

# the beacon

A BI-ANNUAL REVIEW OF THE INSTITUTE OF HEALTH & COMMUNITY STUDIES

ISSUE ONE APRIL 2002

www.instituteofhealthandcommunitystudies.ac.uk  
internet

A Clinical University

The Future Healthcare Workforce

Women, Midwives and Postnatal Care

Accessing and Using Evidence via the Internet



# the beacon



## contents

01	Welcome
02	News in Brief
06	Accessing and Using Evidence via the Internet
08	Future Healthcare Workforce
10	Making a Difference
11	Breaking out of the Box
12	Women, Midwives and Postnatal Care
13	Social Work Research: Future Needs and Challenges
14	A Clinical University
16	New Masters Framework for Health and Social Care Practitioners
18	Preceptorship Project in the South West
19	Programmes offered by the Institute of Health & Community Studies (IHCS)
20	IHCS Publications

Welcome to the first edition of "The Beacon", the bi-annual report of the Institute of Health and Community Studies at Bournemouth University. We see The Institute of Health & Community Studies (IHCS) as an integral part of our health and social care communities, our purpose being to contribute to the improvement of the wellbeing of communities and to the enhancement of health and social care services. We therefore think that is important that we provide information about our activities and report to colleagues and partners on our plans and the progress of our work.

welcome

welcome

The principal activities of IHCS are education and the support of learning; research and the expansion of knowledge and understanding; the development and improvement of practice. We provide pre-qualification programmes for nurses, midwives and social workers and related undergraduate degrees. Our post-qualification, post-graduate and continuing professional development programmes respond to the needs of a wide range of professional groups. We have very flexible frameworks to enable participants to match programmes to their needs. The General Practitioner Education Centre for Dorset is based within IHCS.

We are committed to developing programmes that are relevant to the real world of practitioners and enable them to gain academic credit at all levels for work-based learning.

In research, we believe that it is essential to gain a greater understanding of the perspective of service users so that this can increasingly become part of the evidence-base which is so important. In 2001, we made a submission to the Research Assessment Exercise for the first time which demonstrates the considerable progress which has been made in research activity and the development of the research capability of IHCS.

We have chosen the name, "The Beacon", because this has come to symbolise innovation and best practice within public services. These values are very important to us and underpin everything we do. Also, there are many beacons along the Dorset coast where we are located.

I hope that you find this report interesting and useful. I would welcome any comments.



**Angela Schofield**  
Head of the Institute of Health and Community Studies

## Mentor Newsletter

We have developed a newsletter for mentors who guide, instruct, supervise and assess pre-registration nursing students whilst undertaking the clinical practice element of the Advanced Diploma or Degree Nursing Programme. An initial newsletter was piloted over the last academic year with great success and is now being produced with a more professional finish in association with the University's Design Unit. The newsletter was the idea of Sara McDonald who felt the need to thank mentors for their support of students and provide an outlet for dialogue. Contributions by both academic staff and mentors are actively encouraged and it is being produced twice yearly - September and March. The editor highlights that whilst it is being produced by Bournemouth University, it should be seen as a joint academic and clinical staff venture and a wide variety of contributions is actively encouraged.



For further information, please contact:

Sara McDonald, Nurse Lecturer / Editor (01202) 504292 or email: [smcdonal@bournemouth.ac.uk](mailto:smcdonal@bournemouth.ac.uk)

# news

## news in brief

"We are in the process of expanding our **postgraduate** framework, to offer students the opportunity to study for a **clinical doctorate.**"



*Professor of Midwifery, Jo Alexander and Board member  
Dr Mich Page, dedicate the lecture theatre*

The largest lecture theatre in Bournemouth House which is regularly used for IHCS programmes has been renamed the "Mary Wollstonecraft" theatre as a tribute to the renowned author and architect of modern feminism. The re-naming took place at the inaugural lecture of Professor Jo Alexander, Professor of Midwifery Research and Development. The lecture theatre is dedicated to the woman who is often described as 'the first feminist'. Wollstonecraft was an 18th century writer who is perhaps most famously remembered for her book "A Vindication of the Rights of Women" (1792). Mary died shortly after giving birth to her second daughter, Mary, who went on to become Mary Shelley, author of Frankenstein. Both Mary Shelley and Mary Wollstonecraft are buried at St Peter's Church in Bournemouth.

## Mary Wollstonecraft

## Consultant Midwives meet Chief Nurse for England

Dr Sarah Mullalley (right) with  
Dr Soo Downe, University of  
Central Lancashire



On 25 February 2002, the IHCS Midwifery Team organised a conference for Consultant Midwives - 22 of the 26 appointed to date were able to attend. Sarah Mullalley, Chief Nurse for England and Bournemouth University Honorary Graduate, met the participants and discussed with them the issues associated with this new role.

### A New Clinical Doctorate

We are in the process of expanding our postgraduate framework, to offer students the opportunity to study for a clinical doctorate. Whilst a handful of UK Universities offer such programmes, there is little contemporary research which has explored this area. To this end, telephone interviews were conducted with students and course leaders across the UK to ascertain current strengths, weaknesses and future direction of the clinical doctorate. This research will be available from September 2002.

For further information, please contact:

Dr Kate Galvin, Head of Research on (01202) 504167  
or email: kgalvin@bournemouth.ac.uk

## news in brief



### Palliative Care in St Lucia

Mary Pay, Lecturer Practitioner, has been visiting St Lucia to advise and help set up a palliative care service for its residents. Mary believes that education is the key to better palliative care in St Lucia and has managed to find sponsorship for a nurse to come to the UK for six months to study an ENB 931 at Bournemouth. This nurse registered with the UKCC and held an honorary contract with Dorset County Hospital to gain practical experience at the same time.

The project is due to expand to encompass the training of two theatre nurses and Mary is looking to build distant learning links for palliative care education with St Lucia.

### Support for Pain Relief Exercise

Many women experience severe and long-lasting back pain in the postnatal period and, second only to extreme fatigue, rank this as having the greatest effect on their daily activities. In the non-pregnant/postnatal population, specific exercises to promote core trunk stability have been used with success to prevent and treat low back pain, however, the benefit of these exercises has not been researched in postnatal women

A trial is currently being conducted at Salisbury District Hospital to assess the effect of a modified postnatal exercise programme, which includes core trunk exercises, on the severity of women's back pain at six months postnatally. If such exercises prove effective, they could help many women avoid the misery of back pain and with negligible cost implications, as it is already usual practice for midwives to advise women on postnatal exercises.

The importance of this work has been recognised by the Iolanthe Midwifery Trust, who awarded its biannual Research Fellowship to Jill Sanghera together with £50,000 funding for the project.

For further information, contact Jill Sanghera,  
jsanghera@bournemouth.ac.uk

## Welcome to Professor Dawn Freshwater

Professor Dawn Freshwater has recently joined IHCS to lead the development of the Academic Centre in Practice for Mental Health and Primary Care which is being undertaken in collaboration with North Dorset Primary Care Trust. Dawn has a background in Primary Care, having worked as practice nurse and counsellor in a GP surgery and is committed to practice development through practitioner-based research and critical reflexivity. She undertook her PhD at the University of Nottingham in 1993 and has developed a programme of post-doctoral research including funded projects within the prison healthcare service and in establishing consumer involvement (including internationally funded work with the USA) in research and education.

# news

news in brief

## "Bosom Buddies"

*Project receives funding from  
Department of Health*

Trisha Anderson, Midwifery Teacher, and Mandy Grant, Breast Feeding Counsellor, have set up a support group for women facing breast feeding. The weekly drop-in session is facilitated by trained "lay" breast feeding supporters called "Bosom Buddies".

Initially, a weekly drop-in centre was set up in Blandford, Dorset and was such a success that the Department of Health has funded the initiative to expand and set up a drop-in centre on a deprived housing estate in Salisbury (UK). The evaluation led by Professor Jo Alexander is demonstrating that the scheme to date is highly successful with 10 - 20 women attending each week.



For further information, contact Trisha Anderson, Senior Lecturer,  
tanderso@bournemouth.ac.uk

The University's new Chancellor and Pro Chancellor were installed at the November 2001 Graduation Ceremony. They are:



**Chancellor** - Lord Taylor of Warwick is a Conservative Peer, Barrister, Writer and Broadcaster



**Pro Chancellor** - Lady Digby DBE, DL is a leading supporter of the Arts in Dorset and has served on a number of national and local committees and voluntary bodies.

#### Bournemouth University Honorary Graduates associated with IHCS



**Ian Carruthers OBE**, Chief Executive of Dorset and Somerset Strategic Health Authority.  
*Honorary Degree - Doctor of Business Administration*



**Sarah Mullalley**, Chief Nurse for England  
*Honorary Degree - Doctor of Science*



**Dr. Adrian Rozcovec**, Consultant Physician and Cardiologist and Head of the Cardiac Department, the Royal Bournemouth and Christchurch Hospitals NHS Trust  
*Honorary Degree - Doctor of Arts*

## Research Assessment Exercise

We are delighted to report that IHCS entered the Research Assessment Exercise for the first time in 2001 and achieved a 3b rating which was the most common rating for the Unit of Assessment we entered. This firmly establishes the reputation IHCS as an organisation with the capacity and capability to undertake research and support students in their research activities at masters, doctoral and post-doctoral levels.

## Major International Research Collaboration

IHCS is playing a leading role in an international research collaboration with Pohjois-Savo Polytechnic Kuopio, Finland, Uppsala University, Sweden and Vanderbilt University, USA. The collaboration has won a grant funded by the European Commission Directorate General for Education and Culture under the Programme for Co-operation in Higher Education and Training (EU-USA). The focus of the research project is the development of a programme promoting cultural and intercultural competence in nurses.

## The RIPE Project

IHCS has just published the report of the RIPE Project - a Regional Interprofessional Education Project which was funded by the NHS Executive South West Regional Office. An occasional paper arising from the project, "Making it Better: Improving health & social care through interprofessional learning & practice improvement" is also available.

Both can be obtained from Lynne Humphreys:  
lhumphre@bournemouth.ac.uk

## Forthcoming Events

### Sarah Fraser Master Class Sustaining Improvement and Spreading Good Practice

2 July 2002, Upton House, Poole  
Contact Jenny Joy - 01202 504114, [jjoy@bournemouth.ac.uk](mailto:jjoy@bournemouth.ac.uk)

### Pat Oakley Master Class Integrating Strategies for Workforce Development and Education

31 July 2002, venue in Dorset to be arranged  
Contact Jenny Joy - 01202 504114, [jjoy@bournemouth.ac.uk](mailto:jjoy@bournemouth.ac.uk)

### Qualitative Research in Health and Social Care International Conference

10 - 12 September 2002, Talbot Campus, Bournemouth University  
Contact Diane Eels - 01202 504185, [deels@bournemouth.ac.uk](mailto:deels@bournemouth.ac.uk)



The Internet can now provide health professionals, patients and their carers with twenty-four hour access to a vast range of electronic information. Many of the search tools required to find both electronic and paper-based information are now accessible via the Internet. This means that health professionals not only have access to information and literature via Hospital and University libraries but now have access to information from their wards and offices or from home. However, much of the information can be misleading, inaccurate and confusing to access.

internet

## Accessing and Using Evidence via the Internet

by Lynnette Bailey

Clausen (1996:4) likens the Internet to

*'a huge vandalised library where someone has destroyed the catalogue and removed the front matter and indexes from most of the books. In addition thousands of unorganised fragments are added daily by a myriad of cranks, sages and persons with time on their hands who launch their unfiltered messages into cyberspace.'*

To access and use these electronic resources requires information skills, knowledge of the type of information available and the ability to evaluate the information once retrieved. To enable and support NHS and Health and Social Care staff to acquire the skills to search the Internet effectively and to find the clinical evidence, a variety of training workshops and support sessions are now available.

For those who require training and support, an Outreach Information Skills Trainer is now in post delivering training around Dorset and South Wiltshire. The training is being delivered in a variety of venues and locations including purpose built training areas, libraries, hospitals and at local practices. Some of the training is designed as in-depth workshops and can be booked in advance, while drop-in sessions during lunchtimes, or at other suitable times, are also being offered. One to one workshops are available on request, while training is also being provided during the evenings.



The training covers the use of the South West Information for Clinical Effectiveness (SWICE) bibliographic databases. The NHS has provided free access to these databases and included are links to full text journal articles; Martindale, the complete drug reference; and the electronic journals published by BMJ Publishing. These databases can be accessed via the Internet at work using an NHSNet connection and the web address <http://www.swice.nhs.uk> or at home using the web address <http://www.swice.nhs.uk>.

The eight SWICE databases covered are:

AMED (Allied and Complementary Medicine) which is produced by the British Library and covers the fields of complementary and allied medicine. Subjects currently include occupational therapy, physiotherapy, podiatry, acupuncture etc. Currently the database includes about 100,000 articles from 400 journals. The AMED database is updated quarterly.

ASSIA for Health is the health section of 'Applied Social Sciences Index and Abstracts' - an international English language and multi-disciplinary service covering all aspects of the social sciences, including health sciences, caring sciences, psychology and sociology. 40% of the articles indexed are from UK journals, 45% are North American, while the remaining 15% are from elsewhere. The database includes abstracts and covers 550 English language journals. Coverage is from 1987 onwards.

BNI plus (British Nursing Index), which is provided by Bournemouth University, is a bibliographic database of the UK's most popular nursing, midwifery and community healthcare material. The BNI index runs from 1994 onwards whilst the RCN holds material from 1985-1996. The database excludes abstracts and only indexes English language material. The database is updated monthly and is updated by a consortium of NHS organisations, the Royal College of Nursing and HE institutions.

CINHAL is aimed at nurses and allied health professionals worldwide. Coverage runs from 1982 to date and includes most English language journals and therefore has wider coverage than BNI but has an American bias. However, for a more comprehensive search for only UK journals BNI is the first choice.

Embase The Excerpta Medica pharmacological and biomedical database includes references to journals from 1974 to date. It has international coverage, with many European and Asian journals that are not covered in other databases such as Medline. Published in the Netherlands it has a good European slant. Runs from 1980 to date.

HMIC (Health Management Information Consortium) is composed of three separate UK databases produced by the Department of Health, the Kings Fund and HELMIS covering the field of health management, the National Health Service, health service administration and community care. Includes references to books and reports as well as journal articles. Emphasis on UK sources although some international coverage.

MEDLINE is one of the key biomedical databases. It is produced by the National Library of Medicine and contains the bibliographic records of more than nine million articles indexed from over 3000 core medical, nursing and dental journals. Runs from 1966 onwards and is updated weekly.

PsycInfo is produced by the American Psychological Association and is made up of two databases called PsycLit and Clinpsyc. 1,300 current journals are indexed and these are updated every three months; book chapters are also indexed. PsychInfo covers psychology and related disciplines including organisational behaviour, social science, education and psychiatry. The database runs from 1887 to date. If you are familiar with using databases passwords can be obtained by contacting your local hospital library.

Other training that is provided is in the use of the Internet to locate quality health information. The training focuses on a variety of information gateways and provides training in the use of Websites such as the National Electronic Library for Health (NeLH).

NeLH provides access to electronic databases including:

Cochrane Library

British National Formulary in its electronic format

BIOME and OMNI quality health and life sciences information gateways

Bandolier a website relating to evidence-based health care

TRIP database

DARE a high quality database of systematic research reviews

NeLH also provides a 'Hitting the Headlines Service' which assists the health professional by providing rapid and reliable analysis of the evidence behind selected news reports.

Anyone who wishes to arrange a training session either for one to one training or to arrange group workshops at their place of work can contact Lynnette Bailey - Outreach Information Skills trainer. See the contact details below.

#### Contact Information

Bournemouth University, Bournemouth House Library,  
19 Christchurch Rd, St Swithun's Roundabout,  
Bournemouth, Dorset, BH1 3LH

Mobile Telephone Number 07718805466

*(please leave your request plus contact details after the tone)*

Fax 01202 504298

E-Mail [bailey@bournemouth.ac.uk](mailto:bailey@bournemouth.ac.uk)



# future

## The Future Healthcare Workforce

by Margaret Conroy

The Institute of Health and Community Studies launched this project with a national steering group in October 2000. The project is funded by the Department of Health and the issues which it addresses are at the heart of the human resource policies in the NHS Plan and the challenges faced by NHS organisations in ensuring the provision of the 'right' workforce for future services. Judy Hargadon, who leads the Changing Workforce Programme, sees the project as a major catalyst for change and is developing links with her own work programme.



The work is overseen by a National Steering Group which includes staff of Bournemouth University, Conrane Consulting (the project coordinators), representatives of the professional regulatory bodies (the General Medical Council, the U.K. Central Council for Nursing, Midwifery and Health Visiting, and the Council for Professions Supplementary to Medicine.) The Steering Group also has members from the NHS project sites, particularly including Kingston Hospital and Merton, Sutton and Wandsworth Health Authority, together with representatives from the Royal College of Physicians and St. George's Medical School. The Steering Group is chaired by Professor Michael Schofield, a Visiting Professor at Bournemouth University.

The two principal areas of work are outlined below.

#### Care of the elderly

The aim of this work programme is to redesign services for older people with the objective of delivering radical improvements in both the quality and cost effectiveness of patient care. The work is focused on the patient's perspective - putting the patient at the centre of the redesign of the service and the workforce. The approach is to develop scenarios, to prompt working groups to "think the unthinkable" and to review options right across the spectrum.

The project is based in Merton, Sutton and Wandsworth Health Authority and the scenarios are being developed across all healthcare sectors. Links have been established with social services, the independent and voluntary sectors and the workforce development confederation. The work programme has been designed to deliver three main outputs:

- Radically different scenarios for the delivery of services;
  - Workforce roles and the implications for education and training;
  - A workforce plan including the new roles.
- The work programme on the service scenarios and new work roles are now complete and the findings and recommendations have been agreed with the national steering group. The workforce plan is due for completion in September 2002.

The project addresses the question

"If we were designing the workforce today for tomorrow's health service, what would it look like?"

#### The implementation of the healthcare practitioner role

One of the key aims of this phase of the project is to implement the health practitioner and assistant practitioner roles which were described in the second project report. The first round of implementation will be in the acute sector and is based in Kingston Hospital NHS Trust.

The Trust has developed a competence framework for both the practitioner and assistant roles. These competence frameworks will provide the basis for the design of flexible, modular education and training programmes. The first priority will be to train existing staff and to test the roles rigorously in a pilot project which is due to commence at the end of this year. The competence framework, amended in line with the findings from the pilot project, will then be used to develop a university programme for direct entrants. A steering group has been established with Kingston University and St. George's Medical School to oversee the design of the university programme.

#### Conference and report

The report on this national project will be launched at a national conference on 17th April 2002.

For further information, please contact Natasha Young on (01202) 504175 or [nyoung@bournemouth.ac.uk](mailto:nyoung@bournemouth.ac.uk).

IHCS Senior Lecturer in Social Work, Keith Brown, has published a new handbook for all Training Managers: Making a Difference: a Guide to Running Personal Social Service Training Functions.

# Making a Difference:

by Keith Brown

## a Guide to Running Personal Social Service Training Functions

The area of training in social care is complex. Some publications aim to help training managers in their quests, for example, in producing an integrated HR policy, but no-one had ever documented how experienced Training Managers run their departments with a view to informing those new to their posts. This guide to the running Personal Social Services Training functions documents the nature and policy context of training in the PSS, how Training Managers run their departments and where they get their information and resources from.

Five Training Managers new to their posts were interviewed to find out what helped them when they first started and what they would like to see within a guide to training in the Personal Social Services. Eight Training Managers, with an average of 16 years experience, were studied to find out how they ran their training functions. Both sets of Training Managers were chosen to reflect the variety of differing local authority structures and sizes.

The first section concentrates on the nature and policy context of training in Personal Social Services. It includes information on policy initiatives, directives and the new key institutions that form the environment within which training in Personal Social Services is being delivered. The middle section dovetails key messages from the interviews with Training Managers, other interview findings, and the author's questions and comments on the philosophy of training, workforce planning, qualifying your training staff, funding and financial management, and regulation and registration. The last section comprises a comprehensive resource section that lists useful organisations, contacts, publications and websites.

Making a Difference has been sent free to every Training Manager in England and Wales. Further copies are available at a cost of £4 from: NATOPSS, Selly Wick House, 59 - 61 Selly Wick Road, Selly Park, Birmingham B29 7JE.

On 16 January 2002, IHCS organised a highly acclaimed conference, entitled "Breaking out of the Box" to draw attention to national and local examples of innovative approaches to implementing the Modernisation Agendas.

# Breaking out of the Box

## The Five Rules for Modernisation

by Angela Schofield

An NHS Trust Chairman in the audience commented that the presentation by Dr. John Riordan and Sir Graham Morgan, Directors of the North West London NHS Trust, was the most useful 45 minutes he had spent for a long time.

Dr. John Oldham, Director of the Primary Care Collaborative had one distinguished local GP "wagging" on the stage and David Rose, Director of the Coronary Heart Disease Collaborative, showed how we can listen to patients through Discovery Interviews and make a real difference to care and outcomes.

David Fillingham, Chief Executive of the NHS Modernisation Agency, chose this occasion to launch his "Five Simple Rules for Modernisation":

- See things through patients' eyes - spend time with patients
- Find better ways of doing things
- Look at the whole picture - don't just tinker with the small parts
- Give front line staff the time and tools to tackle the problems
- Take small steps as well as big leaps - this can revolutionise the patient's experience

The themes which recurred time and time again through all the sessions of the day were:

- Improvement and modernisation depends on passion, commitment and vision
- Protected time for discussion, analysis and planning is essential
- Frameworks and processes for improvement (e.g. Plan, Do, Study, Act) ensure that there is a systematic, joined up approach.
- Information on services is needed to plan and monitor improvement.
- Leadership is vital - not just formal leaders. All members of the team need to be empowered to lead improvement
- Start small and grow
- Teams who learn together improve together
- Learning in practice settings leads to real improvement for patients and practitioners
- Get close to and listen to patients and clients - improvement is a natural consequence.

# Women, Midwives and Postnatal Care

Professor Jo Alexander's  
Inaugural Lecture

## building the evidence together

The days and months following childbirth are a time of tremendous change and stress for women and their families. The care provided by health care professionals is crucial to reduce the risk of death during this time. Bournemouth's new Professor of Midwifery Research and Development, Jo Alexander, gave her inaugural lecture in May 2001 on reducing death and illness after childbirth.

Although maternal death is now rare in the UK, we have only recently begun to recognise the considerable morbidity amongst postnatal women. In the UK in 1870, there were 800 maternal deaths per 100,000 births compared to 12 deaths per 100,000 births in 1994 - 96, yet the problem still persists. Research suggests three quarters of women experience a health problem lasting between 8 - 18 months (Glazener et al, 1995) after birth. An additional burden of ill health is something that women could well do without at this vulnerable period in their lives. The Audit Commission (1997) showed that postnatal care is the element of the maternity services about which women express the most dissatisfaction and it is timely to consider the extent to which the services, costing about £400 per woman (Young et al 1997), are based on good quality evidence. Postnatal care has been described as the Cinderella of the maternity services.

Professor Alexander argues that it is only in partnership with women that optimum care and research can be achieved. She has devised new criteria for a screening test and has concentrated on researching two vital conditions: abnormal or excessive bleeding from the birth canal between 24 hours and 12 weeks after childbirth, and the presence of fever. Her research has revealed that there was very limited evidence of the "normal" state in women, and a survey of 524 women gave very different results from the textbooks. She stressed that these results could mean that other conditions that cause women distress in the first year following birth, such as backache, should also be investigated more thoroughly. It is essential that women themselves have the strongest voice in determining those areas to be given priority, rather than researchers and health care professionals deciding what is "best" for them.

In conclusion, Professor Alexander urges caution concerning the Audit Commission's advice (1997) that midwives should debrief all postnatal women. There has been confusion as to what is meant by this term and the limited evidence available is not reassuring (Small et al 2000). The period following birth is a period of momentous change for women and their families. We need to be sure that care provided by health care professionals at this time helps to reduce the considerable burden of morbidity that we now know exists amongst mothers.

For further information, please contact:  
Professor Jo Alexander  
e-mail: [jalexand@bournemouth.ac.uk](mailto:jalexand@bournemouth.ac.uk)



# Social Work Research:

by Dr Carol Lewis

## Future Needs and Challenges

The Economic and Social Research Council has now recognised Social Work as an academic discipline in its own right and those in the academy and the profession are to be congratulated on this major achievement. For many in both practice and management in statutory and private/ voluntary settings, this may have little immediate relevance to the pressures they contend with daily or those that the profession faces in the coming years. Gaining this recognition, however, will enable social work to demonstrate its value and contribution to our society and the communities, groups, families and individuals within it and could raise the status of social work as a profession and as an area of study.

Traditionally, it has to be said that social work research has been hidden; masked by other academic categories which were already established disciplines such as sociology and social policy, or alternatively, hidden in the more established and traditional Universities where funding such work was considered to be in 'safe hands'. The voluntary sector has also held a reputation for carrying out research in its own particular fields, e.g. NSPCC, National Children's Bureau, the Howard League, among many others, but social work research has been divided by its own diversity and this is one of the major challenges it faces in the future.

Social work is facing one of the biggest shake-ups in its professional history in the UK and research can ease these transitions and enable the workforce to take pride in its achievements, if it is used appropriately. The view that research and the development of theory should 'happen' in academia and be distinct from practice is changing and must continue to change if it is to reflect the real world. Many agencies face heavy demands for monitoring and evaluation of practice and policy and research can help to meet this agenda, in what is fast becoming a culture of 'public protection'.

Research can also enable the dissemination and publication of innovative and positive practice, to share knowledge and ideas and most importantly, to promote the views and wishes of service users.

If social work research is to become a tool for improving practice and influencing policy, then it has to enable more practitioners to become researchers and researchers to stay in touch with policy and practice. Those in practice need to feel the benefits of research and contribute to the methods and analysis of data: the findings have to be relevant and useful if we are to dispel the mistrust which is held in some quarters of the word 'academic'. The worlds of research and practice are more inter-linked than we realise and never before has a profession needed to be well-grounded and informed, in order to meet the demands of the near future. The implications of the decision to recognise social work go far beyond the university and funding councils. The real potential lies in the difference it could make to people's lives. This, then, is the major challenge facing the discipline, not how might we best spend and distribute ESRC money!



# A Clinical University

by Clive Andrewes

## Background

Over the last five years at Bournemouth University, through the Institute of Health and Community Studies, we have been developing a collaborative model of nursing education, practice and research. The Case Western Reserve University and the University Hospitals of Cleveland in Ohio first developed this approach. The model supports separate administrations for the university department or school and the nursing service. The two organisations are autonomous institutions but function interactively through a medium of a variety of appointments. The first stage of this collaboration has been the creation of a clinical faculty of eighty lecturer practitioners. Lecturer Practitioners provide leadership in the field of post-qualifying education, both

within the Institute and within practice settings. This development has been complemented by the appointment of Practice educators to support pre-qualifying learning in practice settings. The clinical faculty also supports a number of posts for practice development, clinical readers based in practice and research practitioners. Academic staff with practice roles and honorary appointments for nurse and associate nurse executives support the model. The second stage of this collaborative model is to develop the clinical faculty in practice as part of a broader vision of a clinical university. This is being achieved through creating academic centres in practice.

## Purpose

The purpose of a clinical university is to enhance synergy within practice. The clinical university is then almost a laboratory to describe and evaluate the processes of change. It facilitates responsiveness to National Service Frameworks and Health Improvement plans and enhances the capacity and capability of staff for health improvement and illness management. Its central drive is that patient/client views and needs are harnessed in order to improve services, design new approaches and ensure that learning is central to change. The formal university department then becomes almost a virtual site to academic centres/departments in practice. Lecturer Practitioners are a core feature of this development. Readers in clinical governance and health improvement complement these posts.

The aim of this development is to ensure those who teach nursing, also practice nursing. The goals being the following: -

### 1. Quality of patient care

1.1 Increases quality patient care directly by access to the best-prepared practitioners, as well as indirectly through advanced-level teachers and researchers.  
1.2 Assures patients that their care is provided by professional nurses and is continually analysed and updated through research.

1.3 Assures comprehensive care for patients and families, with understanding and self-involvement of those receiving.

### 2. Quality of student education

2.1 Provides students direct access to patients for clinical experience. Patients are selected and cared for by faculty.  
2.2 Enhances learning with clinically proficient faculty.  
2.3 Affords a means to maintain a diverse and qualified faculty with low student to teacher ratios.

### 3. Opportunities for clinical nursing research projects on uni-disciplinary and multi-disciplinary levels.

3.1 Makes available reality-based problems for nurse research.  
3.2 Provides opportunities for interdisciplinary research projects.  
3.3 Offers opportunities for faculty, staff and students to solve research questions together, as well as develop grants for support.  
3.4 Facilitates the discovery of and dissemination of new knowledge.  
3.5 Supports the testing and validation of new knowledge, thereby improving practice.

### 4. Credibility of nursing faculty

4.1 Allows for expression of the full professional role of service, education, research and consultation.

4.2 Provides the opportunity for students to observe and participate in quality care with faculty as role models.

4.3 Implies the faculty can practice what they profess.  
4.4 Keeps curriculum and faculty updated.

### 5. Development and productivity of nursing faculty and staff

5.1 Encourages team participation in curriculum development and research projects.  
5.2 Encourages team participation in professional development conferences.  
5.3 Provides built-in resources for consultation across clinical nursing specialities.  
5.4 Supports and offers opportunities to pursue an advanced degree in a supportive environment.

### 6. Productivity and cost-effectiveness of academic health centres

6.1 Provides a mechanism for service revenues to contribute to the educational programme.  
6.2 Makes academic consultation immediately available at no extra cost.  
6.3 Sets expectations for care innovations to be created and tested for effectiveness.  
6.4 Allows for shared resources for budget, human resources services, marketing, recruitment, office space and others.

## Case Study - 1 NHS Trust

Lecturer Practitioners	Child Health Medicine (2) Nutrition Pain Management Rheumatology (2)	Critical Care (2) Midwifery Oncology Radiography Surgery (2)
Nurse Consultant	Pain Management	
Centre for Educational Research	Senior Research Practitioner Research Fellow	
Honorary/Visiting Appointments	Visiting Fellow Research (Medicine) Associate Nurse Executive Education Associate Nurse Executive Practice Development	
Development of a Practice Development Unit	Services for Older Adults	
A variety of academic university staff are linked with the Trust		

# New Masters Framework for Health & Social Care Practitioners

by Diana Halliwell

The Master's Framework was validated in September 2000 and offers students the opportunity to engage in Continuing Professional Development (CPD) at postgraduate level. It is designed specifically for qualified, experienced professionals, to aim to improve and increase their effectiveness within a wide range of health and social care settings.

Learning is seen as an ongoing process, in which theoretical study informs reflective, practice-based learning, and through which the continuous maintenance, development and enhancement of professional and personal skills takes place.

A key feature of the Master's Framework is the emphasis on shared learning and interprofessional education. Research has highlighted the need for interprofessional education for health and social care at postgraduate level (Storrie 1992, Funnell et al 1992). There is an increased need for issues to be addressed and resolved by interprofessional and inter-agency collaboration. The framework encourages inter-disciplinary learning whilst accommodating specialist development.

The framework currently has three pathways validated: Midwifery, Nursing and Practice Development. However, in 2002 the MA Interprofessional Health and Community Care will be reshaped to become consistent with the framework. For October 2002, MA programmes in Psychotherapy and Counselling, Community Specialist Practice and Public Health are being developed.

The MA Interprofessional Health and Community Care This was the first Masters development in IHCS, which was developed in response to two emerging trends in providing health and social care for the twenty-first century:

- the need for an interprofessional approach which cuts across traditional boundaries;
- the recognition of new professional roles for advanced practitioners in health and social care.

The course has been run successfully on a two-year part-time basis since 1997, and is taught over sixteen days attendance per year.

There are 4 core units:

- Philosophical Perspectives
- Socio-political and Organisational Context of Health and Community Care
- Enquiry and Research
- Interprofessional Development.

Students then choose four option units, which over the past 4 cohorts have been:

- Improving and Promoting the Public's Health
- Leadership
- Quality Improvement
- Professional Education.

This year, a full-time route was validated in response to a request from the Indonesian Government. Since April 2001, 8 Indonesian students have joined the course full-time, sharing much of the learning alongside the part-time students. It is hoped that this will enrich not only the 'interprofessional' context of the course but also develop a more international perspective for the students.

### MA Professional Development Practice Development

This exciting new course has been developed in response to the needs of practitioners, many of whom are already engaged in Master's level practice development as part of their everyday practice: much of this work is driven by local and national health and social care agendas. However, currently there are few opportunities available for academic support for this type of work, and many practitioners who would like to pursue higher academic studies feel that they don't have enough time. This innovative course aims to change all that. By linking practice-based project outcomes to M level units of study, this course enables practitioners to gain credit for their advanced level practice development.

Thus, the broad aims of this course are:

- to facilitate the development of students engaged in practice development;
- to enhance their vision, ability and skill to adjust boundaries;
- to pioneer change;
- to contribute to health and social care policy;
- to enhance their facilitation and leadership skills;
- to use and apply evidence and education in the interests of their clients and their service.

The nature of individual practice is varied. Thus the Practice Pathway units are integrated into the student's own work-based, practice-driven projects. All core units for this course are 'open content' in that they utilise practice-based projects from the student's own practice, thereby ensuring flexibility in meeting the needs of students committed to full time practice. 'Traditional' taught units have been rejected in favour of a supervision approach, negotiated through learning contracts. A flexible approach is an essential requirement for meeting the needs of full time practitioners. Thus, assessment strategies, which meet both practice and academic requirements, are negotiated individually according to each student's needs. As such, the student's own work-based practice-driven project outcomes, and their associated time scales, become the academic outcomes for the Practice Pathway units.

The current course, which began in April 2001, has 24 students - all of whom are developing practice. They are engaged in a variety of settings ranging from acute in-hospital care to community health visiting practice. Within the group there is a fantastic wealth of expertise, which is brought together within group supervision unit, where they contribute to each other's work.

For more information about the Practice Pathway, contact Paul Fulbrook (Course Leader) at [fulbrook@bournemouth.ac.uk](mailto:fulbrook@bournemouth.ac.uk)

### Midwifery

The Midwifery pathway started in October 2000 with 10 participants from a wide area within and outside the region. The group has worked well together and maintained constructive and supportive links outside of the structured sessions.

Evaluation of the course to date has been positive and work is now underway on the Research Proposals for the dissertation.

For more information about the Midwifery Pathway, please contact the MA Programmes Administrator on (01202) 504254 or email: [tanderson@bournemouth.ac.uk](mailto:tanderson@bournemouth.ac.uk).

### Nursing

The first cohort of this pathway is due to commence in October 2002.

The new career trajectory for nurses and health visitors (DOH 1999) identifies senior practitioners, modern matrons and nurses consultant roles, all of which require practitioners who have been educated to master's level or doctoral level.

These practitioners will, therefore, be required to work proactively within the complex and unpredictable context of health care and will be required to provide innovative approaches to managing this service. It is towards the development of these roles that this pathway focuses its curriculum.

For more information about the Nursing Pathway, contact Anne Powell on (01202) 504208.

There has been a greater emphasis in recent years by the Government to increase interprofessional learning and working (DOH 2000, 1998, 1997) and to develop means of continuing professional development (CPD) and lifelong learning (DOH 2000, 1997). Interprofessional learning and working needs to begin in the early days of training and education at university (Soothill et al 1995). There have been many initiatives to improve the ways in which different professional can work together effectively. However, there is very little empirical evidence on the effectiveness of interprofessional working and learning as well as a lack of consensus as to what interprofessional means.

# Preceptorship Project in the South West

by Farnaz Heidari

Shared mentoring and learning amongst  
newly qualified nurses and doctors

Three years ago, Bournemouth University received a grant from the NHS Executive in the South & West Region to develop an initiative to explore shared mentorship and learning in an acute district general hospital. The outcomes of that initiative have been very positive and the Trust is now independently continuing with the scheme and is expanding the concept to involve other professionals such as radiographers. Based on the experiences and lessons learnt from that Trust, Bournemouth University has received further funding to extent the idea to four new Trusts in the Region. This August, the idea was introduced after much preparation work.

The aims of the scheme were to:

- Support newly qualified staff to make the transition from being students to accountable practitioners
- Improve communication between the professions and aid understanding of each others roles
- Learn with, from and about other professions

The scheme consists of senior nurses or registrars acting as mentors to PRHOs and newly qualified nurses. Formal joint reflection times are arranged as well as ad hoc meetings during working time. These are supplemented with joint interprofessional teaching and clinical skills sessions.

An ethnographic approach is being used for the evaluation which consists of one-to-one taped interviews with randomly selected mentors and PRHOs involved in the scheme as well as Clinical Tutors and senior nurses leading at each of the four Trusts. There is also a questionnaire examining readiness for interprofessional learning and professional identity, which all participants of the scheme are being asked to complete.

Already we have discovered how difficult it is to implement a new idea into an organisation like the NHS and to incorporate the scheme to complement already existing structures. It is clear that very few individuals have any experience or clear understanding of interprofessional working and learning. However, initial observations have shown some very positive experiences such as improved interpersonal relationships amongst doctors and nurses on the wards. A full report will be available in April.

DEPARTMENT OF HEALTH, 1997. The new NHS: modern and dependable. London: Stationary Office.

DEPARTMENT OF HEALTH, 1998. A first class service: quality in the new NHS. London: Stationary Office.

DEPARTMENT OF HEALTH, 1999. Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and health care. London: Stationary Office.

DEPARTMENT OF HEALTH, 2000. The NHS Plan: a plan for investment, a plan for reform. London: Stationary Office.

DEPARTMENT OF HEALTH, 2000. A health service for all the talents: developing the NHS workforce. London: DOH.

SOOTHILL, K., MACKAY, L. & WEBB, C. 1995. Interprofessional relations in health care. London: Arnold.

For further information, contact:

Farnaz Heidari  
fheidari@bournemouth.ac.uk

## Programmes offered by IHCS

Undergraduate	
Pre-Qualification	Post-Qualification
<p>BSc (Hons) Clinical Nursing Advanced Diploma in Clinical Nursing EN to RN Conversion Course BSc (Hons) Midwifery Advanced Diploma in Midwifery BA (Hons)/DipSW Social Work BSc (Hons) Health Science BA (Hons) Health &amp; Community Development BA (Hons) Health &amp; Social Care** BSc (Hons) Nutrition** FdA Health &amp; Social Care** BSc (Hons) Exercise Rehabilitation** BA(Hons) Youth &amp; Community Work**</p>	<p>Diploma in Professional Studies in Nursing Diploma in Professional Studies in Clinical Practice Diploma in Professional Studies in Care Home Management* BSc (Hons) in Psychosocial Interventions in the Management of Psychosis BSc (Hons) Nursing / BSc (Hons) Nursing (Pathway) BSc (Hons) Midwifery Practice BSc (Hons) Nursing Practice BA (Hons) Vulnerable Adults and Community Care* BA (Hons) Approved Social Work Practice* BSc (Hons) Nurse Practitioner BSc (Hons) Clinical Leadership BSc (Hons) Interprofessional Health &amp; Social Studies</p> <p><b>Certificate of Credit at Level H</b> Psychological Treatment Skills for Addictions (60 credits) POSW (Post Qualification Social Work) Part 1 (40 credits) POSW 6 (Part 2) (20 credits) Practice Teaching POSW 2-5 (Part 2) (60 credits) Prescribing from the Extended Formulary (20 credits)</p>
Postgraduate	
Pre-Qualification	Post-Qualification
<p>PG Dip Clinical Nursing</p>	<p>MA Interprofessional Health &amp; Community Care MA Nursing / Midwifery / Practice Development MA Counselling &amp; Psychotherapy* MA Clinical Leadership MSc Nurse Practitioner* PG Dip Specialist Community Practice* PG Dip Health Visiting* MSc Public Health* MSc Pain** MSc Clinical Nursing MA/PG Dip Health &amp; Social Care Education MA Health &amp; Social Care Management** Master/Doctor of Philosophy Taught Clinical Doctorate*</p> <p>* To be available from Autumn 2002 ** To be available from Autumn 2003</p>

### Undergraduate Courses

For further information, contact:  
Nicola Thornton,  
nthornton@bournemouth.ac.uk

### Postgraduate Courses

For further information, contact:  
Anne Powell,  
apowell@bournemouth.ac.uk



## Contact Details

Professor Jo Alexander  
jalexand@bournemouth.ac.uk

Clive Andrewes  
candrewe@bournemouth.ac.uk

Lynette Bailey  
baileyl@bournemouth.ac.uk

Keith Brown  
kbrown@bournemouth.ac.uk

Margaret Conroy  
MargConroy@aol.com

Diana Halliwell  
dhalliwell@bournemouth.ac.uk

Farnaz Heidari  
fheidari@bournemouth.ac.uk

Dr Carol Lewis  
clewis@bournemouth.ac.uk

Angela Schofield  
aschofie@bournemouth.ac.uk

For further copies of The Beacon, please contact:

Institute of Health & Community Studies  
4th Floor Royal London House  
Christchurch Road  
Bournemouth BH1 3LT  
Tel: +44 (0) 1202 504114  
Fax: +44 (0) 1202 504131  
email: lgordon@bournemouth.ac.uk

---

Editor: Liz Gordon  
Design & Art Direction: Grant Campbell  
Photography: Phil Rowley  
Print: Colourworks Communications Group

With special thanks to Amelia Lauren Campbell,  
for the use of her photograph on page 12.

