Evaluation of a new clinical support model in radiotherapy practice

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Summary The role of the Professional Development Facilitator (PDF) in radiotherapy was introduced by Sheffield Hallam University, Sheffield, UK in January 2002, in response to a number of changes in radiotherapy education (Duxbury, A., Eddy, D., Doughty, J., 2004. Modernisation of the clinical support model for radiotherapy education and training: 1. Synergy, July 2004, P4–8). The differing models of clinical education support that exist in healthcare informed the development of this 'hybrid' model in radiotherapy. Three years from its inception a project to evaluate the role was undertaken with the focus being a comparison of this new role with the traditional model of Link Tutor support from a number of perspectives. This paper discusses a number of models of clinical support in healthcare training that have lead to the development of the PDF and provides an overview of the two roles in radiotherapy. In this evaluative project lecturers provided their perspective on these roles through the completion of an open-ended questionnaire. The results demonstrated that although there were many similarities in the two roles the main distinction was the scope of their practice. This study did not seek to provide evidence of whether one model of support is more effective than the other however the findings will inform a detailed research project that seeks to address that question.

Introduction and background

Learning in the clinical environment is vital in the development of competent health professionals as increased clinical understanding is embedded in the physical act of practice (Benner, 1984). The importance of clinical training was highlighted in the document Placements In Focus (DoH, 2001), which described the significance of developing valuable clinical placements to ensure a quality student experience. Student support and supervision in the clinical environment is important for a number of reasons one of which is identified by
Lambert and Glacken (2005, p665). They stated that the clinical environment could be erratic and energetic with unforeseeable changes, lacking in reliability and identical experiences and suggested that it was necessary for a designated person to organise the learning experience for students based in clinical settings. This basic requirement is often compounded by a number of negative issues identified by Brennan and Hutt (2001) that relate to staff shortages and increasing numbers of ‘learners’ in the workplace.

In the field of nursing there are many studies that have focused on support models for learners in clinical settings including the role of lecturer-practitioners, clinical tutors and Link Tutors (Leigh et al., 2005; Fisher, 2005; Burns and Paterson, 2005; Brown et al., 2005; Lambert and Glacken, 2004; Salvoni, 2001; Williamson and Webb, 2001; Brennan and Hutt, 2001). These studies can inform practice in other clinical areas such as radiotherapy where there is paucity in research of this nature. Useful parallels can be drawn between the two professions of nursing and radiotherapy as both have a strong clinical influence on the training whilst requiring a high level of academic input.

It is clear that students value the support role from specific staff based in the clinical environment and identify the need for someone who is a liaison, supporter and trouble-shooter (Lambert and Glacken, 2005; Fisher, 2005). However the precise support roles used in clinical settings are often difficult to identify due the inconsistencies in their remit and lack of clarity regarding what the role entails (Leigh et al., 2005; Williamson and Webb, 2001; Fairbrother and Ford, 1998). Overall Lambert and Glacken (2005) found that guidelines in any profession with a clinical bias were unclear and research has often centred on how individuals perceived their roles and not how others regarded them, which has made generalisations problematic.

### Clinical support roles

A number of roles have been reported on in the literature that aim to support students in clinical placements and fall into four main categories (see Table 1):

One of the first identifiable clinical support models is that of the (nurse) teacher with responsibility for clinical education. This model is supported by Department of Health guidelines (DoH, 2001, pg 15) where reference is made to lecturers being active in clinical departments with their recommendation that lecturers should contribute to the support of students learning in practice areas.

### Links to clinical support in radiotherapy departments

Radiotherapy education at Sheffield Hallam University (UK) currently offers 63 student places per year. Students are placed over nine clinical sites that include Newcastle, Middlesbrough, Hull and Leeds forming the Northern and Yorkshire (N&Y) region and Sheffield, Nottingham, Lincoln, Leicester and Derby forming the Southern and Trent (S&T) region. During their training students must develop clinical competencies and this is facilitated practically in the clinical departments under the direct supervision of qualified staff. Approximately fifty percent of the education programme is dedicated to clinical placements in radiotherapy departments. The S&T placements have been historically supported by the Link Tutor (LT) role these are full time lecturers who are allocated time in their workloads for visits to one clinical department. The time allocated is one day per week apart from the department at Sheffield which was allocated two days per week due to high student numbers.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Clinical support models</th>
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<td>Role</td>
<td>Characteristics</td>
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| Teachers with clinical responsibility | • Full time teacher with responsibility for clinical education  
|         | • Active support of student in the clinical area via clinical visits |
| Clinical staff with teaching responsibility | • Staff working in clinical areas provide student support as a facet of their role |
| Supernumerary roles | • Organises placements  
|         | • Usually clinically based  
|         | • Provides pastoral support |
| Joint appointments | • Employed both by the clinical area and the HEI  
|         | • Provides clinical support and contributes to the education programme |
In their systematic review Lambert and Glacken (2004) highlight that time management can be an issue in this type of role leading to infrequent clinical visits that were often short and variable in quality.

Furthermore, lecturers in this role could be perceived by the clinical staff and students as lacking clinical credibility (Leigh et al., 2005; Fisher, 2005). Landers (2000) believed that 'teachers' should participate in clinical practice and be active role models for students whilst maintaining their clinical credibility. However, this research did not fully qualify how this should be achieved although it suggested that these individuals should be highly visible and 'active' in the clinical environment. A word of caution comes from McCaugherty (1991) who says that the expectation of one person being a competent 'teacher' and 'practitioner' will create conflict as in effect it is two full time roles.

Additional roles

Senior practitioners working in clinical areas have also been given student support as a facet of their role (Lambert and Glacken, 2004) with varying degrees of success. This role is not formally utilised within radiotherapy i.e. a clinical member of staff does not organise the students' learning experience or take direct responsibility for it although there are three distinct facets to student learning that can be identified in the radiotherapy departments that require clinical staff involvement.

1. Staff in treatment areas are constantly supervising and facilitating the acquisition of clinical skills in students.
2. Departmental staff assume the role of student mentor with specific training provided by the University.
3. With training, practitioners can become student assessors and thus assess a student's clinical skills.

A major problem with this role is that the clinical workload burden can often overshadow the student support aspect. Drennan (2002) found that this conflict in time management also occurred in the less structured roles such as mentoring and that the ability of staff in these roles to support certain aspects such as reflective practice was limited.

Drennan (2002) evaluated the post of 'clinical placement co-ordinator' who was employed by the hospital, based in the clinical area but had no clinical caseload. The role was seen to be providing personal support to the students, offering tuition to students and organising placements (page 477). Within this study the role was not seen to encompass any form of academic support but to help students deal with staff-student conflict, personal problems and 'complex clinical issues', although what these issues were is not clear.

Roles where the individual is employed both by the clinical department and the university were regarded as a method of addressing the theory practice gap (Lambert and Glacken, 2004; Williamson and Webb, 2001), but the roles appear driven by the individual (Salvoni, 2001). The main disadvantage of this type of role has been attributed to individuals trying to balance their workload, in effect undertaking two posts with different requirements, which could lead to role conflict or ambiguity, overload and burnout (Leigh et al., 2005; Salvoni, 2001; Ioannides, 1999; Fairbrother and Ford, 1998).

The professional development facilitator role in radiotherapy

As the radiotherapy programme expanded to include the N&Y region the role of the Professional Development Facilitator was introduced in January 2002, in response to a number of changes in radiotherapy education (Duxbury et al., 2004). Within the N&Y region these are therefore staff employed by the university but based primarily in the clinical department, spending three to four days in department per week as opposed to one day per week for the Link Tutor. This role addressed an issue outlined by Landers (2000) who felt that one of the ways of reducing workload stress in joint posts is to ensure that the individual is supernumerary to service needs, which should allow them to function more effectively.

Hutchings et al. (2005) when looking at the increasing numbers of learners in clinical placements felt that the involvement of dedicated academic support staff was vital and that these staff would be able to provide clarity on assessment, deal with issues of conflict, provide timely feedback and support clinical staff. Leigh et al. (2005), p7 supported this model and highlighted the need for an individual additional to the teaching team working in the clinical department: ‘‘There is now increasing emphasis placed on the role of the practice educator, i.e. an educationalist based solely within the clinical area taking responsibility for the co-ordination of student experience and the assessment of learning and mentor preparation and support, responsible for supervision and assessment of the student in practice’’
The professional development facilitator (PDF) is ‘based’ for the majority of their time in the clinical department whilst integration into the university comes in many forms including administrative, teaching and research roles. In acknowledgement of the models outlined above the PDF role has been tailored to meet the diverse needs of clinical sites. However the main functions of the two roles are outlined in Table 2.

### Table 2 The Main Functions of the LT and PDF role

<table>
<thead>
<tr>
<th>The Link Tutor Role and Professional Development Facilitator role:</th>
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<tbody>
<tr>
<td>Organise and oversee Pre-registration student training:</td>
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<tr>
<td>• Clinical rotas</td>
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<tr>
<td>• Placement management</td>
</tr>
<tr>
<td>• Group tutorials on practice issues</td>
</tr>
<tr>
<td>• Individual tutorials relating to clinical progress</td>
</tr>
<tr>
<td>• Clinical assessments</td>
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<tr>
<td>• Pastoral care</td>
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<tr>
<td>• Academic support</td>
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<tr>
<td>Input into the academic programme at the University</td>
</tr>
<tr>
<td>• Teaching</td>
</tr>
<tr>
<td>• Programme development</td>
</tr>
<tr>
<td>Additional aspects of the Professional Development Facilitator role:</td>
</tr>
<tr>
<td>Support the training and professional development of the radiotherapy workforce:</td>
</tr>
<tr>
<td>• Assistant practitioner training</td>
</tr>
<tr>
<td>• Return to Practice Staff</td>
</tr>
<tr>
<td>• CPD for all staff</td>
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<tr>
<td>• Support staff undertaking postgraduate studies</td>
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</table>

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### Evaluation of the professional development facilitator role in context of the Link Tutor role

As the professional development facilitator (PDF) role was a new development it was considered vital by the teaching team at the university that a process of evaluation should be undertaken. The project team decided that an important aspect of this evaluation was going to be capturing the views of the students and staff in the clinical placements who have differing models and identify any differences or emerging themes. Initially to inform these two processes a fact finding approach was taken to illicit the views of the individuals currently in post as either Link Tutor’s (LT) or PDF’s. Staff in post were therefore asked to complete an anonymous survey. This article focuses on the results and comments made by staff on their perceptions of their roles in the clinical departments.

An open-ended questionnaire was used with the aim of eliciting opinions about the role as they saw it and the constraints and enablers in terms of student support. The questionnaire sought to identify common ‘themes’ that might indicate compatibility or differences between the two roles. Ethical approval was gained through the University for this initial fact finding process.

### Summary of results from the survey

The questionnaires were distributed and anonymously returned with all nine staff responding: professional development facilitator’s (n = 4) and Link Tutor’s (n = 5). For the purposes of this article respondents are labelled P1–P4 (PDF’s) and L1–L5 (LT’S).

Participants were asked initially to distinguish the specific groups that they supported in clinical practice by formal arrangement or ad hoc. All staff identified pre-registration radiotherapy students and visitors as being groups that they supported in the clinical environment however the results for the professional development facilitators showed that they supported a greater range than the Link Tutors as demonstrated in Table 3.
Respondents were then asked to outline what they believed to be the purpose of their role in the radiotherapy department. All staff had slightly different opinions, particularly amongst the PDFs, but focused on similar aspects related to the clinical support of learners with the main distinction being the scope of that support. The views of one LT:

My role is to mainly support pre-registration students, whilst on clinical placements and to provide a link between theory and practice. Respondent L2

However some PDFs felt that their remit was much broader:

From the original job description I felt that the role was to support education and training across the four—tier structure in radiotherapy. Although I do support visitors and other staff in Radiotherapy & Oncology my main responsibility is to university students pre and post reg. Respondent P3

A common theme within both groups was the focus on the development of undergraduate students’ clinical performance. Their perception of the role was to ensure a link was made between theory and practice and between the two organisations, most respondents cited that good communication with department staff was essential in achieving this. Many practical examples were provided by both groups on how they achieved this, which demonstrated no apparent differences. All respondents perceived that an essential aspect of their role was to provide pastoral support to students and both groups were involved in recruitment initiatives with some PDFs having links with local schools and colleges.

The other perceived differences in the two roles was more evident in terms of student assessment, where PDFs were more likely to be involved in formative assessment of students clinical skills than the LT’s. Some differences were noted in terms of academic support where PDFs engaged in this activity when students were on long clinical placements.

 Respondents were asked what they enjoyed specifically about the role and there were definite similarities between the two groups. One comment from a PDF reflected the consensus view:

I enjoy most aspects of the role. In particular, I like seeing students perform well in practice and to see their development over the course of their training, especially if there have been some difficulties and these have been overcome. Respondent P3

Another feature enjoyed by most was the ability to maintain links with clinical practice, although some LTs supposed that this would be easier for PDFs and it was noted that acceptance of the LT by the department could be more difficult.

There were aspects of the two roles that were regarded as ‘difficult’ and these were different for each group. One PDF stated that the role could be quite isolating, not belonging to either institution (Respondent P4) whereas LTs were most frustrated by what they perceived as time spent on student issues that did not directly relate to the achievement of clinical skills. For example respondent L3 commented that they disliked it when *students ask about academic work/ submissions and concentrate on this over clinical*. Respondent L4 also commented that an aspect they did not enjoy was when they had to spend too much time supporting students on personal issues unrelated to clinical work. This mainly seemed to be linked to a perceived limited amount of time available in the departments as respondent L2 commented that these issues take up a lot of my time and affect the tutoring support I am able to offer the other students.

Most respondents concluded that the PDF should be able to offer greater support in a more timely fashion, however the survey results overall were ambivalent and the respondents did not identify specifically the format they felt this support should or did take. The obvious factor of ‘time allocation to students’ was not especially evident as a defining difference between the two roles however one PDF opinion speculated about this particular issue:

You can monitor what is happening in students’ placements more closely and be available for pastoral support. I get the opportunity to have a quick catch-up with students regularly... I tend to know at any one time how everyone is doing. I feel I know them well and can pick up on repetitive behaviour that I can challenge or good practice that I can comment on... Some students need more support than others and I believe that the PDF is able to support this in a more practical way than a Link Tutor and

<table>
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<tr>
<th>Learners</th>
<th>PDF (n = 4)</th>
<th>Link Tutors (n = 5)</th>
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<tbody>
<tr>
<td>Pre-reg radiotherapy students</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Trainee radiotherapy assistants</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Practitioners</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Advanced practitioners</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MSc students (linked with SHU)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Return to practice radiographers</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Support staff</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Visitors</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td></td>
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better placed to gain continuous feedback on a student’s performance allowing for earlier identification on any issues or problems. Respondent P3

Both PDF and LT groups were overall reticent to clearly identify one role as more successful in student support than another with several reasons cited including the variable aspect of the individual in post coupled with their previous links to the department. One LT felt that this should be considered as an important factor in the role success.

PDFs are often recruited locally from the department they work in, which I think makes their presence more accepted, they have a greater awareness of the range of resources and staff who can be used to support the students learning. Respondent L5

One LT suggested that the issue of time was one of flexibility not length:

While PDFs may not actually have more time per student is it usually more flexible so they don’t have to cram everything into one day and maybe clinical staff and students will perceive better support. Respondent L5

Only one LT felt that the PDF having more time in department was a stand-alone reason for the PDF role to be considered more effective in supporting students.

The PDFs have much more time in the departments to spend on developing activities whereas for a Link Tutor time is very limited and I feel that those students with Link Tutors do not benefit as much as students with PDFs. Respondent L4

Although two of the PDFs suggested that their role was more effective, they were cautionary about assuming that this could actually be measured without the engagement of the students:

I felt on balance the PDF is probably more effective, but you would have to ask the students. Respondent P3

And,

As to whether a PDF is more effective in supporting students, I guess that would be better answered by the students and in the end might well come down to what they think they need rather than what staff think they need. Respondent P4

Discussion

The main aims of this survey were to highlight the differences and similarities in the two roles in supporting students on clinical placement. However, these have only been partially achieved by demonstrating some commonalities in the roles and some obvious distinctions. The survey did not set out to measure the effectiveness of the roles but to gain an insight into the role that would aid the development of the next two phases of the research project and thus provide more conclusive data.

It was apparent from the findings that all staff regardless of their role had a similar philosophy to student support in the clinical environment, but mirrored different clinical support models (Lambert and Glacken, 2004). The perceived similarities between the two roles specifically related to activities undertaken with undergraduate students in the attempt to link theory with practice with no explicit difference between Link Tutor and professional development facilitator activities. This perhaps is difficult to understand given the disparate time spent in the clinical environment with students. Other key similarities related to engagement in recruitment activity although it was apparent that some professional development facilitators had close links with schools and colleges, possibly reflective of their proximity to these establishments. It was apparent that in both models of support pastoral care was an important element of practice however it must be postulated that professional development facilitators have more time to devote to this activity. All staff undertaking the two roles were in agreement about the positive aspects of their work and talked about being part of a student’s clinical development and maintaining their clinical links, something advocated by Landers (2000). It was perceived by a few Link Tutors that this could be more straightforward for the professional development facilitators to achieve, although there was no detail provided on how this would be accomplished.

The main difference in the two roles was related to the range of learners supported. Link Tutors supervised undergraduate students and co-ordinated prospective students, whereas the professional development facilitator role generally supported learners across the four-tier professional structure (ScoR, 2003) and included other members of the multi-disciplinary team. Clinical support activity that was exclusive to the professional development facilitators was their comprehensive input into student assessment and assessor/mentor training, unsurprising as some placement sites were new to the university and had large numbers of learners. Perhaps an unexpected finding was that the professional development facilitators provided academic support whilst students were on placement, but the Link Tutor did not see this as
part of their role, which most certainly would be a consequence of limited contact time.

Role difficulties experienced by the two groups were predictably different. The professional development facilitators stated that at times the role was isolating, in some ways reflective of a new role compounded by a feeling of ‘not belonging’ in either organisation. Alternatively this could be seen as a positive factor by ‘keeping a foot in both camps’. The drawback of the Link Tutor role appeared to be mainly related to the frustrations of having unresolved issues that were not easily managed with limited contact. Once again, this highlights the problem of contact time between tutor and student.

As stated earlier in the discussion the student contact time is obviously different in the two roles, but it has been implied in the data rather than explicitly articulated. Many of the respondents were reticent in giving an opinion of which role they thought was more effective, not surprising as they were reporting on their own particular roles with no practical experience of the other.

Conclusion

There is a recognised need for a designated individual to organise and facilitate the learning environment (Lambert and Glacken, 2005; Williamson and Webb, 2001; Benner, 1984) what is lacking in the literature is any clear guidance on which model is considered the most effective. It was possible to identify areas of common practice with some clear differences in professional development facilitators and Link Tutor activity. However there was no clear evidence to indicate that one model of student support is more successful than another. It appears there are differences not only between the two models, but also in individual practice and it cannot be surmised that any one person or role is more successful than another in providing student support especially considering the subjective nature of self-evaluation. Moreover it was felt that the professional development facilitator or Link Tutor role was that of service provider and the views of the recipients of that provision should be central to the evaluation process.

The project team felt that this could be investigated further in the next two stages of the project and in light of these results the methodology could be further refined. As a consequence stage two of the project would seek in-depth opinions of the students themselves, facilitated through well-planned focus groups (Morgan, 1998). This will allow individuals to comment from personal experience and thus encourage a ‘comparative dialogue’ and provide ‘rich experiential feedback from service users’ (Powell and Single, 1996).

The third stage of the project will utilise a more structured questionnaire that will be distributed to a large sample size of clinical staff with the intention of eliciting comparative data with statistical significance. This should then provide a thorough evaluation of the professional development facilitator role in context of the Link Tutor roles.

References


