging that nursing students are currently under a lot of stress. When students reported stress, tutors would help in a number of ways. For instance, by '*listening*', '*persuading students to take time off*' and if appropriate, referring students to Occupational Health, or the Counselling Service.

Hafez and Weiss, (2006) in their study of personal tutoring on a PGCE course found that the provision of personal support was seen as an informal, but important part of the personal tutor role. Tutors who have had a background in further education had incorporated personal support, into their roles and had based this support on Rogerian principles of empathy and acceptance. Gidman (2001) maintains that the pastoral role is often not clearly defined, and her review of the literature suggests that tutors tend to use their own judgement if students come to them for pastoral support. This does raise the issue, however, of whether personal tutors are expected to take on a counselling role. Hoad-Reddick and Potter (2003) analyse the role of counselling, in a dental school, within the personal tutor framework and suggest that tutorial staff should receive training to allow them to help students on a personal and academic level. However, tutors are not necessarily trained counsellors, and institutions should have an infrastructure, which allows for referral to student services, if necessary. The authors argue:

*'Basic counselling and awareness are a valuable aid to the tutor's role. Within this remit there is a need for awareness of when and how to refer to professional counselling' (p104).*

The authors outline the 'Manchester Model', introduced at the University Dental Hospital in Manchester in 1995. In this model, a senior tutor for undergraduate studies was appointed to oversee an improved support system. This tutor has overall responsibility for the running of the support model, including training, advice, and support for tutors, and liaising with external agencies such as counselling, accommodation and finance. A close relationship developed between the senior tutor and the University Counselling Service. In addition to the usual personal tutor support, students could approach the senior tutor at any time for advice. It was made clear to students that all meetings with both the senior and personal tutor were confidential.

### **The student as independent learner**

Due to changes in nursing in recent years, such as the extended role of the nurse, they increasingly need to maintain their professional development. One of the roles of personal tutor is therefore to help students develop independent learning skills and take responsibility for their own learning (Slevind and Lavery, 1991, Rolfe, 1993, Jinks 1997, Milligan, 1997). However, Gidman (2001) points out that a balance needs to be struck over the amount of direction that personal tutors should give students. Students can find it stressful if they feel they don't have enough direction, especially at the beginning of a course (Nolan and Nolan, 1997). The model used in Gidman's team involves personal tutors responding to the needs of each student group regarding the amount of guidance they give.

Some authors however believe that students should gradually be encouraged by their tutors to become independent learners (Holligan, 2005). He argues that good supervisors have a role in fostering autonomy, but that it can take time to encourage this approach in students because there is still a tendency for them to be deferential to academics. Gammon (2005) proposes that academic support should have the aim of developing students as autonomous learners. This can help students become more assertive. Personal tutors therefore have a role in providing information and structured tutorial support to students, and they should be proactive in doing this.

In Rhodes and Jinks's (2005) study, which sought the views of personal tutors about the attributes of a 'good' student, tutors described such students as those who got involved in discussion, debate, and argument. They felt that this engagement by students made the tutorial more of a two-way process, and they favoured students who were independent learners. Whereas, MacKinnon's (2004) model of academic supervision within law, refers to the supervision process as a '*fiduciary*' relationship. Rather than being paternalistic, she argues that this approach facilitates scholarly independence and encourages student autonomy.

*'A student who plays an active role in the process and decision-making will have avoided the academic dependency fostered by paternalism' (p404)*

This reflects Holligan's (2005) views about the tutor-student relationship and the tendency for students to rely too much on academic expertise. He believes that these deferential attitudes are caused by residual, 'old' discourses of academia. Reflective learning is used as a strategy by some tutors to help students develop this aspect of their learning and Charnock (1993) sees this as an important aspect of the role.

## **Tutor role conflicts**

Conflicts and problems can arise because of uncertainty over what the personal tutor and/or the academic tutor role entails. This is illustrated by Richardson (1998) who found that tutors and students both placed a variety of interpretations on the role. One example of this is that students complained that tutors were not 'up to date'. By this, students meant that the personal tutor was not aware of what stage in the course they were, or what assignments they were currently undertaking. However, tutors thought that being up to date academically and/or clinically was more important than knowing the more specific details of the student's programme of study.

Other issues relate to aspects of the role which tutors are uncomfortable with. The personal tutors in Rhodes and Jinks's (2005) study reported a dislike for the monitoring or disciplinary aspect of their roles. More than half the interviewees felt a conflict between supporting students with personal problems, and challenging them about taking too much time off for such problems. Gidman (2001) also found that the monitoring tutor role can be potentially problematic due to the conflict between this role and the developmental aspect. Many personal tutors have to verify assignment submission, and this could be seen by students as a policing role. Similarly, Neary (1997) notes that a mentor (in a personal tutor capacity) can become a friend and that this causes potential conflict if part of the mentor's role is to give an objective opinion on performance. She argues, therefore that two separate people should perform the role of assessor and that of mentorship. Gidman et al (2000) raise the issue of the potential for subjectivity when a tutor marks their own student's assignments, in that tutors want their students to succeed. Lewis (1998) believes that personal tutors may be tempted to make sure that all their own students successfully pass the course.

The issue of confidentiality also requires consideration. Rhodes and Jinks (2005) found in their study that some of the students raised concerns within tutorial sessions, about other students, including concerns about their fellow students' competence to practice. In these cases, tutors had to remind students that they would have to take action on anything that jeopardised patient care. Tutors reported that students were usually shocked by this, being unaware of the protocol involved. This illustrates the need for clarity from the outset about each party's expectations of the role.

Some authors indicate the possibility of the support relationship that may be negative, which at times may involve harassment (Lee, 1998). Lee's generic account of graduate supervision raises the point that new students are assigned a supervisor, rather than being offered a choice. However, though there may not be an alternative in smaller academic departments. This means that students do not have the opportunity to consider whether or not they are comfortable working with a particular individual. In graduate supervision, as with healthcare education, the relationship can last up to three years. Hockey (1995) argues that supervisors should be trained how to manage the pastoral dimension of supervision and that as part of this training, there should also be a consideration of cross gender supervision and the potential for sexual harassment in close work relationships.

Lastly, given that the personal tutor role can be a stressful one, there is the issue of support for those undertaking the role. Easton and Van Laar (1995) argue that tutors may feel stressed themselves as a result of supporting students in distress. Recent changes in healthcare education have meant that the nurse-lecturer finds it more difficult to deal with the conflicting demands of teaching, research and clinical practice. Cahill (1997) argues that this causes dissatisfaction among staff. Carlisle et al (1996) see the nurse-lecturer role as very demanding and recommend a multi-disciplinary approach, involving other student services such as counsellors. As the pastoral role is the least clearly defined, personal tutors should be helped and prepared for this aspect of their work. There can be particular difficulties when tutors are expected to adopt a counselling role.

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## Appendix 2

### Staff and Students questionnaires

**Name:** Academic Staff Survey Questionnaire

**Description:** Academic Tutor Support Models within the Faculty

Please select by ticking appropriate responses to the following questions and/or briefly write down your answers in the spaces provided. **For some of the questions, you may have to tick more than one relevant answer.**

**Q1. Are you from the School of:**

- (i) Midwifery
- (ii) Nursing
- (iii) Physiotherapy
- (iv) Radiography
- (v) Social Work

**Q2. Gender**

- (i) Male
- (ii) Female

**Q3. Your academic status**

- (i) Module Leader
- (ii) Programme Leader
- (iii) Course Director
- (iv) Other, academic status (Please specify)....

**Q4. Is there an 'Academic Tutor Support' (ATS) system within your school? Yes / No**

*If Yes, ...ignore Q5 to Q8*

*If No, ...ignore ALL questions, except Q5, 6, 7, 8, 24 and 25*

**Q5. Name any 'Other Tutor Support' (OTS) that you are aware of, within your school, (Please tick all that apply)**

- (i) Personal tutor support
- (ii) Pastoral tutor support
- (iii) Study skills tutor support
- (iv) Other tutor support (Please specify)....

**Q6. Have you ever offered any of the OTS, you've selected in Q5, to students?**

Yes /No



If No ... ignore ALL questions except Q24 & Q25

**Q7.** Which one/s of the following OTS, have you ever offered? (Tick all that apply)

- (i) Personal tutor support
- (ii) Pastoral tutor support
- (iii) Study skills tutor support
- (iv) Other tutor support (Please specify)...

**Q8.** How would you describe the OTS/s you selected in Q7? Include also, how you organised it/them, when?

**Q9.** Have you ever offered ATS to students? Yes / No

If No ... ignore Q10 to Q15

**Q10.** How many times per semester have you offered ATS, in the last 12 months?

- (i) None ... ignore Q11 to Q15
- (ii) 1-2
- (iii) 3-4
- (iv) more than 4 times

**Q11.** How did your students find out about the ATS you offered?

**Q12.** At what stage of the course did you provide academic tutor support?

**Q13.** What were your reasons for offering ATS to students? (Tick all that apply)

- (i) For students to get a better grade with an assignment
- (ii) Students were unsure of the requirements of an assignment
- (iii) To deal with students' personal life problems
- (iv) To deal with students' personal academic problems
- (v) To address students' professional clinical requirements
- (vi) To comply to module requirement
- (vii) To comply to the course requirements
- (viii) Other reason (Please specify)....

**Q14.** Did ATS meet the students' needs at the time?

- (i) Yes
- (ii) No
- (iii) To some extent
- (iv) Unsure

**Q15.** Do you **normally** give the same amount of academic support to all the students?

Yes / No

**Q16.** Who **normally** provides ATS, within your school?

- (i) Module Leader
- (ii) Programme Leader
- (iii) Course Director
- (iv) Year Leader
- (v) Personal Tutor
- (vi) Named Academic Supervisor
- (vii) Specifically appointed tutor
- (viii) Other academic staff (Please specify)....

**Q17.** When is ATS undertaken? (Tick all that apply)

- (i) Weekly
- (ii) Fortnightly
- (iii) Monthly
- (iv) Throughout a specific module
- (v) Throughout a specific year
- (vi) Throughout the course
- (vii) Specified weeks before an assignment
- (viii) On an ad hoc basis if & when necessary
- (ix) At students' requests
- (x) At tutors' requests
- (xi) Other times (Please specify).....

**Q18.** How is ATS organised? (Tick all that apply)

- (ii) Timetabled tutorials
- (iii) Drop-in session at specific times
- (iv) Open door system with no specific times
- (v) Self-referral
- (vi) Pre-booked appointment system
- (vii) Put name on tutor's list on notice board/office door
- (viii) By negotiation with a tutor
- (ix) Through a learning contract
- (x) Other (Please specify)....

**Q19.** How is ATS undertaken? (Tick all that apply)

- (i) On a 1:1 basis
- (ii) Small group informal discussion
- (iii) Large group informal discussion
- (iv) Small group formal tutorial
- (v) Large group formal tutorial
- (vi) On-line discussion board
- (vii) Other (Please specify)....

**Q20.** Where does ATS take place? (Tick all that apply)

- (i) In a pre-booked classroom
- (ii) Lecturers' office
- (iii) In class, at the beginning/end of a lesson/lecture
- (iv) On-line
- (v) On clinical placement
- (vi) Interview/seminar room
- (vii) Other venue (Please specify)....

**Q21.** Of the ATS system you have experienced, would you describe it as...

- (i) Student-led?
- (ii) Tutor-led?
- (iii) Combination of both?

**Q22.** What, would you say, is the **main** purpose of ATS? For:

- (i) Personal requirements
- (ii) Professional/clinical requirements
- (iii) Academic requirements
- (iv) Educational (teaching/learning needs) requirements
- (v) Other requirements (Please specify)....

**Q23.** Do you have a choice over the type of ATS you offer your students? Yes / No

**Q24.** State and describe the type of ATS system you would implement, if you were given the opportunity to do so.

**Q25.** *If you had answered 'Other' in previous question/s, you may wish to specify them here.*  
Should you also have any further comments to make about ATS and/or OTS, please do not hesitate to write them down here

Thank you for taking the time to complete this questionnaire.

ATS/Staff/e-Quest/Feb07

**Name:** Student Survey Questionnaire

**Description:** Academic Tutor Support Models within the Faculty

Please select by ticking or putting an X next to appropriate responses to the following questions and/or briefly write down your answers in the spaces provided. **For some of the questions you may have to tick more than one relevant answer.**

Q1. Are you from the school of:

- (i) Midwifery
- (ii) Nursing
- (iii) Physiotherapy
- (iv) Radiography
- (v) Social Work

Q2. In which academic year are you?

- (i) Year 1
- (ii) Year 2
- (iii) Year 3
- (iv) Year 4

Q3. Gender

- (i) Male
- (ii) Female

**Q4.** Is there an '**Academic Tutor Support**' (ATS) system within your school? Yes / No

*If Yes, ignore Q5 to Q8*

*If No, ignore ALL questions except Q5, Q6, Q7, Q8, Q24, Q25 and Q26*

**Q5.** Name any '**Other Tutor Support**' (OTS) that you are aware of within your school. (Tick all that apply)

- (i) Personal tutor support
- (ii) Pastoral tutor support
- (iii) Study skills tutor support
- (iv) Other tutor support (Please specify)....

**Q6.** Have you ever sought any of the OTS you've selected in Q5? Yes / No

*If No, ignore ALL questions except Q24, Q25 and Q26*

**Q7.** Which one/s of the following OTS have you ever sought? (Tick all that apply)

- (i) Personal tutor support
- (ii) Pastoral tutor support
- (iii) Study skills tutor support
- (iv) Other tutor support (Please specify)....

**Q8.** How would you describe the OTS/s you selected in Q7? Include also, how you found out about it/them, when and by whom?

**Q9.** Have you ever sought ATS? Yes / No

If No .... ignore Q10 to Q15

**Q10.** How many times per semester did you seek ATS, in the last 12 months?

- (i) None ... ignore Q11 to Q15
- (ii) 1-2
- (iii) 3-4
- (iv) more than 4 times

**Q11.** How did you find out about ATS?

**Q12.** At what stage of the course were you told about ATS?

**Q13.** What were your reasons for seeking ATS? (Tick all that apply)

- (i) To get a better grade with an assignment
- (ii) Unsure of requirements of an assignment
- (iii) Personal life problems
- (iv) Personal academic problems
- (v) Professional clinical requirements
- (vi) Advised by lecturers
- (vii) Other reason (Please specify)....

**Q14.** Did ATS meet your needs at the time?

- (i) Yes
- (ii) No
- (iii) To some extent
- (iv) Unsure

**Q15.** Did you feel you had the same amount of support as your peers? Y/N

If No..... **why not?**

**Q16.** Who **normally** provides ATS?

- (i) Module Leader
- (ii) Course Leader
- (iii) Year Leader
- (iv) Personal Tutor
- (v) Named Academic Supervisor
- (vi) Specifically appointed tutor
- (vii) Other students/peers
- (viii) Other academic staff

**Q17.** When is ATS **usually** undertaken? (Tick all that apply)

- (i) Weekly
- (ii) Fortnightly
- (iii) Monthly
- (iv) Throughout a specific module
- (v) Throughout a specific year
- (vi) Throughout the course
- (vii) Specified weeks before an assignment
- (viii) On an ad hoc basis if & when necessary
- (ix) At students' requests
- (x) At tutors' requests
- (xi) Other times (Please specify)....

**Q18.** How is ATS organised? (Tick all that apply)

- I. Timetabled tutorials
- II. Drop-in session at specific times
- III. Open door system with no specific times
- IV. Self-referral
- V. Pre-booked appointment system
- VI. Put name on tutor's list on notice board/office door
- VII. By negotiation with tutor
- VIII. Through a learning contract
- IX. Other (Please specify)....

**Q19.** How is ATS undertaken? (Tick all that apply)

- (i) On a 1:1 basis
- (ii) Small group informal discussion
- (iii) Large group informal discussion
- (iv) Small group formal tutorial
- (v) Large group formal tutorial
- (vi) On-line discussion board
- (vii) Other (Please specify)....

**Q20.** Where does ATS take place? (Tick all that apply)

- (i) In a pre-booked classroom
- (ii) Lecturers' office
- (iii) In class, at the beginning/end of a lesson/lecture
- (iv) On-line
- (v) On clinical placement
- (vi) Interview/seminar room
- (vii) Other venue (Please specify)....

**Q21.** Of the ATS system you have experienced, would you describe it as:

- (i) Student-led?
- (ii) Tutor-led?
- (iii) Combination of both?

**Q22.** What, would you say, is the **main** purpose of ATS? For:

- (i) Personal requirements
- (ii) Professional/clinical requirements
- (iii) Academic requirements
- (iv) Educational (teaching/learning needs) requirements
- (v) Other requirements (Please specify)....

**Q23.** Do you have a choice over what type of tutor support you receive? Yes / No

**Q24.** State and describe the type of ATS system you would implement, if you were given the opportunity to do so.

Q25.

If you had answered 'Other' in previous question/s, you may wish to specify them here.

Should you also have any further comments to make about ATS and/or OTS, please do not hesitate to write them down here.

**Q26.** Would you be interested in taking part in a focus group interview about academic tutor support within the Faculty?

If Yes .... Please write your email address here

Thank you for taking the time to complete this questionnaire

ATS/Stud/e-Quest/Feb07

## APPENDIX 3 – INTERVIEW GUIDE & PROBES

### Section A: Demographic info

**School/Specialty:**

**Course:**

**Year of study:**

**Gender:**

### Section B: Academic Tutor support

1) Ask to describe academic tutor support (ATS) system available to students at present.

- Prompt: personal experience

2) How found out about support mentioned.

3) What stage in the course ATS is provided.

4) What form it takes:

- Prompt: 1:1, group etc

5) ATS venue and timings

- Prompt: accessibility

### Section D: Further info

6) Ask whether received same level of support as peers.

- Prompt: in what way...

7) Ask whether ATS met needs at the time.

- Prompt: in what way...

8) Ask about the main purpose of ATS.

- Elicit views from student's experience.

9) Student's perception of an 'ideal' academic tutor support model.

10) Other comments about issues raised during interview.

- Prompt: recommendations; lessons that can be learnt from experiences of ATS etc



## APPENDIX 4

### Academic Tutor Support Project

#### Data Analysis 3: Examination of relevant documents

#### A cross-sectional examination of student course/module handbooks within the 5 schools

**Key words/ terms searched within documents:** *academic; tutor; support; supervisor; academic tutor support; academic support; tutor support; student support; personal tutor; academic supervisor; research supervisor*

School	Documents	No of times term ATS mentioned	ATS Model / Approach / System	Further Details & Comments
1. Midwifery	3 yr Dip HE / BSc (Hons) Course Handbook Oct 06	None	<i>Personal Tutor</i> x 9 in docs	PT provides <i>tutorial support &amp; supervision</i> in the <i>development of knowledge and skills</i> .
2. Midwifery	Top Up BSc Module Guide [for students] 2005/6	None	Individual <i>research supervisor</i> identified as student support	No mention of personal tutor. <i>You are required to seek academic help, advice and supervision whilst preparing your research project. You will have chosen and / or allocated a research methodology supervisor (p22).</i>
3. Nursing	Dip HE Nursing Course Handbook Sept 06	None	1. <i>Academic support: Module leaders &amp; Academic Supervisors</i> (deal	This course handbook contains information about the course structure, support & advice available to

	(Includes Student support flow chart & student support services)		<p>with assignments)</p> <p>2. <i>Personal &amp; Prof Support (APPL):</i> Allocated <i>facilitator</i> (progress &amp; welfare)</p> <p>3. "The Study Hut": Academic Support Tutor advises on study skills</p> <p>4. Weekly Academic Skills 'Pop In': lecturers assist with academic skills development</p> <p>5. A Student Support Lecturer advises on performance issues</p>	<p>students (p41).</p> <p>In order to give further support in the development of literacy, numeracy and writing skills, there is an <i>academic support tutor</i> available on both sites (p44).</p>
4. Nursing	BSc (Hons) Adult Course Handbook 2005/6	None	<p>Student support strategies:</p> <p>1. Academic support <i>Module Leaders &amp; Academic Supervisors.</i> Academic Supervisors provide group tutorials)</p> <p>2. <i>Personal Tutor</i> [students' progress and welfare].</p>	Personal Tutor x 7
5. Nursing	Top Up BSc (Hons) module handbook Sept 06	None	<i>Academic supervisor</i> with multiple roles, identified as student support	Academic supervision: You will have chosen and/or allocated an <i>Academic Supervisor.</i> "...contact them as soon as possible to arrange your initial contact time and to discuss your time management for your work" (p11)
6. Physiotherapy	Year 1, 2 3 module handbooks 05/06	None	Research module handbook refers to <i>Research Supervisor</i> who <i>liaises with students to formulate research proposal</i>	Module handbook template does not seem to include any form of student support.

			(p10)	
7. Physiotherapy	Clinical Placements – Clinical Portfolio [students'] guidelines 05/06	None	Personal Tutor x2	<i>Personal Tutor assesses formative &amp; summative portfolio (p6). PT also involved in assisting in writing objectives for Learning Contract (p8).</i>
8. Radiography (Diagnostic & Therapeutic)	BSc(Hons) Degree Programmes- Student Handbook – School Info 2006/07	None	<i>Personal Tutor:</i> Students encouraged to build up a special rapport with their p/tutors, and “ <i>feel able to approach them with any problem they may have - these problems would not normally be of an academic nature, though could include general concerns regarding study skills, exam technique etc.</i> ” (p5).	On entry onto the course students are assigned a <i>Personal Tutor</i> randomly and they <i>usually remain with their tutor throughout the duration of the course (p5)</i>  The <i>role of the personal tutor</i> seems to include pastoral care: <i>All tutors are concerned for your welfare and so if you feel that you would prefer to talk to another member of staff, then you are welcome to do so (p5).</i>
9. Social Work	BA (Hons) in SW Student Handbook 06/07	None	Academic support sessions: <i>individual tutorials, learning teams or peer support groups</i> , scheduled minimum twice weekly at Level 1 & weekly at Levels 2&3 (p32).  Student Support 1: Student support begins at the pre-entry stage, when Faculty inter-professional short courses on <i>study skills</i> are offered to all successful candidates (p32). <i>Academic support</i> provided by Level 2	Student Support 2: If any student has problems or difficulties with the Programme, the first course of action is to consult the <i>Learning Team Tutor (p32)</i> .  All students are allocated to a Learning Team, throughout the Programme. Individual tutorials are provided on a regular basis, which concentrate on learning agreements, review and progress files. <i>Learning Teams are tutor facilitated small groups</i> with emphasis on peer support and effective study skills and learning strategies development.

			and 3 students to students at Level 1 through a <i>Student Academic Mentoring Scheme</i> and by Level 3 students to Level 2 students through assistance with induction into practice settings. In these ways, self-responsibility for professional practice and standards is engendered (p32)	Student support 3: in practice setting, each student has an <i>Academic Tutor</i> to provide a bridge with <i>University learning</i> (p34).
10. Interprofessional	Interprofessional debate/ Management of change – Module Handbook  Jan 05 [from BA (Hons) SW]	None	None of the key words or terms were found. The <i>Module Leader</i> seems to be the point of contact for students	This is an inter- professional optional module in year 3 for Dip HE Midwifery & BSc students (Nursing, Physiotherapy & Radiography)

## **APPENDIX 5 – Student & Staff Information Sheet**

### **Faculty Academic Tutor Support Model Survey**

#### **Invitation to Participate - Student Information Sheet (October 2006)**

Dear Student,

*Project Title: Evaluating academic tutor support models for the development of practice guidance within the Faculty of Health and Social Care Sciences*

We invite you to complete the enclosed questionnaire as part of the above project. Completion of the questionnaire will be your only involvement with the project, unless you also wish to take part in a focus group interview. The information that follows gives advice on taking part. It is important that you understand this information. You have been approached because you are a pre-qualifying healthcare student from one of the five schools within our Faculty of Health & Social Care Sciences.

The Faculty of Health and Social Care believes that the role of the academic tutor is a central component of programme support for students. Since practice and procedures seem to vary among the range of health and social care undergraduates / pre-qualifying programmes we provide, there is therefore scope for an evaluative survey of tutor support models operating across the Faculty. The aim is to produce a Faculty wide evidence-based practice guidance for all pre-qualifying programmes. In order to achieve this, we believe that the views of students on this development are crucial.

The team who has been commissioned to undertake this project comprises a Principal Lecturer, a Senior Lecturer and the support of two independent experienced Research Assistants. The project team is under the supervision of the Faculty Steering Committee of the Supportive Learning Environment Group.

To participate in this study we would like you to complete a questionnaire, which addresses issues of academic tutor support based on your own personal knowledge and experiences whilst studying within our Faculty. You will also have the opportunity to participate in a small focus group interview afterwards, should you wish to do so.

Your participation in the project is entirely voluntary. You are free to decline to enter or to withdraw from the project at any time without having to give a reason. If you choose not to enter, or to withdraw once entered, this will in no way affect your future studies with us. All information you provide will be treated as strictly confidential and will only be used for the purpose of this project. Your anonymity will be maintained at all times. You are not required to provide us with your name. For those of you, who will be invited to participate in the focus group interview, we intend using a tape recorder to collect data from these. Only the researchers will have access to the questionnaires, interview notes and tape recordings. These will be stored securely in a locked office.

We have evaluated the ethical issues that might arise from this project and do not anticipate that respondents would suffer any harm or injury due to participation in it. However, if it does raise any issues that you would like to discuss further, you will always be able to contact an investigator to discuss your concerns and/or to get any support you may require. The project has gained approval from the Faculty Research Ethics Committee and your Head of School is aware of the project and its focus.

The results of this project will be published in a report for the Steering Committee of the Supportive Learning Environment Group. Any of the participants' identifying details will be removed and will not be used on any reports or publications that are produced from this project. The findings from this project are likely to be available in September 2007, a summary of which can be obtained from the Project Team.

With kind regards

Sylvie Marshall-Lucette

Project Leader

Academic Tutor Support Project

Faculty of Health & Social Care Sciences

Kingston University & St George's University of London

**NB: If you have any questions about this project. Please feel free to contact:**

Dr Sylvie Marshall-Lucette      or      Dr Maria Ponto

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## **Faculty Academic Tutor Support Survey**

### **Invitation to Participate - Staff Information Sheet (October 2006)**

Dear Colleague,

Project Title: *Evaluating academic tutor support models for the development of practice guidance within the Faculty of Health and Social Care Sciences*

We invite you to take part in the above project. The information that follows tells you about it. It is important that you understand what is in this information sheet. You have been approached because you are a lecturer, who is involved in pre-qualifying healthcare students from one of the five schools within our Faculty of Health & Social Care Sciences.

The Faculty of Health and Social Care believes that the role of the academic tutor is a central component of programme support for students. Since practice and procedures seem to vary among the range of health and social care undergraduates / pre-qualifying programmes we provide, there is therefore scope for an evaluative survey of tutor support models operating across the Faculty. The aim is to produce a Faculty wide evidence-based practice guidance for all pre-qualifying programmes. In order to achieve this we believe that the views of lecturers on this development are crucial.

The team who has been commissioned to undertake this project comprises 1 Principal Lecturer, 1 Senior Lecturer with the support of 2 independent experienced Research Assistants. The project team is under the supervision of the Steering Committee of the Supportive Learning Environment Group.

To participate in this study we would like you to complete a questionnaire, which addresses issues of academic tutor support based on your own personal knowledge and experiences whilst teaching within our Faculty.

Your participation in the project is entirely voluntary. You are free to decline to enter or to withdraw from the project at any time without having to give a reason. If you choose not to enter, or to withdraw once entered, this will in no way affect your future status with us. All information you provide will be treated as strictly confidential and will only be used for the purpose of this project. Your anonymity will be maintained at all times. You are not required to provide us with your name. Only the researchers will have access to the questionnaires. These will be stored securely in a locked office.

We have evaluated the ethical issues that might arise from this project and do not anticipate that respondents would suffer any harm or injury due to participation in it. However, if it does raise any issues that you would like to discuss further, you will always be able to contact an investigator to discuss your concerns and/or to get any support you may require. The project has gained approval from the Faculty Research Ethics Committee and your Head of School is aware of the project and its focus.

The results of this project will be published in a report for the Steering Committee of the Supportive Learning Environment Group. Any of the participants' identifying details will be

removed and will not be used on any reports or publications that are produced from this project. The findings from this project are likely to be available in September 2007, a summary of which can be obtained from the Project Team.

With kind regards

Sylvie Marshall-Lucette

Project Leader

Academic Tutor Support Project

Faculty of Health & Social Care Sciences

Kingston University & University of London

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