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Fieldwork teaching and the needs of the health visitor student.

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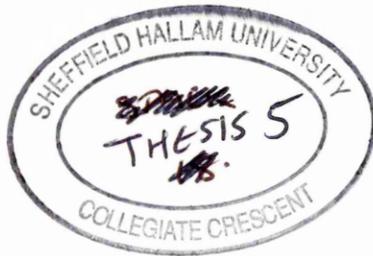
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FIELDWORK TEACHING AND THE NEEDS OF THE HEALTH

VISITOR STUDENT

By

ANNE DEAN

Being a Thesis submitted in partial fulfilment
of the requirements for the degree of M.PHIL.
(C.N.A.A.)

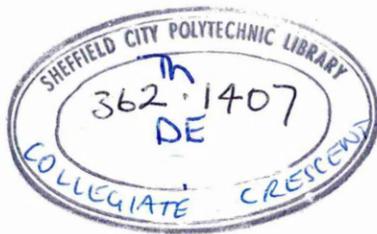
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COLLABORATING ESTABLISHMENT:

Department of Health and
Social Security

NOVEMBER 1981



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4004224-02 Thesis

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ABSTRACT

TITLE OF STUDY: Fieldwork Teaching and the Needs of the Health Visitor Student (pp. 251 + (x): 15 appendices (pp. 70)

AUTHOR: Anne DEAN

RATIONALE: There is a dearth of systematic evidence concerning perceived role-function and role-performance of the fieldwork teacher, i.e. the health visitor practitioner responsible for practical education/training of health visitor students during their fieldwork placement. The present study set out: (1) to identify criterial attributes of the role; (2) to ascertain levels of congruence between teacher-perceived and student-perceived needs; (3) to assess the support required for maximal student benefit from the fieldwork placement.

NATURE, SCOPE AND METHOD: Descriptive survey technique is used involving random stratified samples of fieldwork teachers (N=101) and of recently qualified health visitors (N=110) drawn from the Trent/Yorkshire RHA catchments and representing 63.5 per cent and 73.8 per cent respectively of relevant regional professional populations as at September 1980. Following unstructured interviews (N=8) and pilot guided interviews (N=10), comparative data was obtained from extended fieldwork teacher/health visitor sub-samples employing guided audiotaped interviews (N=40) and derivative postal questionnaires (N=220). Interview/questionnaire protocols for both professional sub-samples were designed to be complementary, taking informants through areas of discourse centrally relevant to fieldwork teaching and learning, including - inter alia - personal retrospect on health visitor/fieldwork teacher training experiences; planning and executive phases of the fieldwork placement; and related social, pastoral and evaluative issues.

CONTRIBUTION TO KNOWLEDGE: The study provides an empirical analysis of fieldwork contexts, developing methodological groundwork for future studies. It provides a criterial vignette of the 'effective' fieldwork teacher: she possesses both knowledge and the ability to 'mobilise' her experience; is empathic; displays interest in students and readiness to listen to/discuss with them. There is significant lack of congruence regarding the perceived importance of administrative studies during fieldwork; the relative impact of 'getting results' in home visiting; the stressfulness of academic work; and the availability of experience with 'problematic' situations. Support strategies for fieldwork teachers are recommended, including increased collaboration with nursing officers; structured refresher courses; increased feedback on learning outcomes; and extension of fieldwork teacher support groups.

ACKNOWLEDGEMENTS

I would like to express my appreciation and thanks to my Director of Studies, Dr. Elizabeth Newson, for her most valuable help and guidance, both in structural/methodological issues and in devising interview/questionnaire protocols: to my internal supervisor and my many friends and colleagues in the Department of Health Studies for their keen interest and support and for many useful comments made during the progress of the study; and to the Area and District Nursing Officers and their delegates who offered such vital help in setting up the study; and who continued throughout to offer encouragement and to maintain interest in its progress.

My grateful thanks are also extended to the professional advisers and other officers of the Council for the Education and Training of Health Visitors for much informative help and encouragement: and to the nursing research officers of the Department of Health and Social Security, who were instrumental in the award of a nursing research fellowship to assist the funding of the study during its two final years.

Lastly and very importantly, I am deeply indebted to all my health visitor informants, both fieldwork teachers and recently qualified colleagues, without whose unstinted time, patience and involvement the study could not have taken place.

Department of Health Studies,
Sheffield City Polytechnic.

October, 1981.

SECTION I: ORIGINS AND NATURE OF FIELDWORK TEACHING: RATIONALE
FOR THE CURRENT STUDY.

OVERVIEW:

An introduction to aspects of teaching and learning practical skills is given (1.1 - 1.2). Realistic teaching in the practical situation in terms of relating general principles to 'real-life' as safely and as effectively as possible is explored (1.3 - 1.4). The important role of practical work teacher in professions concerned with primary health care is discussed (1.5).

A definition of the role of the fieldwork teacher is given (1.6 - 1.7) and the development of fieldwork teaching in Great Britain is described (1.8 - 1.16). Educational and service implications of the dual educational and professional role are considered with particular reference to health visiting activities (1.17 - 1.18); and to the diverse backgrounds of health visitor students and the need to cater effectively for these (1.19). The difficulties faced by the fieldwork teacher in managing both a caseload and her responsibilities in education of health visitor students are discussed (1.20 - 1.24). The establishment and advantages of local fieldwork teacher groups are outlined (1.25 - 1.27).

Utilising an appropriate teaching and learning paradigm (Cronbach, 1963) the process of fieldwork teaching is described in terms of:

- (A) preparing the situation (1.28 - 1.30);
- (B) personal characteristics of the learner (1.31 - 1.32);
- (C) goals of the learner (1.33);
- (D) interpretation (1.34);
- (E) action (1.35);
- (F) consequence (1.36);
- (G) reaction (1.37 - 1.38).

The student health visitor is considered as an adult learner using seven principles of education offered by Fabb et al (1976) (1.39 - 1.40): (1) self-assessment against a relevant standard (1.41); (2) selection of own learning experiences (1.42); (3) the use of a problem-oriented, patient-centred approach (1.43); (4) importance of a non-threatening learning environment (1.44); (5) necessity of knowledge of progress (1.45); (6) immediate application of new knowledge and skills (1.46); (7) contribution of the student's own knowledge and skills (1.47).

Critical analysis of the role-function is seen to require empirical clarification of three central questions, concerning (1) attributes of 'good' fieldwork teaching; (2) perceptual congruence between student and teacher; and (3) significant factors in fieldwork situations which assist/impede the fulfilment of the role-function (1.48 - 1.49). The aims of the study in seeking to identify the characteristics of 'good' and 'effective' fieldwork teaching; and to ascertain the support required, both by fieldwork teachers and by health visitor students, for maximum benefit to be derived from the practical work placement, are outlined and discussed (1.50 - 1.53).

SECTION I: ORIGINS AND NATURE OF FIELDWORK TEACHING: RATIONALE
FOR THE CURRENT STUDY.

'A man may be very sincere in good principles,
without having good practice...' (37)

'On the practical side, looking at the field-
work teachers, it requires more than the app-
lication of the 'Nellie principle'...' (39)

PRACTICAL WORK TEACHING IN THE CARING PROFESSIONS:

1.1 The process of learning the practical aspects of any job can be facilitated in several ways. It may be promoted by actually performing those tasks which are an integral part of the occupation: or by simulating such activities in a classroom or other appropriate setting, thus giving 'experience without risk'. For example, an apprentice bricklayer will learn to build a wall more effectively by actually building with bricks and mortar than by reading a textbook or attending a lecture. However, it would be useless if in learning to build a wall, he was unable to adapt his skills in order to build a house. It is therefore important that he has a sound understanding of the basic principles of bricklaying in order that he may adapt his acquired sub-skills by an appropriate future process of 'functional subordination' (1). Again, as R.S. Peters emphasises:

'If people serve an apprenticeship in a specialised skill and... are provided only with a body of knowledge necessary to the exercise of that skill under specific conditions, then they will tend to be resistant to change ...(conversely)...If they have some under-

-
- (37) JOHNSON, Samuel (1773):
in BOSWELL, J.: Journal of a Tour to the Hebrides (entry for October 25th, 1773).
London: Oxford University Press.
- (39) JOSSE, S. (1978):
Paper presented at conference entitled 'Investigation into the Principles of Health Visiting' (quoted in C.E.T.H.V., 1980: The Investigation Debate).
London: C.E.T.H.V.

-standing in depth of what they are about, they will, at least, be more flexible in their approach and more ready to acquire new techniques'. (54)

1.2 Many preparatory curricula for professionals combine theoretical approaches closely with the practical elements of a course by using both classroom simulation and actual practice 'on the job'. Thus student teachers normally spend a substantial proportion of their course on 'teaching practice' - a supervised and supported period in a school or college permitting practice of teaching techniques learnt during the theoretical parts of their course. Similarly, medical students gain clinical experience in hospital wards and departments as an important adjunct to their formal academic training.

1.3 The logic of professional preparation would indicate that classroom teaching should be related, to a great extent, to the practical activities experienced by the student. Despite consensus regarding the desirability of practice-related teaching and various attempts to ensure its effective occurrence in the health-related professions, it has been shown that some students find much teaching unrealistic and unrelated to professional practice (4, 42, 48). It is contended by Bregg (1958) that one of the basic educational problems in service-

-
- (1) ALLPORT, G.V. (1961):
Pattern and growth in personality. In SEMEONOFF, B. ed: Personality Assessment.
Harmondsworth: Penguin.
- (4) BENDALL, E. (1976):
Learning for reality. In Journal of Advanced Nursing, Vol. 1, No. 1, pp. 3-10.
London: Journal of Advanced Nursing.
- (42) LAMOND, N. (1974):
Becoming a Nurse.
London: Royal College of Nursing.

-oriented professions is that of integration of practice and knowledge (7). The shift in nurse education from teaching clinical, and perhaps more technical, aspects to the teaching of principles without due consideration being given to the integration of that knowledge may mean that some nurses become 'superb passers of examinations' - yet possibly unable to help a distressed patient (74).

1.4 During basic nurse training the learner nurse may frequently encounter tasks and situations in a hospital ward or department for which she may well not have been prepared in the nurse education centre. It falls then to the ward sister and clinical nurse teacher to remedy the situation and to ensure that neither the patient nor the nurse is put in jeopardy as a result of the specific knowledge or experiential deficit. Thus, teaching 'on the job' plays a major part in the experience of the learner nurse, who acquires much of her skill in this fashion as an important member of a work-force, not simply a full-time student. The roles of both clinical nurse teacher and nurse tutor are therefore extremely important, with dual responsibility towards both learner nurse and patient by seeking to ensure competent practice in a situation where staff shortages may leave the learner largely unsupervised and indeed in many instances actually in

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- (7) BREGG, E.A. (1958):
How can we help students to learn?
New York: American Journal of Nursing, Vol. 58, pp.1120-1122.
- (48) McCLYDMONT, A. (1980):
Teaching for Reality.
London: C.E.T.H.V.
- (54) PETERS, R.S. (1974):
The justification of education. In PETERS, R.S. ed: The Philosophy of Education.
London: Oxford University Press.
- (74) WONG, J. (1979):
The inability to transfer classroom learning to clinical nursing practice.
London: Journal of Advanced Nursing, Vol. 4, pp. 161-168.

1.5 The role of a teacher of practical work in the caring professions is an important one, in that the student is dealing with individuals and groups and has therefore to be competent and assessed as 'safe to practise'. The practical work teacher must complement formal teaching in such a way that a skilled and competent practitioner is developed. In order for this to take place, it is accepted that the practitioner responsible for preparing a student should be personally competent in the relevant field of practice: and therefore the preparation of potential members of the primary health care team is undertaken by experienced and competent practitioners. For medical members of the team, general practice training has undergone significant changes over the years, and a much more formalised system now exists than was previously the case. Among the criteria for selection of trainers for general practice put forward by the Joint Committee on Postgraduate Training for General Practice are those pertaining to the '...academic, professional and clinical competence of a trainer' (38). Experience and age are also included as criteria in selection. Similarly nurse members (i.e. district nurses and community midwives) each spend time during their training under the guidance of experienced practitioners. Practical work teachers of district nurses must also possess a certificate of competence issued by the Panel of Assessors of District Nurse Training (25): and a similar concept is applied in

(25) D.H.S.S. (1974):
District Nurse Training: training for Practical Work Instructors.
(HSC(IS)38, June, 1974).
London: D.H.S.S.

(38) JOINT COMMITTEE FOR POSTGRADUATE TRAINING IN GENERAL PRACTICE
(1976):
U.K. Criteria for Selection of Trainers for General Practice.
London: Joint Committee for Postgraduate Training in General Practice.

the training of social work students who during fieldwork are frequently placed with experienced social workers who have completed a short teaching course (8).

DEFINITION AND DEVELOPMENT OF FIELDWORK TEACHER ROLE:

1.6 At the present time, a health visitor student spends approximately one-third of her training course with a fieldwork teacher whose ostensive task it is to structure her practical placement in such a way that she may gain maximum benefit from it by relating theoretical material to the practical context of care (*).

1.7 A fieldwork teacher is a qualified, practising and experienced health visitor, who has:

'...demonstrated professional competence
in the field of health visiting'. (9)

As such she is responsible for:

- (A) the planning and organisation of a wide range of appropriate experience for health visitor students;
- (B) the identification of health visiting skills and for appropriate teaching of these skills;

(*) Throughout the study, conventional use of the feminine pronouns 'she', 'her' has been adopted in referring both to fieldwork teachers and recently qualified health visitors. This is because there are relatively many more women than men health visitors at the present time: but for 'she', 'her' read also 'he', 'his' wherever appropriate.

(8) CALOUSTE-GULBENKIAN FOUNDATION (1973):
Current Issues in Community Work - a study of the Community Work Group.
London: Routledge and Kegan Paul.

(9) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
The Role of the Fieldwork Teacher.
London: C.E.T.H.V.

- (C) the evaluation of the student's ability/
competence to practise as a health visitor.

1.8 At the instigation of Florence Nightingale, the first recorded health visitor training scheme was started at North Buckinghamshire Technical College as early as 1890-1891 (50). Thereafter, responsibility for training and assessment of health visitors passed successively to the Royal Sanitary Institute (1908); the Royal Society of Health (1950); and to the Council for the Training of Health Visitors (1962) (73). However, it was not until 1965, almost 75 years following the inception of the first courses, that the practical preparation of students by a specially designated health visitor was introduced (11). Prior to this date, student health visitors received their practical work training on an ad hoc basis from senior health visiting staff. There were no extant guidelines regarding the nature of such experience; and therefore no possibility existed for the standardisation of teaching. It is known that ad hoc precursors to a developed system of fieldwork teaching did occur: for example in the initial Buckinghamshire health visitor course, a certain Dr. De'Ath took some at least of the participants out into the surrounding villages to gain preliminary experience of 'home visiting' (19).

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- (11) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1975):
Report on the findings of a Small Investigation carried out on Fieldwork Range of Experience. (Ref. 146D).
London: C.E.T.H.V.
- (19) CLARK, J. (1973):
The Family Visitor.
London: Royal College of Nursing.
- (50) MINISTRY OF HEALTH (1956):
An Inquiry into Health Visiting: report of a working party on the field of work, training and recruitment of health visitors.
London: HMSO.
- (73) WILKIE, E.E. (1979):
The History of C.E.T.H.V.
London: George Allen and Unwin.

1.9 It was with the establishment of the Council for the Training of Health Visitors (later to become the Council for the Education and Training of Health Visitors) (*) that the subject of practical work during health visitor training was cited as needing special attention. Thus at its inaugural meeting in 1962, the Council set up a panel 'to consider the fieldwork of health visitor students' (73). The panel, after several meetings, concluded that a satisfactory level of practical work training could best be achieved by the allocation of specially selected health visitors to the teaching of health visitor students. The health visitors chosen would '...show interest in, and have an aptitude for, teaching'.

1.10 Preparation of these 'pedagogic' health visitors for their teaching role was at first carried out relatively informally, by means of a basic ten-day course set up in various educational establishments throughout the country. In 1967 the Council eventually recommended the extension of courses for intending fieldwork teachers to a duration of thirty days, to be presented either as a series of study blocks or day releases, taken during one academic year. These newly developed courses began to receive approval by the Council and to commence in 1968.

1.11 During the decade 1968-1978, the number of trained fieldwork teachers in the United Kingdom grew from 39 to approximately 2,200 (12). A 'letter of attendance' at a 30-day course was issued by the

(*) Hereinafter referred to as the Council.

(12) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1976):
The Work of the Council (Information Series, No. 3.)
London: C.E.T.H.V.

(73) WILKIE, E.E. (1979): cf. footnote to Page 7.

Council on successful completion of the fieldwork teacher course.

Since 1968, all health visitor students have been placed with fieldwork teachers who have either completed an approved course, or have been in process of completing such a course (*).

1.12 In 1976 the Council set up a working party to review the responsibilities of the fieldwork teacher, and to reconsider the preparation required for this work. In its 1977 report, the working party recommended that a new, two-part fieldwork teacher course should be established with the following structure:

- Part 1: Normally to consist of three, two-week 'theoretical' blocks;
- Part 2: Normally to consist of one academic year of practical fieldwork teaching, carried out with the overall supervision and guidance of a qualified health visitor tutor. (This latter period to assist in 'realistic assessment of teaching ability' in the work situation) (14)

1.13 Pursuant to the recommendations of this working party, proposed curricula for the 'new-style' courses were submitted for the Council's approval by those educational establishments already offering a health visitor training course who wished also to offer a fieldwork teacher course (cf. Appendix A). The first of the approved 'new-style' courses commenced in 1978.

1.14 Thus during the current year (1981) the second annual cohort of fieldwork teachers to qualify after completing 'new-style' courses will be receiving the Certificate in Fieldwork Teaching of the Council for the Education and Training of Health Visitors. This certificate

(*) Since the introduction of the Certificate in Fieldwork Teaching, the practice of allocating students to health visitors still in attendance at the academic part of the course has ceased.

replaces the 'letter of attendance' formerly awarded to health visitors upon successful completion of 'old-style' fieldwork teacher courses: and in some measure serves to offer recognition of the educational role of the fieldwork teacher, and of the additional duties which it entails (14).

1.15 With the inception of the new curricula, the Council was at pains to preserve continuity of fieldwork experience during an inevitably lengthy 'transitional' period by inviting fieldwork teachers who had completed their fieldwork teacher training prior to 1978, and who were currently still responsible for the fieldwork training of a health visitor student, to apply to it for the award of a Certificate in Fieldwork Teaching. On presentation of proof that she was indeed engaged in fieldwork teaching (the application form had to be signed by a health visitor tutor from the training establishment), such a fieldwork teacher was awarded a certificate to replace her original 'letter of attendance'. Since 1979, no such health visitor is permitted to act as a fieldwork teacher without possession of the Certificate unless she undertakes a 'supervised year' analogous to the second part of the current fieldwork teacher course (15).

1.16 At the time of writing (July, 1981) the Certificate in Field-

(14) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS
(1977):

Report of the Working Party on a Revised Curriculum for a Certificate in Fieldwork Teaching.
London: C.E.T.H.V.

(15) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS
(1978):

Handbook for Courses leading to the Certificate in Fieldwork Teaching.
London: C.E.T.H.V.

-work Teaching is held by approximately 1,800 health visitors throughout the United Kingdom: of whom approximately 1,000 are currently in practice as fieldwork teachers (*).

ROLE OF THE FIELDWORK TEACHER:

1.17 A detailed summary of the role and function of the fieldwork teacher is offered by the Working Party on Curriculum Planning for a Certificate in Fieldwork Teaching (1977).

This may be presented as follows:

- (1) Planning Function: Analysis/identification of health visiting skills/attitudes; determining objectives and providing a programme of fieldwork experience related to these objectives; liaison with educational establishments.
- (2) Organising Function: Allocation/utilisation of learning resources to realise objectives.
- (3) 'Leading' Function: Provision of a role model (skills and attitudes); fostering of professional development and self-evaluation; teaching management skills and accountability.
- (4) Controlling Function: Supervision, reporting on progress, and evaluation of work of the health visitor student. (14)

1.18 The educational role of the fieldwork teacher (as indeed is the case with the educational role of all practical work teachers in the health care context, cf. Para. 1.5, above) is both aided and made more complex by the fact that she is also a professional practitioner in her own right. Whilst it is obviously necessary and desirable for a fieldwork teacher to have a caseload and duties representative of a

(*) cf. Personal communication from Records Officer to the C.E.T.H.V., dated 9th July, 1981.

(14) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977): cf. footnote to Page 10.

full range of health visiting activities, the dual nature of the role may produce tensions between educational and workload demands. Educational requirements (e.g. increased individual supervision and/or time required for planning and teaching in the practical situation) may have considerable implications for personal workload requirements.

1.19 In the performance of her educational role, the fieldwork teacher is faced with the problem of catering effectively for the diverse needs of health visitor students from a wide variety of social, educational and professional backgrounds, whose only common link is their motivation towards health visitor training. Clearly this represents a challenging situation, requiring considerable interpersonal skills as well as more formal pedagogic skills on the part of the fieldwork teacher.

1.20 In her role as health visitor, the fieldwork teacher is faced with maintaining an effective and efficient service to the families who comprise her caseload, whilst fulfilling her additional role as a fieldwork teacher. At worst, she could find herself uncomfortably sandwiched between the demands of her clients on the one hand, and the demands of her student health visitor on the other (cf. Figure 1.1). These, frequently coupled with complex additional requirements by her employing authority and/or by other colleagues in the extended health care team, could place her in a situation where little or no time remains available for personal or professional refreshment or for necessary updating on current advances in health visiting practice.

1.21 The fieldwork teacher currently receives no specific financial

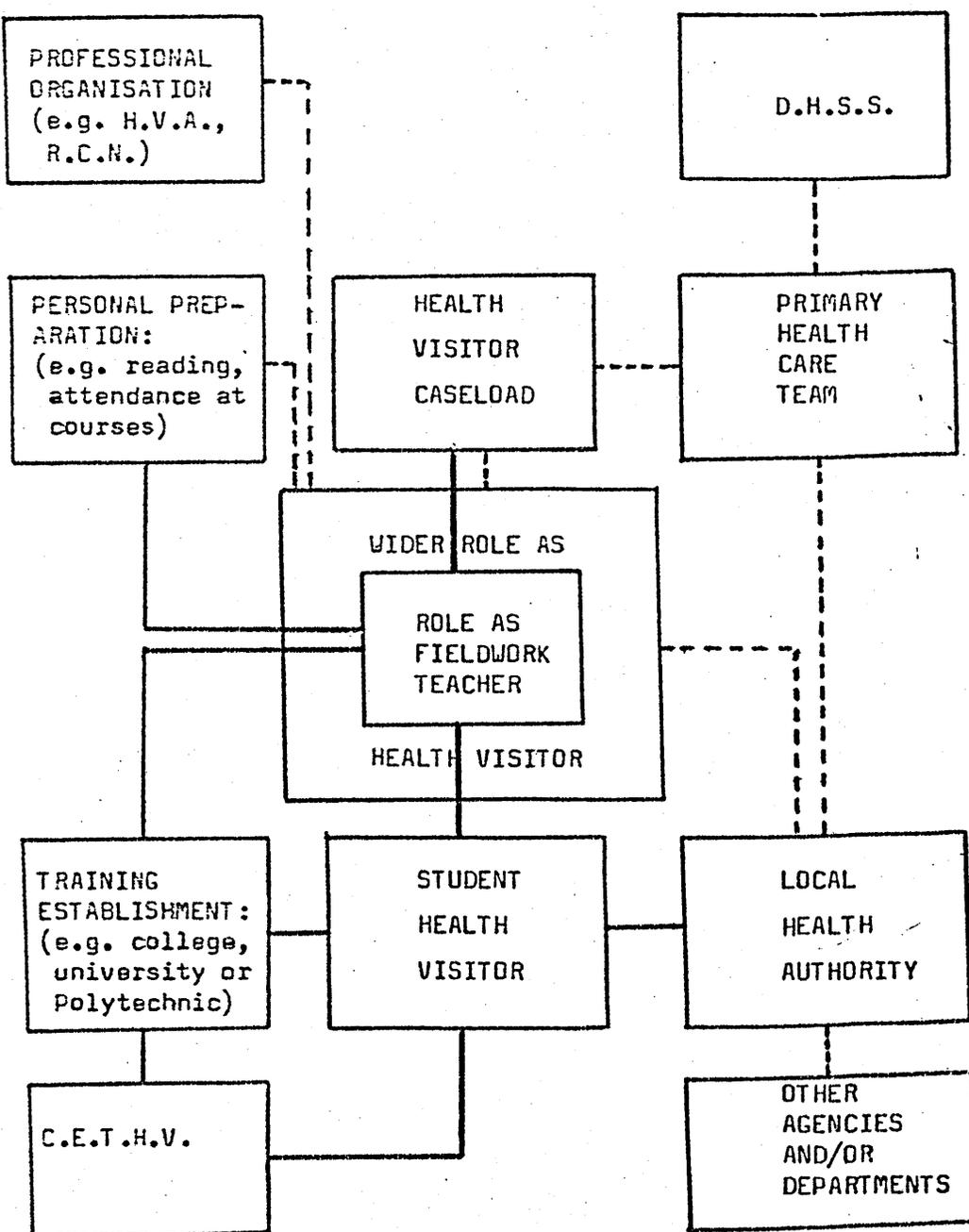


FIGURE 1.1: PROFESSIONAL/EDUCATIONAL CONTEXTS OF THE FIELDWORK TEACHER'S ROLE (diagrammatic presentation).

(N.B.: Dotted lines indicate activities/contacts arising out of the fieldwork teacher's wider role as a professional health visitor. Unbroken lines indicate activities/contacts arising out of her specifically educational role as a fieldwork teacher.)

recognition for undertaking the role: and indeed the additional unremunerated work involved in functioning as a fieldwork teacher has been the focus of considerable professional concern, forming at least a contributory factor to some senior staff declensions to participate in

the practical training and education of health visitor students (31,36). Most contributions to the recent lengthy correspondence on this subject in the professional journals agree with Matthews et al. (1978) that fieldwork teaching is '...an enriching and worthwhile job' (47); but feel that its added responsibility and extra workload offer little incentive for busy practitioners to continue in the role (2, 28, 30).

1.22 This dual educational/professional role requires a demonstration of good managerial ability on the part of the fieldwork teacher, in terms of appropriate distribution of her time and personal resources between the two major aspects of her role-function. It has been recognised that joint planning, involving both representatives of the college responsible for the training of health visitors, and the field-

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- (2) BARBER, S. (1979):
Letter to Editor, Health Visitor, August 1979, Vol. 52:8, p.327.
London: Health Visitors' Association.
- (28) FANNIN, M.A. et al.(1980):
Letter to Editor, Health Visitor, July 1980, Vol. 53:7, p. 260.
London: Health Visitors' Association.
- (30) GOODWIN, S. (1979):
Letter to Editor, Health Visitor, June 1979, Vol. 52:6, pp.243-
-244.
London: Health Visitors' Association.
- (31) HARDY, M., HOYLE, A. and POLLARD, G. (1979):
Letter to Editor, Health Visitor, March 1979, Vol. 52:3, p. 99.
London: Health Visitors' Association.
- (36) HOLMES, P. (1979):
Letter to Editor, Health Visitor, January 1979, Vol. 51:1, p. 21.
London: Health Visitors' Association.
- (47) MATTHEWS, F. et al (1978):
Letter to Editor, Health Visitor, November 1978, Vol. 51:11,
p. 443.
London: Health Visitors' Association.

-work teacher herself, has great advantages in assisting the fieldwork teacher to come to terms with the dilemma of a dual responsibility for her caseload and for the education of a health visitor student (6).

1.23 In the initial stages of development of the fieldwork teacher role, it had been envisaged that her caseload would be reduced, and that she would be responsible for a maximum of three students, depending on the resources available to her (49). However, this has proved extremely difficult to achieve in contemporary contexts of care, due inter alia to problems of recruitment: and personal caseloads have remained high in terms of the fieldwork teacher's added educational responsibilities. For this and other reasons it is at the present unlikely and probably undesirable that a fieldwork teacher should be responsible for more than two health visitor students during any one practice year. Caseloads apart, many fieldwork teachers' activities are limited by factors such as lack of accommodation; nature of total workload; and mode of practice which, though adequate for the practical education of one student, would be severely stretched if two or more were to appear.

1.24 It is currently considered both by the Council and by many participant educational establishments and local health authorities, that the additional work required to prepare a health visitor student

(6) BOADEN, P. (1979):
Fieldwork teaching. In HINCHCLIFFE, C. ed: Teaching Clinical Nursing.
London: Churchill Livingstone.

(49) McCLYMONT, M.E. (1976):
Grouping fieldwork teachers. Nursing Times, 30.9.76 (Health Visitor Supplement, pp. 13-16).
London: Macmillan.

in the practical elements of her training necessitates a lower case-load and workload. This has certainly become a consideration when accepting potential fieldwork teachers for training: and indeed is one of the reasons advanced by the Clegg Committee for not awarding monetary recognition to fieldwork teachers:

'In our view fieldwork teaching does not make the health visitor's work more onerous, provided that it is not an extra duty imposed on top of a full load of work. The remedy therefore is not an extra payment, but to make sure that fieldwork teachers have time for their tutorial work'. (64)

1.25 The fieldwork teacher may experience further difficulties caused by physical distance separating her workplace from that of her colleagues, and from the education centre attended by her student:

'...the fieldwork teacher often has to work in isolation without the support and stimulus of others doing the same job. She can become anxious that she is not giving her student the best experience possible...'. (16)

- and if the 'strain and anxiety' cited here and elsewhere by Charlton are to be avoided, it is important that the fieldwork teacher should have regular access to the guidance and support which colleagues and tutors can give her. With this in mind, 'self-help' initiatives have been taken in some local health authorities by fieldwork teachers who meet together regularly to discuss strategies both for supplying the practical experience needs of the health visitor student, and for

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- (16) CHARLTON, G. (1978):
Support for fieldwork teachers - a letter to the Editor, Health Visitor, February 1978, Vol. 51:2, p. 54.
London: Health Visitors' Association.
- (64) STANDING COMMITTEE ON PAY COMPARABILITY (1980):
Report of the Standing Committee on Pay Comparability (Clegg Report).
London: H.M.S.O.

offering support to colleagues in meeting these needs. Examples include groups convened within the Doncaster Area Health Authority; and under the aegis of the Scottish Fieldwork Teachers' Association: largely in response to the Council's recommendation that:

'...the placing of fieldwork teachers in groups is helpful in supporting those who are less experienced; it gives an opportunity for discussion to take place on the training and for shared teaching'. (11).

1.26 The grouping of fieldwork teachers is being furthered in some areas by the designation of a nursing officer to be responsible for the coordination of fieldwork teaching and to act as an adviser to fieldwork teachers: as exemplified by the present initiative in the Doncaster health authority.

1.27 However skilled and competent the fieldwork teacher, and however experienced she may be, there are bound to be certain professional areas which are marginally outside her competence to provide effectively within her catchment resources; for example, some colleges may require more health education experience than can be provided appropriately within the fieldwork teacher's workload (35). Grouping of fieldwork teachers may assist in complementary experience which may be limited in some fieldwork teachers' areas (11).

(11) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977): cf. footnote to Page 7.

(35) HOBBS, P. (1973):
Aptitude or Environment?
London: Royal College of Nursing.

THE PROCESS OF FIELDWORK TEACHING:

1.28 Most fieldwork teachers are notified during the summer prior to the relevant academic year in which they are to be responsible for the practical education and training of a student health visitor: and it is during these summer months that the fieldwork teacher prepares for the arrival of her student. The various phases and activities comprising the process of fieldwork teaching may be described using the teaching and learning paradigm offered by L.J. Cronbach (1963) (22).

1.29 (A) PREPARING THE SITUATION: Aided by her knowledge of the requirements and constraints of health visitor training and education acquired during the fieldwork teaching course, and by her close knowledge of the local practice area and its resources, she must now plan a curriculum consisting of practical work and supportive theory which will take account of those resources: of the requirements of the specific educational establishment attended by the student: and of the educational and personal needs of a student health visitor.

1.30 As an adult learner, the health visitor student may have educational needs subtly different from those of younger learners (27,58): for example, more stress may need to be placed upon the applicability

(22) CRONBACH, L.J. (1963):
Educational Psychology.
London: Rupert Hart-Davis.

(27) FABB, W.E., HEFFERNAN, M.W., PHILIPS, W.A. and STONE, P. (1976):
Focus on Learning in Family Practice (a publication of the Family Medical Programme).
Melbourne: Royal Australian College of General Practitioners.

(58) ROGERS, J. (1971):
Adults Learning.
Harmondsworth: Penguin.

and practical utility of newly-acquired knowledge; and upon providing immediate opportunities for systematic feedback and self-evaluative activities. Throughout the planning and sequencing stage of her task the fieldwork teacher has to decide upon the most effective methods of introducing new tasks and experiences to her student, so that these are meaningful and applicable in the theoretical framework within which she has commenced her health visitor training in college. In her teaching plan, the fieldwork teacher aims to introduce the student gradually to the tasks and skills which make up the 'whole' of health visiting, so that the student may be able to construct a 'cognitive map' from the various discussions and tasks as applied to the theoretical foundation acquired in college (65). Introduction of new knowledge and skills according to a discrete-step mastery paradigm following a general overview (cf. e.g. 40, 41, 63, 70) before the whole sequence may be practised, is a time-consuming exercise. Although the student health visitor is likely to master some of the relevant new knowledge and skills relatively rapidly due to her previous professional and academic background, the fieldwork teacher must allow for

- (40) KOFFKA, K. (1935):
Principles of Gestalt Psychology.
London: Routledge.
- (41) KOHLER, W. (1925):
The Mentality of Apes (translated Ella Winter).
New York: Harcourt Brace.
- (63) SKINNER, B.F. (1953):
Science and Human Behaviour.
New York: Macmillan.
- (65) TOLMAN, E.C. (1932):
Purposive Behaviour in Animals and Men.
New York: Century Company.
- (70) VERTHEIMER, M. (1945):
Productive Thinking.
New York: Harper.

adaptations and hesitancies on the part of the student in her teaching plan. She has additional difficulties in this respect, in that she herself is still a practising health visitor with a responsibility to provide an effective service to the families within her care. Her teaching plan must be flexible enough to accommodate both professional and educational 'crises'. Her skills as an educational manager are used to determine what situations could or should be used as teaching opportunities: and when a situation is such that the introduction of a student could harm either the family and/or student relationship, either with each other or with the fieldwork teacher.

1.31 (B) PERSONAL CHARACTERISTICS OF THE LEARNER: Both theory and experience would indicate that the fieldwork teacher is aided considerably in fostering the communicational/interactional skills of her student by the individual learning situation which obtains in the practice context. Initially both fieldwork teacher and student bring preconceived ideas and expectations into the teaching and learning situation (32). The pre-course professional background of students may differ widely: for example, it is possible that a student may have been a nursing officer holding a responsible position in her field; conversely, she may start the course almost immediately upon completion of basic nurse training. Perception of similar situations may vary considerably from learner to learner dependent upon the professional practice ethos and pervasive attitudes to which she has previously been exposed; the prior attitudes of friends (51); incid-

(32) HARGREAVES, D.H. (1969):
Interpersonal Relations and the Social System of the School.
In MORRIS, J.F. and LUNZER, E.A. Contexts in Education.
London: Staples Press.

(51) MURPHY, G. (1947):
Personality.
New York: Harper.

-ental learning arising from '...things heard and overheard' concerning the nature of health visiting (55); her position in a group as a leader or a follower (61); and her level of aspiration (43). It is unlikely that fieldwork teacher and student will have appraised each other successfully with regard to these and other important 'sets' until well into the initial weeks of the placement.

1.32 In common with all educators, the fieldwork teacher is dependent upon a series of inferences regarding the individual personality and potential learning capabilities of her student. In developing her own 'implicit personality theory' she will make use of three different types of 'inference rule': those based upon observations of her student's overt behaviour and appearance (identification rules); those based upon the personal stereotypes and images evoked by these audio-visual cues (association rules); employing these identifications and associations in a uniquely personal way, dependent upon her previously-acquired 'experience index' regarding the potential behaviour of her students (combinatorial rules) (21, 59, 69). Thus apparent shyness

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- (21) COOK, M. (1979):
Perceiving Others: the psychology of interpersonal perception.
London: Methuen.
- (43) LEWIN, K., DEMBO, T., FESTINGER, L. and SEARS, P.S. (1944):
In HUNT, J. McV: Personality and the Behaviour Disorders.
New York: Ronald Press.
- (55) PLANT, J.S. (1937):
Personality and the Cultural Pattern.
New York: Commonwealth Fund.
- (59) SARBIN, T.R., TAFT, R. and BAILEY, D.E. (1960):
Clinical Inference and Cognitive Theory.
New York: Holt, Rinehart and Wilson.
- (61) SHERIF, M. and SHERIF, C.W. (1953):
Groups in Harmony and Tension.
New York: Harper.
- (69) VARR, P.B. and KNAPPER, C. (1968):
The Perception of People and Events.
Chichester: Wiley.

or a retiring disposition on the part of the student may lead to initial reservations regarding her ability to cope in the inter-personal situation, with a consequent cautious introduction to colleagues and family contacts. Following this type of identification, associative rules may suggest such a student to be reflective and to possess high intellectual ability. Therefore a programme is prepared to 'stimulate' such a student. Again, various combinatorial rules selected from this fieldwork teacher's 'experience index' may lead her to believe that a bright but shy student is not the 'right' sort of person to become a health visitor, who requires to be more gregarious and practical in her everyday dealings with people. This type of 'implicit personality theory' could thus lead to a lack of 'investment' by the fieldwork teacher in the practical education and training of this particular student.

1.33 (C) GOALS OF THE LEARNER: Student health visitors are, to a certain extent, self-selected (57): that is, they have made a conscious choice to embark on a training course which is considered by some to involve rigorous application if success is to be attained (34). It is presumed that the main aim in taking this step is to achieve skill and competence as a trained health visitor. Implicit for some adult learners within this general aim is the desire to achieve 'high' marks academically. Any conflict between this aim and the fieldwork teacher's concern that an efficient and competent

(34) HICKS, D. (1976):
Primary Health Care.
London: HMSO

(57) RAY, G.J. (1979):
Health Visitor Selection: a review of the processes influencing the selection of potential students in the United Kingdom.
London: Journal of Advanced Nursing, 1979, Vol. 4, pp. 513-529.

practitioner will emerge from training will need to be resolved. Some fieldwork teachers are concerned regarding the academic nature of the course and find the high intellectual ability of some health visitor students disconcerting (52, 53): others see this as a continual challenge and as a means of keeping mentally agile and personally up-to-date from a professional point of view (67). Nevertheless, the fieldwork teacher still has to make the learning task as stimulating as possible in order to help the student health visitor achieve her pre-set goals or to modify these in the light of further experience.

1.34 (D) INTERPRETATION: This term implies an active adaptation of learned material on the part of the student health visitor. The student applies relevant skills and attitudes to differing situations in order to achieve the goals of competency. Early in a health visitor course, the student is required to interpret the theoretical perspective into a practical situation; and as the course progresses must 'transfer' the learning which has taken place as a result of the structured approach to teaching by the fieldwork teacher (cf. Para. 1.30):

'The most fundamental thing about transfer is that if it is desired, it must, as a rule, be sought and prepared for in the

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- (52) NASH, P.N. (1977):
Letter to Editor, Health Visitor, October 1977, Vol. 50:10, p.336.
London: Health Visitors' Association.
- (53) PARKER, F. (1977):
Letter to Editor, Health Visitor, September 1977, Vol.50:9, p.298.
London: Health Visitors' Association.
- (67) TURNER, M.E. (1970):
Letter to Editor, Health Visitor, May 1970, Vol. 43:5, pp. 172-173.
London: Health Visitors' Association.

The fieldwork teacher's role here is to aid transfer by utilising the following strategies. Firstly, as Tyler (1950) stresses, by providing 'a number of learning experiences focussed and based on the same outcome' (68), so that the student has practised the task and achieved a high degree of mastery; and secondly, by providing experience with a variety of similar problems to ensure generalisation of the principle. However, before transfer can take place, the student must have a good grounding in the basic principles. For example: the basic principles of developmental assessment may be taught theoretically in college; the student may then observe the fieldwork teacher performing developmental assessments on several six-month old babies before actually being allowed to undertake such a task under supervision. Once the fieldwork teacher is assured of competence in that particular assessment, she is able to help the student transfer both theoretical knowledge and practical skills to the assessment of an older child, so that generalisation of principles can take place (18). Knowledge of the possibility of transfer of training is important for the student, and should be stressed by both college and fieldwork teacher. It is important that the relationship between the college tutors and fieldwork teachers is such that the students see a link between the two forms of teaching

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- (3) BARTLETT, F.C. (1951):
The Mind at Work and Play.
London: George Allen and Unwin.
- (18) CHILD, D. (1973):
Psychology and the Teacher.
London: Holt, Rinehart and Winston.
- (68) TYLER, R.W. (1950):
Basic Principles of Curriculum and Instruction.
Chicago: University of Chicago Press.

in order that:

'...the student does not forget (field-work practice) back in the classroom: and...is not resistant when apparent conflicts arise in theory and practice'. (66)

1.35 (E) ACTION: Professional education at its best prepares a student to make sensitive and effective use of an appropriate body of concepts and principles. The essential aim of the fieldwork teacher is therefore to foster independence, spontaneity and appropriateness of action on the part of her students in the various aspects of their role-function. She has, therefore, to provide situations in which the student will both practise new skills, and be in appropriate measure responsible for the outcome of her actions:

'An education which does not begin by evoking initiative and end by encouraging it must be wrong'. (72)

Following the gradual introduction of tasks in preparation for the more complex situations found in health visiting, the fieldwork teacher must then plan activities which offer increasingly autonomous action for the student.

1.36 (F) CONSEQUENCE: As adult learners, the majority of health visitor students need constant assurance that they are progressing. Davenport (1976) emphasises the value for the student health visitor of discussion, both with the fieldwork teacher herself and with other

(66) TOWLE, C. (1954):
The Learner in Education for the Professions.
Chicago: University of Chicago Press.

(72) WHITEHEAD, A.M. (1932):
The Aims of Education.
London: Ernest Benn.

students, regarding the nature and outcomes of fieldwork (23). In all situations and tasks which face students, there is an element of the 'unknown' which will test newly-acquired skills: and the opportunity to discuss individual reactions and progress is of the first importance: as is the availability of the fieldwork teacher for debriefing sessions following the more searching of her students' practice experiences. Bilodeau and Bilodeau (1961) express a wide consensus of educational opinion when they affirm that feedback and knowledge of results:

'...form the strongest, most important, variables controlling performance and learning.' (5)

- stressing also the 'substantial improvement' occurring with effective feedback: and the 'deterioration' following its withdrawal. Not all such experiences will be subjectively 'favourable': and the student will occasionally have to come to terms with what she will see as 'failure'. On such occasions the fieldwork teacher must help the student to utilise the experience as positively as possible and to view it as a genuine learning experience.

1.37 (G) REACTION: Fieldwork teachers are encouraged to maintain an ongoing appraisal of the student's progress - a function emphasised by tutorial visits to the fieldwork placement to discuss progress with both the fieldwork teacher and the student. The student needs to be

(5) BILODEAU, E.A. and BILODEAU, I.McD. (1961):

Motor Skills Learning.

New York: Annual Review of Psychology, Vol. 12, pp. 243-280.

(23) DAVENPORT, J. (1976):

Problems of a student health visitor. Nursing Times, 30.9.76 (Health Visitor Supplement, pp. 16-28.)

London: Macmillan.

aware of such appraisal in order to modify or change approaches to certain situations (cf. Para. 1.36). Boaden (1979) cites the importance of both discussion and observation of the student's actions as an indicator of the student's ability and competence (6). Additional feedback is gained from the fieldwork teacher's colleagues and from the families with whom the student has had contact.

1.38 This continual monitoring of a student health visitor's progress is of paramount importance if she is to develop skills and attitudes which enable her to:

'..... think and act appropriately, to attain critical perception and depth of understanding'. (66)

It is the fieldwork teacher who decides whether the student has met the criteria for accomplishment of tasks concerned with competency as a practitioner. This criterion assessment will form the baseline of practical skills from which the student will commence her 'qualified' professional career: and it is therefore felt by many fieldwork teachers to be a particularly weighty decision. Chapman (1979), in her study of fieldwork teachers in the South West Thames Regional Health Authority, noted that fieldwork teachers seemed to use the practice of skills as a criterion in assessment of competence to practise. Secondary considerations included the student's ability to engender relationships, and their attitudes, personality and interest in the 'job' of health visiting (17). Assessment of student health visitors is

(6) BOADEN, P. (1979): cf. footnote to Page 15.

(17) CHAPMAN, V.A. (1979):
An Exploratory Case Study of the Role of the Fieldwork Teacher.
Unpublished M.Sc. Thesis, University of Surrey.

(66) TOWLE, C. (1954): cf. footnote to Page 25.

based on some objective decisions concerning the student's ability to perform certain tasks: but many of the contributory decisions made by the fieldwork teacher are based largely on intuitive analysis, though hopefully she will strive to keep her assessment as unbiased as possible. There is as yet no effective, all-embracing measure of success or failure in home visiting. Perhaps once there exists a satisfactory

'...theoretical model of health visiting to which all tutors, fieldwork teachers and practitioners subscribe' (13)

such as that currently proposed by Clark (1980) (20), then assessment, that task most disliked of Chapman's fieldwork teacher sample, will take on an internal consistency and validity unguessed-at the present time.

THE STUDENT HEALTH VISITOR AS ADULT LEARNER:

'Adults...prefer to determine their own educational destiny' (26)

1.39 Nurses make the decision to enter health visitor training for a variety of reasons, among which professional autonomy and preventive work rate highly (19, 62). MacGuire (1969) suggests that students

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- (13) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977): Investigation into the Principles of Health Visiting. London: C.E.T.H.V.
- (19) CLARK, J. (1973): cf. footnote to Page 7.
- (20) CLARK, J. (1980): A Framework for Health Visiting: a systems approach. Health Visitor, December 1980, Vol. 53:12, pp. 533-535. London: Health Visitors' Association.
- (26) FABB, W.E. and JANSSENS, H. (1980): Continuing Education. In FRY, J. ed: Primary Care. London: Heinemann.
- (62) SINGH, A. and MACGUIRE, J. (1971): Occupational values and stereotypes in a group of trained nurses. Nursing Times, 21.10.71, Vol. 67, pp. 1965-1968. London: Macmillan.

requesting health visitor training fall into a category of self-selection characterised by a combination of positive attitudes towards self and the profession (45). In Singh and MacGuire's (1971) study, 92 per cent of health visitors considered working with people important as opposed to 84 per cent of general nurses in the sample. According to this study, health visitors are seen to be:

'...cheerful, easy going, liberal, relaxed,
cultured, objective, confident, academically
excellent and less conforming' (62)

by general nurses. Such a stereotype may well provide strong motivation towards health visiting among the 'freer spirits' of the nursing profession.

1.40 Fabb et al (1976) put forward seven principles of education formulated as the result of much experience with adult learners, especially health care professionals, in many countries (27):

- (1) Health care professionals wish to assess themselves against a relevant standard;
- (2) They wish to select their own learning experiences - to be self-directing;
- (3) They prefer a problem-oriented, patient-centred approach to learning;
- (4) They respond best to a non-threatening learning environment, where there is good teacher-learner relationship;
- (5) They wish to know how they are progressing;
- (6) They wish to apply their new knowledge and skills immediately;
- (7) They wish to contribute from their own reservoir of knowledge and skills to help others to learn.

(27) FABB, W.E. et al (1976): cf. footnote to Page 18.

(45) MACGUIRE, J. (1969):
Threshold to Nursing.
London: Bell.

(62) SINGH, A. and MACGUIRE, J. (1971): cf. footnote to Page 28.

These seven propositions provide a useful analytic framework for the following general description of the student health visitor as adult learner:

1.41 (1) SELF-ASSESSMENT AGAINST A RELEVANT STANDARD: Rogers (1971) suggests that students enter some kind of adult education for several reasons (58). Firstly, there are those who undertake a course to further their career prospects, or who generally see further education as a means to self-development or personal enrichment. Secondly, social motives account for another group of students, those who may be lonely or looking for friends. Lastly there are the growing numbers of adults seeking a remedial education. In the main, health visitor students appear to be approaching their course for motives of self-development and furtherance of their careers (cf. Para. 1.33). They submit themselves to a lengthy selection procedure consisting of a battery of entrance tests and a selection interview at the college and sometimes also with the sponsoring health authority (57). Having 'passed' the entry battery with subsequent acceptance onto the health visitor course, they need to be aware of the 'relevant standards' which are set. It is therefore important that the fieldwork teacher discusses her teaching objectives and acquaints the student with the criteria set for acceptable performance. Feedback from fieldwork teachers and tutors is essential in the early days of the course. Fabb (1980) suggests that knowledge of weaknesses and deficiencies provides:

'...the essential dissatisfaction which provides the motivation to learn'.(26)

(26), (57), (58): cf. footnotes to Pages 28, 22 and 18 respectively.

- a suggestion empirically well-supported by the work of Zeigarnik and others (cf. e.g. (75)). Fieldwork teachers need to be aware of the anxiety suffered by adults in a formal learning situation - they may be extremely anxious to do well and set high, perhaps unattainable, standards for themselves. A 'relevant' standard is therefore essential, together with the student's knowledge of that standard.

1.42 (2) SELECTION OF OWN LEARNING EXPERIENCES: Although a fieldwork teacher will direct the student, to a certain extent, to experiences which are seen as 'essential' in the process of becoming a health visitor, the student herself may well create or discover additional learning experiences which will serve either to augment the programme or to remedy a deficiency. Thus for example college-based lectures may help to produce in the student an awareness of certain deficiencies in fieldwork teaching: and she may be able individually to select certain experiences to remedy this. Again, student health visitors produce health visiting studies during their fieldwork. In these they are encouraged both to discuss and to evaluate their feelings and actions concerning the particular family situation: and to propose future action in terms of objectives (10). Encouragement to request certain experience is important. Students tend to measure their experience in terms of that gained by their peers: and in this connection it may well be that fieldwork teacher grouping helps the individual fieldwork teacher to provide a more consistent and conformable fieldwork experience for her student (cf. Para. 1.25, (49)).

(10) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
Guidelines for Health Visiting Studies.
London: C.E.T.H.V.

(49) McCLYMONT, M.E. (1976): cf. footnote to Page 15.

(75) ZEIGARNIK, B. (1927):
Über das Behalten von erledigten und unerledigten Handlungen.
Munich: Psychol. Forsch., Vol. 9, pp. 1-85. In WRIGHT et al (1971):
Introducing Psychology: an experimental approach.
Harmondsworth: Penguin.

'Lack of relevance is one of the common causes of failure in educational programmes'. (26)

Pertinent though this comment is, perhaps it states the case a little too simply. The student may well not appreciate the relevance of certain experiences and therefore the teacher must be able to justify her choice of experience. Student health visitors need and expect their fieldwork experience to be relevant to their needs as qualified health visitors. While (1980) in her small study found that none of the newly qualified health visitors she interviewed felt they had been completely prepared for the work which they were undertaking. (71). The fieldwork teacher's task, then, is to make the work as relevant as possible, bearing in mind that the student may well be faced with an entirely different practice context when she qualifies. Health visiting studies give the student an opportunity to look at the process of health visiting in depth and to evaluate her own work. Accompanying the fieldwork teacher and other health visitors on home visiting and clinic work will widen the student's experience in approaches to more varied situations. Once again discussion and explanation of such experiences is of the first importance.

1.44 (4) NON-THREATENING LEARNING ENVIRONMENT: Excessive anxiety or threat in a learning situation inhibits learning and may prevent the student from taking part in group activities (46). Conversely, a

(26) FABB, W.E. and JANSSENS, H. (1980): cf. footnote to Page 28.

(46) MASLOW, A. (1962):
Towards a Psychology of Being.
Princeton, New Jersey: Van Nostrand.

(71) WHILE, A.E. (1980):
On Becoming a Health Visitor.
Unpublished M.Sc. Thesis, Polytechnic of the South Bank.

relaxed college atmosphere tends to facilitate effective learning: whilst regular friendly and supportive contacts between fieldwork teachers and college staff help to maintain such an atmosphere (17). The fieldwork teacher needs to have a good knowledge of her student's ability, so that work can be arranged appropriately to avoid unnecessary stress or threat, which may be reduced still further in a team ambience where mutual respect is fostered between learners and professionals. The selective criteria for fieldwork teachers stress the importance of:

'...the ability to retain a tolerant attitude to colleagues and students despite their idiosyncrasies...the ability to recognise limitations and strengths and to accept them both'. (9)

Yet another important feature of the learning environment concerns its physical/symbolic features and the sheer availability or otherwise of appropriate accommodation for the student. Rogers (1971) suggests that accommodation should be flexible, to suit the learning climate (58). Restraints can be placed on the health visitor student whose sole opportunity to discuss her work or any problems is in the fieldwork teacher's car (17).

1.45 (5) KNOWLEDGE OF PROGRESS: The importance to the student of systematic feedback has already been discussed (cf. Paras. 1.36-1.38). This process is facilitated by student involvement in the compiling of reports on their own progress, either formally or informally.

(9) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974): cf. footnote to Page 6.

(17) CHAPMAN, V.A. (1979): cf. footnote to Page 27.

(58) ROGERS, J. (1971): cf. footnote to Page 18.

Some colleges now require that the student be included in such discussion and that she sign her report, as part of the tightening-up of regulations concerned with 'appeals procedures'. As a result of this and similar feedback strategies the student may gain considerably in confidence and self-knowledge: and/or be alerted to 'problematic' areas in which a personal solution needs to be found.

1.46 (6) APPLICATION OF NEW KNOWLEDGE AND SKILLS: The student who has just learned theoretical issues in developmental testing in college is naturally eager to see such tests in practice, so that her new knowledge ceases to be inert and becomes relevant and useful. This experience in turn provides reinforcement of the new knowledge, which may then help in effecting genuine transfer of the learning into its practical context ((18) - cf. also Para. 1.34). It is therefore most important that the fieldwork teacher be aware of the structure and content of current college teaching throughout each placement. It would appear that the majority (though not all) of the training establishments provide their fieldwork teachers with relevant curricula and/or timetables for this purpose ((6) - cf. also Para. 4.30).

1.47 (7) CONTRIBUTION OF OWN KNOWLEDGE AND SKILLS: Health visitor students enter their training from a wide variety of professional backgrounds in nursing. Many are highly qualified in such fields as midwifery, intensive care and the like: and possess a fund of knowledge and skills not to be forgotten or ignored by the fieldwork teacher. As previously indicated (cf. Para. 1.31) she may well be able to utilise

(6) BOADEN, P. (1979): cf. footnote to Page 15.

(18) CHILD, D. (1973): cf. footnote to Page 24.

such prior experience to her student's advantage when planning the teaching programme. Thus she is wise to recognise her student's sapiential contribution in such areas as (e.g.) measurement of head circumference; explanation of specific operative procedures; and other situations in which her knowledge and skills may equal or exceed those of the fieldwork teacher. In such cases opportunities could be provided for the student to pass on her knowledge, either to other professionals or as part of her experience in formal health education. Teaching activities may well facilitate:

'...the most important thing that can be formed...the desire to go on learning'. (24)

RATIONALE FOR THE PRESENT STUDY:

1.48 In the preceding paragraphs, the respective roles of the fieldwork teacher and of her student have been discussed in terms of an 'ideal' teaching process, and of the theoretical principles of education relevant to professional training in preventive health care. There is as yet little empirical data available regarding the actual teaching of health visitor students and their responses to such teaching: and the few studies extant are limited both in scope and design. Thus Chapman (1979) examined the role of the fieldwork teacher (N = 62): but did not include the views of students in her investigation (17). Similarly, While (1980) describes the process of becoming a health visitor, but only includes current and recent students in her small study (N = 10), whilst leaving out of account the views of the fieldwork teacher (71). (*)

(*) For further critical consideration of these two recent studies, see Appendix B.

(17), (71): cf. footnotes to Pages 27 and 32 respectively.

(24) DEWEY, J. (1938): Experience and Education. New York: Macmillan.

1.49 The analysis of the fieldwork teacher's role-function outlined in Para. 1.13, raises certain critical questions which have not so far been satisfactorily investigated on an empirical basis. These are as follows:

- (1) What are the criterial attributes of 'good' fieldwork teaching, in each aspect of the role-function?

It could be argued that the attributes of an experienced health visitor will amply meet the criteria required for an effective fieldwork teacher: but the role-function (cf. Para. 1.17) and discussion of the fieldwork teaching process (cf. Paras. 1.28-1.38) suggest that there are additional important skills required over and above those required by the professional role of the health visitor. Such skills may involve, inter alia, the organisation and provision of practice resources to relate to teaching objectives: or evaluation of the work of the health visitor student. It would seem therefore that the fieldwork teacher must possess educational skills and attributes not obtainable on the basis of 'experience' alone. Again, these 'pedagogic' skills and attributes may be perceived in subtly different ways by the fieldwork teacher herself; her colleagues; and her students. The possibility of diminished effectiveness due to conflicting expectations point up the need for further empirical study to determine the degree of congruence existing between various perceptions of her role. Perceived role-congruence is important here in that considerable differences in perception of one or more parts of the role may be indicative of the need for strategic educational or communicational intervention if considerable efforts on the fieldwork teacher's part are not to prove self-defeating.

(2) Is there good 'matching' between teacher- perceived needs and student-perceived needs?

As previously discussed (cf. Para. 1.31) a health visitor student naturally arrives in her fieldwork placement with some pre-formulated notions as to what she should receive by way of benefits from this period of practical experience. These notions are constructed in part from her own professional experiences: in part from the shared experiences of her peers: and in part as a result of curricular emphases and the attitudes of academic staff towards selected aspects of practical work (48). Empirically a reasonable intuitive hypothesis might be that the fieldwork teacher tends to see the needs of health visitor students as constrained by the basic requirement for a 'safe' and 'competent' practitioner: and that she aims to meet these needs in terms of the available practical experience (cf. Para. 1.30). Conversely, student perceptions of the role-function may constellate more specifically around the extent to which she feels that the fieldwork teacher prepares her for immediate problem-solving in the practical fieldwork context (cf. Para. 1.46). The study attempts an empirically-based assessment of such patterns of congruence/incongruence with respect to the fieldwork teacher role.

(3) What are the significant factors in the fieldwork situation which assist/impede the fieldwork teacher in fulfilling the criterial attributes of 'good' fieldwork teaching?

Both caseload and workload may exert significant effects on the function of a fieldwork teacher (cf. Para. 1.17). The fieldwork teacher needs time both for personal preparation and for the adequate fulfilment of her educational role. She may possibly find herself in a dilemma when trying to divide her time equably between the needs of her student and the needs of the area in which she practices as a health visitor (cf. Figure 1.1):

(48) McCLYMONT, A. (1980): cf. footnote to Page 4.

'...in the main they (the health visitor students) were full of praise for their fieldwork teachers; but said they were often conscious of how busy they were, and commented that there was not always sufficient time for discussion'; (11)

'...the fieldwork teacher has relatively little time in practice properly to introduce her (the health visitor student) to the mysteries of home visiting'. (44)

- and in addition to more familiar constraints such as those of time or caseload, it is possible that other, currently little-understood factors may exert a determinative influence either for better or worse upon the quality and character of fieldwork teaching as experienced by the contemporary health visitor student.

1.50 The difficulty of providing effective fieldwork teaching in the absence of factually-based answers to these critical questions is obvious. Unless appropriate studies are carried out, any changes which may be suggested are theoretically rather than empirically based; and to that extent remain unexamined in the full critical sense. In the present study, the small 'field' investigation employed offers some guidelines and indications for answering these questions in a research context; and for suggested applications of these answers in improving the content, quality and effectiveness of fieldwork teaching.

AIMS OF THE STUDY:

1.51 The aims of the study are as follows:

- (A) to identify the characteristics of 'good' or 'effective' fieldwork teaching;
- (B) to ascertain what support is required, both by fieldwork teachers and by their students, if the student is to derive maximum benefit from the period of fieldwork practice.

(11), (44): Please see footnotes to Page 39.

The aims represent a logical development from the critical questions posed in Para. 1.49: and the study as a whole seeks some preliminary empirical answers to these questions.

1.52 When attempting to identify characteristics of any behaviour, the researcher is faced with the task of interpreting the latent meanings underlying the differing ways in which various participants perceive that behaviour: and the value which they assign to each component (33). In the present study it follows that characteristics of 'good' and 'effective' fieldwork teaching are those perceived by the fieldwork teachers themselves and by recently qualified health visitors. They are not necessarily the veridical characteristics of a 'good' fieldwork teacher, if indeed these exist. It could be argued further that health visitors who were students as recently as a year prior to the study may not have discovered what 'effective' fieldwork teaching is - that this is an insight which develops as experience grows. It is probably more appropriate to ask such recent students what 'bad' and 'ineffective' fieldwork teaching is like from the receiving end: a strategy also employed in the study. Nevertheless, the researcher has sought to ascertain from the recently qualified sub-sample (N = 110) their views and feelings concerning the effectiveness of their personal fieldwork placements. Juxtaposition of these data with data obtained

(11) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977): cf. footnote to Page 7.

(33) HARRÉ, R. (1979):
Social Being.
Oxford: Blackwell.

(44) 'LYSISTRATA' (1969):
Discussion on the role of the fieldwork teacher. Health Visitor,
September 1969, Vol. 62:9.
London: Health Visitors' Association.

from the fieldwork teacher sub-sample (N = 101) in similar areas of enquiry has led to the interesting and potentially significant findings described in the body of the study.

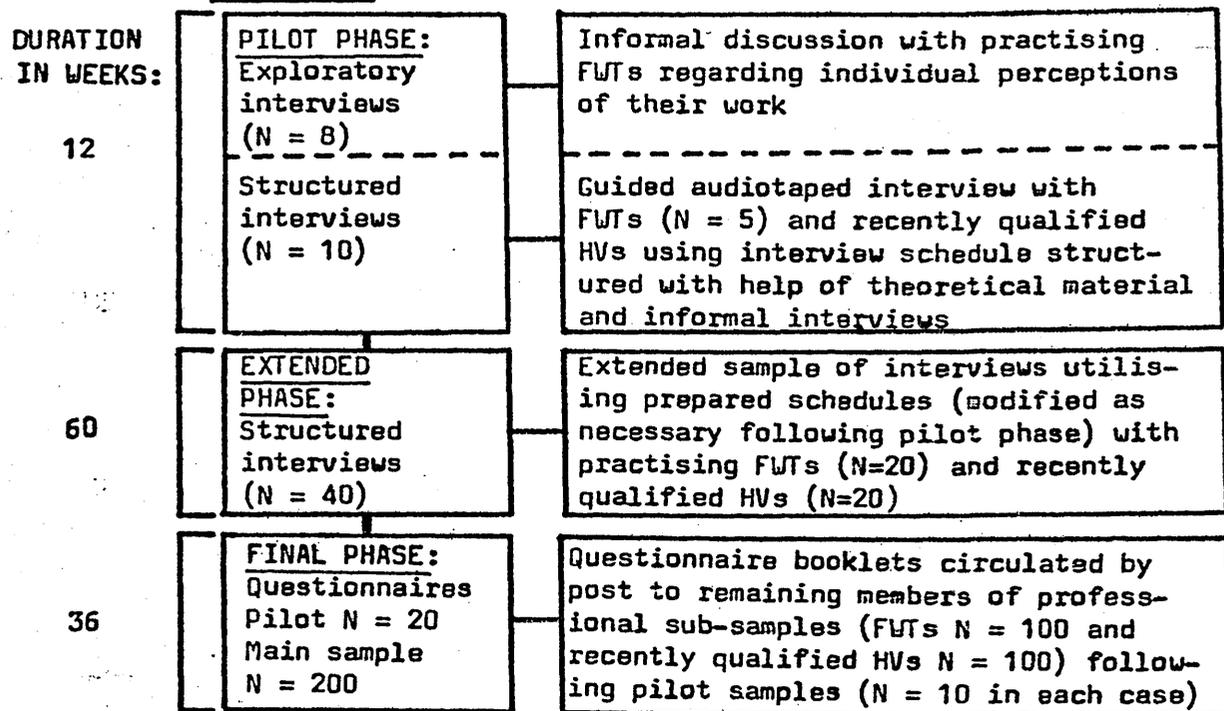
1.53 The study began with the basic premise that the practical fieldwork placement within the health visitor course is useful: but that its utility and 'enjoyableness' as a learning experience may be improved if more understanding is gained, both of the process itself and of its impact on learner and teacher. This is further emphasised by discussions and empirical work emerging from other health professions which have developed a structured practical component to their course, together with a designated member of the profession to act as instructor/ /trainer/teacher (cf. Appendix C). There is, of course, nothing determinative about current practice: and it may well be that within the broad structure there are other methods of preparing professional carers for their tasks - as yet unexploited, yet potentially more effective. Similarly, it is by careful and empathic listening to the experiences and impressions of contemporary learners and teachers that it becomes possible to characterise ways in which existing resources are being put to optimal use - and conversely. Whether our preoccupation is with innovative aspects of education and training, or with optimal use of what is current, it is in this parallel 'developmental dialogue' with both teachers and taught that many subtle and important clues are likely to be found. The present study represents a modest first attempt to begin a more empirical phase of this dialogue: and to some extent to prepare the way methodologically for more important and larger-scale work in a similar genre by others which will surely follow.

OVERVIEW:

The overall design of the study is described (2.1) followed by a more detailed discussion of each phase (2.2 - 2.4). A short account of the study population and of the sampling method employed is given (2.5 - 2.9).

Exclusions and losses from the study sub-samples, especially those occurring during the questionnaire phase are discussed (2.10). Next the various modes of data collection are described in detail, including preparation of interview schedules (2.11 - 2.14): a consideration of the interview as a research instrument (2.15 - 2.18): an account of the interview sequence in the study (2.19 - 2.24): design and use of the questionnaires (2.25) and of the task rating scale (2.26 - 2.27). An outline of main methods of data storage and retrieval next appears, with special reference to audiotape technique (2.28 - 2.32) and to methods of collating material from interviews and questionnaires (2.33 - 2.35). The chapter ends with a short account of the analytic considerations involved in the study (2.36 - 2.37) followed by a brief description of statistical techniques employed (2.38 - 2.39).

2.1 The study was designed to be carried out in three major phases as indicated in Figure 2.1:



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FIGURE 2.1: MAIN PHASES OF THE STUDY.

PILOT PHASE:

2.2 The pilot phase of the study was carried out in two stages:

(A) Informal unstructured interviews (N = 8): Prior to the structuring of the interview schedule, it was felt both necessary and desirable to arrange informal and unstructured interviews with practising fieldwork teachers. The study was concerned to establish those characteristics which, for these professionals, distinguished a 'good' and 'effective' fieldwork teacher: and to ascertain the types of support which both students and fieldwork teachers need if the fieldwork placement is to be as effective as possible. Initially a small sample of fieldwork teachers (N = 8) were approached to request their participation in an informal, unstructured audiotaped interview with the researcher concerning the general area of fieldwork teaching. Informants were encouraged to talk about being a fieldwork teacher, about the advantages and disadvantages of the job: and were invited to discuss their interpretation of the role and the individual characteristics required in order optimally to fulfil the role-function of the fieldwork teacher. These interviews lasted approximately one hour in each case and were with one exception conducted at the normal workbase of the fieldwork teacher: the exception being a situation in which the fieldwork teacher worked at a small clinic with little suitable, quiet accommodation. The researcher felt that by interviewing fieldwork teachers only at this stage, she could begin to develop a frame of reference for 'critical' aspects in the role of the fieldwork teacher, which could subsequently be utilised in the construction of interview schedules for both fieldwork teachers and recently qualified health visitors.

(B) Structured interviews employing prototype interview schedules

(N = 10): Following completion and analysis of the unstructured interviews, two guided interview schedules were devised and utilised in a further brief series of interviews with fieldwork teachers (N = 5) and recently qualified health visitors (N = 5) (*). (cf. Appendix D). The interview with fieldwork teachers explores theoretically important areas in the role of the fieldwork teacher, within the fieldwork teacher's own experience. Concurrent interviews with the recently qualified health visitors attempted to determine student interpretations of the fieldwork teacher's role, and the extent to which these interpretations are congruent/incongruent with those of the fieldwork teachers, especially in terms of the recently qualified practitioners' experiences during their recent training course.

EXTENDED PHASE:

2.3 Completion of the pilot phase was followed by modification of both guided interview schedules to facilitate usage and increase their efficiency as data-collection instruments (cf. Appendix D). The revised schedules were then utilised in an extended series of interviews involving fieldwork teachers (N = 20) and recently qualified health visitors (N = 20). Although at this stage major topic areas lent themselves to a relatively more structured approach, 'open-ended' items were liberally included to augment the sensitivity and descriptive richness of the resultant data.

(*) NB: For purposes of the study, a recently qualified health visitor is stipulatively defined as a health visitor having qualified within twelve calendar months of the date of interview or completion of the appropriate study questionnaire.

FINAL PHASE:

2.4 As the study progressed, data obtained by means of guided interviews were utilised to structure an appropriate questionnaire for use with each of the two representative professional groups (cf. Appendix E). These two substantial questionnaires explored many of the more central areas discussed at interview; and their postal circulation permitted a sizeable extension of the study sample to include further fieldwork teachers and recently qualified health visitors in the Trent and Yorkshire regions (N = 200).

SAMPLING METHOD:

2.5 The main study sample was drawn from the total available population of fieldwork teachers and recently qualified health visitors employed by the various health authorities within the catchments of the Trent and Yorkshire Regional Health Authorities. Here a prime constraint was the need to obtain professional sub-samples to which the researcher would have relatively easy access from her workbase. Herself a health visitor tutor, the researcher also had to be aware that some members of the available sample would know her as such; and that it was desirable therefore to extend the sample catchment as far as reasonably possible into areas not usually associated with the researcher's college.

2.6 For purposes of the study, the sample was limited to practising fieldwork teachers. Fieldwork teachers who had 'changed jobs' - i.e. those who had entered administrative grades or who had become community tutors - were not included. During the progress of the study a small number of fieldwork teachers either retired or received administrative promotion in the natural course of events but without the researcher's

knowledge: and therefore became the unwitting recipients of a questionnaire. Such informants usually completed the questionnaire in the light of their recent experience: although one informant felt unable to complete the questionnaire because it was five years since she had had a student as well as recently retiring. Similarly, intending fieldwork teachers who were in the process of completing their supervised year (cf. Para. 1.12) were also excluded from the interview sample. Since this would be their first year as practising fieldwork teachers it was felt that involvement in an exploratory interview might put undue pressure upon them whilst they were becoming familiarised with their new role: and that their views as relatively newly-qualified fieldwork teachers could in some cases be picked up in the questionnaire phase of the study.

2.7 The decision to interview health visitors in their first year of practice rather than health visitor students was taken in order that the study should benefit from their total experience as students, as well as from their views and opinions as qualified staff, now presumably putting into practice the knowledge and skills gained on the health visitor course. It was important that these health visitors should be interviewed whilst their training was relatively recent, in order that fresh and accurate impressions of their training would be recalled. Health visitors who completed their training course during the progress of the study were regarded as members of the study population: and where appropriate, were subsequently included in the questionnaire sub-sample.

2.8 Interview informants from both professional populations were selected using stratified random sampling technique (16): i.e. they were

(16) SELKIRK, K.E. (1978):
Sampling. Rediguide 4: Guides in Educational Research.
Nottingham: University of Nottingham School of Education.

chosen as a proportion of the total population in their appropriate reference group for each local health authority concerned. The sub-sample for each area reference group thus expresses that area's proportional contribution to the total reference group population for the regions under study (cf. Figure 2.2, also Appendix F). To preserve the random features of the design, a sequential number was allocated to each member of the fieldwork teacher/recently qualified health visitor sub-populations for the area concerned. Places within that area's sub-samples were then allocated by drawing random numbers until the area's proportional contribution to the total sub-samples was complete. There were certain shortcomings in this method in that each interview sub-sample was necessarily restricted to 25 informants: and the representative proportionalities had to be adjusted slightly to allow for this. Again as previously discussed (cf. Para. 2.5) the number of informants in the interview sub-samples who proved to be well-known to the researcher had to be considered. These were as follows (cf. Table 2.1):

INTERVIEW SUB-SAMPLE:	KNOWN TO RESEARCHER:	NOT KNOWN TO RESEARCHER:
Fieldwork Teachers:	12	13
Recently qualified Health Visitors:	13	12
TOTAL:	25	25

TABLE 2.1: RESEARCHER'S PRIOR COGNISANCE OF MEMBERS OF INTERVIEW SUB-SAMPLES.

- showing that in the event one-half of interview sub-sample informants were known to her prior to interview.

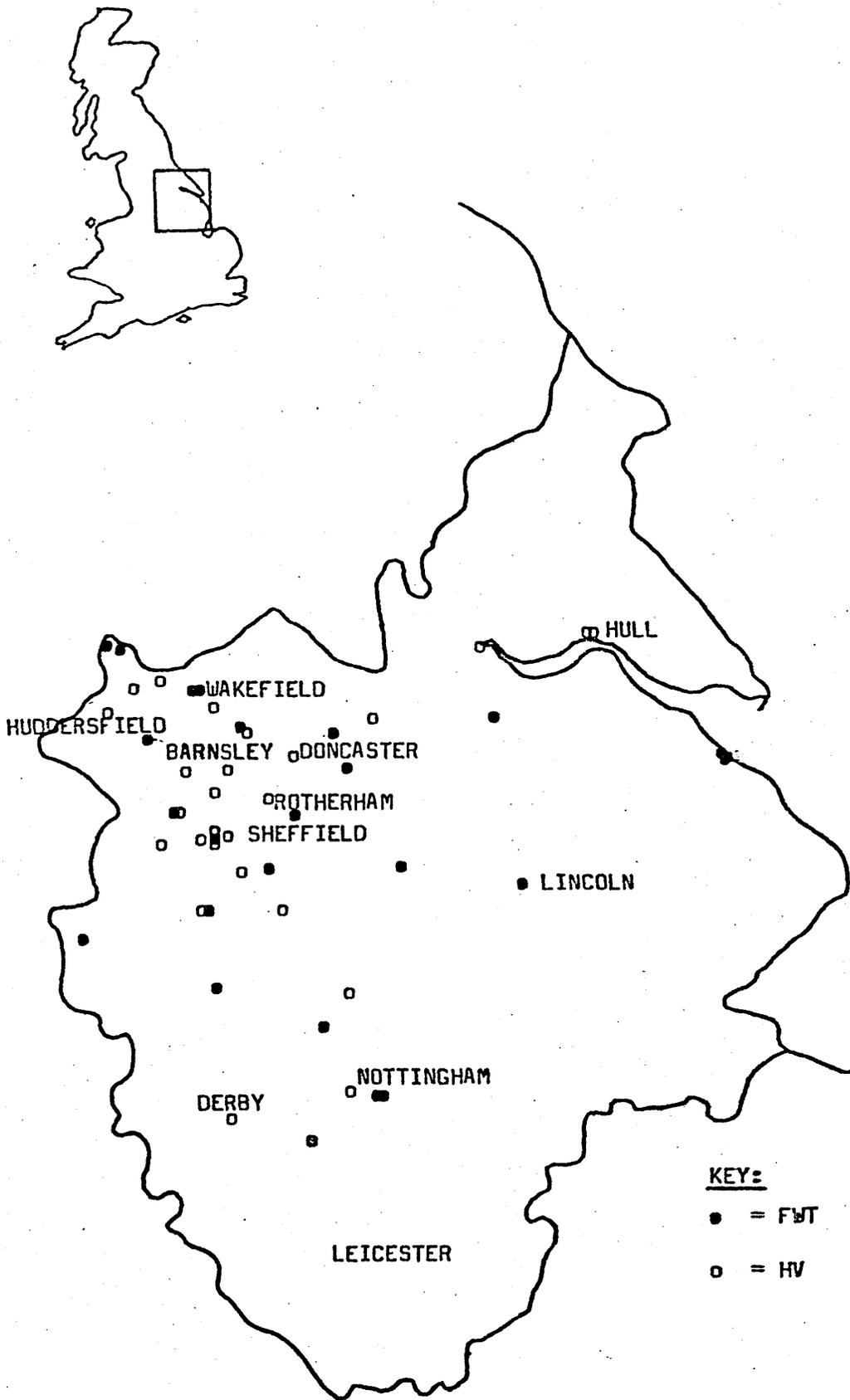


FIGURE 2.2: STUDY CATCHMENT SHOWING LOCATION OF 90TH INTERVIEW SUB-SAMPLES. (with inset to show regional location in the United Kingdom).

2.9 A further difficulty encountered was that of the distance to be travelled in order to carry out fifty interviews in relation to the time available to the researcher. Thus certain informants from locations within the Leicestershire catchment could be included only in the questionnaire phase of the study, as was also the case with informants based in the southern district of Lincolnshire - both relatively inaccessible areas from the researcher's workbase. A representational problem of a different kind was presented by members of the professional sub-populations in the northern district of Lincolnshire, in that of the eight fieldwork teachers circulated in that district, 4 refused any participation at all; 1 declined to be interviewed due to pressure of work, but subsequently completed a questionnaire; and 1 had not yet completed the fieldwork teacher course. Of the 2 remaining, only 1 was willing to be interviewed, with the final potential informant indicating willingness to complete a questionnaire. (cf. Table 2.2).

HEALTH AUTHORITY:	REASON FOR LOSS/EXCLUSION:				TOTAL:
	REFUSAL:	REMOVAL:	ILLNESS/DEATH:	DID NOT COMPLETE COURSE:	
<u>FWT SUB-SAMPLE:</u>					
Barnsley:	1		2		3
Derbyshire:	1				1
Leicester:		1			1
Lincoln:	4			1	5
Nottingham:	3	1			4
Sheffield:	1		1		2
<u>HV SUB-SAMPLE:</u>					
Barnsley:		2			2
Doncaster:	1				1
Leicester:		1		1	2
Nottingham:	1	1			2

TABLE 2.2: EXCLUSIONS AND LOSSES FROM THE STUDY SAMPLE.

(NB: A more extensive tabular presentation of sample details is to be found in Appendix F).

2.10 Following the interview phase, the remaining members of the professional sub-samples were circulated by means of the two postal questionnaires. Completion and analysis of interviews was followed by construction and circulation of a pilot questionnaire to ten informants from each professional sub-group (N = 20). Following completion, receipt and analysis of the pilot questionnaires, a further hundred were circulated to members of each extended professional sub-sample (total N = 200). By this time several participants had notified the researcher that they had either changed their jobs; had left health visiting; or were ill and unable to take any further part in the study. Some addresses of recently qualified health visitors supplied to the researcher referred to their college accommodation and were therefore no longer correct mailing addresses. Four questionnaires (2 for fieldwork teachers, 2 for recently qualified health visitors) were returned as moved from that address; and two of the potential informants in the recently qualified health visitor group had since emigrated. Sadly two fieldwork teachers died during the course of the study: one having participated in the exploratory interviews and the other being unfortunately too ill to participate. Following exclusion of these potential informants, extended sub-samples of 101 fieldwork teachers and 110 recently qualified health visitors were achieved without further exclusions and losses.

MODE OF DATA COLLECTION:

2.11 The fieldwork teacher role summary (cf. Para. 1.17) together with major issues brought to light during the informal interviews

(cf. Para. 2.2) were used as a basis in devising a guided interview schedule. It was important that this schedule should be presented in a logical and interesting manner for both interviewer and informant alike; and that it should show some understanding of the position and situation of the fieldwork teacher and of the student health visitor. The two schedules were constructed under the following headings:

CONTENTS OF SCHEDULE FOR FIELDWORK TEACHER INTERVIEW (cf. Appendix D):

- (A) Background information: age group, educational and professional background;
- (B) Details of present post: workbase, mode of working, caseload and additional commitments;
- (C) Health visitor training: personal retrospect;
- (D) Fieldwork teacher training: personal retrospect;
- (E) Selection for fieldwork teaching: characteristics of potential fieldwork teachers;
- (F) Fieldwork teaching: present and personal situation;
- (G) Practice of fieldwork teaching: pre-planning phase;
- (H) Practice of fieldwork teaching: placement phase;
- (I) Social, pastoral and evaluative issues;
- (J) Further education for health visitors.

CONTENTS OF SCHEDULE FOR RECENTLY QUALIFIED HEALTH VISITOR INTERVIEW (cf. Appendix D):

- (A) Background information: age group, educational and professional background;
- (B) Details of present post: workbase, mode of working, caseload and workload;
- (C) Health visitor training: college aspects of training;
- (D) The role of the fieldwork teacher: characteristics of 'effective' fieldwork teachers;
- (E) Preparation of fieldwork teachers: as perceived by recently qualified health visitors;

- (F) Fieldwork placement: personal retrospect;
- (G) Fieldwork placement: preparation phase;
- (H) Fieldwork placement: placement phase;
- (I) Social, pastoral and evaluative issues;
- (J) Further education for health visitors.

It will be noted that many of the sections on the fieldwork teacher schedule correspond with those on the recently qualified health visitor schedule. This is deliberate in that questions asked were similar and sometimes identical on both schedules, thus enabling comparisons to be made between the two professional sub-samples.

2.12 The schedule was piloted with both groups (N = 5) using informants selected at random from the total available population (cf. Paras. 2.5-2.10, also Appendix F). Potential informants were approached as described in Appendix G and interviews took place at the informants' workbase, unless she requested otherwise.

2.13 Following completion and analysis of the pilot guided interviews, the schedules for both groups were slightly modified (cf. Appendix D). Due to the considerable length of the schedules, it was decided to exclude the sections on further education for both groups. This, it was felt, contributed little to the data obtained elsewhere as fieldwork teachers had already discussed what courses or study days they had attended in the 'Background information' section: and recently qualified health visitors were more concerned with 'coming to grips' with their new careers and wanted to talk about this. Therefore the section was left out of ensuing interviews since to persevere in this area could have reduced the richness of data obtained in other areas. Instead, when discussing educational courses, informants were encouraged

to speculate on their future educational plans.

2.14 Section E in the recently qualified health visitor's schedule (Preparation of Fieldwork Teachers) also proved to be a difficult section for two reasons. Firstly, the health visitors had only recently been students and were still too centrally concerned with this, to have any consideration for the possible or probable preparation of fieldwork teachers, beyond the knowledge that 'there was a course'. Secondly, the study was taking place at a time of structural and curricular change in fieldwork teacher courses and there was much confusion as to the nature of the current courses amongst fieldwork teachers themselves. It was therefore scarcely surprising that recently qualified health visitors should find the nature, method and aims of such courses difficult to envisage.

THE INTERVIEW:

2.15 Interviews during the second phase of the study were carried out by the researcher on a one-to-one basis, employing one or other of the guided interview schedules discussed in Paras. 2.11-2.14 (cf. also Appendix D). Guided interview technique was chosen in order that a depth and richness of information not obtainable by questionnaire would be forthcoming. In such a personal approach a relaxed and friendly atmosphere can elicit a more detailed account of activities undertaken, and of the informant's attitudes towards them, than would otherwise be the case (10). Additionally in an interview situation, it becomes possible to include supplementary or 'probe' questions

(10) NEWSON, J. and NEWSON, E. (1976):
Four Years Old in an Urban Community.
London: George Allen and Unwin.

encouraging informants to amplify or to expand given responses in a way not permitted by the relatively rigid confines of a questionnaire.

2.16 Again, as a face-to-face situation, the interview allows the researcher to employ visual materials to elicit more structured or comprehensive responses from the informant. For example, it is possible to request an informant to rate a number of factors on a variety of ordinal scales by presenting him or her with a sequence of typed or printed cards for ordering (1).

2.17 There are, however, obvious disadvantages as well as advantages involved in use of the interview as a research instrument: notably the amount of researcher time required for effective interviewing. It is clear that fifty questionnaires can be prepared and posted in a relatively short time, whereas the same numbers of interviews would require a substantial number of hours to complete: for the researcher needs to consider not only the time involved in carrying out each interview: but also the often substantial time involved in travelling to and from each venue.

2.18 Other problems are concerned more specifically with the analysis of the interview data itself. For example, an appropriate method must be determined to take account of the numerous different responses which can be obtained to any one question. Again, bias may result from a change in order of questions, or in the form in which the question is

(1) ABRAMSON, J.H. (1979):
Survey Methods in Community Medicine.
London: Churchill Livingstone.

asked, unless a rigid protocol is adhered to (19). The researcher is also very dependent on the informant's memory - as indeed is also true in the case of a questionnaire - but in an interview it is possible to use probe questions in order to prompt memory (6). Whatever the disadvantages of interview technique, these are far outweighed by the richness of informative detail obtained, coupled with the flexibility and multi-dimensional character of the interview situation (9, 20). Indeed, there are situations, as in the present study, where interview technique is the logical precursor of subsequent questionnaire construction, which could not proceed at all satisfactorily in the absence of exploratory interview data.

INTERVIEW SEQUENCE:

2.19 The detailed procedure for obtaining approval for the study to proceed from local health authorities, and for seeking participation from individual practitioners is discussed in Appendix G. Once permission had been given and sampling had been completed, the researcher proceeded with the main series of guided interviews.

2.20 At the start of each interview, the researcher gave the inform-

- (6) DANZIGER, K. (1971):
Socialisation.
Harmondsworth: Penguin.
- (9) MAYNTZ, R., HOLM, K. and HUEBNER, P. (1969):
Introduction to Empirical Sociology.
Harmondsworth: Penguin.
- (19) TREECE, E.W. and TREECE, J.W. (1977):
Elements of Research in Nursing.
St. Louis: C.V. Mosby.
- (20) WRAGG, E.C. (1978):
Conducting and Analysing Interviews.
Rediguide 11: Guides in Educational Research.
Nottingham: University of Nottingham School of Education.

-ant a brief outline of the study and its aims. Any questions which the informant wished to ask were then answered, and the format of the interview discussed. The initial section of each schedule deals with the informant's background information, including (inter alia) her age, educational background and details of professional training. This section was designed to be dealt with first in order to help the informant to relax, since most individuals experience no difficulty in giving such readily retrievable information. The wholly personal information was noted in written form by the researcher on the interview schedule rather than recording such identifiable details on audio-tape.

2.21 After the initial discussion regarding the study and the personal background of the informant, the interview proper began. Using the appropriate interview schedule, questions were asked in identical order in all interviews. Previously-prepared 'probe' questions were introduced at relevant stages in the dialogue, enabling the researcher to encourage the informant to clarify obscure answers, or to elaborate in any area where this appeared to be useful or appropriate. Responses of a particularly graphic or interesting nature were noted in the margin of the schedule; a capital Q (for quote) and the relevant reading noted down from the tape recorder's revolution counter seemed to be the most effective and minimally distracting method of recording for this purpose.

2.22 One of the disadvantages of the interview as a research instrument is the problem of interviewer bias (cf. Para. 2.17). The fact that the researcher is a health visitor tutor, and the steps taken to minimise bias in interviewing health visitors who had had contact with her, have already been discussed (cf. Para. 2.8). Among other important factors to be considered were the non-verbal behaviours of

the interviewer during the process of each interview. Inadvertent facial expressions can indicate pleasure or displeasure at responses given, thus implying a degree of 'correctness' in replies. It was, however, important that the researcher showed interest in the answers without indicating that there was a 'right' or a 'wrong' answer: and this she attempted to do by employing a range of empathic non-verbal reinforcing cues throughout each interview (2, 3, 4, 7).

2.23 In practice, the mean duration of interviews in the study was 1.375 hours (1 hour 22½ minutes - range 58 minutes to 1 hour 40 minutes). Empirically this has proved to be an optimal range of time in which to conduct a reasonably relaxed discussion of the topic areas in the interview schedules. Interviews were conducted entirely at the pace of the informant, who was encouraged to continue the discussion for as long as she wished: though the researcher noted that if the duration of the interview exceeded one-and-a-half hours, the majority of informants began to show signs of unease and tended to terminate subsequent phases of the discussion as rapidly as possible.

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- (2) ANNETT, J. (1969):
Feedback and Human Behaviour.
Harmondsworth: Penguin
 - (3) COOK, M. and SMITH, J.M.C. (1975):
The role of gaze in impression formation.
British Journal of Social and Clinical Psychology, 14, pp. 19-25.
London: British Psychological Society.
 - (4) COOK, M. (1979):
Perceiving Others: the psychology of interpersonal perception.
London: Methuen.
 - (7) EKMAN, P. and FRIESEN, W.V. (1969):
Origin, usage and coding: the basis of five categories in non-verbal behaviour.
Semiotica, Vol.1, pp. 49-98.

2.24 At the close of the interview, each informant was given a further opportunity to add any comments in the areas of health visitor education and training or fieldwork teaching which she felt to be relevant although not previously elicited by the discussion.

QUESTIONNAIRE PHASE:

2.25 The purposes of the questionnaires were:

- (A) to act as a validity check on more generalised trends in views and opinions expressed by informants during the interview phase;
- (B) to obtain for this purpose a more extensive sample of informants than was possible by means of personal interviews alone.

Each questionnaire was designed using data and procedural feedback obtained during the interview phase. A separate questionnaire was devised for each of the two participant professional groups (cf. Appendix E). The questionnaire sent to fieldwork teachers examined the work of the fieldwork teacher in planning and performing the tasks involved in fulfilment of her role-function. Members of the extended sub-sample of recently qualified health visitors were asked to respond to questions concerned with similar aspects of the role of the fieldwork teacher: but from the perspective of their experience as student health visitors.

TASK RATING SCALE:

2.26 For fieldwork teacher informants, a Task Rating Scale was devised and included in each of the main interview situations (N = 20) and with each postal questionnaire (N = 110). The purpose of this scale was to assess the varying emphases placed by individual fieldwork teachers on the differing aspects of their role-function. This Task Rating Scale was compiled with the assistance of representative texts on attitude

assessment using semantic differential techniques (cf. e.g. (12),(13)): of the fieldwork teacher role summary set down by the Council (5): and of 'critical' categories and topics emergent from the pilot interviews. The completed scale consists essentially of forty tasks, ten of which may be categorised under the following four main aspects of the fieldwork teacher's role: (A) organisational aspects; (B) educational aspects; (C) professional aspects; (D) communicational aspects. These tasks were then randomised to eliminate possible order effects in presentation; and informants were asked to complete the scale as rapidly as possible in order that immediate ratings may be obtained, since these were considered probably more representative of habitual (intuitive) ratings than would be the case with more considered replies. Fieldwork teachers were also asked to indicate the amount of extra time, in addition to that normally required to fulfil service commitments, which, in their opinion, is necessary if teacher-specific tasks are to be completed effectively. It is felt that use of the rating scale with a relatively large number of informants has made it possible both to demonstrate and to compare the relative ratings assigned by a consensus of practising fieldwork teachers to the tasks involved in fieldwork teaching, and to the time spent in carrying these out (cf. Appendix H).

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- (5) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977):
Report of the Working Party on a Revised Curriculum for a Certificate in Fieldwork Teaching.
London: C.E.T.H.V.
- (12) OPPENHEIM, A.N. (1968):
Questionnaire Design and Attitude Measurement.
London: Heinemann.
- (13) OSGOOD, C.E., SUCI, G.J. and TANNENBAUM, P.H. (1957):
The Measurement of Meaning.
Urbano, Illinois: University of Illinois Press.

2.27 The researcher requested each fieldwork teacher informant in the main interview sub-sample (N = 20) to complete a task rating scale and to return it to her in a stamped addressed envelope provided for that purpose. As the task rating scale is fairly lengthy, each copy subsequently sent to informants completing questionnaires (N = 110) was accompanied by a letter requesting that informants should try to complete the task rating scale if at all possible, but that they should give absolute priority to the completion of the main questionnaire. In the event, all main interview informants (N = 20) completed a task rating scale, together with 59 of the 76 fieldwork teachers who also completed questionnaires - a total response rate for the task analysis of 79 out of the 101 responding either by interview or questionnaire.

DATA STORAGE AND RETRIEVAL:

2.28 Data obtained during the course of the study was stored in written form in a variety of unit records including:

- (A) individual guided interview schedules (cf. Para.2.11);
- (B) individual questionnaire booklets (cf. Para. 2.25);
- (C) individual data analysis sheets designed for use in connection with interview data (cf. Appendix I);
- (D) feature sheets designed for use in intra- and inter-group analysis of interview and questionnaire data (cf. Appendix J).

However, by far the most useful method of data storage and retrieval employed for interview material was a verbatim recording of each interview on magnetic audiotape.

2.29 In this connection, use of a portable cassette tape recorder with a revolution counter (Grundig C460) during each interview greatly facilitated accurate recording of material and provided a most convenient form of data retrieval. It has been suggested that audio-

-taping an interview places undue stress on the informant, and introduces an artificial (and possibly disruptive) element into the interview situation, dependent as it is upon a free and unconstrained relationship between interviewer and informant. However, in practice the researcher found that after an initial period of unease, the presence of the tape recorder was forgotten. Only one informant, having previously agreed to use of the tape recorder, found it totally unacceptable at the time of interview, although she did not object to having her replies written down by the researcher. Following the pilot interviews and for purposes of the extended series of interviews (N = 40), a smaller and more compact tape recorder (Boots PR40) was used, which proved to be even less obtrusive in the interview situation.

2.30 A distinct benefit from the use of the tape recorder is that it eliminates the need for the taking of copious notes or for the use during the interview of complicated checklists, which in themselves may detract from the purposes of the interview: since some informants may become anxious regarding the selective aspects of the interviewer's recording technique (11), especially concerning what is said or left unsaid in a necessarily partial written transcript. It is very possible that important issues may be left unrecorded if the interviewer relies solely on notetaking or on the use of checklists or other paper-and-pencil techniques (14, 15).

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- (11) NEWSON, J and NEWSON, E. (1976):
Parental Roles and Social Context. In SHIPMAN, M. ed:
The Organisation and Impact of Social Research.
London: Routledge and Kegan Paul.
- (14) PAYNE, S.L. (1949):
Interview memory faults.
London: Public Opinion Quarterly, Vol. 13, pp.684-685.
- (15) RUESCH, J. and PRESTWOOD, A.R.(1949):
Anxiety: its initiation, communication and interpersonal management.
London: Arch. Neurol. Psychiat., Vol. 62, pp. 527-550.

2.31 An additional advantage of audio-tape technique is the opportunity which it affords within the interview situation for the interviewer to observe the informant and her facial expressions, gestures and other non-verbal cues which pass unnoticed whilst maintaining a synchronous written record of the interview - e.g. the sudden loss of (previously good) eye contact at each recurrence of a particularly 'sensitive' topic; or paralinguistic features such as inflection changes when certain subjects are discussed. The tape recorder adds an important dimension to the interview as a research instrument by making available a readily-retrievable verbatim record (complete with paralinguistic cues) whilst freeing the interviewer to develop increased sensitivity to expressive aspects of the dialogue under study (19).

2.32 It has been argued that the use of audio-tape technique makes the task of analysis more difficult, in that verbatim transcription must be undertaken before any sort of analysis is started (20). Whilst the necessity for a full transcript in connection with certain micro-analytic strategies is readily seen, it appears to be excessively tedious and time-consuming for most purposes. Here the use of codes and short notes made on the schedule whilst the interview is in progress enables the interviewer to transcribe a representative sample of quotations - i.e. those which appear to reflect the modal attitudes and responses of informants: and those which offer a particularly vivid description or telling comment (11).

(11) NEWSON, J. and NEWSON, E. (1976): cf. footnote to Page 60.

(19) TREECE, E.W. and TREECE, J.W. (1977): cf. footnote to Page 54.

(20) WRAGG, E.C. (1978): cf. footnote to Page 54.

2.33 Guided interview data were collated using nominal or ordinal scaling as appropriate (17, 18). Response types were recorded on a unit analysis sheet designed to allow nominal/ordinal data for an entire interview to be recorded on one A4 side (cf. Appendix I). For purposes of the anecdotal record, relevant comments by each individual informant were transcribed verbatim on the reverse side of the unit analysis sheet. Initially it had been intended to represent the anecdotal record of each interview on one sheet of paper: but in the event the 'richness' of data obtained in some cases necessitated extension of the anecdotal record to two or more pages (cf. Appendix K).

2.34 Following each interview the audio-taped record was played back in private and coded using the prepared unit analysis sheets. This procedure gave the researcher a further opportunity to note any additional potentially significant responses which may have escaped notice at the time of interview. Potential material for verbatim quotation was rechecked using the revolution counter to locate its position on the audio-tape. During playback the interview schedule was checked for annotations concerning related non-verbal communicative behaviours on the informants' part, in case these should throw further light on the meaning of the dialogue for that particular informant (8).

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- (8) HARRÉ, R. and SECORD, P. (1972):
The Explanation of Social Behaviour.
Oxford: Blackwell.
- (17) SIEGEL, S. (1956):
Non-Parametric Statistics for the Behavioural Sciences.
New York: McGraw-Hill Book Company.
- (18) STEVENS, S.S. (1960):
On the Theory of Scales of Measurement. In DANTO, A. and MORGENBESSER, S. ed. (1960): Readings in the Philosophy of Science.
Clinton, Mass.: World Publishing Company.

2.35 Finally, in order to facilitate analysis of the more extensive data emergent during the main questionnaire phase, especially with regard to intra- and inter-categorical responses, several feature sheets were prepared to assist quantitative summaries of questionnaire data (cf. Appendix J). These feature sheets were complementary to the unit record provided by each questionnaire booklet (cf. Appendix E) making it possible both to review at a glance the sample responses to a specific category: and to consider this category in relation to any other selected response category.

ANALYTIC CONSIDERATIONS:

2.36 Qualitative data were collected in the form of anecdotal records as discussed in Para. 2.21: and was further analysed by gathering together descriptive material under major topic headings - e.g. positive attributes of a fieldwork teacher; and preparation for fieldwork. Some anecdotal material proved to be relevant to two or more topic areas: and where this occurred is displayed and discussed also in relation to the other areas.

2.37 Quantitative descriptions are derived from frequency data arising out of coded responses to both interview schedules and questionnaires, via unit analysis sheets and feature sheets. By means of these mainly ordinal measures it became possible to carry out a number of useful within-group and between-group comparisons and contrasts for the two major professional sub-samples. Due to the non-normative nature of much of the data used, distribution-free statistical techniques were employed as follows:

- (A) Spearman Rank Correlation Coefficient (r_s);
- (B) Chi-squared test for two independent samples (χ^2).

2.38 (A) Spearman Rank Correlation Coefficient (r_s): This is a measure of association requiring that both variables are measured by at least an ordinal scale so that the individuals under study can be ranked in two ordered series. It was used to establish measures of correlation between the responses of fieldwork teachers and recently qualified health visitors. In cases where $N \geq 10$ the calculation was extended to test the significance of r_s employing Student's t-ratio (17);

(17);

st

(B) Chi-squared test for two independent samples (χ^2): This test groups. The data should consist of frequencies in discrete categories and measurement can be as weak as nominal scaling. The chi-squared test is only applicable to data if the expected frequencies are sufficiently large: i.e. if all expected frequencies are equal to, or greater than, 5 (17). Although it is not strictly correct to speak of a two-tailed test in connection with routine chi-squared analysis due to the characteristics of the chi-squared distribution, the tests used throughout the present study are the probabilistic analogues of two-tailed tests as used in other tests of significance (cf. McNEMAR, Q. (1969): Psychological Statistics, p. 263. New York: John Wiley and Sons, Inc.

2.39 Relevant statistical analyses of selected data from this study were obtained utilising appropriate routines written for the Sinclair ZX81 microcomputer (8k ROM/16k RAM): and subsequently discussed in terms of their meaningfulness within the descriptive contexts of the study.

OVERVIEW:

Some general characteristics of the study sample are discussed (3.1); age groups are compared (3.2) followed by an account of educational backgrounds (3.3) and of professional backgrounds (3.4 - 3.6). A wide range of training institutions are involved in the education both of health visitors and fieldwork teachers in the sub-samples (3.7). Experience of both professional sub-samples prior to health visitor/fieldwork teacher training is reviewed - members of the recently qualified health visitor sub-sample are entering their new profession with significantly more managerial/administrative experience than did members of the fieldwork teacher sub-sample (3.8). In discussing details of present posts, two members of the study sample were excluded (3.9). Details of present employment for both professional sub-samples are presented with reference to type of area (3.10 // 3.14); mode of working (3.10 // 3.14); workbase (3.11 // 3.14); caseload (3.12 // 3.15) and additional commitments (3.13 // 3.16).

Recently qualified health visitors tend to carry a 'classical' caseload of families with 'under-fives' - but the fieldwork teachers' caseload is significantly more varied than this (3.15), though numerically there is little difference between caseloads carried by the professional sub-samples. Additional weekly/periodic commitments of the recently qualified health visitor sub-sample are considerably less than those of the fieldwork teacher sub-sample ($p < 0.01$) (3.16).

MEMBERSHIP OF PROFESSIONAL SUB-SAMPLES:

3.1 The professional sub-samples utilised in the present study were drawn from populations consisting of all practising fieldwork teachers (*) and all recently qualified health visitors (*) employed in eleven local health authorities approached for purposes of the investigation (cf. Table 2.1). All staff eligible for inclusion according to the stipulative definitions of the sub-samples (cf. Section 2) and currently working in these areas were approached by letter requesting their participation in the study (cf. Appendix G).

(*) In order to avoid too repetitive a style, the fieldwork teacher will be referred to by the initials FWT and the health visitor by the initials HV throughout the rest of the study.

Of the staff approached:

93 FWTs and 87 recently qualified HVs wrote expressing their willingness to participate;

10 FWTs and 2 recently qualified HVs felt unable to participate;

28 FWTs and 25 recently qualified HVs failed to return the tear-off slip, although a stamped addressed envelope was included with the original letter for this purpose.

Overall response rates to the original letters of invitation to participate in the study (cf. Appendix G) are as given in Table 3.1:

DESCRIPTION:	PROFESSIONAL SUB-SAMPLES:	
	FWTs:	HVs:
Population circulated at start of study:	131 (100%)	114 (100%)
Willing to participate:	93 (71.0%)	87 (76.3%)
Unwilling/unable to participate:	10 (7.6%)	2 (1.7%)
Failed to respond:	28 (21.4%)	25 (21.9%)

TABLE 3.1: RESPONSES TO ORIGINAL CIRCULAR LETTERS INVITING PARTICIPATION IN THE STUDY.

A somewhat extended sample of potential participants became available during the subsequent course of the study, following inclusion in the circulation lists for the questionnaires of FWTs and HVs who had completed their respective training courses during the year 1980. Response rates to the questionnaires are as given in Table 3.2:

DISPOSAL:	PROFESSIONAL SUB-SAMPLES:	
	FWTs:	HVs:
Number of questionnaires:	110 (100%)	110 (100%)
Number returned:	76 (69.1%)	85 (77.3%)
Number not returned:	34 (30.9%)	25 (22.7%)

TABLE 3.2: RESPONSES BY RETURN OF COMPLETED QUESTIONNAIRES DURING PHASE III OF STUDY.

The lower relative FWT response rate to the questionnaire (cf. Table 3.2) proved to be statistically non-significant ($\chi^2 = 0.510$ df 1 where $\chi^2_{crit} = 3.841$): and may have been partially explicable in terms (A) of the time-lag occurring between circulation of the original letter of invitation and of the questionnaire; (B) of the relative length of the questionnaire to be completed by busy FWTs; (C) of the fact that in the interim period a number of potential FWT informants had retired - although three of these did complete the questionnaire by relating this to their very recent experience with students.

AGE OF INFORMANTS:

3.2 For particulars of age ranges in the professional sub-samples, reference should be made to Table 3.3.

AGE GROUP:	PROFESSIONAL SUB-SAMPLES:	
	FWTs: (N=101)	HVs: (N=110)
21 - 30 years;	5 (5.0%)	43 (39.1%)
31 - 40 years:	26 (25.7%)	46 (41.8%)
41 - 50 years:	47 (46.5%)	20 (18.2%)
51 - 60 years:	23 (22.8%)	1 (0.9%)

TABLE 3.3: AGE DISTRIBUTION IN PROFESSIONAL SUB-SAMPLES.

The majority (80.9 per cent) of the recently qualified HV sub-sample were aged 40 years and under: whereas only 30.7 per cent of the FWT sub-sample were aged 40 years and under, with the majority (46.5 per cent) in the age group 41-50 years: a result to be expected when consideration is given to the FWT's likely professional and personal experience. Regarding the HV sub-sample it is worthy of note that it is only since 1966, with the introduction of a new HV training syllabus, that an increasing number of younger nurses have been attracted by, or indeed accepted for, health visitor training (9). However, a substantial minority (19.1 per cent) of recently qualified HV informants were still in the age range 41-51+ at the time of the study. At the upper limit of the age range, one 'new' HV aged 51+ is typical of the commitment shown by many of the more mature candidates: at age 51, she was embarking on a new career at a stage in life when others might legitimately be looking forward to a well-earned retirement!

(9) WILKIE, E.E. (1979):
 The History of C.E.T.H.V.
 London: George Allen and Unwin.

EDUCATIONAL BACKGROUND:

3.3 Educational qualifications possessed by members of the professional sub-samples are set out in Table 3.4:

QUALIFICATION:		PROFESSIONAL SUB-SAMPLES:	
		FWTs: (N=101)	HVs: (N=110)
<u>'O' Levels:</u>	0	28 (27.2%)	11 (10.0%)
	1-3	17 (16.9%)	19 (17.3%)
	4-6	27 (26.7%)	43 (39.1%)
	7-9	28 (27.7%)	35 (31.8%)
	10-12	1 (1.0%)	2 (1.8%)
<u>'A' Levels:</u>	0	80 (79.2%)	77 (70.0%)
	1	7 (6.9%)	13 (11.8%)
	2	7 (6.9%)	11 (10.0%)
	3	5 (5.0%)	5 (4.6%)
	4	2 (2.0%)	2 (1.8%)
	over 4	-	2 (1.8%)
<u>Other:</u>	Degree	-	8 (7.3%)
	CGLI 730	3 (3.0%)	2 (1.8%)
	Sec/ONC/HNC	2 (2.0%)	2 (1.8%)
	Other	1 (1.0%)	2 (1.8%)

TABLE 3.4: EDUCATIONAL QUALIFICATIONS IN PROFESSIONAL SUB-SAMPLES.

The current educational requirements for entry to a health visitor course are normally a minimum of 5 GCE 'O' levels/'O' level equivalents: or achievement of a satisfactory standard in !...an educational entrance

test set by or with the approval of the Council' (2). In practice, many training establishments have evolved their own specific schemes of entry assessment over and above the normal educational requirements of the Council (3, 6). The trend is for these requirements to become progressively higher in formal academic terms. Thus whereas just over one-half (55 per cent) of FWT informants possessed between 4 and 9 '0' level passes, well over two-thirds (71 per cent) of recently qualified HVs possessed qualifications of this order ($\chi^2 = 6.131$, df 1, $p < 0.02$). Similarly, there are significantly more FWTs not possessing any '0' levels than recently qualified HVs ($\chi^2 = 10.010$, df 1, $p < 0.01$): whilst the frequency of GCE 'A' level and graduate qualifications was significantly higher in the recently qualified HV sub-sample than in the FWT sub-sample ($\chi^2 = 5.941$, df 1, $p < 0.02$). Three of the eight graduates in the HV sub-sample were previously members of a shortened SRN/HV course for graduates run until 1978 by one health authority in the study catchment. Two of the FWT group in the interview sub-sample were in the process of obtaining a degree through the Open University: whilst one FWT member was attempting to obtain a higher degree by research at the local polytechnic. There may well have been other members of both professional sub-samples who were in process of obtaining higher professional qualifications by various modes of part-time study: but although this information was volunteered by a number of informants, unfortunately a direct probe was omitted from both interview and questionnaire formats, though with hindsight the researcher realises that such a question would have

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- (2) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1979):
Health Visitor Training Rules, 1979.
- (3) FADER, W. (1976):
Qualifying Procedures for Health Visitors.
Slough: N.F.E.R.
- (6) RAY, G.J. (1979): cf. footnote to Page 22 (57).

provided a most useful indication of the types of further study currently being undertaken by members of both professional groups. The observed significant trend towards possession of higher academic qualifications by recently qualifying HVs should not obscure the fact that the majority of both FWT and HV informants (79.2 per cent and 70 per cent respectively) did not possess 'A' level qualifications (cf. Table 3.4).

PROFESSIONAL BACKGROUND:

3.4 Informants were asked to give an account of their professional training prior to enrolment on the health visitor course. Actual years during which informants completed basic (SRN) training are given in Table 3.5:

YEAR:	PROFESSIONAL SUB-SAMPLES:	
	FWTs (N=101):	HVs (N=110):
1944-1949	17 (16.8%)	1 (0.9%)
1950-1955	23 (22.8%)	7 (6.4%)
1956-1961	26 (25.7%)	12 (10.9%)
1962-1967	26 (25.7%)	18 (16.4%)
1968-1973	8 (7.9%)	19 (17.3%)
1974-1979	-	52 (47.3%)

TABLE 3.5: YEARS IN WHICH BASIC (SRN) TRAINING WAS COMPLETED BY MEMBERS OF PROFESSIONAL SUB-SAMPLES.

A large proportion of FWT informants (47 per cent) had undertaken their basic nurse training in the 1950s: whilst the majority of recently qualified HV informants (56.4 per cent) had received state registration

between 1970 and 1979. 9 recently qualified HVs (8.2 per cent) had completed SRN training in 1978 and thus had moved directly from basic training to the health visitor course. Details regarding the variety of post-basic nursing qualifications possessed by members of the professional sub-samples appear in Table 3.6:

QUALIFICATION:	PROFESSIONAL SUB-SAMPLES:	
	FWTs (N=101):	HVs (N=110):
S.C.M.	87 (86.1%)	65 (59.1%)
Obstetric Course:	14 (13.9%)	45 (41.0%)
R.S.C.N.	4 (4.0%)	3 (2.7%)
D.N.	5 (4.9%)	5 (4.5%)
Onc. N.C.	1 (1.0%)	5 (4.5%)
Dip. N.	4 (4.0%)	2 (1.8%)
R.F.N.	2 (2.0%)	1 (0.9%)
R.C.N.T.	-	1 (0.9%)
R.M.N.	1 (1.0%)	1 (0.9%)
Other:	-	2 (1.8%)

(NB: Key to codings used: D.N. = District Nurse; Onc. N. C. = Oncology Nursing Certificate; Dip. N. = Diploma of Nursing; R.F.N. = Registered Fever Nurse.)

TABLE 3.6: QUALIFICATIONS ADDITIONAL TO BASIC (SRN) TRAINING POSSESSED BY MEMBERS OF PROFESSIONAL SUB-SAMPLES.

Here a much larger proportion of recently qualified HV informants appeared to have entered health visitor training following an obstetric experience course than was the case with FWT informants (41 per cent as opposed to 13.9 per cent): a fact attributable to the relatively recent evolution of such courses within the fabric of nurse training (*).

(*) cf. footnote to Page 73.

Conversely, some 86 per cent of FWT informants as over against 59 per cent of recently qualified HV informants, had undertaken either Part I or both parts of the examination set by the Central Midwives Board.

3.5 17 FWT informants stated that they had obtained a variety of other postbasic professional qualifications including R.S.C.N. and D.N. certificates. The recently qualified HV sub-sample included 5 informants who had district nursing qualifications: and 5 who had undertaken training in oncology. Again, although the study questionnaires requested details of nurse training, they did not ask directly for details of postbasic qualifications, and in practice most informants tended to include only basic qualifications. These data could, therefore, be misleading if taken as representative of postbasic qualifications for the sub-samples.

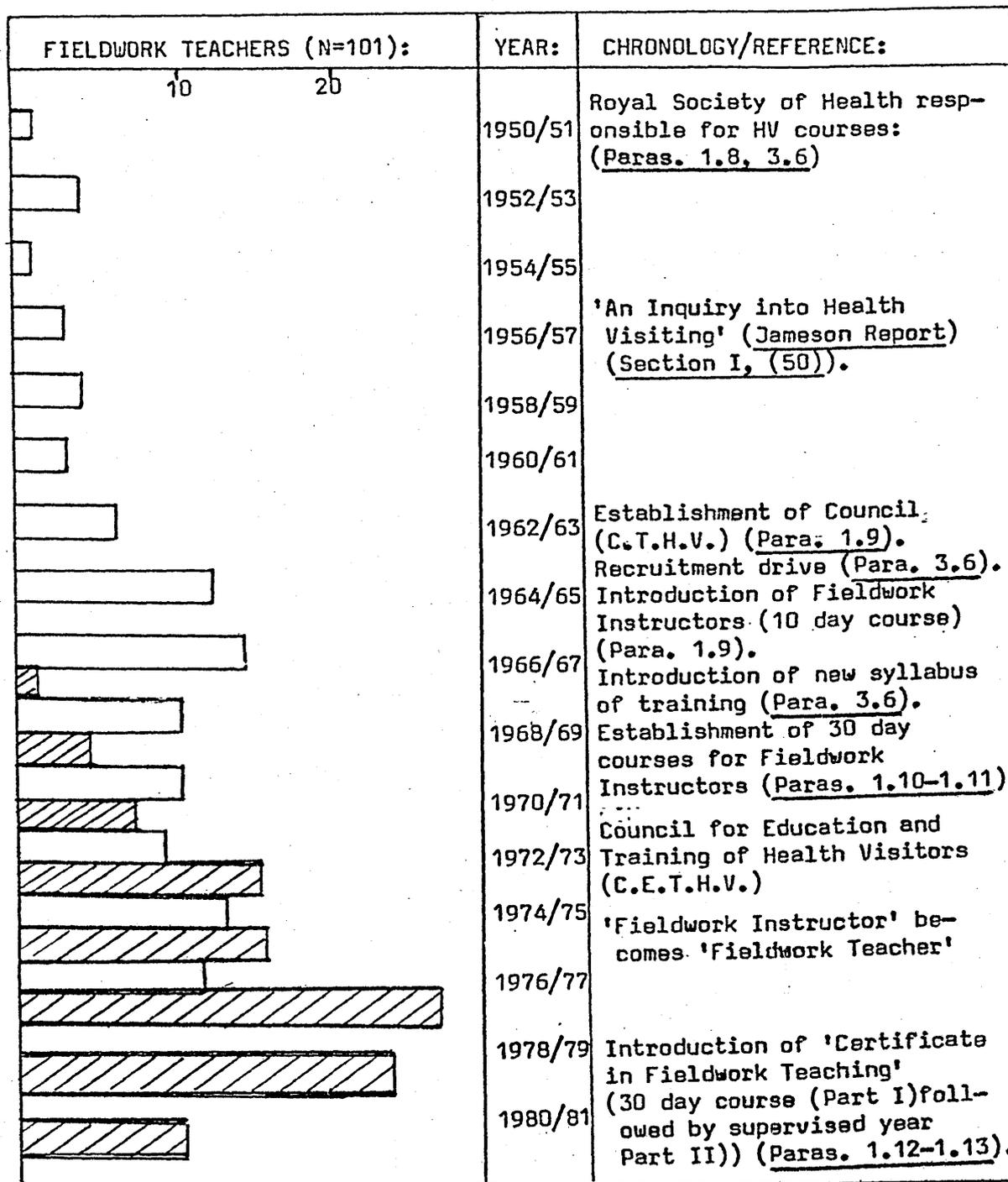
YEAR OF TRAINING:

3.6 As previously indicated (cf. Para. 1.8), the specific role of FWT was introduced into practical training of HVs in 1965: and during the next three years a new syllabus of training and education for health visitors was brought into implementation. This new syllabus had been designed subsequent to, and resultant from, the establishment of the Council in 1962 (9); and gave increased consideration to social/psychological determinants of individual growth and development than had been the case with the former course run under the auspices of the Royal Society of Health (cf. Para. 1.8, and (8, 9)). As one FWT

(*) Obstetric courses were introduced into nurse training in the early 1960s and were acceptable as prerequisite experience for the health visitor course until 1978 when applicants had to have attended a 12 week obstetric course prior to the course.

(8) UNIVERSITY OF BIRMINGHAM (1956):
Syllabus for the Health Visitor Course. (Unpublished)
Birmingham: University of Birmingham.

(9) WILKIE, E.E. (1979): cf. footnote on page 68.



KEY:

-  = Number of sub-sample qualifying as health visitors
-  = Number of sub-sample qualifying as fieldwork teachers

FIGURE 3.1: CHRONOLOGY OF HV/FWT EDUCATIONAL DEVELOPMENT RELATED TO ANNUAL FREQUENCIES OF COMPLETION OF HV/FWT TRAINING FOR MEMBERS OF THE FWT SUB-SAMPLE.

informant typifies that former training:

'...we concentrated more on the sanitary side of things...we didn't have many psychology or sociology lectures...we learnt how to cook...I made a stew and a sponge!'

Following the establishment of the Council, a recruitment drive was organised in order to attract more nurses into health visiting (9). Of the FWT sub-sample, 67 (i.e. 66.3 per cent) were trained as health visitors after 1965, and therefore had the benefit both of the new syllabus and of supervised fieldwork practice with a FWT (cf. Figure 3.1). A modal comment from this latter group of informants is:

'...I remember my FWT's interest in me as a person and as a student...helping me in the course...she had time although she was a very busy health visitor'.

The majority of FWT informants (58.4 per cent) had undertaken fieldwork teacher training since 1976 and were thus closely conversant with health visitor training. The remainder (42.6 per cent) had undertaken fieldwork teacher training in the decade 1966-1976, with only one informant trained in 1966 on one of the original ten-day courses (cf. Para. 1.10).

TRAINING INSTITUTIONS:

3.7 A wide selection of training institutions offering HV/FWT courses were attended by informants in both professional sub-samples (cf. Table 3.7, page 76). As was to be expected, the training institutions most widely represented were those seven within the study catchment of the Trent and Yorkshire Regional Health Authorities (accounting for 84.6 per cent of the total professional sample): but the degree of professional mobility involved is reflected in that no less than 16.4 per cent

(9) WILKIE, E.E. (1979): cf. footnote to Page 68.

COLLEGE:	HV TRAINING:		FWT TRAINING:
	FWTs (N=101):	HVs (N=110):	FWTs (N=101):
BELFAST (ULSTER POLY)	-	1 (0.9%)	-
BIRMINGHAM:	1 (1.0%)	-	-
BOLTON:	-	-	4 (4.0%)
BRADFORD:	4 (4.0%)	1 (0.9%)	
BRIGHTON:	1 (1.0%)	-	-
CHELTENHAM:	2 (2.0%)	-	-
DURHAM:	1 (1.0%)	-	4 (4.0%)
EWELL:	-	1 (0.9%)	-
HAMILTON (BELL COLL.):	-	-	3 (3.0%)
HUDDERSFIELD:	-	7 (6.4%)	-
HULL:	6 (5.9%)	8 (7.3%)	-
KEELE:	1 (1.0%)	-	-
LEEDS:	22 (21.8%)	2 (1.8%)	13 (12.9%)
LEICESTER:	8 (7.9%)	11 (10.0%)	16 (15.8%)
LIVERPOOL:	1 (1.0%)	-	-
MANCHESTER POLY:	2 (2.0%)	-	2 (2.0%)
NEWCASTLE:	3 (3.0%)	-	-
NOTTINGHAM (TRENT)	21 (20.8%)	20 (18.2%)	-
PRESTON:	1 (1.0%)	1 (0.9%)	-
SHEFFIELD:	20 (19.8%)	58 (52.7%)	50 (49.5%)
STEVENAGE:	2 (2.0%)	-	-
WOLVERHAMPTON:	1 (1.0%)	-	1 (1.0%)
WREXHAM:	-	-	1 (1.0%)
WEST LONDON:	2 (2.0%)	-	6 (5.9%)
N.E. LONDON:	2 (2.0%)	-	1 (1.0%)

TABLE 3.7: TRAINING INSTITUTIONS ATTENDED FOR HV/FWT TRAINING BY MEMBERS OF THE STUDY SAMPLE.

of the total sample had received their professional training in institutions as widely separate as Belfast, Hamilton and Brighton. Again, area representation may be distorted by the availability or otherwise of conveniently-located courses. Thus the researcher's own college runs a fieldwork teacher course which until 1981 has catered for the needs of a large number of neighbouring health authorities. Therefore the number of FWT informants in the study who undertook their training at this college is high. The inception of a new fieldwork teacher course within the region in the academic year 1981/82 will doubtless lead to more equable distribution of numbers of trained FWTs emergent from the colleges concerned in successive years.

EXPERIENCE PRIOR TO NURSE/HEALTH VISITOR TRAINING:

3.8 Experience of members of the professional sub-samples, both before entry to nurse training and immediately prior to health visitor training, is presented in Table 3.8, page 78. Inspection of these data would lead to the reasonable assumption that informants in the recently qualified HV sub-sample are entering their new profession with considerably more managerial/administrative experience than did members of the FWT sub-sample. Thus a conflation of three relevant pre-nursing experiential categories (i.e. A4 Clerical/administrative; A5 Teaching; A7 Local government/civil service) with three relevant managerial/administrative nursing posts prior to health visitor training (i.e. B2 Ward Sister (general/psychiatric); B3 Nursing Officer; B4 District Nurse) shows a significantly higher frequency of managerial/administrative experience and/or relatively autonomous working on the part of the recently qualified HV sub-sample as over against the FWT sub-sample ($\chi^2 = 8.051$, $df\ 1$, $p < 0.01$, data drawn from interview sub-samples, $N = 50$). Data given by informants interviewed by the researcher would certainly also support the assumption

A. EXPERIENCE PRIOR TO NURSE TRAINING:		
POSITION:	PROFESSIONAL SUB-SAMPLES:	
	FWTs (N=25):	HVs (N=25):
1. Nursing Cadet:	8	6
2. Distributive Industry:	4	2
3. Manufacturing Industry:	-	2
4. Clerical/Administrative:	2	4
5. Teaching:	1	2
6. Social/Welfare:	1	1
7. Local Government/Civil Service:	-	2
8. School:	5	5
9. Other:	4 (*) (*) 3 after looking-after parental home.	1
B. POSITION IMMEDIATELY PRIOR TO HV TRAINING:		
1. Staff Nurse:	3	4
2. Sister (Gen/Psych):	2	6
3. Nursing Officer:	-	1
4. District Nurse:	1	2
5. Midwife (Hospital):	6	4
6. Midwife (District):	1	-
7. Student Midwife:	1	-
8. Assistant HV/School Nurse:	5	2
9. Part-time Nursing:	2	-
10. Housewife/Mother:	1	1
11. Nurse Training:	-	3
12. Other (obstetric course/voluntary work)	3	2

TABLE 3.8: PRE-NURSING AND PRE-HEALTH VISITOR TRAINING EXPERIENCE IN THE PROFESSIONAL SUB-SAMPLES.

that contemporary student HVs have had more experience in ward management than was the case when their FWTs became student HVs. Thus 11 of those recently qualified HVs interviewed ($N = 25$) had previously been staff nurses, ward sisters or nursing officers: whereas only 5 of the FWT informants ($N = 25$) had previously held such posts (cf. Table 3.8). Conversely, 3 of the recently qualified HVs had entered health visitor training direct from basic nurse training, whereas none of the FWTs interviewed had done this. Again it is possible that discrepant patterns of early professional experience and need as between FWTs and their students may be at least partially responsible for some inter-group incongruences regarding perceived needs and difficulties of the student HV (cf. Paras. 4.27, 4.50).

DETAILS OF PRESENT POSTS:

3.9 Table 3.9, page 80, gives frequency data regarding current posts of members of the professional sub-samples. It should be noted that one FWT was no longer employed by a health authority, having changed her job during the course of the study: and that one of the recently qualified HVs had terminated her employment to have a baby. Both of these informants, therefore, have been omitted from data regarding the present posts of the sub-samples.

FWT SUB-SAMPLE:

3.10 Almost half of the FWT sub-sample (49) described their work catchment as 'urban'; and five saw their area as 'industrial'. More than a quarter (27) worked in a 'rural' area, which posed problems when their students did not own a car:

'...difficult in an area like this to take a student who is 'walking'...cuts down the visiting...can't plan experience properly'.

A. TYPE OF AREA:	PROFESSIONAL SUB-SAMPLES:	
	FWTs (N=100):	HVs (N=109):
Urban - industrial:	5 (5.0%)	7 (6.4%)
Urban - residential:	44 (44.0%)	51 (46.8%)
Rural:	27 (27.0%)	11 (10.1%)
Immigrant majority:	5 (5.0%)	8 (7.3%)
Mining community:	16 (16.0%)	18 (16.5%)
Other:	4 (4.0%)	13 (11.9%)
B. MODE OF WORKING:		
GP attachment:	58 (58.0%)	66 (60.5%)
GP liaison:	13 (13.0%)	7 (6.4%)
Geographical:	8 (8.0%)	15 (13.8%)
Mixed (geographical/ attachment):	20 (20.0%)	22 (20.2%)
C. WORKBASE:		
Child Health Clinic:	44 (44.0%)	42 (38.5%)
Health Centre:	42 (42.0%)	53 (48.6%)
GP Surgery:	13 (13.0%)	8 (7.3%)
Home:	-	2 (1.8%)
Other:	-	3 (2.7%)
D. CASELOAD:		
(a) <u>Families with <5s:</u>		
100 - 200:	10 (10.0%)	6 (5.4%)
201 - 300:	30 (30.0%)	43 (39.4%)
301 - 400:	33 (33.0%)	36 (33.0%)
401 - 500:	12 (12.0%)	18 (16.5%)
501 - 600:	3 (3.0%)	4 (3.6%)
(b) <u>Other individuals:</u>		
0 - 25	11 (11.0%)	23 (21.1%)
26 - 50	33 (33.0%)	37 (33.9%)
51 - 75	16 (16.0%)	19 (17.4%)
76 - 100	10 (10.0%)	14 (12.8%)
101 - 125	9 (9.0%)	5 (4.5%)
126 - 150	10 (10.0%)	1 (0.9%)
over 150	3 (3.0%)	2 (1.8%)

TABLE 3.9: FREQUENCY OF PROFESSIONAL SUB-SAMPLES BY TYPE OF AREA, MODE OF WORKING, WORKBASE AND CASELOAD.

The majority of FWTs (58.0 per cent) worked in attachment to a general medical practice; although 20.0 per cent had a geographical 'patch' within a general practitioner's caseload (cf. Table 3.9). Working in a GP attachment was thought to have advantages for a student HV:

'...GPs accept student HVs as part of the practice...the GP often stops the student to mention things about patients...'

To one FWT, GP attachment represented a definite challenge, a tactical exercise for her students:

'...I give the student a calculated chance of 'coping with the GP'. They (student HVs) don't get the best out of attachment if they go in as the 'be-all and end-all'...'

3.11 Health centres and child health clinics were the usual workbases of the FWT sub-sample (86.0 per cent), thus offering a permanent base for the student (cf. Table 3.9). Informants who had been trained as health visitors pre-1965 recalled some of their privations in respect of a base:

'...we went to outlying places...had single days with health visitors or social workers ...wasn't very illuminating';

'...went out with different health visitors ...in the town they were all in one room with hundreds of desks...the health visitors all in uniform'.

There may well have been advantages in moving around from base to base.

As one FWT observed:

'...we had a list up, maybe it said to go to Harrogate and spend two days there...we saw different peoples' ways of working...in those days you saw so many...now you get a bit stuck if you are just with one person'.

3.12 Caseload: As previously discussed in Paras. 1.20 -1.24, the FWTs caseload is an especially important consideration when she is also involved in teaching a student HV. Most of the FWTs in the sub-sample (73) each had up to 400 families with children under five years old (the majority of a caseload, and the section of population considered to be a priority group by many health visitors, cf. (5)). Three FWTs each had caseloads of up to 600 families with children under five: and one of these stated that her caseload (including families and individuals other than those with children under five) was 750. In the light of the recommendations of the Clegg Committee (7) and the refusal by the management side of the Whitley Council to award a pay incentive to practising FWTs (4), local health authorities are currently being urged to reduce FWT caseloads. It appears from some comments by recent students that a large caseload may well hamper the educational functions of the FWT:

'...I think she had too heavy a caseload to deal with me...to give me the time I needed';

'...if they are conscientious health visitors they have a double load...they don't relinquish any families';

'...it must be quite difficult to keep up with ordinary health visiting work and have a student...my fieldwork teacher was very organised'.

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- (4) HEALTH VISITORS' ASSOCIATION (1981):
Association News, Health Visitor, April 1981, Vol. 54:4, p. 166.
London: Health Visitors' Association.
- (5) HEALTH VISITORS' ASSOCIATION (1981):
Health Visiting in the Eighties.
London: Health Visitors' Association.
- (7) STANDING COMMITTEE ON PAY COMPARABILITY (1980):
Report of the Standing Committee on Pay Comparability (Clegg Report).
London: HMSO.

3.13 Additional Commitments: These included clinic sessions; health education sessions; and hospital liaison work. A summary of such commitments for both professional sub-samples is included in Table 3.10:

WEEKLY COMMITMENTS:	PROFESSIONAL SUB-SAMPLES:	
	FWTs (N=100):	HVs (N=109):
<u>Clinics:</u>		
1	42 (43.0%)	46 (42.2%)
2	37 (37.0%)	54 (49.5%)
3	13 (13.0%)	5 (4.5%)
4	6 (6.0%)	2 (1.8%)
over 4	1 (1.0%)	-
<u>Health Education:</u>		
1	45 (45.0%)	64 (58.7%)
2	7 (7.0%)	4 (3.6%)
3	3 (3.0%)	-
4	1 (1.0%)	1 (0.9%)
over 4	1 (1.0%)	-
<u>Hospital Liaison:</u>	15 (15.0%)	7 (6.4%)
<u>HVA Representative:</u>	3 (3.0%)	1 (0.9%)
<u>School Health:</u>	4 (4.0%)	4 (3.6%)
<u>Other:</u>	6 (6.0%)	-

TABLE 3.10: ADDITIONAL WEEKLY/PERIODIC COMMITMENTS IN PROFESSIONAL SUB-SAMPLES.

42 (42 per cent) of informants in the FWT sub-sample ran one child health clinic per week; the majority (50) ran either two or three such clinics; and a further 6 (6 per cent) had four such weekly clinics to fit into their workload. 57 (57 per cent) of the FWT sub-sample had regular, formal health teaching commitments, mostly with one weekly session (45 per cent) but with two stating that they took at least four such sessions weekly. It is obviously of considerable importance that adequate and appropriate health education experience is available for the health visitor student:

...need to do a lot of shuffling to get health education experience for a student';

'...the health visitor is an educator and if you can't produce a health visitor who can take an antenatal group, your job's not worth doing!';

RECENTLY QUALIFIED HEALTH VISITOR SUB-SAMPLE:

3.14 84 (77.1 per cent) of the recently qualified HV informants were still working at the base to which they had been assigned for their period of supervised practice. 5 (4.6 per cent) had moved to a different health authority during their first year as a HV, although one of these had simply returned to the authority which had originally sponsored her for her health visitor training (for convenience her placement had been with an authority nearer her college). More than half of the sub-sample (58 or 53.2 per cent) were working as HVs in urban areas (cf. Table 3.9); and were finding the situation of being a qualified health visitor markedly different from their student experience:

'...I don't think you can be totally prepared for it...it's one thing talking about it and another experiencing it!';

'...when I started here as a health visitor I just didn't know what advice to offer...nothing to clasp hold of...felt as though I was starting off with very little information'.

Most of the HV sub-sample (60.5 per cent) were working within a general practice attachment scheme, comparable to the proportion of FWTs working in this mode (cf. Table 3.9). It would thus appear that student HVs in the study catchment are mainly prepared to work in this

mode during their period of training: an impression supported on inspection of frequencies in other work modes (cf. Table 3.9). Again, as with the FWT sub-sample, most of the recently qualified HVs (87.1 per cent) were based in clinics or health centres. Two had been assigned to remote rural areas: and now worked from their homes, being presumably rather isolated from health visiting colleagues. One of the HVs was based within a R.A.F. medical centre and worked with service families.

3.15 Caseload: Recently qualified HVs appeared to be taking on caseloads comparable to those carried by their more experienced colleagues, although the numbers of individuals and families carried other than those with children under five (taking a cut-off of 100 on a caseload) was significantly smaller than those carried by the FWTs ($\chi^2 = 5.633$, df 1, $p < 0.02$): though this part of her caseload was described by one informant as '...still growing'. Conversely, there was no significant difference in 'under five' caseloads as between the two professional sub-samples ($\chi^2 = 1.661$, $p > 0.1$). There appeared to be a clear consensus that the proper business of the recently qualified HV is to get to know her 'under five' families really well; and to be prepared to take rather longer to become equally familiar with other client groups. Most of the recently qualified HV sub-sample (85 or 77.8 per cent) had 'under five' caseloads of between 100 and 400: although 4 informants in this sub-sample (3.6 per cent) stated that they had up to 600 families with children in this age group. Two of these latter informants stated that other individuals in their caseloads numbered between 25 - 50: and another had up to 100 other individuals or families to work with, making a total in the region of 700 families. If this were the case, then it would appear that there has been, in some cases at least,

little change from the experience of one of the FWT informants, who, after finishing her health visitor training in 1963 was by her own account:

'...thrown out with a caseload of 800 and just got on with it...it's probably why people left...it's still not realistic to have six families and then get the whole lot'.

3.16 Additional Commitments: The majority of the recently qualified HV sub-sample were running one or two clinic sessions (91.7 per cent) and one health education session (58.7 per cent) weekly. Seven informants were involved with hospital liaison duties; and one was a local representative of the Health Visitors' Association. It would appear that, although recently qualified HVs are carrying caseloads which are generally comparable in size to those of the FWTs, their weekly or periodic commitments are considerably less. Thus although general frequencies for such commitments are closely akin for members of both professional sub-samples, statistical comparison of higher levels of commitment (i.e. three or more clinics and/or health education sessions per week, together with all other additional activities) shows a highly significant difference in favour of the FWT sub-sample ($\chi^2 = 25.881$, df 1, $p < 0.001$). Again, activities of the recently qualified HV sub-sample seem to be more in line with the 'classic' role of the health visitor in work with 'under five' families and in health education than is the case with the FWT sub-sample, though these differences do not reach significance. Thus a larger overall percentage (63.2 per cent) of recently qualified HVs are undertaking regular health education sessions than is the case with the FWTs (57 per cent): a situation which may reflect the current emphasis placed upon health teaching both in college and during fieldwork itself.

SECTION 4: FIELDWORK TEACHING IN PRACTICE: A FOURFOLD FUNCTIONAL ANALYSIS.

OVERVIEW:

Data from the study are presented sectionally as follows: reasons for becoming a health visitor (4.1 - 4.5); reasons for becoming a fieldwork teacher (4.6 - 4.8); characteristics of the fieldwork teacher (4.9 - 4.12): followed by a fourfold functional analysis of the fieldwork teacher role consisting of: (A) organisational aspects (4.13 - 4.26); (B) educational aspects (4.27 - 4.48); (C) professional aspects (4.49 - 4.55); and (D) communicational aspects (4.56 - 4.60). The section continues with data on pastoral and evaluative issues (4.61 - 4.68); and concludes with a brief section 'on being a fieldwork teacher' (4.69 - 4.70).

Data on motivation towards health visiting are contrasted with those of Clark (1973) in that they show the contemporary samples to be less negatively motivated by 'dislike of practical nursing' ($p < 0.001$); and less positively motivated by 'care of the whole person' ($p < 0.01$), though a general relationship existed between the two sets of data ($p < 0.01$) (4.1 - 4.4). 'Professional' as opposed to 'personal' motives were the more frequently cited ($p < 0.001$) (4.5). Conversely, motivation towards fieldwork teaching displayed a predominantly 'personal' character ($p < 0.01$) (4.6 - 4.8). There was a marked inter-group relationship concerning the 'ideal' attributes of the fieldwork teacher ($p < 0.001$) (4.9). Recently qualified health visitors cited pedagogic qualities of empathy and communication as maximally important, and emphasised the importance of 'knowledge' in contrast to the fieldwork teachers' emphasis on 'experience' ($p < 0.05$) (4.10). 'Vision' and 'insight' (i.e. the ability to intuit and to interpret the latent as well as the manifest needs of families and students) were characteristics stressed by health visitors but omitted by fieldwork teachers (4.11 - 4.12).

(A) ORGANISATIONAL ASPECTS: Members of the health visitor sub-sample were significantly more satisfied with the current pattern of fieldwork than were members of the fieldwork teacher sample ($p < 0.05$) (4.13). The correlation between 'time spent' on an organisational task and its importance rating was highly positive ($p < 0.01$). Fieldwork teachers tend to assign high importance to organisational tasks linked with teaching (4.14 - 4.15). Tasks not directly related with teaching (e.g. collaboration with management regarding student progress) were accorded a lower rating (4.16). The practical and 'symbolic' importance of efficient student accommodation is discussed (4.17 - 4.19). For both sub-samples, a 1:1 teacher-learner ratio was regarded as optimal (4.20 - 4.21). A number of fieldwork teachers felt that prior information regarding the student was frequently inadequate to facilitate the best fieldwork planning (4.22 - 4.24). There was consensus regarding the 'expressive' usefulness of an initial fieldwork teacher/student meeting in the college setting (4.25 - 4.26).

(B) EDUCATIONAL ASPECTS: The nature of tasks discussed in this section is outlined (4.27). Correlation showed no necessary connection between the importance rating of an 'educational' task and the amount

of time which the fieldwork teacher will spend on that task. Significantly less importance is accorded by fieldwork teachers to managerial/administrative tasks in the task analysis ($p < 0.001$)(4.28). The relatively low importance given to preparation of materials for the neighbourhood study as over against other educational tasks by fieldwork teachers ($p < 0.01$) is seen as a function of its present location in the course (4.29). A majority of fieldwork teachers both received and implemented curricular guidelines from the training establishments (4.30). Much reliance is placed on observational learning leading to 'modelling' of appropriate activities (4.31). The ostensibly high time allocation accorded to health visiting studies is discussed (4.32 - 4.33); followed by details regarding the information given to the student health visitor about study families, and student participation in accompanied activities (4.34 - 4.37). A significant difference exists regarding the reported inception of 'solo' visits ($p < 0.02$) (4.38 - 4.39). Mainly intuitive decisions are made regarding introduction of the student to autonomous visiting (4.40). Five introductory strategies to facilitate student autonomy are discussed (4.42 - 4.46). Fieldwork teachers are relatively cautious regarding the adequacy of health teaching experience during fieldwork ($p < 0.02$) though there is consensus regarding field-based teaching practice as the method of choice ($p < 0.001$) (4.47 - 4.48).

(C) PROFESSIONAL ASPECTS: A relatively tenuous correlation existed between 'time taken' to carry out 'professional' tasks and the importance allocated to such tasks ($p < 0.05$, one-tailed)(4.49). Educationally-oriented were again highly rated relative to managerial/administrative tasks (4.50). In selecting study families, fieldwork teachers appeared to prioritise college criteria above those of representativeness or practical utility of the visits to the families concerned ($p < 0.01$)(4.51). There was high inter-group consensus regarding types of experience available in fieldwork ($p < 0.001$); but there were discrepancies regarding those activities not considered 'traditional' to the health visitor's role (4.52). Dichotomous views existed between the sub-samples regarding appropriateness/efficiency of preparation to encounter 'problem' situations (4.53). Although a strong general relationship existed between group responses regarding limitations in fieldwork experience; the recently qualified health visitors cited administrative experience and experience with problematic situations significantly more frequently than did the fieldwork teachers ($p < 0.01$ and $p < 0.001$ respectively) (4.54 - 4.55).

(D) COMMUNICATIONAL ASPECTS: There was no necessary connection between the importance rating of communicational tasks and the time taken to perform such tasks (4.56). Discrepancies occurred between fieldwork teacher accounts of prior information given to study families regarding students, and student perceptions of the information they actually received ($p < 0.001$) (4.57 - 4.58). The general level of fieldwork teacher satisfaction with help proffered by college-based tutors was high (4.59). Six main assessmental methods employed by fieldwork teachers are discussed: and here the frequency with which 'student participation in case discussion' is employed is seen to be significantly lower than in other assessmental techniques ($p < 0.001$) (4.60).

In discussing the nature of a 'successful' fieldwork placement, educational aspects were mentioned by both groups significantly more fre-

-quently than were other criteria ($p < 0.001$). The emphasis placed by recently qualified health visitor informants on communicational criteria of success contrasts significantly with the relatively low ratings accorded to communicational features by the fieldwork teachers ($p < 0.001$) (4.61). In discussing helpful and unhelpful features in the fieldwork placement, recently qualified health visitors cited significantly more 'helpful' than 'unhelpful' features ($p < 0.001$) (4.62). Exploration of potential 'satisfiers' in the fieldwork context showed broad inter-group agreement ($p < 0.05$); but with significant lack of congruence regarding results in visiting ($p < 0.001$) and participation in clinics ($p < 0.02$) (4.63 - 4.64). Student dissatisfaction appeared to centre around limitation of experience and lack of time in fieldwork (4.65).

Responses from both sub-samples regarding potential stress factors in the fieldwork situation showed a high correlation ($p < 0.001$); but with significant discrepancies regarding the potential contribution to stress represented by academic work ($p < 0.01$); lack of overt results ($p < 0.02$); and lack of guidance in visiting ($p < 0.05$) (4.66 - 4.68).

The section concludes with a brief discussion by fieldwork teachers of their subjective experiences of the role, including its enjoyment, the need for careful planning of parallel educational/professional activities; the need for effective feedback from both academic and managerial areas; and the dilemma presented by the need for 'rest years' as contrasted with the escalating demand for trained health visitors (4.69 - 4.70).

4.1 In this section it is proposed to consider the findings of the present study in relation to the order of events which a student health visitor may experience both before and during her year of study on the health visitor course. From the accounts given by members of both professional sub-samples, data will be presented to illustrate the possible sequence from the decision to become a health visitor to the evaluation of the success or failure of the student health visitors' fieldwork placement. As far as possible, both qualitative and quantitative data will be discussed in relation to the following four main aspects of the fieldwork teacher's role:

- (A) Organisational aspects;
- (B) Educational aspects;
- (C) Professional aspects;
- (D) Communicational aspects (cf. Para. 2.26).

Regrettably the scope of the present study has made it impossible to include a discussion of the wealth of data which has flooded in concerning what may be regarded as the more peripheral areas from the present standpoint - e.g. college-based work, or the period of supervised practice immediately subsequent to the fieldwork placement (cf. Appendix L). Hopefully these data will be discussed elsewhere; but for present purposes only data touching the central issues of fieldwork teaching will be discussed.

INITIAL STAGES (1): REASONS FOR BECOMING A HEALTH VISITOR.

4.2

'...many people apply for health visiting for the hours, good pay and convenience';
(FWT)

'...when I got on the course I realised that what I thought health visiting was all about was not what it was about at all...my interest in paediatrics was my driving force'
(HV)

Applicants to any course have pre-conceived notions and expectations related, in part, to the reasons for pursuing that course ((11) cf. also Para. 1.41). Such expectations may negatively affect learning outcomes, if in contradiction to teacher expectations: or, conversely, mutually compatible expectations may aid the learning process.

Within the context of the present study it was obviously important to investigate the reasons underlying requests for entry to health visitor courses and to establish main motives influencing the choice of this particular aspect of nursing as a career. All members of the recently qualified HV sub-sample (N = 110) were therefore asked to

(11) HARGREAVES, D.H. (1969):

Interpersonal Relations in the Social System of the School.
In MORRIS, J.F. and LUNZER, E.A. Contexts of Education.
London: Staples Press.

rank a set or series of reasons for choosing to follow a health visitor course, based on response types previously validated by Clark (1973) (5). Here a checklist was devised utilising major motives for health visitor training as given by a sample of Berkshire health visitors during Clark's 1969 study (N = 79), where responses emerged partly from spontaneous answers to a direct question and partly from answers to a prepared checklist offered to her respondents. Data emergent from the present study was then compared with Clark's results (cf. Table 4.1):

REASONS GIVEN:	PERCENTAGE RESPONSE:	
	1st yr. HVs (N=110):	CLARK 1973 (N=79):
Salary:	16.4	7.6
Hours:	31.8	41.8
Marriage:	8.2	6.3
Domestic reasons (other than marriage):	11.8	3.8
Health reasons:	5.4	6.3
Experience abroad:	2.7	7.6
Community nursing experience:	18.2	2.5
Interest in babies:	30.9	34.2
Unhappy in hospital environment:	20.9	43.0
Dislike of practical nursing:	0.9	30.8
Independence as a practitioner:	54.5	46.8
Further training/career prospects:	53.7	46.8
Interest in preventive aspects:	67.3	54.4
Care for whole person:	38.2	62.0
Other:	10.9	6.3
NB: Informants gave more than one reason: therefore total amount exceeds 100 per cent.		

TABLE 4.1 REASONS FOR CHOICE OF HEALTH VISITING AS A CAREER: A COMPARATIVE TABLE (CLARK 1973/DEAN 1981).

Main reasons for choosing health visiting given by informants in the present study were:

'an interest in preventive aspects' (67.3 per cent);

'independence as a practitioner' (54.5 per cent)

- both of which feature highly as responses in the Clark study.

The desire for:

'further training and career prospects' (53.7 per cent)

- is a common motive in adult learners (16): and the current sample match the Berkshire sample (46.8 per cent) in citing this as an important reason for pursuing a health visitor course.

4.3 An interesting discrepancy between the two sets of responses is that occurring with regard to:

'care of the whole person' (present study 38.2 per cent:
Clark 1973 62 per cent)

This result is significant at the 1 per cent level ($\chi^2 = 5.188$, df 1, $p < 0.01$): and a feasible explanatory hypothesis for the marked shift away from 'whole person care' as a motivator towards health visiting over the decade or so since Clark's study may lie in modern nursing theory and practice, where the concepts of 'nursing process' and 'total patient care' are progressively gaining ground (8). Thus it

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- (5) CLARK, J. (1973):
A Family Visitor: a descriptive analysis of health visiting in Berkshire.
London: Royal College of Nursing.
- (8) CROW, J., DUBERLEY, J. and HARGREAVES, I. (1979):
Planning Nursing Care. In KRATZ, C.R. ed. The Nursing Process.
London: Bailliere Tindall.
- (16) ROGERS, J. (1971):
Adults Learning.
Harmondsworth: Penguin.

is quite likely that many hospital nurses now no longer see a lack of individualised care as a valid reason for 'seeking a change'. Similar considerations may account for the dramatic drop in the numbers of informants giving:

'dislike of practical nursing' (present study 0.9 per cent:
Clark 1973 30.8 per cent)

- a highly significant reduction in the last decade ($\chi^2 = 19.360$, df 1, $p < 0.001$).

4.4 Apart from the discrepancies discussed in Para. 4.3, a significant correlation exists between the sets of responses for the two samples ($r_s = +0.772$, $t = 3.759$, df 13, $p < 0.01$). These findings would suggest the hypothesis that the student health visitors of the 1980s are electing to enter the profession for substantially the same reasons as did their predecessors of a decade ago.

4.5 Collectively, members of the recently qualified HV sub-sample displayed more objective and professionally-oriented reasons for becoming a health visitor than would be indicated by the comment of the FWT cited in Para. 4.2. Thus comparison of percentage frequencies in Table 4.1 for informants rating 'professional' motives (e.g. independence as a practitioner; interest in preventive aspects) highly as over against those rating purely 'personal' motives (e.g. salary, hours, domestic reasons) highly shows a very significant difference in favour of 'professional' motives ($\chi^2 = 31.546$, df 1, $p < 0.001$). There is, of course, always the possibility that a number of informants opted for 'pleasing' responses, much as may be the case in psychometric clinical or attitudinal measures, in which respondents may develop a 'social desirability' response set towards test items, leading to a predom-

...I think that some fieldwork teachers go into teaching for the wrong reasons ...there's a shortage of fieldwork teachers at present and I feel some are pushed through'; (HV)

INITIAL STAGES (2): REASONS FOR BECOMING A FIELDWORK TEACHER.

4.6 '...I think that some fieldwork teachers go into teaching for the wrong reasons ...there's a shortage of fieldwork teachers at present and I feel some are pushed through'; (HV)

'...we thought we were too old to be fieldwork teachers...it still disappointed me that people went on the course as a refresher course...as just another course to go on'. (FWT)

Members of the FWT sub-sample similarly offered reasons for becoming fieldwork teachers. Results of the analysis of these reasons can be seen in Table 4.2, page 95. Members of the FWT interview sub-sample (N = 25) were not directly asked why they had become fieldwork teachers: an omission made good during the subsequent questionnaire phase (cf. Figure 2.1, and Appendix E). In practice, informants volunteered this information when discussing their views on selection of fieldwork teachers (cf. question E1: FWT Interview Schedule, Appendix D): and responses concerned with their reasons for undertaking fieldwork teacher training were subsequently extracted and analysed in conjunction with responses to the direct question in the questionnaire.

(9) EDWARDS, A.L. (1967):
The social desirability variable: a review of the evidence.
In BERG, I.A. ed. Response Set in Personality Assessment.
London: Aldine.

REASONS GIVEN:	RAW AND PERCENT-
	AGE FREQUENCIES:
	FWTs (N = 101):
1. Logical sequence in career:	39 (38.6)
2. Extension personally/professionally:	64 (63.4)
3. Enjoyment of teaching:	63 (62.4)
4. Professional updating:	41 (40.6)
5. Preparation as HV tutor:	2 (2.0)
6. Preparation as Nursing Officer:	2 (2.0)
7. Suggested by management:	30 (29.7)
8. Personal poor experience:	7 (6.9)
9. Personal good experience:	8 (7.9)
NB: Informants gave more than one reason: therefore total exceeds 100 per cent.	

TABLE 4.2: REASONS FOR BECOMING A FIELDWORK TEACHER.

4.7 Reasons given by FWTs in both interview and questionnaire sub-samples centred around factors such as:

'enjoyment of teaching' (62.4 per cent);

'personal and professional challenge' (68.4 per cent).

29.7 per cent of the sub-sample stated that they had undertaken the fieldwork teacher course 'on the suggestion of nursing management'.

Chapman (1979) found that for her sample (N = 62) this last was apparently the main reason for undertaking the course (40.3 per cent); but this result was obtained in response to a direct question regarding the degree of encouragement to train as a fieldwork teacher given by nursing management (4). Unfortunately, some members of the present

(4) CHAPMAN, V.A. (1979):

An exploratory case study of the role of the fieldwork teacher. Unpublished M.Sc. Thesis: University of Surrey.

'...a lot of nursing officers don't appreciate the job unless they've done it';

'...I no longer take students as there is little or no management support and understanding'.

More positively, one local health authority within the study catchment area has designated a nursing officer with special responsibility for coordination of fieldwork teaching, who will:

'...help out with any problems with students (and who)...acts as an outsider for both student and fieldwork teacher'. (cf. Para. 1.26)

4.8 It would seem from the findings outlined in Paras. 4.2 - 4.5, that nurses undertake health visitor training primarily for professionally-related reasons concerned with the health visitor's role-function: whereas many fieldwork teachers see their job in more personal terms. Thus statistical comparison of relative response frequencies as between 'professionally-oriented' response types (items 1 and 5 in Table 4.2) and more 'personally-oriented' response types (items 3,4,6, 8,9,) omitting equivocal items (items 2,7) shows a highly significant difference favouring 'personally-oriented' response types ($\chi^2 = 38.525$, df 1, $p < 0.001$). Conflict may arise between student health visitor and fieldwork teacher where expectations and interpretations of a situation are incongruent. Thus student expectations of a learning situation may well exceed those of her fieldwork teacher, who sees the fieldwork placement in purely practical terms. As one FWT informant put it:

'...the position of the fieldwork teacher is different from that of the tutor... they (the students) get more practical help from the fieldwork teacher'.

Additional conflict may arise if the fieldwork teacher sees the student's reasons for applying for a course as suspect or misfounded:

'...I don't think she (FWT) accepted that I was the right material for health visiting';

'...I was greeted by the fieldwork teacher with "you're very young, I'm going to have trouble with you" ...she had the knack of making you feel inferior'.

Both these last comments are indicative of initial student/teacher relationships founded on conflict between student/teacher expectations. The unhappy consequences for the subsequent placement may be readily imagined.

4.9 CHARACTERISTICS OF THE FIELDWORK TEACHER: A main aim of the present study was to:

identify the characteristics of 'good' and 'effective' fieldwork teaching; (cf. Para. 1.53)

and in an attempt partially to achieve this aim, members of each professional sub-sample were asked to list the characteristics which they would attribute to an 'effective' fieldwork teacher. A tabulation of these responses is shown in Table 4.3, page 98. Recently qualified HVs see the 'effective' fieldwork teacher as having the qualities of empathy and sensitivity (67.3 per cent) together with an ability to communicate and teach (54.5 per cent). These would appear to be the characteristics generally desirable in any teacher (15): and indeed head the list of desirable attributes for a fieldwork teacher in the Council's document on the function of the fieldwork teacher (2).

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- (2) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
The Role of the Fieldwork Teacher.
London: C.E.T.H.V.
- (15) MORRISON, A. and McINTYRE, D. (1973):
Teachers and Teaching.
Harmondsworth: Penguin.

CHARACTERISTIC:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=110):
Knowledge:	22 (21.8)	39 (35.4)
Experience:	50 (49.5)	40 (36.4)
Enthusiasm:	41 (40.6)	47 (42.7)
Efficiency:	8 (7.9)	10 (9.1)
Honesty:	5 (4.9)	10 (9.1)
'Good' communicator/ability to teach:	42 (41.6)	60 (54.5)
Approachability:	27 (26.7)	43 (39.1)
Stability:	19 (18.8)	11 (10.0)
Patience/time/'good' listener:	17 (16.8)	28 (25.4)
Empathy/sensitivity to needs:	57 (56.4)	74 (67.3)
Sense of humour:	9 (8.9)	9 (8.2)
Vision/insight:	-	8 (7.3)
Tolerance/flexibility:	5 (4.9)	-
Stamina (!):	-	1 (0.9)

TABLE 4.3: CHARACTERISTICS OF AN 'EFFECTIVE' FIELDWORK TEACHER AS SEEN BY MEMBERS OF THE PROFESSIONAL SUB-SAMPLES.

4.10 49.5 per cent of the FWT sub-sample saw 'experience' as a most important characteristic, as opposed to 36.4 per cent of the recently qualified HVs. It would appear that fieldwork teachers tend to rely on both their life and their professional experiences in their encounters with students rather than on profundity of professional knowledge:

'...to be a fieldwork teacher, you should not be too academic,...need 'life experience' of health visiting...need to have made a few mistakes'. (FWT)

However, the health visitor student understandably expects her field-

-work teacher to have substantial knowledge as well as experience
(35.4 per cent):

'...she filled in the gaps that were left in the course';

'...she's very important...it's (field-work) where you learn all the practical things'.

It may be that after her experience of a more didactic form of teaching in nurse training, a student health visitor invests more in facts than in the ideas borne out of experience. Whatever the cause, there is a statistically significant difference between the responses of the two professional sub-samples regarding the relative importance of knowledge and experience for the FWT ($\chi^2 = 4.788$, df 1, $p < 0.05$).

4.11 'Vision and insight' are desirable characteristics suggested by recently qualified HVs (7.3 per cent) but not mentioned by FWTs.

These would seem to be characteristics more consciously noted by learner than by teacher, who possibly exhibits them intuitively rather than consciously. HVs who were recently students lay great stress on the help they gained from FWTs in 'interpreting' the activities of health visiting: and upon the insight needed to plan for and guide the student as an individual. Two recently qualified HVs highlighted these particular characteristics as follows:

'...student health visitors need to be guided by one person rather than 'in at the deep end'...somebody they can relate to, and someone to make a pattern of learning';

'...one big cause of stress in students is lack of guidance from the fieldwork teacher'.

Lack of guidance, coupled with the student health visitor's apparent

uncertainty of the health visitor's role, as causes of stress are confirmed in the responses discussed in Paras 4.66 - 4.68.

4.12 Although there is a significant difference between professional sub-samples for one characteristic (i.e. 'knowledge', cf. Para. 4.10), there is a highly significant positive correlation between sub-samples regarding other characteristics ($r_s = +0.932$, $t = 8.81$, $df 12$, $p < 0.001$, two-tailed). It would appear that although fieldwork teachers may well see some characteristics as more important in the light of their own experience of 'doing the job', these do not differ significantly from those cited as important by recent students.

FIELDWORK TEACHING: A FOURFOLD FUNCTIONAL ANALYSIS.

(A) ORGANISATIONAL ASPECTS:

4.13 The period of fieldwork placement accounts for approximately one-third of the total health visitor course: for the majority of the FWT sub-sample (78.2 per cent) this meant organising teaching for two days a week with some more extended blocks of experience. Fieldwork experience for the remainder of the sub-sample was in the form of one day a week with longer concurrent blocks or a system of three 'fieldwork days' a fortnight. A significant difference is shown between the numbers of FWTs (30 or 29.7 per cent) and recently qualified HVs (52 or 47.7 per cent) who were satisfied with their usual arrangement ($\chi^2 = 5.378$, $df 1$, $p < 0.05$). It is likely that the FWTs may have experienced more than one of the practice patterns and therefore can evaluate with more hindsight than can the recently qualified HVs, who have no comparable experience and therefore evaluate uni-dimensionally.

4.14 The organisational aspects of fieldwork teaching include those tasks involved in planning for a student; preparing a programme of work; and utilisation of resources to give the student as valuable a field-work experience as possible. Related sub-tasks appear in the organisational section of the task rating scale (Paras. 2.26-2.27 and Appendix H). Table 4.4 gives an outline of the responses in this section of the task rating scale - a fuller analysis can be found in Appendix H:

TASK:	RESPONSE RATE (RAW FREQUENCIES):			
	IMPORTANCE:		EXTRA TIME:	
	MI/I:	NSI/LI:	6 HRS & LESS:	OVER 6 HRS:
1 Personal Preparation:	73	6	27	58
2 Arrangement for special visits:	54	25	65	14
3 Administrative provision for student:	53	26	77	2
4 Preparing a programme of work:	77	2	31	46
5 Provision of observation in clinics:	63	15	68	11
6 Provision of HV experience (<u>other areas</u>):	63	16	70	9
7 Giving student overview of area:	69	10	59	20
8 Provision of opportunities for liaison/referral to other agencies:	73	6	53	26
9 Collaboration with nursing management re. student's progress:	47	32	70	7
10 Arranging/being available for visits from college staff:	77	2	54	22

NB: MI/I = MOST IMPORTANT/IMPORTANT;
NSI/LI = NOT SO IMPORTANT/LEAST IMPORTANT.

TABLE 4.4: ORGANISATIONAL ASPECTS OF FIELDWORK TEACHING: PERCEIVED IMPORTANCE IN RELATION TO EXTRA TIME TAKEN IN PERFORMANCE. FWT SUB-SAMPLE (N = 79).

4.15 These data show highly significant correlations between the importance rating of a task and the amount of time which a FWT will spend on that task (NB: that this is not necessarily always the case will become apparent from inspection of correlations in other areas of the task analysis cf. Paras. 4.28, 4.50 and 4.56). There are high positive correlations in the predicted directions (e.g. high importance/over 6 hours, $r_s = +0.868$, $t = 4.956$, $df = 8$, $p < 0.01$, two-tailed: low importance/6 hours or less, $r_s = +0.835$, $t = 4.289$, $df = 8$, $p < 0.01$, two-tailed) with corresponding high negative correlations for high importance/less time ($r_s = -0.849$, $p < 0.01$) and for low importance/more time ($r_s = -0.854$, $p < 0.01$). Only Task 1 ('personal preparation') was rated as taking significantly longer than 6 hours ($\chi^2 = 10.588$, $df = 1$, $p < 0.01$). The three tasks accorded most importance by the FWT sub-sample, i.e.:

preparation of a programme of work for a student health visitor (97.5 per cent);

arranging/being available for visits by college staff (97.5 per cent);

personal preparation (e.g. reading, ensuring HV caseload up to date) (92.4 per cent)

are all either linked with or directly involved in the teaching function of the fieldwork teacher. These educationally-oriented tasks also seem to account for more of the FWT's time: thus 73.4 per cent of informants stated that they spent over six hours extra time in personal preparation; and 43 per cent stated that they spent over ten hours in this particular task. 58.2 per cent spent more than six hours preparing a teaching programme for the student: whilst 39.2 per cent spent over ten hours involved in this task.

4.16 Tasks not directly involved in teaching do not seem to be of such importance in the eyes of the FWT. For example, the task

accorded least mention as important is that of 'collaboration with nursing management' where 40.5 per cent state that this is of little or no importance: and indeed 60 (75.9 per cent) of the FWT informants stated that they would spend four hours or less on this particular aspect of organisation. This may link with the fact that some nursing officers have not themselves been fieldwork teachers, and practising fieldwork teachers thus find it difficult to consult them regarding their student (cf. Quotation, Para. 4.5). It would suggest that in some instances links with nursing management are weak: and that although student health visitors may be sponsored by a health authority, some fieldwork teachers do not feel that the involvement of a nurse manager in the preparation of the student is of the first importance:

'...I would be worried about getting the student a bad name (if I consulted with a nursing officer)... we have communication problems in this area'. (FWT)

PLANNING FOR THE STUDENT HEALTH VISITOR:

4.17 ACCOMMODATION: The provision of a quiet room for the fieldwork teacher and student to discuss activities and progress is ostensibly an important factor in the preparation for a health visitor student (cf. Para. 1.44). 67.1 per cent of the FWTs who completed the task rating scale stated that such administrative provision was important. Recently qualified HVs in the sub-sample were asked about their own experiences and their views with regard to having 'somewhere to call their own'. These responses are compared with those of the FWT sub-sample in Table 4.5, page 104. The majority of informants had separate and quiet rooms available: but for a large proportion (57.3 per cent FWTs and 60.9 per cent HVs) this meant waiting until other staff went out or using a spare consulting room :

ACCOMMODATION:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=110):
Separate room available:	66 (65.3)	74 (67.3)
FWT room:	30 (29.7)	38 (34.5)
Spare office/con- sulting room:	42 (41.6)	27 (24.5)
HV office (when coll- eagues out):	26 (25.7)	40 (36.4)
Other (home; car):	2 (2.0)	3 (2.7)
Furniture for student HV:		
Desk:	50 (49.5)	35 (31.8)
Shared desk:	44 (43.6)	48 (43.6)
Drawer:	28 (26.7)	27 (24.5)
Shared drawer:	16 (14.8)	9 (8.2)

TABLE 4.5: DETAILS OF ACCOMMODATION AVAILABLE FOR FIELDWORK TEACHER AND HEALTH VISITOR STUDENT(S).

'...there are rooms in the health centre I can go to, if our office, with four colleagues and two 'phones, becomes too noisy and distracting'. (FWT)

Waiting for use of an office could reduce the time during which a student and fieldwork teacher may effectively work together, both in home visiting and in debriefing discussions. Some members of the sub-samples (2 per cent FWTs and 2.7 per cent HVs) stated that they had no place other than the fieldwork teacher's home or car for tutorial work:

'...very unsatisfactory...have been able to provide a desk...in the future we will have extra room, but for now it has often meant going and sitting in the car to discuss things'.

4.18 Although, not normally considered a major factor in the effect-

-iveness of a fieldwork placement, provision of a desk and adequate storage space is a significant contribution to the learning environment of the student health visitor. The symbolic features of that environment are not lost upon the sensitive student:

'...I sat at the corner of the desk...I felt very temporary...if I was a fieldwork teacher I would make sure I had a base and that everybody accepted me as a 'teacher''; (HV)

'...it's extremely important...having been 'rootless' in my own training, I feel it's important to have somewhere you can keep books and things'. (FUT)

31.8 per cent of the recently qualified HV sub-sample stated that they had had the sole use of a desk; although 49.5 per cent of the FWTs said they could provide one. The majority of the HV sub-sample (43.6 per cent) had had to share a desk, perhaps with another student, with their fieldwork teacher or with a part-time member of staff.

4.19 Approximately one-third of each sub-sample had the use of a specially designated 'fieldwork teacher room', appropriately furnished, which could be used for tutorial work. For at least one FWT, it was a refuge from a well-meaning colleague!

'...I have a fieldwork teacher's room... most important to have a separate room, the health visitor I work with talks too much and gives conflicting advice to the student!'

4.20 NUMBERS OF STUDENTS: Accommodation becomes a major consideration when deciding on the number of students for which a fieldwork teacher can be responsible at any one time. The fieldwork teacher with two students must make double provision, both in accommodation and in (e.g.) selection of twelve suitable families for study instead

of the more usual six. 70.8 per cent of FWT informants had usually been responsible for one student at a time: and 71.3 per cent of HV informants had been 'only' students. The majority of HV informants were gratified that this had been the case:

'...I felt quite lucky that I was the only one when I heard the others (students) talking...I had all of her attention...the others didn't get that personal touch'.

All FWT informants were asked to comment on their feelings regarding responsibility for more than one student at a time: but only those recently qualified HVs who had had the experience of being one of two students were invited to indicate their feelings. Their relevant responses are outlined in Table 4.6:

COMMENT:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=32):
<u>POSITIVE:</u>		
Students help each other:	42 (41.6)	20 (62.5)
Useful discussions:	48 (47.5)	12 (37.5)
FWT must be organised:	37 (36.6)	5 (15.6)
<u>NEGATIVE:</u>		
Difficult if one student 'quiet':	21 (20.8)	2 (6.2)
Difficulties in selection of families:	25 (24.7)	-
Difficulties in planning:	23 (22.8)	8 (25.0)
Hard work for FWT:	62 (61.4)	18 (56.2)
Caseload too small:	14 (13.9)	-
Caseload too large:	8 (7.9)	-

TABLE 4.6: SOME ADVANTAGES AND DISADVANTAGES IN HAVING MORE THAN ONE HEALTH VISITOR STUDENT AT A TIME, AS SEEN BY FIELDWORK TEACHERS AND RECENTLY QUALIFIED HEALTH VISITORS.

Although there were more negative than positive feelings towards having (or being one of) multiple students, it is interesting to note that 62.5 per cent of HV informants and 41.6 per cent of FWT informants saw it as helpful for both students. The fact that proportionally more recently qualified HVs felt this, may be accounted for by their experience as members of a group in college and the joint learning activities which they may have enjoyed in this context. More typical responses from FWTs included:

'...better to have one...can give her more attention...better to take one and show her all you can than not to be able to give a complete experience';

'...have to be careful to share time equally ...could have one student who needs more help than the other...having students is hard work, you've got to be fair to students and to families'.

4.21 In general, members of both professional sub-samples preferred a true one-to-one situation for teaching and learning. It was felt that a good alternative was offered by a placement where there was another fieldwork teacher and her student in the same building or nearby at another centre. This could aid the learning situation without causing too much stress in sharing a fieldwork teacher, or dividing the fieldwork teacher's time between two students:

'...there were two students very nearby whom I saw every day...I got the best of both worlds...had a lot of discussion with them and their fieldwork teachers';

'...helpful if there are two fieldwork teachers and two students...works better than one fieldwork teacher and two students...better exchange of views and much more experience for the students'.

4.22 KNOWLEDGE OF STUDENT BACKGROUND: In order to plan a more individualised programme of work, it is helpful for the fieldwork teacher to be provided with some background information concerning her potential student (cf. Para. 1.31). The information received by FWT informants prior to their student's arrival is outlined in Table 4.7:

INFORMATION BASE:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	
Name:	101	(100.0)
Address:	14	(13.9)
Age:	88	(87.1)
Children:	33	(32.7)
Nationality:	23	(22.8)
Qualifications:	70	(69.3)
Experience:	79	(78.2)
Car driver/owner:	67	(66.3)
Any relevant personal problems:	6	(5.9)
Health	2	(2.0)

TABLE 4.7: INFORMATION GIVEN TO FIELDWORK TEACHERS REGARDING STUDENT PRIOR TO HER ARRIVAL.

Information concerning the potential student health visitor was given to members of the FWT sub-sample by the health authority concerned and/or by the appropriate college. The amount of prior information given varied considerably from area to area, with FWTs in one authority receiving a detailed account of their future student and FWTs in another authority receiving only a brief outline consisting of name and possibly experience. All informants received the minimum information consisting of their student's name: although for one FWT this did not occur until some two weeks before the commencement of the health visitor course. 23 per cent of the FWTs were informed

of the nationality of the student, a small number (3 per cent) wished that they had been notified beforehand regarding this, having had difficulties with some families after the student had arrived.

4.23 The sex of the student seemed to make little difference. Only one FWT informant had had to make a substitution in her planned selection of families because of this:

'...I had a male student...the 'Dad' said "No!" '.

Only 3 (2.7 per cent) male first-year HVs were practising in the study area and they reported no untoward occurrences during their fieldwork placements. It was regarded as important for the FWT to know whether or not her new student was a car owner/driver, so that she could plan and select families for visiting. 66.3 per cent of the FWT sub-sample received such information:

'...this time took longer because she didn't drive so I couldn't choose ones in outlying areas...she was also a foreign student and I had to consider this'.

4.24 Knowledge of qualifications and previous professional experience were also an important consideration when planning for a student. Many FWTs left final decisions regarding the programme of work until they had met the students and discussed their professional background with them. Prior knowledge of the student can sometimes cause stress in the fieldwork teacher:

'...I find it worrying if the student has a degree'.

Conversely a student, who wants to use her existing skills and knowledge, can be stressed if the fieldwork teacher either does not have

'...I expected to be involved a bit more
...I wasn't allowed to do anything on
my own...things like head circumferences
...I only did one new birth visit on my
own - in the last week'
(HV: also a qualified midwife).

4.25 MEETING THE FIELDWORK TEACHER: Many fieldwork teachers wait until their first personal encounter with their student before finally deciding what experience and teaching is required, bearing in mind the student's personality, professional and personal experience (cf. Paras. 1.31 and 4.18). Similarly, a student may find a preliminary meeting with her fieldwork teacher very helpful:

'...I'd had a description of my field-
work teacher before I met her...as soon
as she walked into the room I knew who
she was...it was a good idea to be pre-
pared for this particular lady...she
was rather unusual! '.

21 (19.1 per cent) of the recently qualified HV sub-sample had attended meetings arranged by their employing health authorities before the commencement of the health visitor course. The three authorities concerned offered an opportunity for students to meet not only their fieldwork teachers, but also each other and the appropriate nurse managers. One FWT took this preparation further:

'...I've always made arrangements to meet
my student for coffee or lunch before
she comes to work here...we just sit and
get to know each other...most valuable
to spend this time with her and share
backgrounds and experience'.

The majority of recently qualified HV informants (63.6 per cent) had met their FWTs in the first week of the health visitor course at a meeting arranged by the college. This was seen by both groups as a

useful exercise:

'...nice to meet them beforehand...
I found it was more difficult to go
to fieldwork on the first day than
to go to college for the first time'; (FWT)

'...important that we met our field-
work teacher at college...she act-
ually came to the place we were more
familiar with'. (HV)

4.26 The first day of fieldwork placement marked the initial meeting with their fieldwork teacher for ten recently qualified HVs (9.1 per cent), one of whom had felt totally unprepared for fieldwork. Of the ten who were in the position of meeting their fieldwork teacher on that first day, four stated that they had subsequently had unhappy fieldwork placements. It would appear that lack of fieldwork teacher preparation, with consequent student failure to develop a 'sense of belonging', may be an important contributory factor to an 'unsatisfactory' or 'unhappy' fieldwork placement. Three HV informants stated that they experienced 'communication difficulties' with their fieldwork teachers. Nevertheless, not all HV informants had found the preparatory meetings useful:

'...(fieldwork teacher) didn't talk to me very much...she talked to her colleagues, perhaps she should have seen them more often! ';

'...all she told us was how to get there and to wear warm clothes! '.

(B) EDUCATIONAL ASPECTS:

4.27 The educational activities of the fieldwork teacher are the culmination of the organisational/preparatory tasks discussed in Paras. 4.13 - 4.26, and involve:

- (1) consideration of teaching and learning objectives;
- (2) selection and implementation of appropriate teaching methods;
- (3) supervision and assessment of the student in skilled performance to mastery of 'central' health visiting tasks mandatory for qualification.

Again, ten tasks were included in this grouping on the task rating scale (cf. Appendix H). The emergent data are represented in Table 4.8:

TASK:	RESPONSE RATE (RAW FREQUENCIES):			
	IMPORTANCE:		EXTRA TIME:	
	MI/I:	NSI/LI:	6 HRS & LESS:	OVER 6 HRS:
1 Preparation of material for use in neighbourhood study:	51	28	62	12
2 Setting teaching objectives:	73	6	61	14
3 Selection of appropriate teaching methods:	70	9	62	15
4 Assisting student in preparation of health education sessions:	70	9	61	16
5 Assessing student in health education sessions:	70	9	57	21
6 Evaluation of student in home visiting and clinics:	79	-	32	47
7 Teaching administrative policy, management structure, etc.:	50	29	55	20
8 Encouraging student to keep up to date:	69	10	70	9
9 Assisting student in setting objectives:	77	2	47	30
10 Accompanying student on home visits:	69	10	16	63

NS: MI/I = MOST IMPORTANT/IMPORTANT;
 NSI/LI = NOT SO IMPORTANT/LEAST IMPORTANT.

TABLE 4.8: EDUCATIONAL ASPECTS OF FIELDWORK TEACHING: PERCEIVED IMPORTANCE IN RELATION TO EXTRA TIME TAKEN IN PERFORMANCE. FWI SUB-SAMPLE (N = 79).

4.28 These data would indicate no necessary connection between the importance rating of a task and the amount of time which the field-work teacher will spend on that task. Here there are small, non-significant positive correlations in the predicted directions (i.e. high importance/over 6 hours, $r_s = +0.345$, $t = 1.038$, $df = 3$, NS; low importance/6 hours or less, $r_s = +0.297$, $t = 0.880$, $df = 6$, NS) with corresponding small negative correlations for high importance/less time ($r_s = -0.297$, NS) and for low importance/more time ($r_s = -0.345$, NS). Only Task 10 ('accompanying student on home visits') was rated as taking significantly longer than 6 hours ($\chi^2 = 26.784$, $df = 1$, $p < 0.001$). Predictably in the light of 'organisational' responses to the scale, FWTs in the sub-sample accorded high importance to the majority of these educationally-oriented tasks. Thus between 87.3 per cent and 100 per cent of informants rated eight of the tasks as highly important. These data also display a highly significant reduction in the number of FWTs citing Task 7 ('teaching administrative policy, management structure etc') as highly important (50 or 63.6 per cent). Statistical comparison with the lowest of the eight 'higher frequency' tasks shows $\chi^2 = 11.030$, $df = 1$, $p < 0.001$. As discussed in Para. 3.8, members of the FWT sub-sample had had significantly less experience in administrative posts than had members of the recently qualified HV sub-sample: and this may indicate a reason for their seeing administrative policy as of less importance and thus spending little extra time on this aspect, although it is specifically identified by the Council as one of the FWT's areas of responsibility (2).

4.29 Another relatively low-ranking task is Task 1 ('preparation of

(2) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
cf. footnote to Page 97.

material for use in neighbourhood study'), regarded as highly important by 51 FWT informants (64.6 per cent). Again statistical comparison with the lowest of the eight 'higher frequency' tasks (Task 8) shows its frequency of choice to be significantly lower ($\chi^2 = 10.013$, df 1, $p < 0.01$). A 'neighbourhood study' is submitted by a student in partial fulfilment of final examination requirements: and is intended to demonstrate her awareness of wider socio-demographic factors affecting the area in which the families under study live (3). Informants in the present study expressed disquiet regarding the location of this piece of work during the fieldwork placement,^(*) feeling that its optimal location would be during supervised practice (*) in the final three months of the health visitor course when the student is working in an area more likely to be her permanent workbase. It was suggested by numerous informants in both professional sub-samples that the preparation of the neighbourhood study placed undue stress on the student:

'...it could easily take over fieldwork...
weighs very heavily on some people' (HV)

'...causes student far more worry than the
rest of the course' (FWT)

Thus a likely explanation for the relatively low importance rating accorded by FWT informants to the preparation of materials for this study is that as a professional group they question the educational and practical usefulness of its present location in the course: and are therefore less inclined to rate it highly. Like one informant, FWTs may

(*) Definition of both these terms and a description of their relationship are to be found in Appendix L.

(3) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
Guide to Health Visiting Studies.
London: C.E.T.H.V.

thus tend to:

'...expect students to use their own initiative';

over the matter of collecting materials for the study.

4.30 RELATION TO THEORETICAL TEACHING: A large proportion of the FWTs interviewed by the researcher received some indication of the lecture and tutorial programme from their student's college. Generally this was in the form of an outline of the course, but 8 (32 per cent) of the FWT informants interviewed were also provided with a detailed lecture programme for each section of the course. This practice enabled them to plan practical experience appropriate to the theoretical content of the course and at a relevant point in the course to facilitate 'transfer' (cf. Para. 1.34). When such information was forthcoming, FWTs attempted:

'...to allocate visits according to age and stage of development of the child, so that if the student is studying the six-month-old child in college then I give her visits in that age range to compare and contrast'.

There were, however, obvious instances of student dissatisfaction with the degree of curricular matching achieved:

'...more time should be spent trying to match college lectures to field-work practice';

'...she could have helped me more by keeping up with the college as to what was going on...'

Recently qualified HVs in the study sub-sample were given the opportunity retrospectively to consider the planning of teaching in their fieldwork placement: informants were quick to praise both the subtlety

often involved:

'...didn't seem planned at the time...
it appeared as if I was helping her...
looking back it was something she had
sorted out for me';

- and the degree of effort involved both in planning and implementation
of an experiential programme:

'...as a student you don't appreciate how
much she (FWT) puts in...I work with a
fieldwork teacher now and I see how much
time goes into planning and how much time
she's got left for her caseload'.

4.31 OBSERVATIONAL LEARNING: Anecdotal data emergent from the study
makes it clear that much reliance is placed on observational learning
leading to 'modelling' of appropriate activities (the Nellie princ-
iple!):

'...going on visits with her(FWT) and
hearing how she talked to the family
and the advice she gave';

'...I think witnessing her relationship
with families had a great influence on
me...she knew them very well'.

This may be consciously planned by the fieldwork teacher in that
guided observation can be used effectively when part of planned
teaching:

'...at first they want to go into things
to deeply...they forget the obvious! '

The value of pure observation as a teaching method should not be
discounted, provided it is not allowed to remain as an 'inert' act-
ivity (19): but becomes the logical precursor of a genuine 'modelling'

(19) WHITEHEAD, A.N. (1962):
The Aims of Education and other essays, pp 8sqq.
London: Ernest Benn.

situation in the behavioural sense, with clear, mutually understood objectives and subsequent evaluation (1). Good structure and active participation of this type prevents the unfortunate type of 'passive learning' situation described by one HV informant:

'...we were expected to gain experience by listening to other health visitors ...we weren't actually doing anything ...there's a limit to what you can learn by observation! '.

4.32 PREPARATION OF HEALTH VISITING STUDIES: Recently qualified HV informants stated that they had spent a considerable proportion of time during fieldwork involved with the preparation of health visiting studies - i.e., in visiting selected families; discussing these visits with the fieldwork teacher; and ensuring that an accurate record of all involvements was kept. The mean percentage of total fieldwork time quoted by members of the interview sub-sample as being spent in such activities was 28.7 per cent (i.e. approximately one-quarter of the fieldwork placement, or ten days spread over two academic terms) with a range between 10 per cent (4 days) and 50 per cent (20 days). Although this type of weighting may seem excessive, in practice much of the experience offered to the health visitor student, whilst perhaps primarily connected with the health visiting studies, has a wider application to many other aspects of the training. What students may perceive as a disproportionate time allocation in this area is further explicable in terms of the emphasis placed by college staff on the preparation of health visiting studies - and also by the sheer amount of work involved:

(1) BANDURA, A. (1964):
Principles of Behaviour Modification.
New York: Holt, Rinehart and Winston.

'...a cause of stress is the amount of knowledge they need to have about their families...they have to produce so many words'.

4.33 Despite their demanding nature for most of the HV informants, health visiting studies are simply one of a variety of assignments which shape the 'learning world' of the student. Later paragraphs will discuss two major types: firstly 'accompanied' activities (e.g. family visits and clinic sessions supervised directly by the fieldwork teacher); and secondly, the various strategies which she may utilise for introducing relatively autonomous activities to her student.

4.34 ACCOMPANIED ACTIVITIES: Normally a designated teaching visit is preceded by a discussion during which the student health visitor is either made aware of, or herself led to suggest, the objectives of the visit. There are indications in the data of considerably more student satisfaction when this is the case; and a sense of 'incompleteness' when it did not occur:

'...it would have been helpful to know her objectives, what she expected and how long she would visit with me'.

'Discussion' appeared to play an important part in the resultant teaching - the word was repeated frequently during interviews with both groups of informants. 45.5 per cent of the recently qualified HVs reported that their fieldwork teachers were available for discussion regarding study families whenever they requested it: and 34.5 per cent were able to discuss both before and after their visits. 8 (7.3 per cent of remaining informants stated that they had rarely discussed their families, with consequent bewilderment and difficulty for the student:

'...I felt we should have had more formal discussions after each visit ...my fieldwork teacher thought I had no problems';

'...there seemed very little time to discuss visits...sometimes she would remember that she hadn't done this... but we never sat down and discussed how I was progressing'.

4.35 INFORMATION BASES: The preparatory information given to students prior to a visit could be in the form of a general discussion; or an outline of the family background; or the student might be given the family notes to read. Information types given to HV informants in relation to their study families are presented in Table 4.9, together with FWT accounts of their own practice:

INFORMATION GIVEN BY FWT:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=110):
General outline of family background:	94 (93.1)	101 (91.8)
Health visiting records:	81 (80.2)	89 (80.9)
Information not in records:	45 (44.5)	62 (56.4)
Discussion of health visiting objectives:	69 (68.3)	59 (53.6)
Reasons for choice of family:	2 (2.0)	-
No information:	4 (4.0)	2 (1.8)

TABLE 4.9: PREPARATORY INFORMATION GIVEN/RECEIVED IN CONNECTION WITH STUDY FAMILIES (BOTH PROFESSIONAL SUB-SAMPLES).

Over 90 per cent of both groups of informants stated that they either gave or received a 'general outline' regarding the families concerned. 80.2 per cent of the FWTs also gave the student the family records to read:

...got the cards a week before and
I had to work out the priorities and
objectives of visiting'; (HV)

'...I give her the case notes and leave
her for about an hour with them'. (FWT)

Although not significantly higher than the FWT informants, a larger proportion of recently qualified HVs (56.4 per cent) reported that their fieldwork teachers had given them 'extra' information not in the records regarding the family backgrounds of study families: as over against 44.5 per cent of FWT informants reporting this to be the case ($\chi^2 = 2.392$ where $\chi^2_{crit} = 3.640$). FWT informants stated that they normally selected families with whom they had worked for some time and consequently knew very well. Discrepancies in student/teacher accounts are explicable in terms of this intimate knowledge. Thus a great deal of the FWT's background information is so familiar to her that it remains unrecorded. In subsequent discussions with a health visitor - student concerning the family, it is possible to impart a certain amount of unrecorded information without realising that there is in fact no record of these apparently peripheral details.

4.36 Four (3.5 per cent) of FWT informants stated that they give little or no prior information because they feel that students learn more by being self-reliant in this respect:

'...I don't tell them everything because
it's part of this training to find out
for themselves';

'...not a great deal of help before
visits...it was experimental... I just
had to go and see what came up...we
discussed it when I got back'

However, at least one recently qualified HV felt that her fieldwork teacher 'withheld' information for a more suspect reason(!):

'...I had the feeling that she knew more than I did about the families ...and she liked it that way! '.

Students may indeed learn a great deal by 'discovery' methods: but this unsupported state may cause the student undue stress:

'...I dealt with it on my own and I learnt an awful lot through doing it...but I really could have done with more support'.

4.37 PARTICIPATION BY STUDENT: Views conflicted as to whether or not a student should 'participate' during a home visit with her fieldwork teacher. The somewhat limiting nature of 'pure' observation has been discussed above (cf. Para. 4.31): but equally the fieldwork teacher is undeniably responsible for the professional outcomes of the visit in addition to its educational outcomes, and with this in mind student participation may need to be carefully phased:

'...I encourage questions but never in a house...I took a student into a house once and the child had bruises and the student looked... and walked past... that made me think what could have happened ...students can ask me what they like but outside'.

Nevertheless in the majority of circumstances, the FWT's encouragement to participate would seem both desirable for, and much appreciated by, her student:

'...my fieldwork teacher did the introduction and 'main visit' then asked my opinion on a few things, that was nice because it let the family know I knew something even if it wasn't much! ';

'...at the beginning I started to join in conversations then I suddenly wondered if I should...I asked my fieldwork teacher, she said "...go ahead...I don't mind" so I was allowed...I say allowed because I heard that some fieldwork teachers demanded silence! '.

Because of the dual educational-professional role of the fieldwork teacher previously discussed (cf. Para. 1.20) there are obviously occasions when students can neither participate nor accompany their fieldwork teacher in certain home visits. Students need to be aware of this possibility and to understand the reasons for such a possible prohibition:

'...in the early days if crises come up, I say "...stick with me, keep your mouth shut and ears open! "';

'...she would say "...I can't take you into this family because there's an explosive situation, but I will tell you all about it" '.

4.38 AUTONOMOUS ACTIVITIES: Visiting alone by the student health visitor usually commences with her 'study families' after preliminary introductions by the fieldwork teacher. These families have been carefully selected by the fieldwork teacher (cf. Para. 4.51) and usually know that they are being 'studied':

'...I usually tell the families that I won't visit unless they or the student asks'.

Thus, a student will be accompanied for the first and possibly second visit to a study family; and will continue to visit alone thereafter. The fieldwork teacher visits only if it becomes necessary during the student's period in college or if a problem arises which requires her attention.

4.39 INCEPTION OF 'SOLO' VISITS: The majority of student health visitors would appear to start unaccompanied visits to families other than specific 'study families' by the end of the first term (December)

or the beginning of the second term (January). Months of inception of these visits as reported by both professional sub-samples are shown in Table 4.10:

MONTH:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=110):
October:	3 (3.0)	12 (10.9)
November:	18 (17.8)	23 (20.9)
December:	33 (32.7)	20 (18.2)
January:	31 (30.7)	26 (23.6)
February:	8 (7.9)	12 (10.9)
March:	2 (2.0)	9 (8.2)
April:	1 (1.0)	4 (3.6)

TABLE 4.10: MONTH OF INCEPTION OF 'SOLO' VISITS TO FAMILIES OTHER THAN THOSE FOR HEALTH VISITING STUDIES (DATA FROM BOTH PROFESSIONAL SUB-SAMPLES).

These data show a significant difference between the two professional sub-samples regarding the exact month of inception of such visits ($\chi^2 = 15.920$, df 6, $p < 0.02$). Here it should be remembered that the FWTs were being asked to comment on an 'ideal' situation; whereas the HVs were describing what had actually happened to them as individuals. Thus the modal period for first independent visits according to the FWTs was December/January (63.4 per cent); whereas the modal months according to the HVs were November and January (44.5 per cent), with 31.8 per cent reporting 'solo' visits as early as October/November (FWTs 20.8 per cent). Again, the data for HVs displays a much 'flatter' curve, with four times as many initial 'solo' visits in October and April (the extremes of the range) as are reported by FWTs. Though broadly conformable, these data nicely illustrate the effects of individual student differences on the FWTs' 'ideal' paradigm

for initial independent visiting - though it should be remembered that for some FWTs early independent visiting forms part of a regular deliberate educational strategy:

'...I was doing visits on my own within the first couple of months...my fieldwork teacher thought it would help my confidence';

'...I usually send them out with something to do in the first week out, for example, messages...I think they should do a lot of visiting alone'.

4.40 Factors influencing the fieldwork teacher's decision to introduce autonomous activities are outlined in Table 4.11:

FACTORS INFLUENCING DECISION:	RAW AND PERCENTAGE FREQUENCIES:
	FWTs (N=101):
Content of student's reports ('study families'):	68 (67.3)
Student shows 'definite aptitude' in visiting:	85 (84.2)
Student's own request:	14 (13.9)
Student 'appears confident':	24 (23.8)
'Now or never!':	10 (9.9)
Compliance with college procedure:	6 (5.9)

TABLE 4.11: FACTORS INFLUENCING FIELDWORK TEACHER'S DECISION TO INTRODUCE AUTONOMOUS ACTIVITIES.

Apart from the content of reports written by the student on her study families, FWTs would appear to make intuitive decisions regarding the student's readiness to visit. Responses to the question "How do you know when....?" were characterised by this typical reply: "...Well,

I just knew, she seemed confident". 'Aptitude' and 'confidence' can be purely personal interpretations: but were cited by FWT informants several times during interviews as ways of assessing students. On further discussion, FWTs found these attributes difficult to define. Some watched the student's reactions with colleagues or in a clinic situation:

'...I observe the student in clinics, then make a decision (whether or not) to send her out on her own'

- or they observed them in a visiting situation; which could be stressful for the student health visitor:

'...I did one or two assessments with her watching...that was the worst!';

'...they do a birth visit with me... then I watch them do one and if that's alright, they go and do one on their own'.

4.41 Strategies employed by FWTs in introducing autonomous activities to health visitor students can be summarised as follows:

- (A) gradually phased-in developmental assessments to be performed by the student;
- (B) a highly-structured approach to a specific type of visit, e.g. birth visit;
- (C) visits involving the student in some kind of action, e.g. message taking;
- (D) 'going in cold' visits, for which the student has little or no preparation;
- (E) student assumes responsibility, under supervision, for a small number of parents in a child health clinic.

These strategies can be further illustrated by related anecdotal accounts, as follows:

4.42 (A) STUDENT-PERFORMED DEVELOPMENTAL ASSESSMENT: Since 'promotion of a healthy individual' is a major feature of the health visitor's role-function (13), it is not surprising that visits to new-born babies and developmental assessments are the main types of encounter to which a student health visitor will be introduced as vehicles for autonomous visiting. Thus 61.8 per cent of informants in the FWT sub-sample stated that developmental assessments were the type of visit they chose for the introduction of a student to autonomous work. Because of the importance of a student health visitor's gaining a 'good working knowledge' of individual human development, FWTs appear to be at pains both to link such visits with relevant content in the college curriculum, and to offer them to a student in a developmental sequence:

'...visits were tied up with the developmental stage we were learning about in college'
(HV)

There is also an element of action in the performance of developmental tests: a feature which FWTs recognise as necessary for some students who have recently left the 'action-oriented' atmosphere of the hospital ward:

'...I give them assessments to do because they've got a (readily identifiable) purpose in going'.

4.43 (B) STRUCTURED APPROACH: Preparation received by recently qualified HVs in the study sub-sample, before they visited alone for the first time, is detailed in Table 4.12:

(13) HEALTH VISITORS' ASSOCIATION (1981):
Health Visiting in the Eighties.
London: Health Visitors' Association.

PREPARATION:	RAW AND PERCENTAGE FREQUENCIES:
	HVs (N=110):
Objectives of visit discussed:	78 (70.9)
Objectives of teaching discussed:	9 (8.2)
Pattern of visit discussed:	41 (37.3)
Approaches to family discussed:	41 (37.3)
Possible outcomes of visit discussed:	37 (33.6)
Rehearsal of visit:	1 (0.9)
No real preparation:	19 (17.3)

TABLE 4.12: TYPES OF PREPARATION FOR INITIAL AUTONOMOUS VISITS (HV SUB-SAMPLE).

With this method the fieldwork teacher firstly, discusses the objectives of visiting with the student: then demonstrates the activity to the student, giving her the opportunity to apply this knowledge in similar and analogous situations (cf. Para. 1.34). This would appear to be especially important in a birth visit, which in some cases may be the student health visitor's first encounter with a family, and usually involves a lengthy examination of the new baby. This gradual and structured approach includes an assessment of the student's capability to undertake such activities:

'...we do two or three visits together... then she does one with me watching and then she goes off and does one on her own ...comes back, sure she's forgotten something but gradually she gains confidence! '.

'...after the first visit with the fieldwork teacher she's amazed that you wanted to know so much...after the second she can

tell what was different...and after the third she discusses well and sensibly'.

4.44 (C) VISITS INVOLVING ACTION: 4.2 per cent of FWTs in the study sub-sample mention visits involving taking a message or actually 'doing' something as a good introduction to autonomous work (cf. also comment on 'action' in Para. 4.42):

'...sometimes I give them 'message' visits to start them off with families they don't know, so that they have something specific to do';

'...I had to visit elderly people where I could order an aid for them, or refer them ...so that I had something concrete to do'.

Evidently, however, this type of practice was not always satisfying to the student:

'...had a list of assessments due and went round asking people to come to clinic... quite often I didn't get over the doorstep'.

4.45 (D) 'GOING IN COLD': These are the types of activity in which very little prior discussion or specific preparation takes place, and the fieldwork teacher expects her student to cope as best she can. This strategy may be used to help a student actually to start visiting alone after much hesitation, and thus used as a last resort by the fieldwork teacher:

'...because I was lacking in self-confidence my fieldwork teacher thought it was better to 'throw me in'.

Indeed, well-intentioned over-preparation can cause more problems for the student than does the precipitate introduction:

'...traumatic for the student, they get into a right state about it (visiting alone)...I always tell them about it a month in advance, but for that time they are really worrying about it'.

4.46 (E) SUPERVISED CLINIC SESSIONS: HV informants in the questionnaire sub-sample were given the opportunity to enumerate clinic sessions which they observed and those in which they participated either by running the whole session or by seeing a few parents. The type of support available to the student was also recorded (e.g. whereabouts of fieldwork teacher; availability or otherwise of another experienced health visitor). Responses from both professional sub-samples are presented in Table 4.13, page 130. There is a highly significant positive correlation between responses for the two sub-samples ($r_s = +0.897$, $t = 6.730$, $df 11$, $p < 0.001$, two-tailed). At least 51.8 per cent of recently qualified HV informants had observed ten or more clinic sessions in preparation for participation in clinic sessions, either by conducting the whole session or by seeing a small number of parents by themselves. A fifth (21.2 per cent) of the recently qualified HVs had participated in at least ten such sessions. The majority (55.0 per cent) of HV informants had had the support of their fieldwork teacher either sitting with them or in the same room whilst they were conducting the clinic:

'...I let them do a clinic very early in the course...I'm in and out and they can come to the door and ask if they have difficulties...if they have the courage to do that, they're alright';

'...we each had a room and I was given a few mothers to see...I could ask my fieldwork teacher if I got stuck, that was helpful'.

In some instances, a structured pattern of introduction was practised:

TYPE OF CLINIC EXPERIENCE:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=76):	HVs (N=85):
<u>Child Health Clinics (as observer):</u>		
1 - 3	4 (5.3)	9 (10.6)
4 - 6	12 (15.8)	18 (21.2)
7 - 9	20 (26.3)	13 (15.3)
10 and over	38 (50.0)	44 (51.8)
<u>Child Health Clinics (as participant):</u>		
1 - 3	21 (27.6)	30 (35.3)
4 - 6	25 (32.9)	24 (28.2)
7 - 9	15 (19.7)	9 (10.6)
10 and over	10 (13.2)	18 (21.2)
<u>Support available for student when participating:</u>		
FWT sitting with student:	8 (10.5)	6 (7.1)
FWT in same room:	36 (47.4)	39 (45.9)
FWT nearby but <u>not</u> in same room:	26 (34.2)	26 (30.6)
Another HV available:	6 (7.9)	8 (9.4)
No-one available:	-	2 (2.3)

TABLE 4.13: A COMPARISON OF CLINIC EXPERIENCE OFFERED BY MEMBERS OF FWT SUB-SAMPLE WITH THAT RECEIVED BY RECENTLY QUALIFIED HVs.

'...clinics are invaluable...learn to cope with things on your own...I wean the student in gradually, one mother the first time, then two or three, and so on...important that the fieldwork teacher is always available'.

Two of the recently qualified HVs indicated that no-one was available to supervise when they undertook their clinics. This may have been the case: or it may simply have been that no crudely obvious supervision was in evidence. This has implications for the student who may wish

to seek advice: or for the mother who wishes for any reason to see her own health visitor.

4.47 HEALTH TEACHING: The experience gained by student health visitors in formal health education - usually in the form of group teaching - will obviously vary with each placement. An outline of the experience offered (and gained) by members of the professional sub-samples is shown in Table 4.14:

NUMBER OF SESSIONS TAUGHT BY STUDENT:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=101):	HVs (N=110):
1	7 (6.9)	13 (11.8)
2	37 (36.6)	45 (40.9)
3	24 (23.9)	28 (25.4)
4	15 (14.9)	14 (12.7)
5	5 (4.9)	6 (5.4)
6 and over	8 (7.9)	1 (0.9)

TABLE 4.14: NUMBER OF FORMAL HEALTH TEACHING SESSIONS TAUGHT BY THE HEALTH VISITOR STUDENT (FWT AND HV INFORMANTS).

The majority of recently qualified HVs (52.7 per cent) had undertaken one or two group sessions in health teaching whilst in training. It is a requirement of colleges in the study catchment that students undertake a minimum of one, and if possible two sessions of group health teaching: and this is augmented with college lectures and teaching practice. Informants in the FWT sub-sample appeared in the main to give students only this minimum of experience: a situation due most probably to difficulties in providing such experience from individual FWT workloads. This can result in the need to 'borrow' suitable

sessions from colleagues' workloads. Provision of health teaching experience is summarised in Table 4.15:

MODE OF PROVISION:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=76):	
All sessions available from FWT's workload:	52	(68.4)
Some sessions not available from FWT's workload:	24	(31.6)
FWT has to 'borrow' sessions from:		
Another FWT	9	(11.8)
Another HV	15	(19.7)
School Nurse	8	(10.5)
Midwife	7	(9.2)
Other:	4	(5.3)

TABLE 4.15: PROVISION OF HEALTH TEACHING SESSIONS BY FWT INFORMANTS (QUESTIONNAIRE SUB-SAMPLE).

4.48 The majority of the FWT sub-sample (68.4 per cent) were able to provide at least minimal practice health teaching sessions for their students: with the remaining 31.6 per cent finding it necessary to 'borrow' sessions for this purpose from one or more colleagues in the primary health care team. The need to borrow sessions in this way may lead to certain assessmental difficulties: for example, the colleague may wish to be in attendance; or the FWT may not feel professionally competent to give her student the appropriate help and encouragement necessary to undertake such a session:

'...there are not enough health visitors doing formal health education sessions to teach health visitor students'. (FWT)

Some FWT informants did not undertake formal health teaching because

they felt they 'lacked ability' in this direction: and therefore requested their colleagues' help in this aspect of teaching as a matter of course:

'...(you) need a lot of shuffling to get health education experience...it wasn't adequate to give me (as a student) experience...I don't think I'm particularly good at it...I send my student with someone who is better'.

Members of both professional sub-samples were asked for their views on the adequacy of current preparation for health teaching available to them and/or their students. Informants also indicated what they felt to be the most suitable mode(s) for such experience (cf. Table 4.16):

COMMENT:	RAW AND PERCENTAGE FREQUENCIES:	
	FWTs (N=76):	HVs (N=85):
<u>Adequacy of experience:</u>		
very adequate	4 (5.3)	17 (20.0)
fairly adequate	17 (22.4)	22 (28.9)
adequate	29 (38.2)	21 (24.7)
not very adequate	20 (26.3)	20 (23.5)
not adequate at all	3 (3.9)	3 (3.5)
<u>Preparation best given as:</u>		
college lectures	29 (38.2)	22 (28.9)
teaching practice		
- college	41 (53.9)	31 (36.5)
- fieldwork	59 (77.6)	61 (71.8)
separate course	16 (21.0)	9 (10.6)
in-service training	21 (27.6)	27 (31.8)

TABLE 4.16: ADEQUACY OF HEALTH TEACHING EXPERIENCE (BOTH PROFESSIONAL SUB-SAMPLES).

Examination of these data shows a highly significant positive correlation between the responses of the two sub-samples ($r_s = +0.876$, $t = 5.137$, $df 8$, $p < 0.001$, two-tailed). 73.6 per cent of HV informants and 65.9 per cent of FWT informants felt that the experience offered was adequate. However, FWTs were significantly more cautious than recently qualified HVs in categorising currently available experience as 'very adequate' ($\chi^2 = 6.431$, $df 1$, $p < 0.02$). Both professional sub-samples considered 'teaching practice' - and more especially teaching practice gained in the fieldwork context as opposed to that gained in college - to be the most adequate form of preparation for health teaching (FWTs: $\chi^2 = 8.448$, $df 1$, $p < 0.01$; HVs: $\chi^2 = 9.141$, $df 1$, $p < 0.01$). Health teaching experience although viewed as 'adequate' is nevertheless seen as limited in terms of the total fieldwork experience (cf. also Para. 4.44):

'...the skill to learn is how to get up in front of a group and speak...you obviously can't get that from two compulsory sessions...and some of them only had that...you come out expected to do things you've no right to do'. (HV)

(C) PROFESSIONAL ASPECTS:

4.49 The professional aspects of fieldwork teaching are those concerning type and content of fieldwork experience: and more specifically with enabling a student to acquire the spectrum of knowledge and skills necessary to practise effectively as a qualified practitioner. A central feature here is the range of experience offered by the fieldwork teacher: and it is essentially her perception of what is required (and of what is possible, in the light of her own experience and caseload type) which will prove determinative, although some training establishments provide broad guidelines regarding types of appropriate experience

4.50 As part of the task rating scale, ten 'professionally-oriented' tasks were offered to FWT informants for ordinal scaling with regard to their relative importance and the extra time involved in their completion. Responses to this section are shown in Table 4.17:

TASK:	RESPONSE RATE (RAW FREQUENCIES):			
	IMPORTANCE:		EXTRA TIME:	
	MI/I:	NSI/LI:	6 HRS & LESS:	OVER 6 HRS:
1 Selection of families for study:	78	1	53	25
2 Ensuring full range of activities:	78	1	25	50
3 Arrangement of health education experience:	73	6	64	12
4 Participation in preparation of health visiting studies:	66	13	41	35
5 Discussion of professional aspects of clinics/visits:	77	2	31	48
6 Provision of experience in administration:	58	21	61	15
7 Keeping self aware of current developments:	78	1	21	52
8 Assisting student to work out priorities:	79	-	46	30
9 Discussion re confidentiality with student:	76	3	66	10
10 Encouragement of participation in professional organisation:	43	36	76	1

NB: MI/I = MOST IMPORTANT/IMPORTANT;
NSI/LI = NOT SO IMPORTANT/LEAST IMPORTANT.

TABLE 4.17: PROFESSIONAL ASPECTS OF FIELDWORK TEACHING: PERCEIVED IMPORTANCE IN RELATION TO EXTRA TIME TAKEN IN PERFORMANCE. FWT SUB-SAMPLE (N = 79).

These data display relatively tenuous connections between importance rating of a task and the amount of time which a FWT will spend on a task (cf. also Para. 4.28). There are small to medium-sized positive correlations in the predicted directions (i.e. high importance/ over 6 hours, $r_s = +0.607$, $t = 2.163$, $df\ 8$, $p < 0.05$, one-tailed; low importance/ 6 hours or less, $r_s = +0.607$, $t = 2.163$, $df\ 8$, $p < 0.05$, one-tailed) with corresponding small to medium-sized negative correlations for high importance/less time ($r_s = -0.607$, NS) and for low importance/more time ($r_s = -0.607$, NS). Two tasks (Task 2, 'ensuring a full range of activities'; and Task 7, 'keeping self aware of current developments') were rated as taking significantly longer than 6 hours (Task 2: $\chi^2 = 7.680$, $df\ 1$, $p < 0.01$; Task 7: $\chi^2 = 12.328$, $df\ 1$, $p < 0.001$). Again, as in previous sections, tasks related to management and administration are accorded little practical importance in the analysis. Thus although significantly more FWTs rate the provision of administrative experience as 'highly important' ($\chi^2 = 16.405$, $df\ 1$, $p < 0.001$), this is still seen by a sizeable minority of 26.6 per cent as being of little or no importance. In practice significantly more FWTs (77.2 per cent) spent 6 hours or less on such tasks ($\chi^2 = 26.645$, $df\ 1$, $p < 0.001$). This is probably at least partially explicable in terms of the phenomenon described in Para. 3.8: i.e. that significantly less FWT informants had held responsible administrative posts prior to health visiting than had recently qualified HV informants, and thus the group tacitly failed to recognise the importance of these particular tasks. As previously shown in other sections (cf. e.g. Paras. 4.15 and 4.28) educationally-oriented tasks were perceived as a priority. Thus for example, 100 per cent of FWT informants saw Task 8 ('assisting the student to work out priorities') as important.

4.51 SELECTION OF FAMILIES FOR HEALTH VISITING STUDIES: Student health visitors are required to visit six selected families during their fieldwork placement: and to select three of these as the bases for assessed family studies contributory to final grading (3). The fieldwork teacher selects these families from her current caseload and therefore usually knows them very well. When selecting a study family, she takes into account a variety of factors, the most prominent of which are outlined in Table 4.18:

FACTOR:	RAW AND PERCENTAGE FREQUENCIES:
	FWTs (N=101):
1 Family willing to have a student visit:	83 (82.2)
2 Useful learning situation for student:	78 (77.2)
3 Fulfils criteria set by college:	59 (58.4)
4 Offers opportunities for referral/ liaison with other agencies:	50 (49.5)
5 Family give information readily:	43 (42.6)
6 Family situation stable:	37 (36.6)
7 Family is 'representative' of caseload:	32 (31.7)
8 Family will benefit from student's visit:	30 (29.7)

TABLE 4.18: FACTORS CONSIDERED WHEN SELECTING STUDY FAMILIES (FWT SUB-SAMPLE).

Here the two major selective criteria were (1) the family's willingness to be visited by a student (82.2 per cent); and (2) the perceived

(3) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1974):
Guidelines for Health Visiting Studies.
 London: C.E.T.H.V.

usefulness of the learning situation for the student (77.2 per cent). These were closely followed by (3) the need to fulfil college criteria. All factors from (4) onwards were selected with significantly lower frequency than factors (1) and (2) ($\chi^2 = 5.695$, df 1, $p < 0.02$). Fulfilling college selection criteria was apparently considered to be significantly more important than either the 'representativeness' of the family in the caseload ($\chi^2 = 7.429$, df 1, $p < 0.01$) or considerations regarding whether or not a family would benefit from a student's visits ($\chi^2 = 8.809$, df 1, $p < 0.01$). Similarly, the usefulness of the learning situation for the student figured significantly more frequently than did any potential family benefit from her visits ($\chi^2 = 20.454$, df 1, $p < 0.001$). However, 29.7 per cent of informants considered the last point important:

'...I try to make them a special family, which they are...I make sure they know the student is accountable to me and to let me know if they are worried'.

As previously noted, many FWTs would seem to select a family in terms of the learning opportunities available in the specific situation (77.2 per cent). A further 49.5 per cent would give consideration to families offering the possibility of student referral/liaison with other agencies, and thus a useful extension of teaching possibilities in the family situation. Another 42.6 per cent felt it important to select families who are likely to participate actively in the visit and who will give information readily and well:

'...I choose families whom I think will talk...when I was a student I used to go to a mother who didn't talk and we used to sit and look at each other because I didn't know what to ask! '.

It would appear that almost 60 per cent of FWT informants had received

guidelines in selection of families from their student's college and sought conscientiously to meet these criteria: though conflicts could arise in spite of the general goodwill:

'...college X seems to want them to meet all their families in that first week ...I think that's too early...they don't know what it's (health visiting) all about!'

4.52 RANGE OF ACTIVITIES AVAILABLE: Informants in both professional sub-samples were asked to list the 'other visits' which were allocated to health visitor students; i.e. visits supererogatory to study family visits. Responses to this question are summarised in Table 4.19. These figures show a high FWT/HV consensus regarding types of visit available during fieldwork placement ($r_s = +0.863$, $t = 6.167$, $df 13$, $p < 0.001$, two-tailed). This said, there were considerable discrepancies between 'availability' of numerous types of visit according to the FWT informants, and the actual frequency with which members of the HV sub-sample had been able to take part in such visits. Reference to Table 4.19 shows there to be good agreement regarding availability and frequency of student attendance at birth visits and developmental assessments for children in the under one year, one to three years, and over three years age groups. However, 'availability' of other types of visit (i.e. types 5 to 13, Table 4.19) were not reflected in a correspondingly high take-up of such visits amongst the recent students: and reports of actual take-up showed a highly significant reduction on frequency of availability (cf. χ^2 analysis in the above table). To some small extent this discrepancy may be due to conflict of interpretation between FWT and HV informants in more equivocal areas - thus a student HV may not see a particular visit as 'routine' simply because it is her first visit to that family, necessarily in-

TYPE OF VISIT:	RAW/PERCENT FREQUENCIES:		χ^2 :	p:
	FWTs (N=101):	HVs (N=110):		
1 Birth visits:	77 (76.2)	79 (71.8)	0.330	NS
<u>Developmental assessments:</u>				
2 under 1 year:	68 (67.3)	85 (77.3)	2.141	NS
3 1 to 3 years:	67 (66.3)	72 (65.4)	0.014	NS
4 over 3 years:	66 (65.3)	64 (58.2)	0.983	NS
5 Pre-school visits:	68 (67.3)	57 (51.8)	4.627	<0.05
6 Schoolchild visits:	37 (36.6)	17 (15.4)	11.132	<0.001
<u>Routine visits:</u>				
7 under 1 year:	82 (81.2)	70 (63.6)	7.202	<0.01
8 over 1 year:	73 (72.3)	52 (47.3)	12.626	<0.001
9 Antenatal visits:	52 (51.5)	36 (32.7)	7.050	<0.01
10 Visits to the elderly:	74 (73.3)	64 (58.2)	4.646	<0.05
11 Visits to handicapped children:	55 (54.4)	40 (36.4)	6.251	<0.02
12 Visits to handicapped adults:	41 (40.6)	21 (19.1)	10.715	<0.01
13 Hospital discharge visits:	50 (49.5)	22 (20.0)	19.101	<0.001
14 'Message' visits:	36 (35.6)	17 (15.4)	-	-
15 Other:	12 (11.9)	6 (5.4)	-	-

TABLE 4.19: AVAILABILITY OF VISITS OTHER THAN THOSE TO STUDY FAMILIES (BOTH PROFESSIONAL SUB-SAMPLES).

-volving her in collecting initial information for, say, an informal developmental assessment necessary to clarify visiting objectives. This type of consideration may account for the discrepancy in 'routine' toddler visits (type 8) where 72.3 per cent of FWTs claim such experience for their students, yet only 47.3 per cent of recently qualified

nvs say they received such experience. Possibly this requires a clarification both of the term 'routine' visiting and of the objectives conveyed to the student health visitor concerning such visits (13):

'...formulation of objectives is the most difficult part of health visiting...so I encourage the student to do this together with evaluation and appraisal...at the end of the day, we take an hour to evaluate the objectives and set them for the next visit'.

Certainly in the early days of fieldwork student health visitors frequently find it difficult to determine the rationale for visiting seemingly 'normal' families: and objectives concerning the promotional and preventive aspects of the health visitor role need to be discussed and clarified at this point:

'...I didn't know why I was visiting some families...they seemed to be alright! '.

Similarly, 'pre-school' visits (type 5) may be to some extent conflated with 'routine' visits over 1 year and with 'developmental' assessments in the over 3 years age group. However such possible confusions do not account for the reported lower frequencies of visits in unequivocal areas (i.e. antenatal visits; visits to the elderly, to handicapped children and adults; and hospital discharge visits) (cf. discussion in Section 5 of this report).

4.53 'PROBLEM' SITUATIONS: A recurrent aspect in studies of newly qualified HVs is that of lack of preparation for more 'problematic' situations encountered after qualifying (18). One of the recently

(13) HEALTH VISITORS' ASSOCIATION (1981): cf. footnote to Page 126.

(18) WHILE, A.E. (1980):
On Becoming a Health Visitor.
Unpublished M.Sc. Thesis: Polytechnic of the South Bank.

qualified HV informants highlighted this difficulty:

'...I haven't had much experience with problems, so that is a large gap in my knowledge...I wish in a way that I had faced it in supervised practice so that I had someone to fall back on...now I'd be expected to cope'.

Even subsequent experience in supervised practice was not helpful to the following informant:

'...not many problems in my fieldwork area...in my first week of supervised practice, I had a 'cot death' and a non-accidental injury!!...my fieldwork teacher had gone through procedures and forms with me...but that's not the same as actual experience! '.

FWTs in the study sample were asked to describe what measures they took to give students some experience in dealing with problems (cf. Table 4.20):

METHOD:	RAW/PERCENTAGE FREQUENCIES:
	FWTs (N=101):
1 Accompanying FWT:	83 (82.2)
2 Discussions with FWT:	84 (83.2)
3 Accompanying other HVs:	38 (37.6)
4 Use of HV records:	54 (53.5)
5 Student responsible for problem with support:	45 (44.5)
6 Attendance at case conferences when possible:	72 (71.3)

TABLE 4.20: METHODS BY WHICH FIELDWORK TEACHERS FACILITATE STUDENT EXPERIENCE WITH 'PROBLEMATIC' SITUATIONS (FWT SUB-SAMPLE).

The majority of FWTs (82.2 per cent) would seem to give the student health visitor experience by taking her with them to visit families

presenting the more problematic situations, and giving them an opportunity to observe and discuss outcomes. Other health visitors did not seem to be approached frequently for help in this matter, although it is conceivable that they may have had more problem situations in their area than did the FWT, bearing in mind the proposed decrease in fieldwork teacher caseloads. Only 37.6 per cent of FWT informants sent their student with other health visitors to gain such added experience. A small number of HV informants had obtained experience in dealing with problematic situations with their study families, since although such families are normally selected as likely to remain 'stable', there is an element of uncertainty even in the most seemingly 'stable' of family situations:

'...I got near to withdrawing the student this year...if the situation (a suspected non-accidental injury) had got any worse I would have removed her; she was feeling a bit out of her depth...things happen when the student is not here and (I) can't leave the family (to fend for themselves)'.

Thus in common with many learners in the health professions, student health visitors are in the ambiguous situation of non-accountability coupled with the need to acquire experience in order to deal effectively with similar types of occurrence after qualification. This places the fieldwork teacher in the responsible and problematic position of deciding both the extent and type of 'problematic' experience which is available and useful to the student:

'...should be in moderation...not over-exposed or deprived'; (FWT)

'...if there's a crisis going on, it's not fair to send a substitute, but she can come with me'.

71.3 per cent of FWT informants felt that case conferences could pro-

'...case conferences are important for
the student to experience...they can be
very frightening' (FWT)

Nevertheless, such conferences may not occur during the student's fieldwork placement: nor was it always considered convenient for her to attend. Clearly the extent and quality of experience with problems received by a student health visitor shows considerable variation dependent (A) upon practice contexts in a given health authority; and (B) upon the priorities and interpretation of the fieldwork teacher in this respect.

4.54 LIMITATIONS IN RANGE OF EXPERIENCE:

'...every student should do a clinic
a week'; (FWT)

'...I had very little experience with
babies'; (HV)

'...I should like to have had more on
developmental assessments'; (HV)

'...I haven't had much experience with
problems'. (HV)

Informants in both professional sub-samples were asked to indicate any facet of fieldwork experience which they felt was or had been too limited to be useful for a health visitor student during fieldwork practice (cf. Table 4.21, page 145). These data show marked agreement between both professional sub-samples regarding the nature of the 'too limited' areas ($r_s = +0.848$, $t = 6.779$, $df 1$, $p < 0.001$) and there are no significant differences in the relative frequency of 'limited' classifications for the following types of experience: (2) antenatal visits; (4) developmental assessments; (6) 'solo' visits; (14) health teaching; (15) visits with other health visitors; (16) certain other

TYPE OF EXPERIENCE:	RAW/PERCENT FREQUENCIES:		χ^2 :	P:
	FWTs (N=101):	HVs (N=110):		
1 Routine visiting to under 5 year olds:	-	12 (10.9)	6.723	<0.01
2 Antenatal visits:	14 (13.9)	26 (23.6)	2.673	NS
3 Clinic experience:	1 (1.0)	18 (16.4)	13.376	<0.001
4 Developmental assessment:	4 (4.0)	5 (4.5)	-	NS
5 Visits to the elderly:	5 (4.9)	16 (14.5)	4.387	<0.05
6 'Solo' visits:	1 (1.0)	8 (7.3)	3.498	NS
7 Administrative experience:	6 (5.9)	35 (31.8)	20.898	<0.001
8 Immigrant visits:	55 (54.4)	43 (39.1)	4.386	<0.05
9 Handicapped children:	15 (14.8)	34 (30.9)	6.739	<0.01
10 Handicapped adults:	21 (20.8)	39 (35.4)	4.865	<0.05
11 Non-accidental injury;	28 (27.7)	52 (47.3)	7.733	<0.01
12 Problem families:	16 (15.8)	40 (36.4)	10.354	<0.01
13 Case conferences:	17 (16.8)	47 (42.7)	15.496	<0.001
14 Health teaching:	7 (6.9)	18 (16.4)	3.633	NS
15 Visits with other HVs:	4 (4.0)	12 (10.9)	2.706	NS
16 Other. (contact tracing; school health; hospital liaison):	6 (5.9)	4 (3.6)	-	NS

TABLE 4.21: EXPERIENCE FELT TO BE 'TOO LIMITED TO BE USEFUL' (BOTH PROFESSIONAL SUB-SAMPLES):

types (cf. Table 4.21). There are, however, highly significant differences between the sub-samples regarding the frequency with which the remaining types of experience (i.e. types 1,3,5,7,8,9,10,11,12 and 13) are perceived as being 'too limited' (cf. χ^2 analysis in Table 4.21).

In every case the recently qualified HVs perceived these areas as 'too limited' significantly more frequently than did the FWTs. A particularly high discrepancy was that occurring in the area of 'administrative experience' ($p < 0.001$). The comparative pre-health visiting experience of members of both professional sub-samples has already been discussed (cf. Para. 3.8), including the relative limitations of members of the FWT sub-sample regarding previously-held posts of responsibility vis-a-vis their recently qualified HV colleagues. Should this 'administrative sophistication' prove to be a general characteristic of 'new generation' student health visitors, this could well lead to increased student awareness of the importance of the preparation required for effective administration of a caseload. Within the present study there were a number of indications that the members of the recently qualified HV sub-sample were generally more administratively 'aware' than were the members of the FWT sub-sample: and that in some instances FWTs tended to dismiss this type of experience as unhelpful, especially if a student was due to 'move areas' following qualification (cf. Appendices K and L). Similar major differences can be seen between the responses of both professional sub-samples concerning the limited nature of experience available or undertaken in 'problem-oriented' situations such as that of the problem family ($p < 0.01$); non-accidental injury ($p < 0.01$); and in related case conferences ($p < 0.001$). Thus 36.4 per cent of the HV sub-sample saw their experience as 'too limited' regarding problem families; 30.9 per cent as 'too limited' regarding the handicapped child; 47.3 per cent as 'too limited' regarding non-accidental injury; and 42.7 per cent as 'too limited' regarding case conferences. The current situation regarding a student's fieldwork experience in these important areas has already been discussed in Para. 4.53. Since the above data are not without implications with regard to the developing role of the health visitor as envisaged in the

light of recent major Government reports and legislation (6,7,14), there is perhaps a case for reappraisal of these aspects of field-work if contemporary health visitor students are to feel adequately prepared for community nursing contexts of the future (cf. related discussion in Section 5).

4.55 REASONS FOR LIMITATIONS IN RANGE OF EXPERIENCE: FWT informants were invited to give reasons for the 'too limited' nature of the field-work areas discussed in Para. 4.54. Similarly, recently qualified HV informants were invited to speculate on these (cf. Table 4.22).

SUGGESTED REASON:	RAW/PERCENT FREQUENCIES:		χ^2 :	p:
	FWTs (N=101):	HVs (N=110):		
1 Not available in FWT's area:	57 (56.4)	50 (45.4)	2.220	NS
2 Insufficient time available during placement:	16 (15.8)	17 (15.4)	0.013	NS
3 Did not occur during placement:	29 (28.7)	42 (38.2)	1.709	NS
4 Not necessary 'due to student's previous experience':	0 (0.0)	7 (6.4)	4.809	<0.05
5 Experience difficult to arrange:	3 (3.0)	24 (21.8)	15.103	<0.001
6 FWT did not consider experience appropriate/important:	2 (2.0)	12 (10.9)	5.408	<0.02

TABLE 4.22: REASONS FOR LIMITATION IN RANGE OF EXPERIENCE (BOTH PROFESSIONAL SUB-SAMPLES).

- (6) COMMITTEE OF ENQUIRY INTO EDUCATION OF HANDICAPPED CHILDREN AND YOUNG PEOPLE (1978):
Special Educational Needs (Warnock Report).
London: HMSO.
- (7) COMMITTEE ON CHILD HEALTH SERVICES (1976):
Fit for the Future (Court Report).
London: HMSO.
- (14) HOUSE OF COMMONS SOCIAL SERVICES COMMITTEE (1980):
Perinatal and Neonatal Mortality (Chairman: Renee Short, MP).
London: HMSO.

These data pose some interesting questions. Certain consensuses appear immediately and are unproblematic - for example those concerning (1) availability in the FWT's area of certain type(s) of experience; and (2) the undoubted time constraints preventing inclusion of other types. However, there is a highly significant difference between frequency of responses in the professional sub-samples concerning (5) the ease of arrangement of certain types of experience ($\chi^2 = 15.103$, df 1, $p < 0.001$); and (6) the FWT's opinion regarding 'inappropriateness' or 'unimportance' of certain experience ($\chi^2 = 5.408$, df 1, $p < 0.02$). Thus although only 3 per cent of the FWT sub-sample felt there had been 'some difficulties' in arranging experience (all, in the event, to do with student attendance at case conferences), some 21.8 per cent of the HV sub-sample had been left at the close of their fieldwork placements with the impression that certain experience was 'difficult to arrange'. Unless this was the explanation given to the student at the time, there does not appear to be a ready explanation for such a large discrepancy. Similarly, 10.9 per cent of the recently qualified HVs felt that their fieldwork teachers did not see some of the experience set out in Table 4.21 as 'appropriate' or 'important' for the student to pursue; whereas only 2 per cent of FWT informants would accept this interpretation. There is here of course the possibility that some students in their enthusiasm become more demanding, and expect more 'exciting' experience, than the fieldwork teacher feels to be appropriate at this stage:

'...sometimes the student expects too much...have to reassure her that it takes time'.

- though this cannot provide an entirely satisfactory explanation, since students may very often only want help in coping with everyday diffi-

-culties, as when 16.4 per cent of the recently qualified HV sub-

-sample cited 'clinic experience' as too limited (cf. Table 4.21):

'...I never did a clinic...now we have 40 or 50 mothers in the clinic each week asking questions which, when I began I'd never heard of'.

- or practical help and reassurance with the perennial fear:

'...I just hoped they wouldn't ask me something I didn't know! '.

(D) COMMUNICATIONAL ASPECTS:

4.56 The communicational aspects of fieldwork teaching involve such tasks as giving relevant information regarding a student's programme to colleagues concerned and others; discussion with the student and others concerning aspects of the programme; and assessment/evaluation of the student's progress and practical competence during the fieldwork placement. By their nature, such tasks are closely inter-related with tasks in other aspects of the fourfold functional analysis, and are facilitative of these tasks. Thus for example, following her consideration of content and method of teaching in the student's programme, the fieldwork teacher needs to be aware of potential communicational/interactional problems in the fieldwork context which may impede learning: and must then draw upon her own communicative skills both within the practice team and outside it, to minimise the likelihood of occurrence of such problem(s). The preparatory, introductory, consultational and discursive activities which may be considered centrally important to the process of fieldwork teaching are summarised in the appropriate section of the task rating scale (cf. Table 4.23, page 150). These data display no necessary connection between importance rating of a task and the amount of time which a fieldwork teacher will spend on a task (cf. also Para. 4.28). There are small to

TASK:	RESPONSE RATE (RAW FREQUENCIES):			
	IMPORTANCE:		EXTRA TIME:	
	MI/I:	NSI/LI:	6 HRS & LESS:	OVER 6. HRS:
1 Preparation of colleagues to receive student:	62	17	75	4
2 Preparation of families to receive student:	77	2	53	24
3 Introduction of student to colleagues:	73	6	68	11
4 Introduction of student to families:	79	-	43	36
5 Introduction to members of related disciplines:	64	15	59	19
6 Consulting/attending meetings with college staff:	76	3	32	46
7 Attending FWT meetings in area:	71	8	38	38
8 Preparing/writing reports on student's progress:	78	1	52	25
9 Discussion of student's progress with tutors:	79	-	62	17
10 Discussion of progress with student:	79	-	19	58

MI/I: = MOST IMPORTANT/IMPORTANT;
 NSI/LI: = NOT SO IMPORTANT/LEAST IMPORTANT.

TABLE 4.23: COMMUNICATIONAL ASPECTS OF FIELDWORK TEACHING: PERCEIVED IMPORTANCE IN RELATION TO EXTRA TIME TAKEN IN PERFORMANCE (FWT SUB-SAMPLE N = 79).

medium-sized positive correlations in the predicted directions (i.e. high importance/over 6 hours, $r_s = +0.436$, df 8, NS; low importance/6 hours or less, $r_s = +0.436$, df 8, NS) with corresponding small to medium-sized negative correlations for high importance/less time ($r_s = -0.436$, df 8, NS) and for low importance/more time ($r_s = -0.436$, df 8, NS). Only Task 10 ('discussion of progress with student') was rated

as taking significantly longer than 6 hours ($\chi^2 = 18.753$, df 1, $p < 0.001$). The majority of the tasks in this section are rated as important or highly important by members of the FWT sub-sample; those selected less frequently (but not significantly so) being concerned with communication with health visiting and other colleagues regarding a student's programme. Nevertheless, although 21.5 per cent of FWT informants responding to the task rating scale felt that preparing their colleagues for the arrival of a student was 'not so important' a task of fieldwork, a further 78 per cent (together with 68 per cent of those FWTs interviewed by the researcher) declared that their colleagues were 'very important' to them as fieldwork teachers in offering extra experience to the student and in helping her to experience and grasp different modes of working and different points of view:

'...good for the student to see other health visitors working...then she doesn't model herself too much on the (individual) fieldwork teacher';

'...most important that you introduce students to other health visitors early on'.

In view of this majority response, it is perhaps surprising that FWT informants did not rate these tasks as highly as others. However it could be argued that if a fieldwork teacher is regularly responsible for a student, then colleagues are well aware of this and are usually cooperative. The preparation of colleagues, however well informed, is still generally regarded as important, and the statement of one FWT that:

'...when I make arrangements with somebody to have my student, I tell them exactly what I want them to provide'.

was broadly representative of the attitudes of the FWT sub-sample as

a whole. This apart, there was however a distinct feeling in the anecdotal record that some colleagues in the extended health team do not necessarily provide the best of role models for a student health visitor, especially with regard to client/professional relationships:

'...one of our colleagues gets very involved with families and we don't feel she is a good example for students'.

4.57 PREPARATION AND INTRODUCTION OF A STUDY FAMILY: The standard practice is for the fieldwork teacher to select six families from her caseload as 'study families' for the purposes of each student's fieldwork placement (cf. Para. 4.51). Judging by the researcher's own experience as a fieldwork teacher, many families in the fieldwork teacher's caseload are normally aware that she is 'responsible for' student health visitors; and are quite willing to help should her choice fall upon them as a 'study family'. However, the degree of acceptance shown by such a family may be due in large part to the amount and type of information which they receive regarding what sort of commitment will be required from them: and other basic but important factors such as the type of person who will be visiting them. In Table 4.24, page 153, the types of information given to a prospective study family are outlined, both in terms of what FWT informants stated that they give: and in terms of what recently qualified HV informants perceived that their study families had been told. These data show general agreement regarding the first six information types and their relative frequencies as between the two professional sub-samples ($r_s = +0.929$, $p < 0.05$). That being said, the only agreement on frequency of occurrence between the two sub-samples occurred for Type 1 ('name of student HV') and Type 5 ('role of student HV'). Inspect-

TYPE OF INFORMATION GIVEN:	RAW/PERCENT FREQUENCIES:		χ^2 :	p:
	FWTs (N=101):	HVs (N=110):		
1 Name of student HV:	80 (79.2)	89 (80.9)	0.019	NS
2 Approximate age of student HV:	31 (30.7)	10 (9.1)	14.350	< 0.001
3 Student's qualifications and experience:	78 (77.2)	56 (51.4)	14.627	< 0.001
4 Reasons for student's visits:	82 (81.2)	74 (67.3)	4.597	< 0.05
5 Role of student:	78 (77.2)	72 (65.4)	3.002	NS
6 Role of fieldwork teacher:	54 (53.5)	40 (36.4)	5.562	< 0.02
7 Confidentiality of study:	68 (67.3)	-	-	-
8 More visits or questions from student HV:	27 (26.7)	-	-	-
9 Family will be helping student:	53 (52.5)	-	-	-
10 Appearance of student:	-	1 (0.9)	-	-
11 Nationality of student:	1 (1.0)	-	-	-
12 No information given:	-	2 (1.8)	-	-

TABLE 4.24: INFORMATION GIVEN BY FIELDWORK TEACHER TO STUDY FAMILIES PRIOR TO STUDENT HEALTH VISITOR'S FIRST VISIT (BOTH PROFESSIONAL SUB-SAMPLES).

Analysis of data in Table 4.24 shows statistically significant differences between the sub-samples regarding whether or not families were told the student's approximate age ($p < 0.001$); her qualifications and experience ($p < 0.001$); the reasons for which she was visiting ($p < 0.05$); and the fieldwork teacher's own role during the placement ($p < 0.02$). In each case, the frequency with which FWT informants stated that they supply families with this information was much higher than the frequency with which the HV informants felt it had been supplied in the case of them-

-selves and their own study families. In considering these results, the question of whether or not the student health visitor would be likely to recognise that some factors had been previously discussed with the family must be raised. For example, it is not likely that details such as the help the family will give or aspects of confidentiality would be perceived by a student who is new to the health visitor course: and this type of discrepancy leads to understandable hiatuses in (e.g.) information types 7 to 9 (cf. Table 4.24). Other discrepancies are somewhat less easy to account for. For example, 77.2 per cent of FWT informants stated that they gave the selected families some information regarding the student's previous qualifications and experience - yet this was not readily perceived to be the case by almost half of the recently qualified HV informants ($p < 0.001$). Conversely, the fact that the student health visitor is a student is stressed by 77.2 per cent of FWTs, although some:

'...stress that by student, I don't
mean a young girl'. (FWT)

Two (1.8 per cent) of the recently qualified HV informants felt that scarcely any details had been given to their study families: and one of them found herself in a dilemma which was clearly unsettling:

'...I would like the fieldwork teacher
to have come with me on the first visit
...I was told not to tell them I was a
student...when you are a student you just
do things because you think it must be the
right thing'.

4.58 A 'study family' is usually introduced to the student health visitor early in the course on which occasion she is accompanied by the fieldwork teacher for an introductory visit. Thereafter she may well visit the family on her own unless a problem arises. FWTs did not

expect the students to glean much information on the early visits to their families: and indeed in most cases would be concerned if the student did return with a great deal of information since in their view this would imply that she had asked a lot of questions and had not concentrated on 'relationship-making':

'(her)...job on her first visit alone is to get down the path and through the door!'; (FWT)

'...I wouldn't expect her to know all the answers...I'd be worried if she thought she did'.

4.59 FIELDWORK TEACHER CONTACT WITH COLLEGE: Members of the FWT interview sub-sample met their student's personal college tutor approximately twice during each academic term: once at a fieldwork teacher meeting located in the college, and once during a tutorial 'field' visit to discuss progress during the placement with both fieldwork teacher and student. 84 per cent of informants in the FWT interview sub-sample felt that on the whole the tutors were helpful and available for discussion at times other than official meetings and visits. Similarly, FWTs completing the task rating scale would seem to echo the importance of an effective liaison by rating activities to do with college as most important (63.3 per cent).

4.60 STUDENT PROGRESS IN FIELDWORK: The students' progress during fieldwork placement appeared to be assessed by the FWTs by a combination of six main methods (cf. Table 4.25, page 156). Here there are no significant differences between the relative frequencies with which methods 1 to 5 are said to be used. Somewhat surprisingly, however, the frequency with which informants reported themselves as using method 6 ('student participation in case discussion') as an assessmental method was very significantly reduced below that of other methods ($\chi^2 = 11.392$,

METHOD OF ASSESSMENT:	RAW/PERCENT FREQUENCIES:
	FWTs (N=101):
1 Student's report on study families:	70 (69.3)
2 Self-evaluation by student:	67 (66.3)
3 Accompanying student on visits	60 (59.4)
4 Report by family(ies):	59 (58.4)
5 Observing student in clinics:	55 (54.4)
6 Student participation in case discussion:	24 (23.8)

TABLE 4.25: METHODS EMPLOYED IN ASSESSING STUDENT HEALTH VISITOR'S APPROACH TO FAMILIES (FWT SUB-SAMPLE).

df 1, $p < 0.001$) although there is a prima facie case for regarding such discussion as an excellent method of assessment: and there are passages in the anecdotal record in which FWTs appear to be indicating tacitly the use of discussion as an assessmenal method (cf. Section 5 for brief discussion). A majority of FWT informants would appear to place considerable reliance on student reports, both written and verbal, on the visits she has undertaken to study families (69.3 per cent); and self-evaluative discussions (surely involving discussion of cases?) are much used (66.3 per cent). Interpersonal skills in fieldwork are assessed by accompanying students on visits (59.4 per cent). Assessment by 'undercover' means also seems to occur in a substantial number of cases (58.4 per cent):

'...I do go to families and bring the student into the conversation and find out how things are progressing...wait for what they have to say about her'.

and like the following informant, FWTs would appear to rely on several methods of assessment rather than on one alone:

'...feedback from the families...
 "that nice young woman, that you sent"...the way she writes up visits
 ...if she asks advice "this happened, how do I write it up?"'

PASTORAL AND EVALUATIVE ISSUES:

4.61 'SUCCESS' OF FIELDWORK PLACEMENT: Every informant in both professional sub-samples was invited to offer her individual criteria for evaluating the relative 'success' or 'effectiveness' of a fieldwork placement. Responses proved to be categorisable under one or other of three aspects of the fourfold functional analysis (i.e. Educational, Professional and Communicational issues). The professional sub-samples were matched numerically by randomly selecting out nine members of the recently qualified HV sub-sample so that N = 101 in each case, and the following table prepared:

SUB-SAMPLE:	RAW FREQUENCIES:		
	EDUCATIONAL CRITERIA:	PROFESSIONAL CRITERIA:	COMMUNICATIONAL CRITERIA:
FWTs (N =101):	137	96	34
HVs (N =101):	187	63	110

TABLE 4.26: FREQUENCY OF MENTION OF CRITERIA FOR 'SUCCESSFUL' FIELDWORK PLACEMENT (BOTH PROFESSIONAL SUB-SAMPLES).

Educational aspects here were those concerned with the relative preparedness of a health visitor student in both theoretical and practical terms to move on to the stage of 'supervised practice' (cf. Appendix L). For a fieldwork placement to have been 'successful' in this sense, members of both professional sub-samples expected the

student health visitor to have 'learnt a lot'; and to be 'confident in visiting and advising'. Professional aspects revolved around the content of fieldwork and its relevance for future practice. Communi-
cational aspects were concerned with the amount and quality of feedback reciprocally gained both by student and FWT during the fieldwork placement. Analysis of the data presented in Table 4.26 shows firstly that informants in both professional sub-samples cite educational criteria of success in fieldwork placement very significantly more frequently than any other criteria (FWTs: $\chi^2 = 6.867$, $p < 0.01$. HVs: $\chi^2 = 39.062$, $p < 0.001$); and that of the two professional sub-samples, recently qualified HVs cited educational criteria of success significantly more frequently than did the FWTs ($\chi^2 = 7.410$, $p < 0.01$). Next in importance for the FWT sub-sample, professional criteria loomed large, separated in frequency from their least chosen category (that of communi-
cational criteria) with high significance ($\chi^2 = 28.623$, $p < 0.001$). Conversely, for the recently qualified HV sub-sample, the frequency with which professional criteria were selected was significantly lower than for the FWT sub-sample ($\chi^2 = 6.440$, $p < 0.02$): and very significantly lower than the frequency with which the HVs identified communi-
cational criteria of success, which for them represented the second most important group of criteria ($\chi^2 = 12.231$, $p < 0.001$). The HV sub-sample also cited communicational criteria of success very significantly more frequently than did the FWT sub-sample ($\chi^2 = 39.062$, $p < 0.001$). It would appear from the above data that (perhaps surprisingly) the recently qualified HV informants were not primarily assessing the 'success' or 'effectiveness' of their recent fieldwork placement in terms of how well or badly they had been prepared to practise as health visitors, but rather that they tended strongly to cite more educational and communicational criteria of success than did

members of the FWT sub-sample, who appeared to be more concerned with the students' achievement educationally and professionally rather than with communicational criteria. This phenomenon may be at least partially explicable in terms of the pattern of college assessment for Part I of the health visitor course, which concentrates largely on recall and application of information rather than on communicational aspects assessed in Part II by means of health visiting studies discussed orally. It may be that the FWT tends to see her role very much as a facilitator of the student's success in the Part I assessment: whereas the student tends to seek rather more from her than this, seeing her work against the larger canvas of total assessment for the course.

4.62 HELPFUL FEATURES IN THE FIELDWORK TEACHER/STUDENT HEALTH VISITOR

RELATIONSHIP:

During a fieldwork placement the student health visitor and the fieldwork teacher spend a considerable amount of time in each other's company. The quality and character of the relationship thus built up is clearly one of the major determinative factors in the success or failure of the teaching and learning situation: and this is of special importance to the student, who depends upon the fieldwork teacher for a range of appropriate experience geared to her individual needs. Thus whilst examining the 'success' or 'effectiveness' of the fieldwork placement it seemed both useful and appropriate to ask the recently qualified HVs what features they had found helpful in their relationships with their fieldwork teachers: and what they considered had been unhelpful. Responses (cf. Appendix M) were again categorised under the three major criterial groups discussed in Para. 4.61, and the following table prepared:

DESCRIPTION:	RAW FREQUENCIES:		
	EDUCATIONAL:	PROFESSIONAL:	COMMUNICATIONAL:
HELPFUL FEATURES:	24	19	70
UNHELPFUL FEATURES:	16	11	13

TABLE 4.27: HELPFUL/UNHELPFUL FEATURES IN FIELDWORK TEACHER/STUDENT RELATIONSHIP (RECENTLY QUALIFIED HV SUB-SAMPLE N = 110).

Overall, significantly more helpful than unhelpful features were reported ($\chi^2 = 33.862$, df 2, $p < 0.001$). Chi-squared analysis of the separate cells of the table showed the only statistical differentia to be a highly significant raised frequency of response in the area of 'helpful communicational' features ($\chi^2 = 37.783$, df 1, $p < 0.001$). Modal responses in this area were those concerning (A) a 'relaxed' student/fieldwork teacher relationship; and (B) 'similarity of personalities' between teacher and taught. In both these connections, the importance for adult learners of a non-threatening learning environment has already been discussed (cf. Para. 1.44, also (10)). These data would appear to support the positions of Fabb et al (1976) and of numerous other workers in the field. A closer consideration of such features could well be helpful, both in future placement of students and in future selection of fieldwork teachers.

4.63 STUDENT SATISFACTION DURING FIELDWORK: A receptive 'set' on the part of the learner towards specific types of learning experience, or towards specific aspects of the general learning context, may lead to a more effective learning outcome (12). It has therefore seemed

(10) FABB, W.E., HEFFERNAN, M.W., PHILIP, W.A. and STONE, P. (1976):
Focus on Learning in Family Practice.
Melbourne: Royal Australian College of General Practitioners.

(12) HARLOW, H.F. (1959):
Learning Set and Error Factor Theory. In KOCH, S. ed: Psychology:
a study of a science, Vol. II.
New York: McGraw Hill.

worthwhile to request informants from both professional sub-samples to state what are, in their opinion, the more 'satisfying' aspects of the fieldwork placement for the student. These responses are summarised in Table 4.28:

'SATISFYING' FACTOR:	RAW/PERCENT FREQUENCIES:		χ^2 :	p:
	FWTs (N=101):	HVs (N=110):		
1 Home visits:	70 (69.3)	79 (71.8)	0.453	NS
2 Clinics:	27 (26.7)	14 (12.7)	5.725	<0.02
3 Results in visiting:	57 (56.4)	25 (22.7)	23.785	<0.001
4 Relationships with families:	52 (51.5)	61 (55.4)	0.193	NS
5 Working in the community:	32 (31.7)	30 (27.3)	0.303	NS
6 Autonomy in work:	20 (19.8)	13 (11.8)	1.971	NS
7 Meeting other health care professionals:	21 (20.8)	17 (15.4)	0.686	NS
8 Health teaching:	9 (8.9)	18 (16.4)	1.991	NS

TABLE 4.28: STUDENT SATISFACTION DURING FIELDWORK PLACEMENT (BOTH PROFESSIONAL SUB-SAMPLES).

These data show a significant relationship regarding the general frequencies with which informants from both professional sub-samples have selected particular 'satisfactions' during fieldwork ($r_s = +0.762$, $p < 0.05$): and there is similar agreement regarding all the individual factors named, with the exception of factors 2 and 3 ('clinics' and 'results in visiting') where significantly more FWTs than recently qualified HVs felt these to be 'satisfying' factors (cf. Table 4.28 for χ^2 values). Predictably, home visiting heads the ranking of 'satisfiers' for both professional sub-samples, with the modal group specified as 'the new baby and his/her parents'. 56.4 per cent of FWT informants felt that the student health visitor gained satisfaction

in 'getting results' in health visiting (e.g. when parents are obviously taking her advice): but this is not borne out by the responses of the recently qualified HVs, only 22.7 per cent of whom state that 'results' gave the most satisfaction ($\chi^2 = 23.785$, $p < 0.001$). It would seem that the majority of (recent) HV students are not looking for overt 'results' per se: possibly the more analytic and evaluative ethos of contemporary nursing is helping students to be more circumspect and more 'accepting' in their encounters with the public. Conversely the majority of FWTs trained as nurses in the authoritarian nursing ethos of the 1950s and 1960s, in which patients largely accepted the 'infallibility' of medical and nursing pronouncements and were expected to 'obey' instructions. Contemporary social pressures and philosophical approaches to health care both within and outside the hospital have led to a professional climate in which student health visitors are apparently much more ready to accept the fact that not everyone listens to the health visitor. In passing it may be noted that the predisposition on the part of the FWT sub-sample to regard 'clinic work' as significantly more rewarding than do the recently qualified HVs ($\chi^2 = 5.725$, $p < 0.02$) may be a similar function of early training and experience - a degree of nostalgia for containable and predictable parameters not shared to the same extent by their younger colleagues.

4.64 The relationship which a student health visitor has with her study families is special and intensive, in that she spends much more time with them than her fieldwork teacher is ever likely to do. 55.4 per cent of recently qualified HV informants felt this to be one of the most satisfying aspects of fieldwork, with a similar proportion of FWTs (51.5 per cent) agreeing that this was probably a source of considerable satisfaction for a student. The relationship had other

aspects which perhaps helped the student to feel 'more like the real thing':

'...when people phoned up and asked for me...I felt I'd been accepted';

'...when they told me things they'd never told my fieldwork teacher... that gives you a lift'.

4.65 STUDENT DISSATISFACTION DURING FIELDWORK: Dissatisfaction with fieldwork appeared to centre around the limitations in range of experience previously discussed (cf. Para. 4.54) and around the limited time available whilst on fieldwork:

'...no opportunity to follow-up visits...no feedback if you're worried'; (HV)

'...too much to do and too little time to do it! '. (HV)

The length of the course and the amount of information and experience which has to be fitted into it was a constant source of dissatisfaction to the majority of informants in both professional sub-samples. This problem is currently under consideration by the Council, which has before it a recommendation that the health visitor course should be lengthened to include a probationary year (17). A related point for consideration is the possibility (as fieldwork is presently organised) that there may be a lack of continuity or indeed a dichotomy between academic demands and the demands of fieldwork practice. As one recently qualified HV put it:

(17) STANDING CONFERENCE OF REPRESENTATIVES OF HEALTH VISITOR EDUCATION AND TRAINING CENTRES' WORKING GROUP ON THE CONTENT AND LENGTH OF THE HEALTH VISITOR COURSE (1980):
Time to Learn.
London: S.C.R.H.V.E.T.C.

'...it's like having two Mondays every week! '.

4.66 STUDENT STRESS DURING FIELDWORK: Some stress is likely to occur in any intensive course of training; and informants in both professional sub-samples were asked to comment on the aspects of field-work which they felt to be most stressful (cf. Table 4.29):

STRESS FACTOR:	RAW/PERCENT FREQUENCIES:		χ^2 :	p:
	FWTs (N=101):	HVs (N=110):		
1 First visit alone:	34 (33.7)	16 (14.5)	9.620	<0.01
2 First clinic alone:	13 (12.9)	13 (11.8)	0.001	NS
3 Uncertainty of role:	51 (50.5)	52 (47.3)	0.109	NS
4 Relationships:	10 (9.9)	6 (5.4)	0.917	NS
5 Health teaching:	34 (33.7)	23 (20.9)	0.175	NS
6 Travelling/finding way:	2 (2.0)	11 (10.0)	4.546	<0.05
7 Lack of immediate results:	35 (34.6)	21 (19.1)	5.760	<0.02
8 Lack of guidance in visiting:	4 (4.0)	14 (12.7)	4.131	<0.05
9 Health visiting studies:	43 (42.6)	44 (40.0)	0.058	NS
10 Academic work:	49 (48.5)	29 (26.4)	10.151	<0.01

TABLE 4.29: PERCEPTION OF MAIN STRESS FACTORS DURING FIELDWORK PLACEMENT (BOTH PROFESSIONAL SUB-SAMPLES).

Here there is a high level of general agreement between the professional sub-samples regarding the frequency with which they rate specific factors as 'stressful' ($r_s = +0.929$, $t = 7.553$, $df 8$, $p < 0.001$, two-tailed). Similarly there is good, between-group agreement regarding the 'stressfulness' of factor 2 ('conducting first clinic alone'); factor 3 ('uncertainty of role'); factor 4 ('relationships'); factor

5 ('health teaching') and factor 9 ('preparation of health visiting studies') (for χ^2 values see Table 4.29). The most frequently cited cause of stress for both sub-samples was that of role uncertainty on the part of the student health visitor:

'...I didn't quite catch on to what I was supposed to be doing...when we looked at children and asked all sorts of questions...once I got to grips with it I enjoyed the experience'.

Uncertainty regarding the fieldwork teacher's help may well be a contributory cause to these feelings in a student:

'...fieldwork teacher should give a lot of the ground work...I felt I was playing at it'; (HV)

'...I didn't have much contact with my fieldwork teacher...on reflection I don't think I got much from her'.

It is noteworthy in the context of the last quotation that as many as 12.7 per cent of the recently qualified HV sub-sample complained of 'lack of guidance' in visiting - a frequency significantly greater than that with which members of the FWT sub-sample admitted this to occur ($\chi^2 = 4.131$, $p < 0.05$). The topic was further raised by informants during discussion of the fieldwork teacher's responsibilities: and the suggestion offered that large fieldwork teacher caseloads could issue in less time for her to guide and advise the student, or to discuss her work with her.

4.67 There was consensus between the professional sub-samples regarding 'preparation of health visiting studies' as a source of stress, mainly because of the amount of work involved in their preparation and the short time in which they needed to be completed:

'...I'm sure the neighbourhood study causes a disproportionate amount of stress compared to its usefulness in forming a health visitor'; (FWT)

'...due to a misunderstanding between college and fieldwork teacher, I received very little valuable help with family and neighbourhood studies until towards the end of the course...this caused a great deal of anxiety. As this is such a demanding course, every help should be given to avoid (this type of) stress'.

Previously used to a static base, 10 per cent of the recently qualified HV sub-sample said that they had found the unaccustomed travel and 'finding one's way' to families during fieldwork a stressful experience - a factor largely discounted by the FWTs ($\chi^2 = 4.546$, $p < 0.05$). Conversely 'lack of immediate results' in health visiting proved to have been not nearly as stressful for these recent students as the FWTs believed it to be ($\chi^2 = 5.760$, $p < 0.02$) - a phenomenon already discussed in Para. 4.63. Some further incongruence was shown in that many more FWT informants cited 'academic work' as a source of stress during fieldwork than did recently qualified HV informants ($\chi^2 = 10.151$, $p < 0.01$) - in all probability a function of disparate educational levels between the two professional sub-samples (cf. Para. 3.3).

4.68 Some 40 per cent of recently qualified HVs interviewed appeared to adopt a rather fatalistic attitude regarding stress during fieldwork and the possibilities for its amelioration; feeling that in the nature of things little can be done. 32 per cent of FWT informants appeared to share this attitude, with 16 per cent of the interview sub-sample stating that in some ways stress is 'a good thing'; 44 per cent of the FWTs felt that 'time to talk' about fieldwork

stress may in itself be helpful. Clearly stress in one form or another is a considerable problem on the health visitor course: and more especially in fieldwork practice where the student faces the dual demands of academic and experiential content - a situation which appears sometimes to inhibit her full enjoyment of the fieldwork placement. This is an aspect of health visitor training which could possibly be ameliorated by the proposed lengthening of the course to include a probationary year of fieldwork following completion of the academic part of the course.

ON BEING A FIELDWORK TEACHER:

4.69 The majority of FWT informants stated that they enjoyed being a fieldwork teacher, but that it was a demanding job and a considerable responsibility. They needed to plan carefully to 'set aside' the students' placement days, so that sufficient time could be devoted to teaching:

'...you must be totally committed to teaching a student...all work on the days she is out should really be geared to teaching'.

One FWT felt that she would prefer her role to be much more like that of the clinical teacher in hospital:

'...the fieldwork teacher should be more college-attached - but she still needs her workload! '.

An aspect of fieldwork teaching introduced by FWT informants was the question of 'feedback' for the fieldwork teacher, both from college and from nursing management. FWTs felt that they were 'judged' to a large extent by the success or failure of their students: but were not informed if college tutors felt that they (the FWTs) needed to

change their approach; and no information was forthcoming as to whether the experience given was acceptable. A similar criticism was levelled at nursing officers who, though responsible for students during their period of supervised practice, do not apparently consider it incumbent upon them to give any form of feedback regarding progress, or recommendations regarding amendment of placement programmes, to the fieldwork teacher who has taught the student during the previous nine months:

'...we never hear what the nursing officer thinks of them...it would be nice to know if she thinks they're alright! '.

4.70 'REST YEARS': Demanding educational commitments combined with frequently substantial personal caseloads make it important that fieldwork teachers should have regular 'rest years' from their educational role:

'...with fieldwork teaching at the best of times, the practice area slips a bit...with two students it slips away...we need a breathing space! '.

Most members of the FWT sub-sample had had at least one 'rest year' since qualifying as a fieldwork teacher: and one member had had as many as four (cf. Table 4.30):

NUMBER OF REST YEARS TAKEN:	RAW/PERCENT FREQUENCIES: FWTs (N=101):
0	35 (34.6)
1	49 (48.5)
2	14 (13.9)
3	2 (2.0)
4	1 (1.0)

TABLE 4.30: REST YEARS TAKEN BY MEMBERS OF FWT SUB-SAMPLE.

Fieldwork teachers felt that rest years were useful in:

- giving personal refreshment (57.4 per cent);
- permitting professional reappraisal (43.6 per cent);
- getting their caseload up to date (38.6 per cent);
- giving families a rest (32.7 per cent);
- allowing time to attend courses (24.7 per cent).

However, there was also a feeling that taking a rest year has its drawbacks as well as its benefits:

'...I missed having a student...families are so used to seeing me with one... but I am free to go to families that I can't take a student to'

At present, fieldwork teachers face a dilemma. As a professional group they remain unpaid for undertaking a time-consuming and demanding educational task in parallel with their other professional duties, for which the periodic refreshment of a rest year is obviously necessary. At the same time, newly-trained health visitors are required in increasing numbers, and there would appear to be an endemic shortage of fieldwork teachers available to undertake their practical training:

'I need a rest...I enjoy the teaching situation, but after a few years enough is enough. I could have refused to take a student, but (we'd) end up with no trained health visitors, so (that would be like) cutting off your nose to spite your face! I think that if you have a break, you should participate in fieldwork teacher groups and meetings' ;

'You can go on for too long and get stale yourself. I haven't felt that so far, but feel that after this year I...need a rest'.

OVERVIEW:

Empirical statements derived from the data analysis introduce each area discussed in the section (5.1). Characteristics of the study sub-samples are discussed in terms of the year of qualification as fieldwork teachers (5.2); the educational qualifications of the professional sub-samples (5.3); the fieldwork experience of the fieldwork teacher sub-sample (5.4); experience of professional sub-samples in administration and management (5.5); fieldwork teacher workbases (5.6); and caseloads (5.7).

The reasons which potential health visitors and fieldwork teachers give for undertaking their respective courses, and the professional implications of such reasons, are considered (5.8 - 5.10). The selection of fieldwork teachers is examined in the light of the desirable attributes of the effective fieldwork teacher (5.11 - 5.12).

Organisational aspects of fieldwork teaching are discussed with regard to placement pattern (5.13); collaboration with nurse management in planning (5.14); accommodation (5.15); the allocation of more than one student to a fieldwork teacher (5.16); and information bases for the fieldwork teacher (5.17 - 5.18).

The educational aspects of fieldwork teaching regarding administrative experience (5.19); and the theoretical input in relation to practice (5.20) are discussed. Teaching methods employed by fieldwork teachers are examined (5.21 - 5.22). Strategies utilised by fieldwork teachers in preparation of students for autonomous work are discussed (5.23 - 5.24). The student health visitor's preparation for health teaching is considered (5.25 - 5.26).

Professional aspects of fieldwork teaching related to contacts with nurse management (5.27); priorities of work (5.28); and the selection of families for the student to study (5.29 - 5.30) are examined with regard to the future of the health visitor course. The range of experience available in fieldwork, especially that which could be considered as limited (5.31 - 5.38) is discussed.

The communicational aspects of fieldwork teaching are outlined in terms of the actual and potential contacts which fieldwork teachers and students may have with their own and with other disciplines (5.39 - 5.41). Methods of assessment employed by fieldwork teachers are examined (5.42 - 5.43).

The quality of the fieldwork placement is considered, with suggestions for amelioration of some stressful factors (5.44 - 5.47). The necessary academic content of the health visitor course is discussed (5.48).

The effects of being a practising health visitor as well as a fieldwork teacher are considered (5.49); and the demands made on fieldwork teachers are outlined, together with suggestions for easing such demands (5.50 - 5.52).

Practical implications of the study, together with some proposals for action, are outlined as follows: (A) Organisational proposals (5.53 - 5.56); (B) Educational proposals (5.57 - 5.59); and (C) Educational/organisational proposals (5.60 - 5.68).

5.1 A series of empirical statements has been derived from the data analysis discussed in Sections 3 and 4 and a complete presentation of these can be found in Appendix N. Since a number of these statements are somewhat repetitious and appear in connection with more than one section of the analysis, it is proposed to include consideration of all related statements when topics first arise in order to avoid lengthy and duplicated discussion. As far as possible, discussion will correspond with the sequencing of items adopted in Sections 3 and 4. It should be borne in mind that although these empirical statements are cast in general form, there is 'hard' evidence only for their applicability to the statements of the professional sub-samples in the present study.

5.2 CHARACTERISTICS OF THE STUDY SAMPLE:

NO:	STATEMENT:	SOURCE:
1.	The majority of future FWTs are likely to start fieldwork teaching when much younger than was the case for FWTs in current practice. They will therefore be nearer to formal education and to their own training as nurses.	3.2
2.	The trend is that formal academic qualifications are becoming progressively higher in applicants to health visitor courses; nevertheless a substantial majority of present day applicants have not acquired 'A' level qualifications.	3.3

TABLE 5.1: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: CHARACTERISTICS OF THE STUDY SAMPLE.

NO:	STATEMENT:	SOURCE:
3.	Contemporary HVs appear to have spent less time between nurse training and their health visitor course than did their predecessors.	3.4
4.	The majority of contemporary FWTs undertook their health visitor training after the introduction of the fieldwork teacher and therefore have themselves had experience of fieldwork under the guidance of a fieldwork teacher.	3.6
5.	The majority of FWTs in the study sub-sample have undertaken fieldwork teacher training since 1975.	3.6
6.	Contemporary HV students have had appreciably more experience in management and administration prior to nurse training or health visitor training than is the case with their FWTs.	3.8
7.	The majority of FWTs in the sub-sample work in urban areas.	3.10
8.	A large proportion of both sub-samples work in either GP attachment or liaison schemes.	3.10 and 3.14
9.	The majority of FWTs and recently qualified HVs in the sub-samples are responsible for caseloads of 400 or less families with children under 5 years.	3.12 and 3.15
10.	There is a trend that FWTs carry more 'additional' individuals or families (i.e. other than families with 'under 5s') in their caseloads than do recently qualified HVs.	3.12 and 3.15
11.	A larger percentage of recently qualified HVs than of FWTs are undertaking regular health teaching sessions.	3.16

TABLE 5.1: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
(continued) CHARACTERISTICS OF THE STUDY SAMPLE.

QUALIFICATION AS A FIELDWORK TEACHER: Analysis of data concerning the study sample would suggest that over the last decade, the length of time spent both in general nursing before entering health visiting

and (for those who wish to become fieldwork teachers) in general health visiting before electing to undertake a fieldwork teacher course, has been reduced. Generally, it would appear that prospective health visitors are choosing to pursue the health visiting course at an earlier age, although they may well subsequently spend a period of time out of health visiting, bringing up a family, etc. There is evidence to suggest that contemporary health visitors will undertake a fieldwork teacher course after spending a shorter period of time as a qualified health visitor than was the case with present fieldwork teachers. By grouping and comparing data concerning the year of health visitor qualification of the members of the FWT sub-sample and the mean number of years elapsed between health visitor training and commencing the fieldwork teacher course, it is possible to demonstrate a highly significant trend towards earlier undertaking of a fieldwork teacher course, ranging from a group mean of 18.26 years since training for those trained as health visitors in the period 1952 to 1962; to a group mean of 3.93 years since training for those trained as health visitors in the period 1970 to 1976 (Jonckheere trend analysis (18) $S = 141$, $p < 0.02$, two-tailed) (cf. Table 5.2). Many of the FWTs who trained as health visitors in the 1950s and early 1960s would have been unable to pursue a fieldwork teacher course prior to the mid-60s, since such courses were not introduced until 1965: although it is interesting to note that FWTs trained in 1952 waited until at least 1974 before undertaking the fieldwork teacher course. However, it is likely that fieldwork teachers of the future will be trained as such some three to four years after qualification as a health visitor

(18) MILLER, S. (1975):
Experimental Design and Statistics. pp 110-112.
London: Methuen.

YEAR:	MEAN PERIOD:	YEAR:	MEAN PERIOD:	YEAR:	MEAN PERIOD:
1952	22	1963	10	1970	6.2
1953	25	1964	7.7	1971	4.0
1955	19	1965	8.2	1972	4.8
1957	19	1966	7.2	1973	3.5
1958	16	1967	6.2	1974	3.3
1961	15.5	1968	4.7	1975	3.3
1962	11.3	1969	6.5	1976	2.4

NB: YEAR: = YEAR OF QUALIFICATION AS HV;
 MEAN PERIOD: = MEAN NUMBER OF YEARS BEFORE FWT COURSE.

TABLE 5.2: YEAR OF QUALIFICATION AS HEALTH VISITOR
RELATED TO MEAN NUMBER OF YEARS BEFORE
FWT COURSE UNDERTAKEN (FWT SUB-SAMPLE N=76).

and will therefore be very close to their own basic health visitor training, thus assuming responsibility for their first students at a period when their own training is relatively fresh in their minds. This should lead to more understanding of the current style and organisation of health visitor courses; although it should be remembered that future fieldwork teachers may continue to be responsible for students for a longer period of their professional careers and therefore may require more regular updating than is available at present (cf. Para. 5.4).

5.3 EDUCATIONAL QUALIFICATIONS OF THE STUDY SUB-SAMPLES: Recently qualified HVs in the study sub-sample possess more 'A' level qualifications than do their FWT colleagues. However a large majority have no such qualification and had gained entry to the health visitor course in virtue of their performance in a college entrance test (cf. Para. 3.3). It has been suggested that the academic prerequisites for a

health visitor course are too rigorous (11). Conversely, it has been suggested that these prerequisites are too lax for entry to a body of carers striving to be recognised as a profession (17). Data from the present study indicate that a state registered nurse possessing little in the way of formal educational qualifications is as likely to be accepted on a health visitor course as her colleague possessing two or more 'A' levels. The presumed 'high' educational qualifications of students and the supposed esoteric nature of the health visitor course have been the cause of at least one FWT ceasing to train students:

'...I have refused to have a student since 1979 as I feel I have not got the educational background which I now feel I need especially in sociology'.

5.4 UPDATING FOR FIELDWORK TEACHERS: Contemporary fieldwork teachers have usually had experience of training with fieldwork teachers themselves and usually have had the benefit of individual attention from one designated person - unlike their predecessors who, it would appear, took 'pot luck'. However, bad habits as well as good ones are 'inherited' as a skill is passed from health visitor to health visitor: and there is therefore no justification for undue complacency in regarding a fieldwork teacher training as a total guarantee for the teaching of 'good' practice. Nevertheless the majority of FWTs now practising would appear to have undertaken field-

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- (11) FRANCIS, G.M. (1977):
Training or Education? Editorial, Health Visitor, July 1977,
Vol. 50:7, p 215.
London: Health Visitors' Association.
- (17) 'IDUNA' (1977):
Education Matters. Health Visitor, September 1977, Vol. 50:9,
p 303.
London: Health Visitors' Association.

-work teacher training in the last six years, and to have comparatively recent experience of the health visitor course. It is thus arguably the case that empathic relationship formation and degree of perceptual congruence regarding training between future fieldwork teachers and their students will benefit considerably from inherent similarities in their theoretical training and fieldwork experience. To preserve and enhance these benefits it would seem appropriate that updating is now a most necessary adjunct to their experience as fieldwork teachers. There are still only a few fieldwork teacher refresher courses, compared to the number for practising health visitors, although the health visitors who are preparing the profession of the future would appear to need constant updating, if health visitor students are to be trained as effectively as possible. Appropriate mandatory updating for fieldwork teachers is needed either in the form of refresher courses or as frequent study days (e.g. one per academic term), whichever is administratively easier to arrange (cf. Para. 5.49).

5.5 ADMINISTRATIVE/MANAGERIAL EXPERIENCE FOR HEALTH VISITOR STUDENTS:

A marked upward trend can be seen in the amount of administrative and managerial experience exhibited by the recently qualified HVs in the study sample. If this continues, the problem of limited experience in administration and management cited by recently qualified HVs, should be alleviated to some extent (cf. Paras. 4.54 and 5.27). As contemporary health visitors become fieldwork teachers in their turn, presumably they will be more aware than were their own fieldwork teachers of the need for teaching and experience in this area. However, encouragement of prospective health visitor students with little administrative and managerial experience to consider undertaking at least a year as a staff nurse, or an analogous period in a similar

... with some management responsibilities, would ensure that prior to health visitor training they obtained at least a useful introduction to basic managerial skills. It is important that theoretical aspects of management are taught alongside such practical experience gained in fieldwork, both from the field work teacher and hopefully from her nursing officer. The concepts of management are included in the curriculum of the fieldwork teacher course: and adequate student preparation in this area is vital especially in view of the apparent lack of administrative experience of present fieldwork teachers.

5.6 FIELDWORK TEACHER WORKBASE: Most FWTs were based in the more urban areas of the study catchment, either in GP attachment or liaison schemes. Rural areas are sometimes precluded as fieldwork placements by nature of the limited experience available: and more frequently by the distances which it is necessary to travel to visit in the home. However, many FWT informants had the opportunity to offer student health visitors experience of rural settings, either by means of their own extended practice areas or by requesting their colleagues to help. A rural area may also frequently be chosen as an alternative setting in which a student will spend a brief period during her training.

5.7 FIELDWORK TEACHER CASELOADS: Modally, FWT caseloads are in the region of 300 to 400 'under 5s': although some members of the FWT sub-sample had caseloads greater than this. There is, as yet no recommended caseload for fieldwork teachers: and indeed this may be undesirable, bearing in mind that the nature of the caseload may determine the day-to-day workload of the health visitor. Reduction of caseload does not necessarily mean that problems are similarly reduced. A low caseload (under 200 'under 5s') may cause difficulties for the field-

work teacher who is responsible for two students, as families may become anxious regarding the increased frequency of visiting by the health visitor or her student. Similarly, fieldwork teachers have occasional 'rest years' when they are not responsible for a student (cf. Para. 4.70) and with the consequent extra time involved, may experience problems in filling in that time effectively with a small caseload. Nevertheless, the responsibility of a large caseload is one of the reasons suggested by recently qualified HVs for the lack of time that their fieldwork teacher may have had to give them as effective a placement as possible; and in such a contracted course, time is of the essence:

'...she sometimes did not have time for me, mainly due to pressure of work'.

If, as recommended by the Clegg Committee (21), fieldwork teacher caseloads are reviewed, the type of caseload as well as the numbers should be considered (cf. Para. 5.30).

5.8 REASONS FOR BECOMING A HEALTH VISITOR:

NO:	STATEMENT:	SOURCE:
12.	Student health visitors of the 1980s enter health visitor training for substantially the same reasons as did their predecessors in the early 1970s.	4.4
13.	Collectively, members of the HV sub-sample report more objective and professionally-oriented reasons than subjective reasons for becoming health visitors.	4.5

TABLE 5.3: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: REASONS FOR BECOMING A HEALTH VISITOR.

(21) STANDING COMMITTEE ON PAY COMPARABILITY (1980):
Report of the Standing Committee on Pay Comparability.
London: HMSO.

career prospects and interest in preventive work still figure highly in the reasons for undertaking a health visitor course. It is therefore important that health visiting does actually offer career prospects to the intending health visitor in order to maintain job satisfaction. Prevention of ill-health has been the main function of the health visitor since the inception of the role: and this has been the strength of the service for more than a century. At a time when specialisation and hospital liaison are increasingly offered to the health visitor, it is vital that these activities do not obscure her primary function or over-ride that aspect of health visiting which attracts so many potential health visitors into training. Independence as a practitioner is also seen as a major reason for becoming a health visitor. Nurses, having worked in what they perceive as an 'authoritarian' setting, welcome health visiting as a chance to work more independently. Clearly, health visitors themselves need to work within a management structure, and to adjust to the constraints of working as members of the primary health care team by liaison work and collaboration in decision making for an effective service. Thus though within the home setting the health visitor may have individual status, it is important that students are prepared to work within teams and appreciate the nature of shared decision making and corporate responsibility.

5.9 REASONS FOR BECOMING A FIELDWORK TEACHER:

NO:	STATEMENT:	SOURCE:
14.	'Personally-oriented' reasons for becoming a fieldwork teacher are significantly preferred to 'professionally-oriented' reasons.	4.8

TABLE 5.4: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
REASONS FOR BECOMING A FIELDWORK TEACHER.

Reasons cited by members of the FWT sub-sample centred around their enjoyment of teaching - the education of health visitor students is seen as a challenge for the individual FWT. Although these reasons may be somewhat self-gratifying, nevertheless they would seem to be desirable in someone undertaking the education of a health visitor student. Fieldwork teachers accept the additional responsibility of teaching without material or status rewards of any kind; and it is therefore fitting that the element of challenge and enjoyment inherent in the job should be to some extent its own reward.

5.10 ENCOURAGEMENT BY NURSING OFFICER: The role of nurse management (primarily the nursing officer) in helping a health visitor to make the decision to undertake the fieldwork teacher course is prominent in the responses of 29.7 per cent of the sub-sample. Encouragement from an experienced nursing officer which promises a continuation of similar help and encouragement following successful completion of the course, and which is offered for reasons of professional progression for the health visitor, is obviously highly motivating to the potential fieldwork teacher. If the encouragement becomes coercive in order to 'make up' a dwindling fieldwork teacher force, then this is equally obviously, a very unsatisfactory state of affairs. A nursing officer who has been a fieldwork teacher, and who therefore has some understanding and appreciation of the tasks involved in fieldwork teaching, is obviously more likely to be accepted by and confided in, by fieldwork teachers than someone who sees fieldwork teaching solely as a 'natural progression' after two years of health visiting:

'...on the whole, nurse management is not aware of the amount of time needed to teach a student adequately or the amount of prior planning required'. (FWT)

Clearly the role of nurse management in health visitor education, and more especially that of the nursing officer, needs to be investigated considerably further than was possible in the present study (cf. Paras. 5.14, 5.27).

5.11 CHARACTERISTICS OF THE FIELDWORK TEACHER:

NO:	STATEMENT:	SOURCE:
15.	Both sub-samples cited characteristics applicable and desirable in any teacher whatever the context.	4.9
16.	Proportionally more FWTs see 'experience' as important than HVs, whereas more recently qualified HVs suggest 'knowledge' as being important.	4.10

TABLE 5.5: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: CHARACTERISTICS OF THE FIELDWORK TEACHER.

Characteristics cited by members of both professional sub-samples offer a useful checklist for the type of person to be recruited to fieldwork teaching. These factors follow closely the attributes suggested as desirable by the Council (3). However, it is vital that too rigid a stereotype is not developed and that innovative and creative 'style' in a health visitor's professional approach should not disbar her from consideration as a fieldwork teacher.

(3) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977):
 Report of Working Party on a Revised Curriculum for a Certificate in Fieldwork Teaching.
 London: C.E.T.H.V.

5.12 KNOWLEDGE OR EXPERIENCE? A dichotomy of views exists between the two professional sub-samples regarding the relative importance to a fieldwork teacher of knowledge and experience. However, it may be that FWTs and recently qualified HVs are actually describing similar concepts. Part of experience is actual length of time spent in health visiting: and it would seem that the Council's stipulation regarding applicants to a fieldwork teacher course having completed at least two years as 'full-time' health visitors (with a full range of health visiting activities), is a feasible and sensible regulation. Indeed the trend analysis shown in Table 5.2 indicates that in the last decade, two to three years after qualification as a health visitor is the usual time to start thinking about becoming a fieldwork teacher. But it would appear that as Aldous Huxley put it:

'...experience is not what happens to a man, it is what he does with what happens to him'. (15)

Examination of anecdotal records show that FWTs see experience as a facilitator to their ability and aptitude for teaching. Experience is seen as a collection of separate occurrences which has aided them to make successful decisions in the past: and which, now that they are FWTs, will continue aiding them to teach the practical aspects of health visiting with confidence and a fair measure of success (cf. anecdotal record in Appendix K). Experience is seen as offering security in the job; discretion; and the ability to translate theory and ideals into practical use for the student. There seems to be general consensus that two years as a full-time health visitor is a 'reasonable' period in which to acquire experience of this order. Conversely, recently

(15) HUXLEY, A. (1965):

End and Means: an enquiry into the nature of ideals and into the methods employed for their realisation.
London: Chatto and Windus.

qualified HVs cited 'knowledge' as more important than did the FWTs. As students, the HVs were looking for information and factual responses to their questions. Anecdotal material for this sub-sample would suggest that they are looking to the fieldwork teacher to help them apply theoretical material into practice: and that for them she is an interpreter, willing to discuss or demonstrate aspects of health visiting to aid their understanding. Perhaps these two concepts are not far apart, in that, although an optimal period of two years is suggested in connection with acquisition of experience by the FWTs, they actually feel that it is the mobilisation of such experience which is most important in the fieldwork context; whilst the HVs see 'knowledge' as an amalgam of this mobilisation of experience together with the ability to deliver accurate information. Ideally, selectors for fieldwork teacher courses not only consider the sheer duration of a health visitor's career in practice: but also the specific nature of her activities during that time, and her ability to 'mobilise' this experience. This contemporary, more dynamic definition of 'experience' may be in part responsible for the current accelerated progress from health visitor training to the fieldwork teacher role itself.

FOURFOLD FUNCTIONAL ANALYSIS OF FIELDWORK TEACHING:

5.13 (A) ORGANISATIONAL ASPECTS:

NO:	STATEMENT:	SOURCE:
17.	A fieldwork placement of two days a week is seen to be more useful than a one day placement by both FWTs and HVs.	4.13

TABLE 5.6: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: ORGANISATIONAL ASPECTS OF THE FIELDWORK TEACHER ROLE.

NO:	STATEMENT:	SOURCE:
18.	Organisational tasks concerned with the FWT's teaching function are accorded most importance by FWTs.	4.15
19.	'Collaboration with management' is seen to be of little importance by a sizeable minority of FWTs.	4.15
20.	Minimal accommodation for a health visitor student (i.e. a desk) was available for the majority of recently qualified HVs.	4.17
21.	The majority of FWT informants had a separate room for tutorials with their student; although for some this meant waiting for colleagues to go visiting.	4.17
22.	There is a general trend to place one student with one FWT during each academic year.	4.20
23.	Two students with a FWT is seen to be helpful for the students but as posing difficulties for the FWT.	4.20
24.	All FWTs receive minimal information (i.e. name) regarding student health visitors before the commencement of the health visitor course.	4.22
25.	Items of important prior information were the student health visitor's experience and qualifications, nationality and status as a car owner/driver.	4.23 and 4.24
26.	The initial meeting between FWTs and their students either in college or within the health authority was seen as generally helpful.	4.26 and 4.27

TABLE 5.6: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
(continued) ORGANISATIONAL ASPECTS OF THE FIELDWORK TEACHER
ROLE.

PLACEMENT PATTERN: Generally, informants in the study sub-samples were satisfied with the pattern of placement days as they stood, with most preferring the two days a week arrangement that was currently practised by the majority of colleges in the study catchment. At least two

colleges in the study catchment sent their students out for one day a week: but although these students had the advantage of longer block periods, they felt that they were unable to follow up work started during that one day out. FWTs also felt that they had little time to discuss with the students issues which arose during a one day placement; and these had to be 'carried through' to the next week. The two-day period, although not entirely satisfactory, was better in the FWT's eyes because it meant that the student had a chance to spread work across the two days, and work could be discussed a little more fully. Placement days tended to be the same days each week, due to timetabling difficulties in college if they were any different. Several of the informants felt that a change of day each term could be helpful in offering a student the opportunity to see health visiting 'in action' on other days of the week. However, block study did help in this respect: and on the whole offered time for a wide range of experience for the health visitor student. Thus in general, it can be seen that a regular weekly placement is desirable in facilitating continuity of work: and that two days a week is probably more helpful than one day a week in this respect. Experience in an alternative setting (cf. Para. 5.6) was mentioned by some of the informants as being extremely useful to them: and it would appear that this should continue to be offered during the health visitor course.

5.14 COLLABORATION WITH NURSE MANAGEMENT IN PLANNING: The organisational tasks involved in fieldwork teaching centre around the planning and utilisation of resources for the creation of an effective learning situation for a health visitor student. FWTs in the study sub-sample saw those tasks which were more educationally-oriented as proportionally more important than other organisational tasks. Conversely, collabora-

tion with nursing management regarding the planning of a student's programme is considered as less important than some of the more educational aspects. This attitude of non-collaboration varies from health authority to health authority: and where there are fieldwork teacher groups, it would appear that nursing officers (as the fieldwork teacher's immediate manager) are involved in planning and arranging specific experience. However there are some authorities where the nursing officer may not be aware of the scope of the fieldwork teacher's work; or may not herself hold a health visitor's certificate. Difficulties can arise where the nursing officer is attempting to manage and support community staff in disciplines in which she has had no experience (13). Conversely, the work of the fieldwork teacher can be enhanced by collaboration with a nursing officer who is sympathetic to her role-function (cf. Paras. 4.7 and 5.10). It would appear that in some cases, with good will on both sides, the organisation of a student's programme could be improved. The knowledge of available experience possessed by the nursing officer, together with the teaching skills of the fieldwork teacher(s), could provide the student(s) with a more varied and interesting programme than may currently be available to her/them.

5.15 ACCOMMODATION: The importance of adequate accommodation for students has already been discussed (cf. Paras. 4.17 and 4.18): and it would appear that the majority of informants were able to offer, or were given, the basic furniture consisting of a desk (which may be shared) and a chair, although some recently qualified HVs did not fare as well as this:

(13) HEALTH VISITORS' ASSOCIATION (1981):
Health Visiting in the Eighties.
London: Health Visitors' Association.

'... I had a chair... nowhere to keep my belongings, I took them home'.

If a fieldwork teacher is to provide the best possible learning environment for a student health visitor, then it would seem that at the very least she should have somewhere to keep books and papers and somewhere to write case notes and reports. Some FWTs came to amicable arrangements with part-time staff, who were not 'resident' on the student's days out, to allow the student to share their desk with a drawer allocated in which to keep their belongings. It would appear that if health authorities wish to second health visitors to become fieldwork teachers then the aspect of accommodation should be considered at management level and not left to the fieldwork teacher to make ad hoc arrangements regarding administrative provision for the student. Many health centres have rooms specially designated for the use of fieldwork teachers: but some fieldwork teachers prefer to work alongside their colleagues in the main health visitor office in order that they remain in contact and that their student sees the daily routine. However, at a period when many other professionals are wishing to gain accommodation in health centres, these special rooms will be lost for use even as quiet tutorial rooms, if not fully occupied. Health authorities can no longer afford to have office accommodation under-utilised.

5.16 ALLOCATION OF STUDENTS: Students may be allocated to a fieldwork teacher either by a designated nursing officer of the health authority or by the college course tutor. The majority of FWTs in the study sub-sample were usually responsible for one student each year. Difficulties can arise with responsibility for two students; on examination of the anecdotal material concerning this aspect of fieldwork

teacher attention available for two students is frequently cited (cf. Appendix K). When a fieldwork teacher with a busy caseload is faced with two students, it is not surprising that she has difficulty in finding time to discuss with and teach individual students, however much she may wish to do so. However, recently qualified HVs who had been one of two students felt they been supportive to one another, and had been able to discuss things productively together. Several informants mentioned the advantage of having another fieldwork teacher and student near at hand, so that joint teaching sessions could be arranged. This was also found to be useful when the fieldwork teacher was part of a fieldwork teacher group, where a number of fieldwork teachers with different interests could run a tutorial system and offer extra experience to the students with the added advantage of giving an insight into other models of health visiting to the student. The establishment of fieldwork teacher groups offering regular contact for both fieldwork teacher and health visitor student would appear to be a desirable initiative, both in providing peer support and contact for the fieldwork teacher, and in offering alternative role models for the student. (cf. Para. 5.39, also (23)).

5.17 INFORMATION CONCERNING THE STUDENT: The amount and type of information received by fieldwork teachers concerning their prospective students varies with the health authority and the college involved. It would appear that certain minimal information is needed in order to plan a placement as effectively and as relevantly as possible. This information is required by the fieldwork teacher a reasonable length of time prior to the student's arrival, especially if there is a specific deficit in her experience requiring arrangement of specific 'reme-

... details of a student's previous experience and qualifications was a main aspect of prior information cited by fieldwork teachers as 'important to know' from the point of view of placement organisation, but by no means always available to them at an appropriate stage. Yet it is certain that such information is available for potential use in application forms completed by the prospective student, either for the health authority or the college: and therefore that it could be made available to the fieldwork teacher. Similarly, ethnic and cultural background of the student - another aspect of useful prior knowledge cited by some members of the FWT sub-sample as frequently 'not available' - would already be well known both to college and health authority. Those FWTs who cited ethnic/cultural background as a feature of useful information stressed its importance when planning visits in certain areas of the country, where the student may encounter xenophobic ideas and ethnic rigidity among specific client groups in the catchment.

5.18 INITIAL MEETINGS: Meetings are arranged by most colleges prior to the commencement of fieldwork, so that fieldwork teachers and student health visitors can meet each other in a relatively relaxed and informal context prior to working together. Some health authorities have instituted the practice of inviting fieldwork teachers and prospective health visitor students to an early meeting, firstly to discuss administrative arrangements; and secondly to introduce relevant personnel to each other. Those informants who had experienced this latter type of meeting felt that it had been extremely useful not only in 'getting to know' the fieldwork teacher, but also to meet relevant nurse managers. It would seem that a meeting of this kind could help to remedy the obvious difficulties in communication which exist in

some instances between field staff and managers. The student and fieldwork teacher would at least see nursing officers as being available for that particular meeting and interested in their future work together: and this may encourage subsequent collaboration (cf. Paras. 5.14 and 5.51). Criticisms concerning the college meeting centre around the numbers involved and the uncertainty of the purpose of such a meeting. It would seem that colleges could arrange for these meetings to be organised on a less numerically overpowering scale by making more than one room available or by arranging for more than one occasion of this type. If students feel they have not benefited from the initial meeting because it was too crowded to talk to fieldwork teachers, then the whole purpose of the meeting has been lost. Recently qualified HVs also felt that the purpose of the meeting could have been explained to them, in that they were unsure just what information they were supposed to gain from it. It is important that students, in the vulnerable initial period of training, are not given too much information or indeed too little at the initial meeting. Most of the FWTs seemed to use the occasion to give directions and descriptions of the workbase to the students: and this was felt by recently qualified HVs to be enough to absorb during such a short meeting. Although initial meetings of this type are seen to be a good idea, some thought obviously needs to be given to their purpose and venue if they are to be maximally (or indeed minimally) effective.

5.19 (B) EDUCATIONAL ASPECTS:

NO:	STATEMENT:	SOURCE:
27.	There is a significant dearth in the number of FWTs citing teaching of administrative policy as important.	4.28
28.	A general feeling exists that the neighbourhood study places undue stress on the health visitor student.	4.29
29.	An outline of the health visitor course was available to most FWTs from the appropriate college.	4.30
30.	Much reliance is placed on 'observational learning' leading to 'modelling' of appropriate activities.	4.31
31.	Discussion plays an important part in teaching health visitor students about home visiting.	4.34
32.	Encouragement of student participation during accompanied visits would seem both desirable for, and appreciated by, the health visitor student.	4.37
33.	Autonomous visiting (i.e. other than 'study' families) is usually started by the first few weeks of the second term.	4.39
34.	'Aptitude' in visiting is one of the main factors determining the introduction of autonomous activities.	4.40
35.	Five main strategies are employed by FWTs in introducing autonomous activities.	4.41- 4.45
36.	The majority of health visitor students are able to participate in at least two formal health teaching sessions.	4.47
37.	'Minimal' teaching experience is available from most FWT workloads.	4.47
38.	FWTs are significantly more cautious than recently qualified HVs in categorising health teaching experience as very adequate.	4.48
39.	Teaching practice in fieldwork is considered to be the most effective type of preparation for formal health teaching.	4.48

TABLE 5.7: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: EDUCATIONAL ASPECTS OF THE FIELDWORK TEACHER ROLE.

ADMINISTRATIVE EXPERIENCE: As was the case with the organisational aspects of the role, FWTs accorded most importance to those tasks which could be considered as wholly educational in this section. The more peripheral aspects of education are not seen to be as important as those directly related to the main features of health visiting; i.e. setting objectives; home visiting and clinics; and health teaching. Thus the teaching of management and administrative policy rates lowest in the list of assigned importance: and this was in fact an aspect which recently qualified HVs felt had been limited in their training:

'...I would like to have known how things worked within the office...paper work, liaison...where to, when to and when not to!! '.

During the contemporary period when written accounts of health visitor activities are assuming considerable legal importance, it is disturbing that health visitors are qualifying without due preparation in record keeping and report writing, as in the more mundane aspects of administering a caseload. This lack of preparation links with the limited nature of preparation in problem situations which recently qualified HVs feel to exist in fieldwork. If students are not given adequate preparation in working with problem situations then the importance of written records may be given less emphasis by a kind of situational default. However, it would seem important that fieldwork teachers spend time when the student is on fieldwork placement to introduce her to the 'mysteries' of the paper work involved in the administration of a caseload. Nursing officers would also appear to have a role in helping students to understand the authority's management policy - they have the expert knowledge necessary to explain such policies and procedures. It is important that the support and teaching function of the nursing officer is stressed on the new assessors'

courses currently being approved by Council (6) in order to prepare nursing officers for their role both in supervised practice and in the fieldwork placement as supportive members of the teaching team (cf. Para. 5.51).

5.20 LINKING THEORY TO PRACTICE: Any health visitor course consists of members from a variety of health authorities; and of necessity the theoretical input of the course must be largely general and concerned with 'ideal type' situations. It is therefore necessary that students are able to transfer the 'ideal' into the contexts of reality. The main facilitator in linking theory to practice is the fieldwork teacher (5) who usually begins the process of theory/practice linkage with that aspect most central to the role -- the process of home visiting. In general, training establishments provide fieldwork teachers with an outline of the course programme to assist planning of teaching to coincide with relevant theoretical inputs. This is a most useful practice, but could be improved by including more of the actual content rather than simply the collective titles of curricular areas. Many FWTs in the sample kept abreast of ongoing work in college by asking the student each week what had been covered during the preceding week; and by attempting to produce practical illustrations of the material. Obviously such a strategy is aided by close cooperation and collaboration with college staff (cf. Para. 4.59) in order to achieve adequate matching of these two aspects of health visitor education, not only

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- (5) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1980):
The Investigation Debate.
London: C.E.T.H.V.
- (6) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1980):
Notes for Guidance on Courses for Assessors of Supervised
Practice.
London: C.E.T.H.V.

from theory to practice, but also through discussion of practical aspects in the theoretical context. Some of the colleges in the study catchment involved FWTs in discussion groups with the students: and although this meant that FWTs had to spend a session in college away from their area they found it helpful and stimulating; and recently qualified HVs felt that it had been enlightening to have such practitioner involvement in a context normally associated entirely with theoretical learning.

5.21 OBSERVATION AS A TEACHING METHOD: Learning by 'observation' is a method on which FWTs place much reliance. Teaching of practical procedures must logically include an element of observation: but should be accompanied by clear teaching and learning objectives, so that both teacher and learner are aware of the ultimate goal. Apparently aimless observation has led at least one informant to see aspects of her fieldwork placement as:

'...just standing around, doing nothing'.

Observation in, say, a clinic situation should be preceded by a discussion of the fieldwork teacher's objectives in setting the task and by ensuring that the student is aware of these objectives. Any observation period should be followed by evaluation of the task in order to link it to theory and to ensure that the new knowledge both augments, and is assimilated to, the student's prior relevant knowledge. For example, in a clinic situation, the linking of developmental assessments with related theoretical accounts should be attempted by the fieldwork teacher: and the student should be able to reshape her existing knowledge of the 'ideal' to accommodate the real occurrences.

5.22 DISCUSSION AS A TEACHING METHOD: Discussions between fieldwork teachers and students also play a major part in the teaching strategy of the fieldwork teacher. A health visitor training and education strives to promote a 'questioning, theoretical and liberal approach to situations' (2): and discussion can aid the development of such an approach. Health visitor students enter a health visitor course from an essentially unquestioning field in general nursing; and are encouraged from the first day on a health visitor course to question and analyse the situations which they find in practice. This is obviously an important characteristic to foster: and evidence suggests that, although time may be limited in some fieldwork teacher/student relationships, on at least one-third of reported occasions discussion takes place both before and after any activity (cf. Para. 4.35).

Health visitors have to be able to justify their actions before a number of other professionals: and the ability critically to evaluate these activities, in terms both of theoretical approaches and of practical outcomes, can aid them materially in this justification. Inclusion of fieldwork teachers in college group work (cf. Para. 5.20) may help in discussion of skills and in clarification of practical aspects in relation to theoretical inputs.

5.23 ACCOMPANIED VISITS: Student health visitors usually accompany the fieldwork teacher on visits for a large proportion of the early weeks in the placement. During this time, teaching is mainly by structured observation after consideration of objectives; and by discussion of related aspects of practice and the content of visits and activities in particular. Some fieldwork teachers encourage their students to participate in the visit in some way in order that they may gain experience of active home visiting under supervision. For

those who allowed participation, this seemed to take the form of asking the student's opinion on certain aspects; of asking the student to play with a toddler during the visit (perhaps to assess development); or by involving her in the general conversation. For their part, students appreciated such participation as a relief from the anxiety occasioned by being 'frozen' without guidance into a non-participant role. Some fieldwork teachers prefer their students to be a silent observer during visits: but will discuss and answer any questions once away from the home situation. The mode of participation is, of course, dependent on the individual fieldwork teacher and student: but an examination of the anecdotal record suggests that, as students, they were perfectly willing to concur with the wishes of their fieldwork teachers, provided they were made unambiguously aware of the type of behaviour expected from them in the home setting. The dilemma faced by a recently qualified HV is representative of those HVs who had not been aware of the 'code of conduct' during accompanied visits:

'...my fieldwork teacher said "...do join in", but I didn't know when or what to say! '.

Student health visitors would appear to require explicit information regarding expected behaviour during home visits, rather than to be expected to intuit what is required of them:

'...I thought my role was to stay quiet... when my (college) tutor came, my fieldwork teacher brought up the fact that I never spoke during home visits...she felt I should be joining in...but she never told me'.

5.24 INCEPTION OF AUTONOMOUS ACTIVITIES: The range of individual differences (both in student characteristics and in fieldwork teacher style) is illustrated by variations in time of inception of autonomous

visiting, which generally occurs by the first few weeks of the second term of a health visitor course. Students need to be prepared for autonomous work and it is therefore important that they get at least some experience of such work before being expected to work for longer periods on their own. A decision regarding the student's readiness to commence autonomous activities is based mainly on the fieldwork teacher's perception of the student's aptitude in visiting (cf. Para. 4.40). The fieldwork teacher may well have watched the student visit a family for purposes of such an assessment, and may base her decision on this: however some fieldwork teachers feel that it is not feasible to watch a student health visitor conduct a visit as this may create an unrealistic situation for all concerned:

'...I visited with a student once, but it wasn't successful because the mother talked to me all the time'.

Students' reports on their 'study' families are also used by fieldwork teachers to determine whether a student should start visiting alone - from these the fieldwork teacher obtains evidence of the student's ability to record aspects of the visit; her ability to extract important features of the situation; and the accuracy of advice given. Again, discussion concerning study families and the student's approach appear to play an important part in the fieldwork teacher's decision. FWTs stated that when the student exhibited 'confidence', then this was a sign of aptitude and autonomous activities were commenced. Formulating a precise definition of 'confidence' proved to be difficult for FWTs, who freely admitted the strongly intuitive nature of this criterion. It would seem important that a paradigm of acceptable behaviour for students should be prepared to enable a more scientific assessment of readiness to be made. Preparation of such criteria should form part

student behaviour (cf. Para. 5.42). Evidence from the present study would indicate that practising fieldwork teachers require more preparation in the principles of student assessment, as indicated by the somewhat sparse nature of their current knowledge in this area:

'...difficult to say how I evaluate';

'...I don't know actually what she does
(when she visits on her own)'.

5.25 HEALTH TEACHING: The fact that health visitors visit the 'well' population¹ gives them an excellent opportunity for health education' (2) both with individuals and groups. If health visitors are to develop the ability to fulfil this major function to the best advantage of their clients, it is important that they receive adequate preparation. Experience in health teaching varies with each health authority; with each college; and indeed with each fieldwork teacher. The type of experience encountered by student health visitors largely depends (inter alia) on these three factors, so that health teaching experience during fieldwork is certainly not uniform throughout the country (14). It would appear that most fieldwork teachers are able to offer at least two sessions of teaching practice for the student: but this may be the sole experience a student health visitor has on which to base her future practice. Some teaching sessions have to be 'borrowed' by the fieldwork teacher from other colleagues, and this entails extra arrangements

(2) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1977):
Investigation into the Principles of Health Visiting.
London: C.E.T.H.V.

(14) HOBBS, P. (1973):
Aptitude or Environment?
London: Royal College of Nursing.

and preparation on her part. Teaching practice in the fieldwork placement was seen to be a more effective preparation than other forms of preparation for health teaching. If more health teaching experience were to become mandatory for health visitor students, then difficulties may well arise, in some cases in 'finding' the actual sessions: and in others in fitting them in within the time spent on fieldwork placement. Some informants suggested that in-service training or a separate course may be more satisfactory as a method of preparation. Indeed several informants had been on 'Health Education' courses of various types: and others had undertaken the City and Guilds Further Education Teacher's Certificate (CGLI 730). Whether or not a minimum of two practice sessions constitutes sufficient preparation for a health visitor to practice health teaching cannot be effectively discussed within the scope of the present study: but it seems appropriate that further study should be undertaken into the nature of preparation for such an important aspect of health visiting (14).

5.26 HEALTH TEACHING IN SCHOOLS: Opportunities for experience of health teaching in schools appear to be limited within the areas covered by the present study. This lack of experience may be further compounded by the limits of supervised practice in its present form. Supervised practice takes place during the summer months at the close of the academic year, thus effectively preventing any systematic health teaching experience in schools due to the advent of school holidays. If the present proposals for lengthening the health visitor course were implemented, this limited experience would be appreciably remedied in that it would become possible for a health visitor student on supervised practice to participate in an on-going programme of health teach-

(14) HOBBS, P. (1973): cf. footnote on page 198.

uous involvement with identified groups of children and young people would facilitate the development of thematic health teaching in both large and small groups: conceivably providing the health visitor student with greatly enhanced opportunities for the development of educational planning and teaching skills, to a much greater extent than does the current normative requirement of two practice sessions, whether these are undertaken in clinic, school or elsewhere.

5.27 (C) PROFESSIONAL ASPECTS:

NO:	STATEMENT:	SOURCE:
40.	Teaching tasks related to management and administration are accorded little importance by FWTs.	4.50
41.	An important task for the FWT is that of determining priorities of work.	4.50
42.	FWTs select 'study' families for a student using certain criteria. (cf. <u>Table 4.18</u>)	4.51
43.	Guidelines for selection of families are available from appropriate colleges, and FWTs attempt to follow these.	4.52
45.	A discrepancy exists between FWT and HV statements regarding the availability of some experience.	4.52
46.	Recently qualified HVs feel there is a lack of preparation in dealing with 'problematic situations'.	4.53
47.	Experience with problems are mainly facilitated by accompanied visits to such family situations and by related case discussions.	4.53

TABLE 5.8: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: PROFESSIONAL ASPECTS OF THE FIELDWORK TEACHER ROLE.

NO:	STATEMENT:	SOURCE:
48.	Experience seen as 'too limited to be useful' includes 'problematic situations' and 'administrative experience'.	4.54
49.	The most probable reasons for limitation in fieldwork experience are constraints of time and difficulties in making appropriate arrangements.	4.55

TABLE 5.8: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
(continued) PROFESSIONAL ASPECTS OF THE FIELDWORK TEACHER ROLE.

CONTACT WITH NURSE MANAGEMENT: As discussed in Para 5.13 and 5.18, managerial and administrative tasks are consistently accorded low importance in the task rating scale. The explanation of the lack of previous management experience on the part of the FWTs has already been discussed (Para. 3.8): and this may be one reason why FWTs see management teaching as of little importance. Nevertheless, health visitor students will eventually become full-time employees of their health authorities: and in that context will be expected to manage their own caseloads and to liaise with their nurse managers, to whom they are professionally accountable. It is therefore a matter of concern to them that they lack appropriate preparation for management. Some recently qualified HVs had problems in identifying their more senior managers:

'...we've never been introduced to anyone in higher management...the Senior Nursing Officer or Divisional Nursing Officer... it would have been good to have met our bosses!'

and in this context felt rather 'unwanted'. This lack of liaison had gone even further in at least one case:

'...I never saw a nursing officer whilst I was with my fieldwork teacher'.

if unhelpful attitudes and lack of liaison between the nursing officer and fieldwork teacher are experienced by health visitors whilst still students then this may be a further explanation for continuing feelings of alienation on the part of recently qualified HVs. The inclusion of the nursing officer in the education and training of health visitors is important both in assisting the fieldwork teacher to teach management policy effectively; and in promoting a good relationship between the nursing officer and the health visitor student (cf. Appendix B and (8)). It does appear that where 'good experience' of relationships with management exist during fieldwork, this positive orientation is more likely to persist after qualification. Some nursing officers feel that getting to know a health visitor student during her fieldwork placement may cause problems if they are then subsequently responsible for the student during her supervised practice - i.e. that they may well have formed pre-conceived notions of the student's performance which could bias their opinions and ultimate assessments. However the normative practice is for student health visitors to change their fieldwork areas/sectors for purposes of supervised practice. This frequently entails a change of nursing officer, with the result that this argument would appear valid only in a minority of cases. It was also evident that in areas where good field/first line management relationships were experienced, FWTs were more willing to approach the nursing officer for advice regarding student experience in the placement context.

5.28 DETERMINATION OF WORK PRIORITIES: One management function which is accorded high importance is that of assisting the student health visitor to decide on priorities of work - a function involving management-oriented tasks but also obviously affecting the professional

of work priorities is one of the central tasks in health visiting as in other care situations; for it involves making the most effective use of available time in delivery of health care. This is obviously a feature of health visiting considered to be most important by the FWTs; and upon this factor hinges the actual work of the health visitor. One of the causes of stress mentioned by both professional sub-samples was that of 'uncertainty of role' (cf. Para. 4.66): which is perhaps a common enough dilemma for many newly qualified professionals. However if there is no certainty as to role then priorities cannot be determined. It would seem that, although FWTs see determination of priorities as most important, both recently qualified HVs and FWTs are left with the impression that sufficient residual uncertainty exists in this area to cause appreciable student stress.

5.29 PREPARATION OF HEALTH VISITING STUDIES: The preparation of health visiting studies is supposedly useful in preparing a health visitor student to work autonomously with families, whilst recognising and appreciating the principles of health visiting involved. Preparation of a neighbourhood study, it is claimed, should equip the health visitor student with skills to help her determine health needs within a local community: whilst the in-depth examination of three families should enable her to monitor the extent to which family health and wellbeing are affected for good or ill by both internal and external psychosocial determinants. Despite this orthodox view, a great deal of concern was expressed by both groups of professional informants, but especially by FWTs, concerning the preparation of neighbourhood and health visiting studies. One FWT informant likened such preparation to the production of 'War and Peace': and another told of a colleague

who she felt had:

'...almost completely written her student's studies(!)'.
'

These studies appear to cause a considerable amount of stress during fieldwork; and some informants questioned the validity of such an assessment. Some suggestions were made concerning the length of the studies. Here some FWTs felt that, due to shortening or restricting the maximum number of words to 2,500 per study, the student was only able to look at some aspects of the study in a superficial way. It was suggested that perhaps two family studies only should be submitted for assessment; but that these should be dealt with in greater depth so that students were able to concentrate on content rather than on the inevitable précis exercise which had to serve at present. Suggestions were also made for the relocation of the neighbourhood study from the main fieldwork placement to the period of supervised practice. Recently qualified HVs also felt that this may be a useful exercise. Informants were generally of the opinion that the student health visitor expends a great deal of energy in collecting and collating information from an area in which she is unlikely to work on a permanent basis. During her subsequent period of supervised practice, a small 'subsidiary' neighbourhood study may be prepared for the personal use of the health visitor, utilising skills acquired by preparing the major study. It was felt that if the more intensive study were to be carried out during supervised practice rather than during the fieldwork placement, then this would provide the student with an extremely useful information resource concerning the area she will most likely be employed in subsequent to the course. However, a major problem exists regarding a relocation of this type, in that the period of time spent in supervised practice is only nine weeks; whereas the neighbourhood study is currently prepared

during and submitted. after, a period of almost three academic terms. Thus the amount of material required in a neighbourhood study may be necessarily reduced by this new time limit, thereby considerably affecting the relevance and benefit of the exercise.

5.30 SELECTION OF 'STUDY' FAMILIES: The fact that fieldwork teachers do not have any specially selected 'tutorial' caseload, but select families for study from their existing caseload, must have an effect on the range of families available for study. It is normally recommended by colleges that 'study' families should not have any overt problems; and that they should be reasonably 'well-functioning'. However for some fieldwork teachers this may pose problems in selecting families who are genuinely representative of their caseload. Some FWT informants found it difficult to identify families who seemed to fulfil the criteria of 'stability' sometimes set by a college. It follows that student health visitors as a group do not necessarily experience a homogeneous selection of families: and some members of a student health visitor's peer group may appear to her to have much more 'exciting' families to visit. It is important therefore that the selection of families should be monitored to ensure that it includes a substantial element of 'normality' in order that the student has the opportunity to practise the major functions of prevention of ill health and promotion of health inherent in the health visitor role.

5.31 RANGE OF EXPERIENCE IN FIELDWORK: Of necessity there will be some limits to experience in a course such as the health visitor course. Time is short, and the amount of information and practice to be fitted into it is considerable. On the whole, HV informants appeared to have gained a wide range of 'normative' experience; but some curricular areas

were cited by members of both professional sub-samples as 'experiential casualties' of a course which attempts to crowd in so much within a relatively narrow compass. There may be, for example, apparent incongruities between the theoretical emphases placed on certain aspects of health visiting and the extent to which the student perceives these aspects to be illustrated in the field. When this occurs, it is quite natural for the student to regard such aspects of experience as 'limited'. Conversely, though a subject may have had very little time allocated to it in college work, a student may see great emphasis placed on its illustration in the field. It would seem that construction of health visitor course syllabuses and curricula should form a collaborative focus for both college course planner and field practitioner, thus minimising the risk of allowing theoretical input to be perceived as irrelevant to practice needs. Such an initiative has in fact already been taken by the Council in the preparation of course syllabuses: and notably in considering the principles of health visiting, when practising health visitors were included in the workshops (5).

5.32 LIMITED EXPERIENCE IN FIELDWORK: There is a discrepancy between the responses of FWTs and recently qualified HVs concerning the availability of certain types of experience within those visits other than to her own 'study' families which are allocated to a student (cf. Para. 4.52).

Such a discrepancy may well be associated at least in part with the ambiguous definition of such terms as 'routine visit'; 'visits to school children'; and so on. In view of the Health Visitors' Association's policy document 'Health Visiting in the Eighties' (13), with its emphasis

(5) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1980): cf. footnote on page 193.

(13) HEALTH VISITORS' ASSOCIATION (1981): cf. footnote on page 186.

regular, routine visits', it would seem appropriate that these and other similarly unfocused concepts should be clearly and unambiguously defined for the student within the practice framework of the specific health authority concerned. Other discrepancies regarding quality of fieldwork experience may occur due to the student's particular interest in a specific practice group such as (e.g.) the elderly or the handicapped: a situation in which the fieldwork teacher may provide the amount of experience she feels to be necessary and appropriate; yet this is not perceived as such by the student because of special interests and preoccupations. However, this cannot be the case in instances such as antenatal visits, where although there is an inter-sample discrepancy both frequencies are low. This is disturbing in the light of the recent 'Report on Perinatal and Neonatal Mortality (16), which recommends that important health visiting responsibilities lie - together with those of the community midwife - in identification and follow up of the high risk expectant mother. A contributory factor to this dearth of antenatal experience in fieldwork may well be differing systems of notification of antenatal mothers obtaining in different authorities, with a related variety of approaches to the visiting of antenatal parents. It is important that health visitor students are given sufficient preparation to aid them in this aspect of their work. Compilation of a family study including an expectant mother whose baby is due during the period of a student's placement may give extremely useful experience: and indeed is one of the suggestions made by various health visiting establishments. The report has further implications for the updating of health visitors and fieldwork teachers in post; and enters a caveat against excessive reliance

(16) HOUSE OF COMMONS SOCIAL SERVICES COMMITTEE (1980):
Perinatal and Neonatal Mortality.
London: HMSO.

on the health visitor student's obstetric experience prior to entering the course (cf. Para. 3.4), by recommending that extra obstetric experience should be available for qualified health visitors who have undertaken a limited course. This may well involve practising fieldwork teachers who completed obstetric experience some time ago and may draw increased attention to the need to offer such experience to health visitor students during their fieldwork placement to complement their existing experience gained in hospital.

5.33 EXPERIENCE WITH 'PROBLEMATIC' SITUATIONS: Fieldwork experience with 'problematic' situations which health visitors may well encounter in the course of their work is seen by recently qualified HVs as 'too limited to be useful'. A difficulty exists here in that health visitor training is very much geared to the normative health needs of the community; and thus places relatively less emphasis on deviance from the norm. However, newly qualified health visitors face such problem situations early in their careers: and tend to feel that their period of training has not prepared them adequately for these aspects of health visiting. Such difficult and demanding situations (e.g. non-accidental injury; sudden infant death; 'problem families') were discussed by informants at considerable length during interviews with the researcher: and the same feelings of unease and lack of preparation were exhibited in the responses to the questionnaires. It is interesting to note that frequency of FWT responses to the question concerning limited experience is significantly lower than that of the recently qualified HVs, suggesting that they (the FWTs) feel that sufficient experience of these types is gained during fieldwork. Possibly these data reflect the predominantly compliant attitudes of fieldwork teachers towards college stipulations regarding the nature of 'useful' fieldwork experi-

-ence. nevertheless several studies (e.g. 19, 23) have cited the lack of preparation for difficult situations felt by numerous health visitors. FWTs respond by pointing out that no-one can be passively prepared for coping with such situations; and that it is only in the experience of dealing with problems that true preparation can occur. This would seem to be a fairly simplistic argument which omits the possibility of 'transfer'; and indeed leaves out of account its accepted role in other areas of fieldwork. Some recently qualified HVs suggest that even the opportunity to deal with related documentation would have been helpful (cf. Para. 5.19):

'...forms and things...that's something we could do with more of...I hadn't seen an NAI monitor form...my first week of supervised practice I had to fill in a Kalamazoo (monthly return)...that took me ages'.

5.34 EXPERIENCE WITH THE HANDICAPPED: Other 'problematic' situations which are cited by recently qualified HVs are those concerned with the handicapped, both children and adults. These families, together with the elderly, are an emotive issue when discussing the role of the health visitor: and this may account for some responses characterising this experience as limited. However, work with the handicapped may well be limited for certain fieldwork teachers by nature of their geographical location, leading to unavailability of experience for student health visitors from their workloads. This emphasises the potential effect-

(19) McCLYMONT, A. (1980):
Teaching for Reality.
London: C.E.T.H.V.

(23) WHILE, A.E. (1980):
On Becoming a Health Visitor.
Polytechnic of the South Bank: Unpublished M.Sc. Thesis.

-iveness of a fieldwork teacher group system; and of the collaboration of the nursing officers with fieldwork teachers in making the best use of resources. If, as the Warnock report suggests, the health visitor were to become the 'named person' (*) (9) during the early years of life, then the efficacy of her current preparation in the care of the handicapped in the community - and especially of children - could be called seriously into question. In their related comments the Council pointed out that, although present training was seen as providing an adequate basis for such a role, there was a 'need for on-going education in specific aspects of handicapping conditions' (4).

5.35 SHARED LEARNING: An activity which can enhance the care given

(*) The concept of the 'named person' is introduced by the Warnock report as follows:

'...one person should be designated as Named Person to provide a point of contact for the parents of every child who has been discovered to have a disability or is showing signs of special needs or problems...to introduce parents to the right services or.....to ensure that any concern which there may be about their child's development is followed up. We envisage that in most cases the health visitor will be the Named Person in the early years ...she will be able to facilitate the change from home-based to school-based education by making suitable arrangements with her successor as Named Person within the education service.'

- (9) COMMITTEE OF ENQUIRY INTO EDUCATION OF HANDICAPPED CHILDREN AND YOUNG PEOPLE (1978):
Special Educational Needs. (Warnock Report)
London: HMSO.
- (4) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1979):
Education and Training Council Information.
Spring 1979.
London: C.E.T.H.V.

to certain groups is effective collaboration between carers - one major reason for the introduction of the concept of the 'named person' suggested by the Warnock Committee. The Council recommended that in order to aid this collaboration, 'shared learning' should occur involving the professionals concerned. It would appear that shared learning may facilitate 'coping' with certain aspects of limited experience cited by recently qualified HVs, by helping students to consider other facets of a situation, through learning about related problems and approaches of other services: and also by verbalising their own role to become more certain of their own place and function in the situation. It is frequently by means of similar processes of professional self-analysis that clarity is gained: and it is perhaps by this method that some proportion of the anxieties and fears felt by recently qualified HVs regarding 'problem' situations might be resolved (cf. Paras. 4.66 and 5.47). Shared learning both in college work and fieldwork could materially assist these deficits in student experience (cf. 7. 12).

5.36 PRACTISING ADMINISTRATIVE TASKS: Lack of administrative experience has already been briefly discussed (cf. Para. 5.26). Again, if students are to be prepared adequately to fulfil their functions as health visitors, there are central aspects of administration which they must master. The amount of paper work which a health visitor must undertake has grown with the evolving structure of the National Health Service. Due at least in part to recent professional enquiries

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- (7) C.E.T.H.V./PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING (1980):
Shared Learning.
London: C.E.T.H.V./P.A.D.N.T.
- (12) HASLER, J.C. and KLINGER, M. (1976):
Common ground in general practitioner and health visitor training - an experimental course.
London: Journal of the Royal College Practitioners, 1976, 26, pp 266-276.

and legal proceedings, the ability to produce succinct and accurate written reports and accounts is now considered to be very necessary. It is therefore important that student health visitors should be accorded the opportunity to practise these and other administrative tasks. During interview, many FWT informants stated that they usually asked their students to come in after 9.30 am. after they had completed their paper work: with the obvious corollary that students did not have an opportunity to observe what had to be completed. Some FWTs pointed out that they would expect their students to complete the paper work pertaining to their 'study' families. However, it would seem important in light of the limits cited by recently qualified HVs that more adequate administrative preparation should be given; and that this is an aspect of fieldwork teaching which should receive greater emphasis in fieldwork teacher courses as well as being brought to the attention of practising fieldwork teachers.

5.37 TIME CONSTRAINTS: Reasons for limited experience given by both professional sub-samples centred around time constraints of the course and the relative ease or difficulty with which certain experience could be arranged. Some experience was not available in the FWT's area or caseload: whilst some was available but not during the students' placement days. Time constraints are very real during a health visitor course; and are suggested as the cause of much stress on the part of both fieldwork teacher and student. The document entitled 'Time to Learn', produced by the Standing Conference of Health Visitor Education and Training Centres (22) outlines several methods of lengthening the

(22) STANDING CONFERENCE OF HEALTH VISITOR EDUCATION AND TRAINING CENTRES (1980):

Time to Learn: report on the content and length of the health visitor course.

London: S.C.H.V.E.T.C.

health visitor course. The proposal most favoured in this consultative document is that of offering a year's probationary practice following completion of the health visitor course and related fieldwork. This model entails the lengthening of the present period of supervised practice and incorporating study periods within it, thus enabling the health visitor student to gain experience of practice with a caseload under supervision from a nursing officer. One of the problems which appears to exist at present is the sudden transition from the support and 'care' of a fieldwork teacher to autonomous work in a relatively unfamiliar context, and with a far larger caseload than the six families previously studied. It would appear that greater collaboration is required between the fieldwork teacher and the nursing officer responsible for the student during supervised practice, in order that this transition should be as smooth and non-threatening as possible. The lengthened course would not appear to ameliorate in any way the time constraints existing in the fieldwork placement proper: and possibly this should be restructured so that experience reckoned to be essential is dealt with in the fieldwork placement: leaving experience of rather less central a nature to be provided during supervised practice. A margin of flexibility exists here, since definitions of what is 'central' and what is 'secondary' may be expected to vary within the individual practice contexts concerned. There are, however, indications in the study data that, though extremely helpful, such a strategy may not entirely ameliorate the dearth in fieldwork placements of certain experience which by any reckoning must be regarded as central and essential. For example an area critical to the health visitor role - that of experience in 'child development' - was frequently mentioned as an area of relatively 'limited' experience. Here recently qualified HVs felt that

more time should be spent on 'child development' (and especially on the psychological aspects of development), both in college and in fieldwork itself, than is currently the case:

'...sociology and social policy...at the time I felt they were irrelevant and could be minimised ...other things were more essential like child development'; (HV)

'...should be more(in college) on child development, child psychology and childhood ailments'; (HV)

'...social side seemed a bit 'airy-fairy' ...ideal taught in college...led to disillusionment' (FWT)

5.38 (D) COMMUNICATIONAL ASPECTS:

NO:	STATEMENT:	SOURCE:
50.	Although important to FWTs, colleagues do not always provide the best 'role-models' for health visitor students.	4.56
51.	Modal information given to 'study' families consists of the students' name and the role to be played by the student and the fieldwork teacher.	4.57
52.	It is not generally perceived by student health visitors that 'study' families have been informed of their qualifications and experience.	4.57
53.	Liaison with the relevant college is seen to be important by FWTs.	4.59
54.	Considerable importance appears to be attached to students' written reports and self-evaluation in the FWT's assessment of approach to visiting.	4.60

TABLE 5.9: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
COMMUNICATIONAL ASPECTS OF THE FIELDWORK TEACHER ROLE.

CONTACT WITH HEALTH VISITOR COLLEAGUES: Although FWTs in the study sample felt that their health visiting colleagues did not always provide the best 'role-models' for a student health visitor, the recently qualified HVs felt that they would like to have had more experience in visiting with other health visitors. As While (1980) points out, only limited opportunities exist during fieldwork for observing various attitudes and approaches when attached to one fieldwork teacher throughout a placement without meeting and working closely with other health visitors (23). It would appear that visiting with other health visitors and fieldwork teachers could enhance a practical work placement by giving the student an opportunity to observe different approaches and attitudes and by introducing some opportunities for more specialised visiting. It is, however most important that the fieldwork teacher's colleagues are aware of what is actually required both of them and of the student.

5.39 CONTACT WITH OTHER MEMBERS OF THE PRIMARY HEALTH CARE TEAM:

Contributions from other colleagues in the primary health care team are also usually included in the education and training of health visitors. Fieldwork teachers who are based within general medical practices which include GP trainees, district nurse students and sometimes midwifery students described how useful a situation this was. Opportunities for joint case discussions; and also for each member of the team to give experience to the others' students. This helps to foster a mutual awareness and understanding of each other's role which could be extremely useful when collaborating with other workers in the care of the individual. Cross-disciplinary experience of this kind is another aspect of preparation during fieldwork which could be enhanced by the development of shared learning within both college and fieldwork contexts.

(23) WHILE, A.E. (1980): cf. footnote on page 209

5.40 PREPARATION OF 'STUDY' FAMILIES: The information given to 'study' families concerning the health visitor student varies according to the pattern of teaching favoured by the fieldwork teacher. As has been discussed (Para. 4.57), some fieldwork teachers prefer that their students introduce themselves; although some knowledge of the reasons for the student's visits could help to provide a better 'entrance' to the family for the student. It appears that the student feels less 'embarrassed' if the family are aware of her role and why she is visiting them. Ethically it would appear important that a family should be aware that their health visiting service is being offered temporarily by a student under supervision. A number of fieldwork teachers did not seem to introduce student health visitors as students, but rather as colleagues, because of the stereotype applied to 'students' as such by some members of the public.

5.41 CONTACTS WITH HEALTH VISITOR TUTORS: Links with the student's college are seen to be helpful by most FWTs: and contacts with tutors as generally helpful and adequate. Many of the FWTs would have welcomed more links with colleges: and perhaps some arrangement whereby they were made more responsible to the educational establishment rather than exclusively to their health authority. It is difficult to see how this could be organised however, especially from a financial point of view. The 'unrealistic' expectations of certain tutors were criticised in the light of the stress that these could cause to some students. Updating of tutors regarding the 'rigours of reality' in contemporary health visiting was proposed by some FWTs.

5.42 ASSESSMENT OF 'APPROACH': As already discussed in Para. 5.24, the assessment of a student is very often largely intuitive on the part

or the fieldwork teacher. When informants from the FWT sub-sample were asked by what method(s) they assessed the 'approach' of a student in a family visiting situation, responses included the use of student reports and of self-evaluation by the student. Some FWT informants apparently based their assessment mainly on visits that they may have made with the students; or on observations they may have made during clinics. Although discussion is reported to be used widely during fieldwork in teaching, it is held to be less important in assessment. It would seem that its potential as an assessment technique is not fully recognised by fieldwork teachers although it is clearly used in other contexts. Discussion takes time: and fieldwork teachers with large caseloads may not necessarily have a great deal of time to devote solely to discussion. Thus the discussion reported is largely incidental, and does not occur as a planned and separate element. Again as indicated in Para. 5.24, it would appear important for health visitors attending a fieldwork teacher course to consider devising an assessment schedule or similar paradigm whereby more objective student assessments may be made.

5.43 PASTORAL AND EVALUATIVE ISSUES:

NO:	STATEMENT:	SOURCE:
55.	Both FWTs and HVs cite educational factors as criteria of success more frequently than either communicational or professional factors.	4.61
56.	Communicational factors are highly rated by recently qualified health visitors as helpful in the student/fieldwork teacher relationship.	4.62

TABLE 5.10: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS: PASTORAL AND EVALUATIVE ASPECTS OF THE FIELDWORK TEACHER ROLE.

NO:	STATEMENT:	SOURCE:
57.	There is general agreement between FWTs and HVs concerning the most 'satisfying' aspects of fieldwork.	4.63
58.	FWTs cite 'results in visiting' as giving satisfaction to students significantly more frequently than do the recently qualified HVs.	4.63
59.	Student dissatisfactions centre around time constraints and limitations in the range of fieldwork.	4.64
60.	There is general agreement that a major cause of stress in fieldwork is 'uncertainty of role'	4.66
61.	Health visiting studies contribute to stress during fieldwork.	4.67
62.	Significantly more FWTs cite academic work as a causal factor of stress in fieldwork than do HVs.	4.67
63.	The majority of FWTs enjoy their role in preparation of student health visitors.	4.68
64.	Generally, FWTs do not receive sufficient evaluative feedback on their work, either from college or from nurse management.	4.69
65.	FWTs welcome the idea of 'rest years' both for personal and professional appraisal.	4.70

TABLE 5.10: EMPIRICAL STATEMENTS EMERGENT FROM DATA ANALYSIS:
(continued) PASTORAL AND EVALUATIVE ASPECTS OF THE FIELDWORK
TEACHER ROLE.

SUCCESS IN FIELDWORK: When evaluating the success of a placement, members of both professional sub-samples appear to cite those factors concerned with the student's readiness to progress to the next stage - that of the 'period of supervised practice'. Thus success tends to be strongly equated with satisfying the minimal requirements of the course in terms of the acceptable rather than the optimal. Although recently qualified HVs do appear to take this further by discussing

FWT appears to be fairly narrowly defined in terms of 'context-bound' teaching and learning sequences rather than in terms of any broader implications for professional practice inherent in fieldwork situations. Although the academic course and subsequent examinations are obviously important in ensuring an acceptable standard of preparation for the profession, it is equally desirable that the quality of preparation for practice is not lost; and that 'passing the examination' is not considered to be the sole reason for experience gained in fieldwork. This quality of creative fieldwork teaching is well characterised in the comment of one recently qualified HV that a good fieldwork teacher is:

'...someone who is continually questioning her role and how she performs...so that she is giving as good a service as possible'.

5.44 HELPFUL AND UNHELPFUL FEATURES: When highlighting the helpful and unhelpful features of the student health visitor/fieldwork teacher relationship, recently qualified HVs cited many more communicational factors than other factors (cf. Appendix M). Fabb's non-threatening learning environment seems a particularly important concept when considering a working relationship as close as that between student and fieldwork teacher. Both groups generally agreed that the relationship was 'special': and that although it tended to be closer than that existing between student and tutor, it was in fact a different kind of relationship:

'...they see tutors as 'teacher' '(FWT)

If, therefore, this generally close one-to-one relationship is to be a relatively successful one, careful consideration needs to be given to

the allocation of students to FWTs so that compatibility of personal-ity is achieved:

'...if you don't get on with your fieldwork teacher...well, almost anything is better!'

5.45 SATISFACTION IN FIELDWORK: Generally the aspects of fieldwork concerned with the actual practice of health visiting were considered to be the most satisfying; so that 'home visiting' comes very high in the list for both professional groups. The sorts of relationship which students develop with the members of study families are important for them, in order that they may appreciate the satisfaction of having cared for a family totally; and of bearing the responsibility for their own professional actions. Such close relationships can give the student a great deal of satisfaction, especially:

'...when they tell you things they've never told your fieldwork teacher...that gives you a lift!'

One difficulty which arises here is that, once a student becomes qualified, these relationships tend not to be so close because of the inevitable constraints of a full caseload; hence the satisfaction of this type experienced in fieldwork is not necessarily sustained. One of the desirable criteria for success in fieldwork cited by FWTs was student enthusiasm for health visiting: and they described the sadness of re-encountering ex-students after a period of months or years, only to find that the sparkle of their early enthusiasm had apparently completely departed.

5.46 RESULTS IN VISITING: A traditional example of student satisfaction during fieldwork which has been commonly highlighted among FWTs has been for the student HV to achieve 'results'; e.g. for a mother to take advice proffered by the student, or to attend clinic after the student has suggested this. Somewhat surprisingly perhaps, this was mentioned significantly more frequently by FWTs in the present study than by recently qualified HVs. It has been suggested (cf. Para. 4.63) that contemporary student HVs are perhaps not as concerned by apparent lack of achievement of overt results as were their predecessors, possibly as a result of changing emphases in nurse training and of waning authoritarianism in contemporary society. It would seem important that FWTs do not teach specifically for the obtaining of 'results': but seek to present a balanced view of contemporary health visiting; and to give the student opportunities to come into contact with the 'non-conformist' individuals in a case-load.

5.47 STRESS IN FIELDWORK: Stress factors during fieldwork generally identified by both professional groups were 'uncertainty of role' and 'preparation of health visiting studies'. Health visiting studies have already been discussed in Para. 5.29, along with the possibility of reducing the number of such studies undertaken during fieldwork. Role uncertainty is an aspect which has caused stress amongst HVs since the inception of the service: and certainly HVs themselves have been criticised for not being able to identify the critical components of their own role (5). It is therefore not surprising that students are finding role uncertainty still to be a cause of stress.

(5) COUNCIL FOR THE EDUCATION AND TRAINING OF HEALTH VISITORS (1980):
cf. footnote to page 193.

FWTs in the interview sub-sample suggested that newly qualified health visitors only appreciated the definition and significance of their role within a community after they had been working for some time with a caseload of their own. It is certainly desirable that fieldwork teachers should be selected for their own clear thinking with regard to the role of the health visitor; for if a fieldwork teacher is herself uncertain about her professional role, she will find it extremely difficult to link theory to practice satisfactorily for the student.

5.48 ACADEMIC NATURE OF HEALTH VISITOR COURSE: Academic work, of necessity, must be linked with fieldwork practice: but it should not impinge so that it hinders the effectiveness of the placement. The academic nature of the course has been discussed elsewhere (cf. Para. 5.3); but it would seem important that college work should be linked to practical application so that students see the relevance of such work. Work which is not seen as relevant to the ultimate aim of the course (defined in terms of professional utility) is seen as more stressful than if a 'purpose' can be recognised. If fieldwork teachers feel that academic work is 'drowning out' fieldwork then this is stressful to them as well as to the student. It would therefore appear very desirable that an appropriate balance between relevant academic work and fieldwork should be struck: although it would also seem necessary that the academic nature of the health visitor course should be retained to offer students both the necessary theoretical background and the opportunity of achievement (1, 20). It was generally accepted by

(1) BEARD, R. (1972):
Teaching and Learning in Higher Education.
Harmondsworth: Penguin.

(20) PETERS, R.S. (1964):
'Mental Health' as an Educational Aim. In HOLLINS, T.H.B.
Aims of Education: the philosophical approach.
Manchester: Manchester University Press.

enjoyable, albeit 'hard', course:

'...I enjoyed the experience...I probably worked harder on this damned course than at any other time...I've never taken anything so seriously before! '

5.49 DICHOTOMY OF FIELDWORK TEACHING:

'...I enjoy it, it's very hard and tiring ...the stimulation is good for me, basically I'm lazy, I've got to read...I've got to run to be one jump ahead! '.

In general, responses from FWTs were favourable towards their role, although undeniably this put a great deal of strain and extra work on many of them: especially in the case of dichotomous demands, where fieldwork teachers were carrying heavy workloads and also had a student on placement, especially during week-long study blocks where the health visiting caseload could not be left unattended. FWTs also emphasised that fieldwork teaching requires commitment both to health visiting and to teaching: and stressed the importance of not remaining static and of keeping 'up-to-date'. Several stressed the importance of attendance at refresher courses, even during periods when they were not responsible for a student. In view of the many pressures involved, it would seem essential that fieldwork teacher caseloads and workloads should be reviewed individually to provide a reasonable workload which will give adequate experience for health visitor students whilst not causing the fieldwork teacher to be unduly overworked.

5.50 INCLUSION OF FIELDWORK TEACHERS IN HEALTH VISITOR STUDY PERIODS:

Links with college were strong for most of the FWTs, but it was felt by some that these links occasionally became rather tenuous. It would

appear that consistent liaison between college staff and fieldwork teacher is vital for the well-being both of the student and of the fieldwork teacher. One way to strengthen links suggested by a FWT was the inclusion of fieldwork teachers on selection panels for potential health visitor students, in that a practising fieldwork teacher could offer valuable comments and suggestions during the selection procedure.

5.51 FEEDBACK TO FIELDWORK TEACHERS: A general criticism offered by FWTs concerned the lack of evaluative feedback regarding their performance as fieldwork teachers. They were usually told that a student had done well in the health visitor course, but they were rarely offered any critical suggestion if they personally felt that things had not gone so well. FWTs thought it important that tutors felt they were free to discuss shortcomings as well as 'triumphs' with the fieldwork teachers. It was felt that, even with the reorganised fieldwork teacher course, this was still not occurring as frequently as they would have liked. Nurse management was also criticised for lack of feedback concerning health visitor students. FWTs felt somewhat aggrieved that, having been responsible for a student for six or seven months, they rarely heard any more about the student or her progress from nurse management, even though a nursing officer would have supervised the student for three months. However, they usually heard quickly enough from colleagues when a student was not doing well!! As discussed in Para. 5.19, it would seem to be useful to have effective collaboration between fieldwork teachers and the nursing officer responsible for supervised practice, in order both to avoid a sharp transition for the student and to remedy the lack of feedback for fieldwork teachers.

5.52 REST YEARS: Fieldwork teaching is a demanding responsibility.

to have a health visitor student working alongside her for six or seven months, questioning intensely and raising problems both personal and professional, can cause a fieldwork teacher to doubt the wisdom of continuing if no respite is available. Rest years become essential for the fieldwork teacher who also carries a relatively high caseload. Similarly, provision of a rest year may serve as a recognitory gesture on the part of an authority for the work which a fieldwork teacher has done. Unfortunately, some fieldwork teachers do not seem to have years without students; especially in health authorities where there is a high turnover of staff and health visitors do not remain long enough to gain a working knowledge of a particular area so that they could be trained as fieldwork teachers. This situation is made still more problematic by the fact that the new course for fieldwork teachers has caused some health visitors to think carefully about undertaking what is now virtually a two-year commitment: and some health visitors are unwilling to commit themselves for that period of time. However, if high qualitative standards of fieldwork teaching are to be maintained it would seem essential that this dilemma should be resolved to enable fieldwork teachers to take advantage of an occasional well-deserved and much-needed rest year.

PRACTICAL IMPLICATIONS OF THE DISCUSSION: SOME PROPOSALS FOR ACTION.

5.53 As a result of the foregoing analysis and discussion, it is possible to identify certain interventions which, though modest in scale and economically feasible, could tend materially to improve the quality and character of the fieldwork experience for future health visitor students. These proposals for action take as their inception the empirical statements of the discussion; and fall into the major categories of:

- (A) organisational proposals;
- (B) educational proposals;
- (C) educational/organisational proposals.

(A) ORGANISATIONAL PROPOSALS:

1. That there should be increased collaboration between nurse managers and the fieldwork teacher (cf. Paras. 5.10, 5.14, 5.19, 5.27, 5.36 and 5.51).

A lack of cooperation is exhibited in the results of the present study between fieldwork teachers and their nurse managers (primarily the nursing officers). The nursing officer would seem to be an appropriate member of staff to be involved when planning experience for a student because of her wider knowledge and experience of resources. This increased collaboration could do much to improve present attitudes to management in general, in that students would see a manager taking a continued interest in the education of health visitors and in the realities of health visitor practice. Criticisms have been levelled at the sudden transition from fieldwork placement to supervised practice. Collaboration between nurse managers could assist students to meet their new nursing officer before supervised practice begins, thereby somewhat lessening the stress. With increased collaboration, another concern of fieldwork teachers may be resolved, that of the lack of evaluative feedback from nursing officers. With the introduction of the nursing officer's assessment of a fieldwork teacher undertaking Part II of the fieldwork teacher course, this lack of feedback should be ameliorated to a certain extent; but it is an aspect which needs constant discussion. Perhaps this aspect of health visitor education and training should be dealt with in more depth by courses for assessors of the period of supervised practice attended by nursing officers.

5.54 2. That a review of both fieldwork teacher workloads and fieldwork teacher caseloads should be undertaken (cf. Paras. 5.7, 5.30, and 5.49).

A major constraint reported by recently qualified HVs during fieldwork placement is that of lack of time. One reason advanced for such a constraint is that of an unduly large caseload; or of several additional commitments on the part of the fieldwork teacher, thus tending to leave the fieldwork teacher with little time to spare for in-depth discussion with her students. It would seem appropriate at the present time, when the Clegg Committee has recommended a decreased caseload for fieldwork teachers, to review the responsibilities of fieldwork teachers; regardless of whether or not such a review is regarded as a strategy for recognition of the fieldwork teacher. It is important educationally that student health visitors should not feel as if they are a burden to their fieldwork teachers and consequently feel compelled to accept lack of attention or discussion because they see their fieldwork teacher as 'too busy'.

5.55 3. That wherever possible fieldwork teachers should be offered a regular rest year (cf. Para. 5.52).

Fieldwork teaching is a very onerous commitment especially if performed conscientiously and effectively. As a result of being responsible for a student over a considerable period of time, the fieldwork teacher's caseload may be less well covered and she herself may be in need of a rest in order that she may continue to function effectively. Many health authorities strive to provide their fieldwork teachers with at least one rest year for every three or four years of active fieldwork teaching and although this is not always possible, it does demonstrate concern for the welfare of fieldwork teachers and for the standard of

education which health visitor students are receiving. Regrettably this degree of concern was not reflected throughout the authorities. Some 34.6 per cent of FWT informants had had no rest years at all since commencing fieldwork teaching -- in some cases for a period as long as six or seven years.

5.55 4. That there should be at least minimal accomodation available for a health visitor student at a fieldwork teacher's workbase (cf. Para. 5.15).

Although not a major aspect of education itself, the provision of a desk, a table, and somewhere to put personal books and belongings, plays an extremely important part in helping a student health visitor to feel part of the organisation in which she is based. Minimal provision of a chair, and desk and/or a table would seem an essential and appropriate preliminary to 'belonging'. The use of private and quiet accomodation for tutorial work is also important in the preparation of a student health visitor. Ideally, this is something which should be considered before a new fieldwork teacher has a first student: and perhaps this is an aspect which should be prepared whilst a health visitor is undertaking Part I of the fieldwork course. It should also be borne in mind that basing health visitor students in rooms where several health visitors are working is often not an effective strategy due to individual personalities and modes of working which may not always provide the best of examples for students.

(B) EDUCATIONAL PROPOSALS:

5.57 1. That more attention should be given to the teaching of management and administrative skills in both fieldwork teacher and health visitor courses (cf. Paras. 5.5, 5.19, 5.27 and 5.36).

The lack of fieldwork teacher experience in administration, and their tendency to underestimate the importance of management skills, have already been discussed. It would appear that there is an overall lack of appreciation of the need for health visitor students to gain experience in such aspects of management and administration of a case-load. Clearly this is a topic which needs consideration during the theoretical elements of the health visitor course: and ideally there should be the opportunity to follow up and link theory to practice during fieldwork placement. The aspects of teaching and preparing students for their new roles as managers should be emphasised during fieldwork teacher courses, in order that new fieldwork teachers become aware of this need.

5.58 2. That a paradigm of acceptable criteria of success for a health visitor student should be produced in collaboration with tutors, fieldwork teachers and nurse managers (cf. Paras. 5.23 and 5.41).

An attempt to produce a paradigm of the knowledge and attitudes required of a health visitor has been made by the working group on the content and length of the health visitor course (22): and it is also recommended that fieldwork teachers should try to construct such a paradigm for their first student. However it would appear from the results of this study that fieldwork teachers are making intuitive decisions regarding the achievements of health visitor students, rather than basing these on objective information. It would seem important that such paradigms should be introduced during the fieldwork teacher course: and that individual colleges should encourage fieldwork teachers to produce such guidelines for each student. This would be extremely helpful for the student, who would know exactly what behaviour was expected of her.

(22) STANDING CONFERENCE FOR HEALTH VISITOR EDUCATION AND TRAINING CENTRES (1980): cf. footnote to page 212.

5.59. 5. That there should be a realistic emphasis within the theoretical aspects of the health visitor course (cf. Para. 5.31).

The health visitor course prepares nurses to undertake the duties of a health visitor in a variety of different settings; and therefore strives to be as general in content as possible. However, there were some complaints from both FVTEs and recently qualified HVs that emphasis was being placed on some (less apposite) aspects of the syllabus (e.g. statistics) to the detriment of other, more practically relevant, content (e.g. child development). Whilst it was not disputed that such subject material is useful and interesting to the health visitor student, informants contended that in such an intensive course there must be some realistic direction and preparation for the primary functions of the health visitor. It is therefore recommended that curricula are examined in light of comments of practising health visitors: and constructed realistically, bearing in mind both the available time and the expected function of the participants.

(C) EDUCATIONAL/ORGANISATIONAL PROPOSALS:

5.60 1. That regular up-dating should be available for fieldwork teachers whether or not they are currently responsible for health visitor students (cf. Paras. 5.4, 5.10, 5.50 and 5.52).

One of the rewards of fieldwork teaching was reported to be the amount learnt from health visitor students by fieldwork teachers. Inevitably this leads to a thirst for more knowledge on the part of the fieldwork teacher and it was generally felt that there was not enough offered to fieldwork teachers to help them to keep up-to-date in the profession. Fieldwork teachers quite rightly emphasise their responsible position in preparing health visitor students; and would welcome more regular opportunities for up-dating. Undeniably, the establishment of mandatory

refresher courses for fieldwork teachers would be an extremely useful way of ensuring the 'professional alertness' of the fieldwork teacher. However, in the present economic stringencies, it is hardly likely that this would be a possibility. Nevertheless, it may well be possible for colleges to institute regular provision for up-dating, either in the form of refresher courses or regular study days (not simply fieldwork teacher meetings) throughout the academic year. It is important that fieldwork teachers who are not currently responsible for a health visitor student should also be eligible to attend such study days, since it was frequently reported that it is in the years that the fieldwork teacher does not have a student that she tends to let her up-dating strategies slip.

5.61 2. That selection of fieldwork teachers should take place with regard to the 'mobilisation' of experience which has occurred, rather than simply the duration of experience (cf. Paras. 5.11 and 5.48).

Recently qualified HVs gave favourable reports concerning those fieldwork teachers who were able to guide them through practical work knowledgeably. The fieldwork teacher who was able to explain procedures and practice linking these to the theoretical aspects of the health visitor course was accorded much praise. If, on the other hand, a fieldwork teacher seemed to leave the student to make her own interpretations of theory on most occasions; or presented a rather mundane approach to the teaching of practical work, then the praise was distinctly muted. The enthusiasm of some fieldwork teachers was remarked upon by recently qualified HVs: and had obviously been 'passed on' in many cases. It would seem clear that someone who has used the experience she has gained to innovate and to enhance her professional practice is much the likeliest candidate to help an inexperienced student

gain knowledge and experience in health visiting.

5.62 3. That more consideration should be given to the allocation of health visitor students to suitable fieldwork teachers (cf. Paras. 5.16; 5.17; 5.18; 5.44).

Eleven (10 per cent) of recently qualified HVs in the study sample had experienced unhappy fieldwork placements, due mainly to their relationships with their fieldwork teachers. Although seven of these situations resolved during the year, there were still uncomfortable situations for the remainder, which caused them to question whether or not health visiting was 'for them'. There is of course no proof that these students would have been catered for any better by other fieldwork teachers: although there is a strong likelihood that this would have been the case. However, incongruous relationships will occur from time to time in any situation such as the allocation of students to fieldwork teachers. It may be possible to avoid certain incompatibilities by paying more attention to allocation - although in the absence of any systematic personality assessment of either fieldwork teacher or student, it may be difficult always to allocate compatible personalities to each other. Nevertheless, it is recommended that consideration should be given to this point: and that the opportunity to 'change' fieldwork teachers, should this become desirable, ought to be available. The information given to fieldwork teachers regarding their students could be more enlightening in some cases. This would seem to be extremely important since this information tends to contribute to the initial basis of relationship formation between student and fieldwork teacher.

5.63 4. That the establishment of local fieldwork teacher groups should be undertaken (cf. Paras. 5.14; 5.16; 5.31; 5.34).

Fieldwork teacher groups have been set up successfully in at least two of the health authorities in the study catchment: and reports concerning these were extremely favourable. Their value in offering support to fieldwork teachers and extra experience to health visitor students was praised by the informants. The inception of fieldwork teacher groups was recommended as a result of a small study undertaken under the auspices of the Council in 1975 (cf. C.E.T.H.V., 1975 - Reference (11), Section 1): and it is sad that more have not been set up in the interim period. The majority of FWT informants stated that they preferred to be primarily responsible for one student at a time; but would greatly welcome the opportunity for alignment with a fieldwork teacher group in order to be able to offer the students an opportunity of discussion and contact with other students: and similar contacts with other potentially useful professional role models.

5.64 5. That existing links between college staff and fieldwork teachers should be strengthened (cf. Paras. 5.20; 5.41; 5.50; 5.51).

Generally, FWTs were satisfied with their contact with college staff; but felt that the existing links could be improved by more collaboration and inclusion of fieldwork teachers in discussion groups in college. Some felt that the fieldwork teacher introduced an element of reality into the 'ideality' of college. FWTs felt that feedback concerning their performance as FWTs could be improved: and that once a student finished her health visitor course, there was currently little if any contact regarding outcomes. It was felt that more constructive advice and comment could be offered by nurse managers; with feedback extending into the students' period of supervised practice. This was felt to be

particularly necessary when a student's achievement did not appear to attain predicted levels.

5.65 6. That two placement days per week should be organised for students in preference to simply one (cf. Para. 5.12).

There was a manifest lack of continuity in follow-up during fieldwork placement if only one placement day occurred each week: and in general two days each week were felt to be more acceptable. The possibility of varying the days each term was suggested by several informants. In the past, one of the arguments advanced against this strategy has been that of associated college curricular difficulties: and indeed such changes could make this a difficult proposition. However, the possibility of such variation remains a useful and valid suggestion; and if proved to be feasible would certainly seem to provide an opportunity for students to see the workbase and to experience fieldwork on different days of the week.

5.66 7. That the present health visitor course is too short and more fieldwork experience is required (cf. Paras. 5.37; 5.45).

There is, at present a recommendation before Council concerning the proposed extension of the health visitor course (22). Certainly within the study sub-samples there was much support for such an extension of the course. Generally, informants felt that longer fieldwork experience was required; and had suggested the longer supervised practice year before the Standing Conference report had been made public.

(22) STANDING CONFERENCE FOR REPRESENTATIVES OF HEALTH VISITOR EDUCATION AND TRAINING CENTRES (1980): cf. footnote to page 212.

5.67 8. That the use of health visiting studies in the health visitor course should be reviewed (cf. Paras. 5.29; 5.30; 5.40).

Health visiting studies were seen to be a cause of stress during fieldwork because of the amount of work they generated and the problems encountered by students writing these studies (cf. Para. 5.29). The neighbourhood study was particularly criticised because of the amount of energy the student was required to invest in it; and the fact that she was then frequently unable to capitalise on this effort due to moving areas for supervised practice. The philosophy of inclusion of the neighbourhood study was generally agreed: but there was a strong feeling that it would be better placed during supervised practice to allow the student to gather valuable information concerning the area in which she is to work. A brief neighbourhood study could still be prepared during fieldwork placement in order to complement the family studies submitted by the student; of which two could be produced in greater depth to allow for more application of theoretical knowledge to the analysis of the family situations encountered.

5.68 9. That an effort should be made to introduce learning shared with other professionals within the health care team, both within the college context and in fieldwork (cf. Paras. 5.33; 5.35; 5.39).

Experiments in shared learning have taken place with varying results. However, it would seem that some of the difficulties encountered by student health visitors regarding the knowledge of the roles of other professionals and uncertainties regarding their own role, could be resolved in this way. Shared learning, both in college and in fieldwork, offers an invaluable opportunity for student health visitors to work with other professional learner groups, and to gain associated

insights into parallel professional concerns. The skilled application of the concept of shared learning could help the health visitor student to develop that '...questioning and liberal approach', coupled with an appreciation of the wider aspects of health care, which is the hallmark of effective and efficient health care.

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NB: This list of references is arranged both alphabetically and by section of the study in which a specific reference appears. Thus when considering a specific text number (e.g., 2.21), the digit appearing before the point refers to that section of the study in which the reference appears: whilst the digit(s) which follow(s) the point refer(s) to the alphabetic sequence of the text in that section.

As a result the post-point digits correspond to the numbers assigned to texts in section footnotes (Please note that in section footnotes the pre-point digit is omitted; since the context clearly conveys the sectional location of the text).

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APPENDICES

APPENDIX A: HEALTH VISITOR TRAINING ESTABLISHMENTS CURRENTLY OFFERING A FIELDWORK TEACHER COURSE.

As previously noted in Para. 1.13, 'new-style' fieldwork teacher courses commenced in the year 1978, in training establishments already offering a health visitor course. Since that date, the number of training establishments offering fieldwork teacher courses has grown steadily, now numbering twenty-five, inclusive of the latest course convened in 1981 at Trent Polytechnic. The mean number of places offered annually by each college is 18.28, giving an annual mean total of 457 places for training establishments in Great Britain. Locational and other details regarding individual courses are as follows:

TRAINING CENTRE AND APPLICATIONS TO:-	TEL NO.	COURSE TUTOR	COURSE FEE* (approx)	NO. OF PLACES	RESIDENT/ NON-RESIDENT
BIRMINGHAM City of Birmingham Polytechnic Dept. of Sociology & Applied Social Studies Camp Hill Centre, Stratford Road, Birmingham B11 1AR	Birmingham 772 5912	Miss M. Gundry	£55	15	Non-resident
BOLTON Bolton Institute of Technology Deane Road Bolton BL3 5AB	Bolton 28251	Miss F. Chew	£50	25	Non-resident
BRIGHTON Brighton Polytechnic Dept. of Community Studies Falmer Brighton BN1 9PH	Brighton 606622 ext. 355	Miss H.M. Manley	£35	15	Non-resident
BRISTOL Bristol Polytechnic Dept. of Economics & Social Science Coldharbour Lane Frensham, Bristol BS16 1CY	Bristol 656261 ext. 428	Miss J.O. Sangster	To be agreed	20	Non-resident
CHELTENHAM North Gloucestershire College of Technology The Rowans, Shurston Road, Cheltenham GL53 0JE	Cheltenham 28021 ext. 236	Miss J. Sutterby	To be agreed	15	Non-resident
CROYDON Croydon College School of Business, Management and Applied Social Studies Fairfield Croydon CR9 1DX	01-688 9271	Miss C.P. Hall	£33	18	Non-resident
DURHAM New College Durham Faculty of Education Darlinton Road Durham DH1 4AJ	Durham 47325	Mrs. E. Williams	To be agreed	15-20	Non-resident (accommodation available if required £8 per day, approx.)
EWELL North East Surrey College of Technology Regate Road, Ewell, Surrey	01-394 1731	Mrs. H. Cove	£35	20	Non-resident
GUILDFORD University of Surrey Dept. of Human Biology & Health Guildford GU2 5XH Surrey	Guildford 71221	Mrs S. Dale	To be agreed	20	Non-resident
HAMILTON Bell College of Technology Dept. of Humanities & Social Science Armada Street Hamilton ML3 0JB	Hamilton 293100	Mrs. A. Agnew	£25 + £2	15	Non-resident
IPSWICH Suffolk College of Higher & Further Education Dept. of Social Work, Nursing & Educat of Polic Work, Ipswich IP4 1LT	Ipswich 55285	Miss J. Richter	To be agreed	15	Non-resident

LEEDS University of Leeds Dept. of Community Medicine & General Practice 22 Hyde Terrace, Leeds LS2 9LN	Leeds 36171 ext. 51	Miss B. Simmons	£50	16	Non-resident (Some accommodation can be arranged on request)
LEICESTER Leicester Polytechnic School of Social & Community Studies Scepton Campus Leicester LE7 3SU	Leicester 431011	Miss C.C. Davis	To be agreed	15	Non-resident
NORTH LONDON Polytechnic of North London Dept. of Applied Social Studies 62 55, Highbury Grove Highbury, London N5 2AD	01-607 2789 ext. 5031	Mrs M.P. Connolly	Part I £50 Part II £10	20	Non-resident
NORTH-EAST LONDON North East London Polytechnic Faculty Registrar Faculty of Human Sciences Livingstone House, Livingstone Road, London E15 2LL	01-634 7627	Miss D. Bani	To be agreed	30	Non-resident
WEST LONDON West London Institute of Higher Education (Miss E. Llewellyn) 300 St. Margaret's Road, Twickenham, Middlesex	01-831 0121		To be agreed	15-20	Non-resident
MAIDSTONE Mid Kent College of Higher & Further Education Oakwood Park Maidstone, Kent ME16 2AB	Maidstone 56531	Miss V. Bell	£25	24	Non-resident
MANCHESTER Manchester Polytechnic Dept. of Applied Community Studies Wilmslow Road Disbury, Manchester M20 8PR	Manchester 445 7871	Mrs. B.A. Binks	To be agreed	25	Non-resident
PAISLEY Paisley College Dept. of Social Studies High Street, Paisley PA1 2BE	041-887 1241 ext. 358	Miss M.A. Brown	£60	15	Non-resident
PRESTON Preston Polytechnic Livesey House Heatley Street Preston PR1 2VR	Preston 59477	Miss M.M. Poyser	£42	15-20	Non-resident
SHEFFIELD Sheffield City Polytechnic Dept. of Health Studies Collegiate Crescent Sheffield S10 2BP	Sheffield 665274	Miss A. Daan	To be agreed	20	Non-resident
STEVENAGE Stevenage College Monswood Way Stevenage Herts SG1 1LA	Stevenage 2822	Mrs. L. Buob	To be agreed	24	Non-resident
WOLVERHAMPTON The Polytechnic Health Visitor Course Banfield House Waterloo Road Wolverhampton	Wolver- hampton 25661	Mrs. R. Andrews	Part I £45 Part II £15	20	Non-resident (some accommodation available if required)
WREXHAM North East Wales Institute of Higher Education Cartrefle College Cefn Road, Wrexham Clwyd LL13 9NL	Wrexham 51782	Miss A. Smith	To be agreed	15-20	Resident & non- resident

To this list must be added the new course convened at Trent Polytechnic, Nottingham, in 1981 with an approximate course membership of 15-20.

(NB: The main details above are photocopied from the Council's leaflet entitled 'Fieldwork Teacher Courses 1980/81'.)

APPENDIX B: A CRITICAL CONSIDERATION OF THREE RECENT STUDIES ON
HEALTH VISITOR EDUCATION (CHAPMAN, V.A., 1979; WHILE, A.E., 1980;
McCLYMONT, A., 1980.)

(A) CHAPMAN, V.A. (1979):

An exploratory case study of the role of the fieldwork teacher.

University of Surrey: Unpublished M.Sc Thesis.

This study took place during a time when discussions concerning the length and content of the health visitor course were at their height (cf. 2, 7). The study of the role of the fieldwork teacher was, therefore, topical and apposite to the aspects of health visitor education and training uppermost in the profession's mind.

AIM OF THE STUDY: To develop a portrait of the fieldwork teacher which may reflect how fieldwork teachers identify in a number of dimensions central to their role.

APPROACH: Four questions are posed at the commencement of the study:

- (i) Who is the fieldwork teacher?
- (ii) How did the role evolve?
- (iii) How important is the fieldwork teacher in the education of the student health visitor?
- (iv) What do we need to know about her?

In order to start answering these questions, Chapman examines different role theories (e.g. those offered by Gordon (3), Linton (4) and Newcombe (5)); and applies these to the role of the fieldwork teacher.

METHODOLOGY: The study was carried out in the South-West Thames Regional Health Authority in five Area Health Authorities. A 50 per cent proportional sample of fieldwork teachers employed in those areas was selected (N=62), a substantial sample for the short time available for the study. A structured interview was utilised which included some open-ended questions to enable informants to respond more expansively on specific matters. Six aspects of the role of the fieldwork teacher were examined using the interview method:

- (A) Personal data;
- (B) Work location;
- (C) Educational factors;
- (D) Professional autonomy;
- (E) Job satisfaction;
- (F) Future of health visiting.

It would appear that emergent data were non-parametric in nature and therefore the use of χ^2 in statistical analysis would seem appropriate. The variables among the study population were considered in the study process e.g. experience of fieldwork teacher; length of time qualified; caseload; contact with GP, etc.

RESULTS: 40.3 per cent of the sample had become fieldwork teachers on the advice of their nursing officers: and 14.5 per cent for the stimulation offered by such a position. The majority of the fieldwork teachers preferred having just one student; and there was a significant preference for having one student only on the part of the more recently qualified fieldwork teachers. 15 per cent of the sample had caseloads of between 500 and 700, although 68 per cent had under 400. Most of those interviewed felt that home visiting experience was the most important area of practical experience for health visitor students: and that the true priorities for health visiting lay in visiting the 'under-fives' and their families. This finding linked with their view of the future of health visiting as based on 'regular visiting'; thus emphasising their preventive role. This role in prevention was seen as being 'lost'; and the loss compounded by a 'lack of recognition' for health visitors. 93 per cent were either 'fairly' or 'very' satisfied with their role as fieldwork teachers: but expressed dislike of some tasks which they had to fulfil in the role - notably that of assessing their students - and of some problems arising from its practice - notably that of losing contact with 'their' families whilst the student was visiting them. One of the main problems cited by this sample of fieldwork teachers was 'difficulty' with the management structure in health visiting, which they saw as an obstacle to their own professional development. 'Lack of recognition', both by the general public and by their colleagues in other health disciplines and in health visiting itself, was another cause of concern. Again, the problem of lack of recognition of the importance of fieldwork teaching by nurse management was cited. This appeared to be viewed as a constant difficulty by the fieldwork teachers interviewed; and perhaps is indicative of the desirability of appointing nursing officers with prior experience as fieldwork teachers.

CRITICAL COMMENT: This study employed a 50 per cent proportional sample of fieldwork teachers in the catchment examined, and thus may be regarded as substantially representative of the population involved. Although not immune to the problems related to 'tight' structure, Chapman's interview schedule ranges over numerous areas of central concern to adequate description of the fieldwork teacher role. The central aim of analysing fieldwork teacher perceptions of their role within the structural categories raised appears to be most competently realised. Since however, no social role can be regarded as an isolated entity but should be viewed rather as part of a dynamic/interactive sequence, it is perhaps unfortunate that the constraints of Chapman's study did not allow her access to the opinions of current or recent health visitor students for purposes of congruence/discongruence analysis regarding role perceptions in these closely related professional groups.

(B) WHILE, A.E. (1980):

On becoming a health visitor.

Polytechnic of the South Bank: Unpublished M.Sc Thesis.

This study appears to have resulted from the author's and other health visitors' feelings of 'inadequacy' after completion of the health visitor course. This is an aspect of health visitor training which has been concerning the health visiting profession for some time. While emphasises the problems of identification as a student health visitor progresses through the course.

AIM OF THE STUDY: To attempt to examine the process by which student health visitors pass from identification with a 'nurse' culture to a 'health visitor' culture.

APPROACH: While examines the interactive aspects of health visitor training in terms of role theory (Bucher and Straus (1); Simmons and McCall (6)), looking in particular at the role model which the fieldwork teacher presents to the health visitor student; and the 'inborn' attitudes and values of both groups.

METHODOLOGY: Ten audiotaped semi-structured interviews were carried out with five student health visitors from each of two colleges in London (total N = 10) at different stages in their training: (i) at the beginning; (ii) at the end of Part I (before supervised practice); and ten interviews with a different sample of health visitor students (iii) after their period of supervised practice (While (8)).

RESULTS: At the beginning of training, four out of the ten students interviewed at this stage felt that hospital nursing was 'insular' and had entered health visiting for this reason because they felt they would be able to use their own initiative as health visitors. The students generally enjoyed their practical work but only four of the ten had no criticism to make of their fieldwork teachers. Incongruence between college and fieldwork practice was criticised, with one student feeling that she was 'following two different courses'. Most of the informants stated that they had found training 'challenging', but were critical of the quality of the fieldwork teachers whom they had met, who had failed to meet their expectations as students (whether or not these were realistic in the context). This raised the problem of having to rely on one person as a mediator for practical experience, even though such practice may be less than desirable. While suggests that students require a 'greater choice of role models', rather than just one fieldwork teacher. The particular difficulties of London are outlined and further study is recommended.

CRITICAL COMMENT: The study is useful as a small and essentially descriptive/anecdotal account of some major preoccupations of students from two specific London-based groups. However, the smallness of the sample would appear to make generalisation on the basis of this study extremely unwise: and here the author herself recognises the need for further, more systematic study, presumably involving much larger samples. An attempt was made to select students who were representative of varying age groups and backgrounds of professional entrants to health visiting; but this representativeness is vitiated by the fact that in most cases it is reduced to one person. By the author's account she used her interview schedules as an 'aide-memoire' only, and this poses

obvious concerns regarding the validity of information obtained in the absence of a systematic and consistent protocol.

- (C) McCLYMONT, A. (1980):
Teaching for Reality.
London: C.E.T.H.V. pp 102 + (xii). Two appendices.

This study sets out to identify the ways in which health visitor tutors' perceptions of the health visitor role affects the preparation of health visitor students for practice.

AIMS OF STUDY: The main aims of the study are three in number:

- (i) to identify the health visitor role as perceived by tutors and practising health visitors;
- (ii) to assess any discrepancies between the interpretations;
- (iii) to assess opinions of the usefulness of the health visitor course as preparation for the health visitor role, as interpreted by tutors and health visitors.

METHODOLOGY: Questionnaires designed to be completed in a group situation were issued to a random sample of 50 practising health visitors who had all been students at two health visitor training institutions during the previous five years. Questionnaires were also completed by the total population of health visitor tutors in the two colleges (N = 8). The questionnaires were highly structured apart from the question regarding the role of the health visitor, which was left open-ended to avoid categorical constraints in the responses.

RESULTS: Both groups generally agreed on the total role of the health visitor. The only observed differences in role perception were between the health visitors who had only been qualified for one year and the rest of the sample. These differences the author attributes to 'lack of experience', presenting as a significantly lower frequency of role declarations for this professional group. There were significant differences of role content as between health visitors employed by different authorities, with those employed by one seeing the development of team care as a priority: and those employed by another the perpetuation of the 'traditional' preventive role. Most of the sample (96 per cent) found their health visitor course 'useful' or 'very useful'; so it would appear that the courses did prepare students for the reality of practice. However, McClymont points out that those students who were dissatisfied may have already opted out, as the sample only included practising health visitors. Health visitor courses should prepare students for work in a 'generalist' service: and McClymont states that courses should continue to teach the 'ideal' (i.e. that which can be achieved given reasonable caseloads): but should also help students to accept the challenge of reality.

CRITICAL COMMENT: The study sets out to identify defining properties of the health visitor role, as described by tutors and 'practising health visitors'; but there appears to be no attempt to isolate and critically to consider the views of fieldwork teachers as members of an important professional group directly concerned in the practical

preparation of future health visitors. In analysing perceptual shift regarding roles across a five-year span, individual sub-samples from specific college provenances were reduced to a relatively small size (N = 5), making it difficult to generalise from the data obtained. Retrospective questioning regarding the precise period during which individual role perceptions had 'changed' (sometimes as long as five years after the supposed event) raise epistemic difficulties regarding the extent to which such changes may be viewed as conscious at any stage; and methodological difficulties regarding the latency of information obtained.

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London: S.C.R.H.V.E.T.C.
- (8) WHILE, A.E. (1981):
Making a nurse into a health visitor.
London: Health Visitor, April 1981, Vol. 54:4, pp 150-153.

APPENDIX C: COMPARATIVE PATTERNS OF PREPARATION FOR PRACTICAL WORK
IN THE PRIMARY HEALTH CARE TEAM.

The practical work preparation of members of the primary health care team is normally a structured component within courses and is undertaken under the guidance of a designated teaching member of the profession concerned (cf. Para. 1.53). Below is a comparative table representing the proportion of practical preparation to theoretical preparation in representative disciplines from the team.

DESIGNATION:	THEORETICAL CONTENT OF COURSE:	PRACTICAL CONTENT OF COURSE:
Health Visitor:	66.67 per cent	33.33 per cent
District Nurse:	66.67 per cent	33.33 per cent
Midwife: (community)	88.33 per cent	16.67 per cent
Social Worker:	50.00 per cent	50.00 per cent
General Practitioner:	12 month general practice period supplemented by 24 months in selected hospital or community specialty posts.	

APPENDIX D:

GUIDED INTERVIEW SCHEDULES (FIELDWORK TEACHER AND
RECENTLY QUALIFIED HEALTH VISITOR SUB-SAMPLES)

NB: For economy of presentation, these guided interview schedules have been reduced to one quarter of their original size.

M-1 District
Interviewer Date
ENDED INTERVIEW SCHEDULE (FUI)

SECTION A: Background Information

- 17. SURNAME FORNAME
- 18. AGE GROUP 21-30 31-40 41-50 51-60
(Please ring as appropriate)
- 19. AREA HEALTH AUTHORITY
- 20. EDUCATIONAL BACKGROUND:
Type of School Attended
Grammar Secondary Modern Comprehensive
(Please ring as appropriate)
If other, please specify
- Educational Qualifications:
10th Level/Equivalent Date Obtained
-
.....
.....
11th Level/Equivalent
.....
.....

- A5. EMPLOYMENT PRIOR TO NURSING: Dates
(Where appropriate)
- A6. PROFESSIONAL BACKGROUND:
Nurse Training (in chronological sequence) Dates
Training School
-
Employment Immediately Prior to Health Visitor Training
Nature/Location of Post Dates
-
Health Visitor Training Dates
-
Courses since Health Visitor Training Dates
(Other than FUI)

- 21. Employment since Health Visitor Training Dates
Post(s) held
-
.....
.....
Fieldwork Teacher Training Dates

SECTION B: Details of Present Post

- 22. Type of Area: What sort of an area are you working in?
(I mean, is it urban, or rural - or a 'bit of both')
(Probe: If she says it's widespread, then: "Tell me about the part where most of your families live....")
- 23. Type of Working: How do you work this area? Are you attached, or do you have a geographical area to cover, or what?
- 24. Place of Work: Where do you normally work from?
Is it a surgery, clinic - or where?
- 25. Staff Involvement: How many people do you work with?
(I mean, those working in the place where you usually work)
If necessary, probe to obtain specific designations and grades of staff involved, including auxiliary staff)
- 26. Responsibility: How many children under 5 are you responsible for in your caseload?
What other families and individuals are you responsible for?
- 27. Teaching Experience: There is a lot of debate about methods of health education, how effective they are and so on. What's your own opinion about this?
Probe: How much health education do you do yourselves? I'm talking about organized sessions rather than those that arise spontaneously during visiting. How long are the programmes? What methods of teaching do you use? Do all the health visitors here do that amount of teaching?

- B7. Additional Commitments: What other professional commitments do you have outside your usual home visiting and clinic activities? Things like hospital liaison or sitting on special committees?
(Probe: Is there anything else?)

SECTION C: Health Visitor Training: Personal Retrospect

- C1. General Background: You said earlier that you did your health visitor training at
Would you tell me a little about it? What sort of college was it?
(Probe: Was it old or new? Isolater or central? Large or small? How many students on your course? What types of teaching were used? Was it a 'comfortable' atmosphere for learning - or otherwise?)
- C2. I remember being very impressed by the effectiveness of some lecturers during my own training - and not so much by others!! Can you remember the lecturers who impressed you most - what do you think it was about their approach or methods which impressed you so much?
- C3. You - what about the not-so-impressive ones? Why weren't you impressed - something lacking in their approach, their methods or their personality?
- C4. Assessment: How was your group assessed in college?
I mean, what forms did it take?
(Probe: How many essays and exams were there? Was there any formal continuous assessment? How was your practical work assessed in college? Were you aware that you were being assessed? Do you feel these methods of assessment were effective?)
- C5. (NB: For FUI trained pre-1968, please use C5a)
Fieldwork Practice: Did you have the same fieldwork teacher throughout your fieldwork placement?
I expect there are some things that you do with your student that your fieldwork teacher did with you, and there are probably things that you have chosen not to do. What sort of activities have you repeated?
And what about the things you have decided not to do?
Is there anything which your fieldwork teacher did which you wouldn't quite care to do?
- C5a. For FUI trained pre-1968
Fieldwork Practice: What arrangements were made for you in your fieldwork placement? I mean, who 'kept an eye' on you?

30. What sort of activities have you repeated?
 And what about the things you have decided not to do?
 Is there anything which that Health Visitor did which you wouldn't quite care to do?

28. Knowledge of Present Health Visitor Training: You did your own health visitor training in (year) what changes have you seen in training during that time?
 (Probe: FV's reaction to new methods, practices, or syllabus - does she consider them effective or ineffective? Has she any other comments?)

SECTION D: Fieldwork Teacher Training: Personal Impressions

- D1. General Background: What about your own fieldwork teacher training that was at..... wasn't it? Would you tell me a little bit about it? How many students were there on the course with you? What sorts of lectures, discussions (and so on) did you have?
- D2. Personal Impressions: What did you enjoy or find particularly helpful on the course?
- D3. In the other hand, what was not so helpful to you? Why weren't you impressed?
- D4. Were there any parts of the course that you found directly helpful professionally, not just for becoming a fieldwork teacher, but for your day-to-day work as a health visitor?
- D5. Length of Fieldwork Teacher Course: The present fieldwork teacher course is 2 weeks long, usually in three 2 week blocks. Was your course any different? (If YES, then find out in what way the course differed?)
- D6. How long should a fieldwork teacher course run for, in your opinion? (Probe: If longer than current - what would you like to see added? If shorter - what would you leave out?)
- D7. First Year of Fieldwork Teaching: I found the first year I had a student a bit worrying. What was your first year like? What sorts of things worried you? What sorts of things did you find particularly satisfying?

49. Perceived Support by College: Did you feel well-supported as a first-time fieldwork teacher or not? (Probe: If YES: What was it that particularly made you feel well supported? Is there anything that stands out in your memory as having been especially helpful to you at that time, in the way the college supported you? If NO: What did you feel was lacking in the way of support? How could that have been improved?)

D10. How far do you think this is a personal thing - that it has to be the right kind of person from the college? What kind of person do you think is right? What qualities do they need to support the fieldwork teacher effectively?

SECTION E: Selection for Fieldwork Teaching

- E1. Suitability for Fieldwork Teaching: You have been a fieldwork teacher for year(s) now. What sort of Health Visitor do you think should become a fieldwork teacher? (Probe: What characteristics make one person more suitable than another? Do you think enough care is taken when selecting fieldwork teachers?)
- E2. Health Visitor's Area: How important is the Health Visitor's area when selecting her for fieldwork teaching? Are there any special considerations? (Probe: Is there anything desirable or undesirable about an area which would make her selection easier?)
- E3. Health Visiting Experience Prior to Selection: Do you feel it is important for a health visitor to know an area and to have some experience before becoming a fieldwork teacher? Which do you feel is most important?
- E4. What do you feel is the minimum amount of time after health visitor training before a health visitor considers fieldwork teaching? Why would that be?
- E5. Is there a maximum time after health visitor training? Why do you feel that?

SECTION F: Fieldwork Teaching: Present and Personal Situation

- F1. Current Student: Have you a student Health Visitor with you at present? (this depends on the time of year). I mean, this year? What college is she/he from?
- F2. Usual Associated College: Is this the college you usually work with? Have you worked with other colleges?
- F3. Expectations of Colleges: Do the colleges have different ways of organising things? Do they differ mainly in expectations of you or in expectations of the student?
- F4. Numbers of Students: How many Health Visitor students have you been responsible for, since your fieldwork teacher training? (Probe: Perhaps you have also provided other health visitor students with a period of alternative experience during their training. About how many would that be?)
- F5. Numbers per Year: How many Health Visitor students do you normally have in a year? Have you ever had more than one? (Probe: What are your feelings about having more than one student?)
- F6. Other Types of Students: I expect you are asked to provide experience for quite a lot of other students, aren't you? Would you tell me about this? (Probe: What types of students? How often are you asked to provide such experience? What is the general policy in this area regarding these students?)
- F7. 'Best Years': Have any of the years since your fieldwork teacher training been 'best years'? (Probe: In your opinion and experience, are 'best years' worthwhile? If YES: Why do you feel they are worthwhile?)
- F8. Structure of Fieldwork Teaching: Do you work a 'rolling' system of fieldwork teachers in this area? If that is not, do you have regular meetings to discuss and exchange ideas, to arrange experience for the students? If this is not normal practice, probe to get reactions on such a system)
- F9. Accommodation: Is this your normal base? Could you describe the facilities you have here? - that is space available, clerical help, eas, access to the telephone and so on?

F10. Student Accommodation: What can you offer a student in the way of office space? Are they able to have a desk of their own - somewhere to call their own? Do you regard this as important? (Probe: Where does your student usually work? Is this satisfactory or are there some improvements you would wish to make?)

SECTION G: Practice of Fieldwork Teaching: Pre-Planning Case

- G1. 'Feeder' Authorities: A little while back you said that this year's student was from (College): Do you usually work with students from your own Area Health Authority? (Probe: If answer indicates that the FV sometimes/usually works with students from other authorities, ascertain which authorities are normally or most usually involved; and the frequency of such "other authority" placements.)
- G2. Preferential Arrangement: Do you think it makes any difference which authority your student comes from? I mean, would it affect the way you would work with any one student? (Probe: Try to ascertain whether the FV tends to "invest" in outcomes with students from her own authority to a greater or lesser extent than with students from other authorities: eg "What do you feel about training students you may be working with as full colleagues later on?")
- G3. Information Base: How much do you get to know about a student before he/she arrives? (Probe: What sort of information - eg qualifications and experience, civil status, family, whether a car driver etc. - and gives the information? How long before the arrival of the student does it become available?)
- G4. Personal Information: Do you have any information about personal things - problems to look out for, strengths and weaknesses, that kind of thing? (Probe: Do you think it is helpful to you to have that kind of information? Do you think it is helpful to the student?)
- G5. Adequacy/Perceived Relevance of Information: In general, do you get to know all that you would like to know about a student before he/she arrives. I mean, is there anything you feel it's especially important or helpful to know about a student before he/she comes? (Probe: Is there any other information that you'd like to be given? Is there any kind of experience which pleases you when you see or hear about it in the student's information? Or which doesn't particularly please ...?)

feel under pressure? Have you ever felt the pressure has been too great and you have not wanted to continue as a Fieldwork Teacher?

68. Timing of Planning Tasks: Are there some jobs of this kind that you prefer to leave until the student has arrived?
(Probe: Which jobs would you leave? Why would you leave them?)

69. Difficulties in Pre-Planning: Thinking back over all these pre-planning jobs, have you ever experienced any special difficulties in carrying them out? For example, did you find any problems in selecting and preparing families for student's studies?
(Probe: If necessary, take the FWJ through the categories once more - arranging special visits? Liaising with other colleagues? Administrative provision for the student? Personal preparation? etc.)

70. College Participation in Pre-Planning: Do(es) the college(s) provide you with a general 'plan' for the sorts of experience they would like the student to have?
(Probe: If YES: How detailed is the guidance provided? What form does it take? eg timetable, or general overview only?)

71. Difficulties in Arrangement of Experience: Are there often experiences the college(s) ask for which you think are inappropriate? (If YES: what experiences would these be? Might you leave it out in that case?)
Are there often experiences they ask for which you find particularly difficult to arrange? (If YES: what would these be? Might you leave these out?)
Do you feel you need to discuss it with the College when you omit some experience which they have asked for? (If YES: Do you ask their permission, or just tell them?)

72. Time Required for Pre-Planning: Thinking back to your last placement, could you give me some idea of the extra time involved in these planning tasks? I mean, the time extra to normal contact with families and colleagues.

Task	Done
Selecting and preparation of families for student's family studies
Arranging special visits (eg visit to NPOD clinic, hospital clinic) or other relevant visit(s)
Liaising with other colleagues (eg School Nurse, other health visitors) to provide appropriate experience
Arranging administrative provision for student (eg desk/storage space, stationary supply etc)
Personal preparation for the placement (eg updating caseload, relevant reading or study, necessary personal holiday)
Other task
.....
Other task
.....
Other task
.....

SECTION H: Practice of Fieldwork Teaching: Placement Phase

H1. Pattern of Student Experience: Does your student come to you for (a day every week? More than one day a week? For a whole week at a time?) Does the pattern vary at different periods during the placement? (PLEASE RECORD EXACT DETAILS BELOW)

H2. Perceived Inappropriateness of Pattern: Do you like this arrangement? I mean, does it give you an opportunity to provide a good range of experience for your student?
(Probe: If YES: What are its particular advantages? If NO: What are its main defects and problems? How do you think this pattern of experience might be improved?)

H3. Student Orientation: What sorts of things do you find yourself mainly discussing and doing with the student during the early days after his/her arrival?
(Probe: What are the really important bits of information or experience you feel you need to 'get across' as early as possible to the student?)

H4. Is there any information or experience which in some sense you feel is so important that it has to be left until later?
(Probe: What information or experience is that? Why would you leave it? When do you feel you would include it in your teaching?)

H5. What major points or principles do you think have to be emphasised all the way through the student's time with you?
(Probe: Why do you think this is important?)

H6. Family Studies: Selection of Families: We talked earlier about the selection and preparation of families to be used as 'study' families for the student. How do you choose these families? I mean, are there any special factors which you must take into consideration?
(Probe: What would you regard as a promising family for a student - what kinds of features would you be looking for? Does the college express any preferences? Is your choice of families affected by your area?)

H7. Family Studies: Preparation of Families: When you ask a family to accept a student, what sorts of things do you tell them about the student?
(Probe: If necessary, probe individual items as follows - "Do you tell them about her qualifications? College? Course? What she will be having the visits? What her role will be during the visits?")

H8. Family Studies: Preparation of the Student: Before the student's introduction visit to the family, what information do you give her?
(Probe: How do you think that should be done? What sources do you use, and so on?)

H9. Family Studies: Introducing the Student: Each one of us has a technique for introducing a student to her families. Which approach do you find works best?
(Probe: How could that be improved best, do you think?)

H8. (cont)
(Probe: "Let's suppose you are visiting a mother with a young baby, how would you introduce a student?" "How would your approach differ if you were visiting an elderly person?")

H10. Family Studies: Autonomous Visits: What results would you expect from a student on her first 'solo' visit to one of her families? I mean, what sort of depth of information can a student gain on this first visit?
(Probe: What sort of information and observation would you want from a student? How should this be presented?)

H11. Family Studies: Progress during Subsequent Visits: How would you expect the quality and character of a student's work to change during the subsequent visits which she pays to a family?
(Probe: What developments would you look for in planning her approach to families? Her reporting? Her evaluation of her visit?)

H12. Family Studies: Concurrent Problems: When I was a Fieldwork Teacher, I would sometimes find myself choosing a family which seemed a very promising one for the student(s) to visit - only to find all sorts of problems cropping up! Has this sort of thing ever happened to you? What kinds of problems?
(Probe: Would you regard a sudden major family crisis as a reason for withdrawing the student? How would you handle the student's involvement in that kind of situation?)

H13. Neighbourhood Study: Perceived Importance by FWJ: How would we think a bit about the neighbourhood study. How do you see the knowledge gained in the neighbourhood study being used after the student has qualified? I mean, what do you think its purpose is?

H14. Neighbourhood Study: Initial Information Collection: How much 'local' information do you think students require about the area in order to start and develop their studies effectively? How do you guide them in obtaining this sort of information - what sources to use, and so on?

H15. Do you think it would be better if they had some basic information beforehand? Have you ever had a student who has managed this?
(Probe: How could that be improved best, do you think?)

(Probe: Are you able to go with them? If so, how are the students prepared for the visit? What follow-up is there?)

H21. Family and Neighbourhood Studies: Preparation Time How much of the student's total time with you is taken up by preparing for family and neighbourhood studies?

(Probe: Clearly, that you are concerned only with studies which are submitted for assessment. How many hours for the family studies? How many hours for the neighbourhood study?)

H22. Other Visits: How Let's talk about all the other visits - the visits from your caseload which you associate to the student. What types of visits would you include here?

(Probe: Why would you consider these types of visits especially important? How would you rank them in terms of importance? Why?)

H23. Other Visits: Independent Visits I'm sure you get some sort of indication as to when a student is ready to 'go visiting' on her own - I mean, to some of the families in your caseload other than those selected for her family studies. What tells you that a student is 'ready' for visiting on her own in this way?

(Probe: If FWT says that all students differ in this respect, ask her to think back specifically to the last student she had)

H24. Other Visits: Stage of Inception How far into the placement would you expect most of your students to be ready to start their individual visiting?

(Probe: What range do you find, in practice, between the 'earliest' and 'latest' students in this respect?)

H25. Other Visits: Qualitative Nature How did you 'phase in' the visits for your last student? I mean, what sort(s) of visits did you think it appropriate for her to do first; what sort next, and so on?

(Probe: Why did you think that particular order important in her case?)

H26. Accompanied Visits How do you know what approach the student uses in visiting? How do you assess that her approach is appropriate and that her advice is accurate?

(Probe: Do you accompany your student on any of her visits?)

SECTION II: Social, Pastoral and Evaluative Issues

10. Overall Health Visiting Experience Thinking of the overall experience that you can offer the student whilst she is on placement, is there any aspect of practical health visiting experience which you feel may be limited because of the nature of your area or your mode of work?

(Probe: Are there any measures you can take to remedy the situation?)

11. Relationships with Colleagues It's often said that colleagues are very important to Fieldwork Teachers when they have a student. From your own experience, what do you feel their importance is?

(Probe: What sorts of things do you find most helpful where your colleagues are concerned? Probe further if necessary, eg. is it by giving the student extra experience? Is it by relieving you of some of the routine work? If not mentioned, what about colleagues who are not health visitors? Are they helpful when you have a student? In what way?)

12. Student's Contact with Other Health Visitors How much contact does your student have with other Health Visitors? What sort of contact would that be?

(Probe: Do you in fact take active steps to ensure that your student becomes professionally involved with other health visitors in the work context? Or would you think it's what important?)

13. Pastoral Care of Students I've heard it said that on the whole, fieldwork teachers tend to have a much closer relationship with their students than is possible for their College tutors to achieve. Would you agree or disagree with this?

(Probe: If agree: Why do you think this is? There must be some advantages and disadvantages in this. Can you tell me about them? If disagree: Why do you think that's unlikely?)

14. Pastoral Care of Students: Supportive Relationships How do you see your position when a student is concerned to struggle about something? I mean, what sort of role do you take?

(Probe: Do you see yourself as a 'friend' or as a sort of 'mother-figure' or in any other way?)

15. Pastoral Care of Students: Counselling Role Thinking back to your last student - did you ever find yourself in a position where you had to advise her on matters other than the purely professional? I mean, with regard to any personal problems?

sorts of families you could select to work on family studies for the student. Do you feel there is a general tendency to select fairly 'straight-forward' families for this purpose? Do you think this is a sensible policy? Why? How does your student get experience in dealing with the more 'difficult' sorts of situations which may arise in your area? I'm thinking, for example, about families with multiple problems; non-accidental injuries; battered wives, and so on.

H24. Experience in Child Health Clinics It has been suggested that some students only gain very limited experience in child health clinics. What have you found in your own personal experience? I'm thinking about experience gained in different sorts of clinics and with different types of 'patients'.

(Probe: What range of clinic experience does your student usually get? (Mainly normal 'well babies'? Or would she see handicapped or very deprived children? Very young mothers? Would she see different sorts of clinics? Assessment clinics? Clinics in various settings? Church Halls? Surgeries? etc?))

H25. Health Education: College Requirements Let's think now about the 'group' aspects of health education and providing experience for the student. I'm thinking about the planned teaching sessions rather than the more spontaneous kind which happen during the normal course of visiting. First of all, does the College give you any guidance as to the number of sessions they would see as appropriate for the student to carry out?

(Probe: How many of these sessions would the student be expected to do on her own? I mean, from the College's point of view? How free do you feel to change this in any way?)

H26. Health Education: Experience Offered How much experience in group teaching can you actually offer the student? I mean, how many sessions and what sorts of groups and topics could a student have?

(Probe: Is this experience readily available on your own area or do you have to approach colleagues for sufficient sessions?)

H27. Health Education: Perceived Importance How adequate do you think this experience is as a basis for future practice? If you could do so, would you introduce any changes in, or additions to, this experience?

(Probe: If FWT says she has not been in such a position, then "Is that usual or was she a particularly self-sufficient student?")

17. Pastoral Care of Students: Counselling Areas What sort of areas would possibly come under discussion in a counselling session?

18. Referrals When I was a Fieldwork Teacher I often found it useful to talk over any worries I had about my student, with someone else. If you have a student with problems, whom have you found most helpful?

(Probe: What sorts of worries or problems would you discuss in this way? Would you discuss such worries with a College tutor or one of your colleagues (unlike what mentioned)? What would decide whether you discussed it with a colleague or a College tutor?)

19. Subjective/Objective Evaluation When you come to the end of the year, how do you assess whether you have done a 'good job' with that student? What sorts of things would tell you whether you had or not?

(Probe: What characteristics or behaviour would you be looking for in the student which would tell you "This is a successful job!?"

10. What characteristics or behaviour would make you feel you had failed? Have you had that experience?

11. If yes: What did you feel were the reasons for failing with that particular student? Do you think, looking back, you could have avoided failure, given that student? Did it teach you anything for the future?

12. Selection of Health Visitor Students Do you feel that enough care is taken over selecting people to train as Health Visitors?

What do you feel are the special qualities needed, over and above those needed for nursing?

Would you say, in fact, that health visitors have to be 'nurse-nurses' or 'nurses-nurses' or do you think there are some people who would make good health visitors but not good hospital nurses?

13. Formal/Informal Feedback After the student has left you, do you have any 'feedback' either formal or informal, from the student or the College?

(Probe: What form does it take? What sorts of things are included in the assessment or evaluation?)

student actually work?

- 13. Student Demands: Difficulty in Fulfillment Have you ever had a student who made demands or expressed wishes that you couldn't carry out? If yes: What sort of demands and wishes were those?
(Probe: Was it that you were unable to carry them out, or that you felt it was not appropriate to carry them out? Why were you unable to carry them out? Why did you feel it was inappropriate to carry them out?)
- 14. Student Satisfaction/Dissatisfaction What do you think students get most satisfaction out of, during their fieldwork placement?
And what about dissatisfactions - what do you think they are not happy about?
- 15. Pressure During Fieldwork Do you think students are more likely to feel too overworked, or too under-worked during their fieldwork placement?
(Probe: Which is most likely to make them feel dissatisfied?)
- 16. Student Stress During Fieldwork What do you think is the biggest cause of stress to students on fieldwork practice?
(Probe: Is there any specific time during fieldwork that you feel the student is under more stress than at other times?)
- 17. Action to Alleviate Stress or Dissatisfaction Do you feel that anything can easily be done about either student's stress or student's dissatisfaction?
(Probe: Do you feel something should be done?)
- 18. Organisation of Fieldwork: Student Opinion Have you ever had discussions with your students about what they dislike in the way their fieldwork practice is organised? What emerged from those discussions?
(Probe: Was it possible to do anything about that for future students? What did you do? How did you do it?)

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of discussion going on concerning further education for Health Visitors. Have you been able to attend any courses or study days? During the first year you were a fieldwork teacher? And during this last year?

- (Probe: Tell me about these courses. Where did they take place? How long for? What were the topics considered? What sort of people were there? Did you find them interesting? Did you feel they were directly useful to you professionally?)
- 22. Opportunities for further Education: Fieldwork Teachers Have you been able to take part in any courses or similar events which have been arranged specifically for fieldwork teachers? I mean, things like FWI refresher courses, IETM conferences or local study days?
(Probe: Can you tell me about these courses? Where were they held? How many people were there? How long did they last? What subjects were dealt with? Did you find them interesting? Did you feel they were directly useful to you as a HV or mainly as a FWI?)
- 23. Content of Further Education Programmes What topics and aspects of the work do you see as important to include in any programme of further education for fieldwork teachers?
(Probe: Should items of national importance be included? Or items of local significance? Why do you feel these should be included?)
- 24. Further Education: Optimal location Do you think a course would be more helpful to you, if it were held on a local level or at a national centre?
(Probe: What are the advantages and disadvantages of a local centre? Of a national centre?)

SECTION K: Synopsis and Conclusion

- K1. Synopsis: We've covered a tremendous amount of ground in the last x minutes - first we thought about your own Health Visitor training. Then about your training as a fieldwork teacher and your present situation. After that we discussed the practice of fieldwork teaching in general leading on to issues such as relationships, counselling and feedback. And then on to further education in the profession.

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- 20. Further Ideas on Health Visitor Training Is there anything else you would like to add to these areas which you didn't get a chance to say before?
(Probe: Are there any other things which would (a) make life easier, and (b) make the whole business of health visitor training more stimulating and satisfying from the fieldwork teacher's point of view?)
- 21. Further Ideas on Fieldwork Teacher Training Is there anything else which you would like to add about fieldwork teacher preparation?
(Probe: Perhaps there are things which would make your task more effective from the student's point of view? Or from your point of view?)
- 22. Further Ideas on Fieldwork Teaching Do you feel I've got a pretty full picture of your opinions on the whole area of fieldwork teaching?

END OF GUIDED INTERVIEW SCHEDULE (FWT)

14.1 DISTRICT
Interviewer Date
SLIDED INTERVIEW SCHEDULE (STUDENT)

SECTION A: Background Information

11. SURNAME FORENAMES
12. AGE GROUP 21-30 31-40 41-50 51-60
(Please ring as appropriate)
13. 1961 HEALTH INTERVIEW

14. EDUCATIONAL BACKGROUND:

Type of School Attended

Grammar Secondary Modern Comprehensive
(Please ring as appropriate)

If none, please specify

Educational Qualifications

Table with 2 columns: '1st Level/Equivalent' and 'Date Obtained'. Multiple rows for data entry.

2nd Level/Equivalent

A5. EMPLOYMENT PRIOR TO NURSING: Dates
(Where appropriate)

A6. PROFESSIONAL BACKGROUND:

Nurse Training (in chronological sequence)
Training School Dates

Midwifery/Obstetric Training

Training School Dates

Employment Immediately Prior to Health Visitor Training

Nature/Location of Post Dates

Health Visitor Training Dates

Employment Since Health Visitor Training

Post(s) Held Dates

15. (cont)

Employment Since Health Visitor Training (cont)
Post(s) Held Dates

SECTION B: Details of Present Post

- B1.1 Type of Area: What sort of an area are you working in now? Is it urban, or rural - or a mix of both?
B2.2 Mode of Working: How do you work in this area?
B3.3 Usual Place of Work: Where do you normally work from?
B4.4 Staff Colleagues: How many people do you work with?
B5.5 Children: How many children under the age of 5 years are you responsible for?
B6.6 Health Education: Are you involved in any health education sessions?
B7.7 Additional Commitments: What other professional commitments do you have outside your usual home visiting and clinic activities?

SECTION C: Health Visitor Training

C1.8 General Background: You said earlier that you did your health visitor training at ... Would you tell me a little about it? What sort of college was it?

(Probe: Was it old or new? Isolated or central? Large or small? How many students were there on your course? What methods of teaching were used? Was it a 'comfortable' atmosphere for learning, or otherwise?)

C2. Reasons for Entering Health Visiting: There are some reasons people have given for choosing Health Visiting as a career. (GIVE STUDENT CARDS)

Do any of these reasons match your own reasons for choosing health visiting?

Are there any other reasons which you would like to add to these? (IF THERE ARE, RECORD THESE ALONG WITH THE OTHERS)

Table with 2 columns: 'Reason' and 'Order Mentioned'. Lists reasons like Salary, Convenient hours, Marriage, etc.

did you think it was before you went on the Health Visitor course?

(Probe: Where did she fit into the health service? Where did she work? What sorts of people did she care for?)

11. Expectations of Health Visitor Course: What general expectations did you have of the health visitor course before it started?

(Probe: Did you have any special expectations of the theoretical aspects of the course? How much theory would be? What the content would be? The sort of which it would be covered? And so on?)
What about the practical side of things? What did you expect there?

(Probe: How much practical experience were you expecting? What sorts of things did you expect to do?)

12. Expectations Compared to Actual Experience: Did your ideas and expectations measure up to what actually occurred on the course?

(Probe: If YES: How did the experience match your ideas?
If NO: How did the experience differ from your ideas? Did you have any pleasant surprises? And did you have any unpleasant surprises?)

13. Selection for the Health Visitor Course: How were you selected for the health visitor course?

(Probe: What methods of selection were used? Was there an entrance test? If YES: Will you describe that to me? How many interviews did you have? Who were they with? What sorts of things were discussed?)

14. Appropriateness of Selection Methods: Looking back, how appropriate was the selection used? Was it realistic to use those methods, in your opinion?

(Probe: If NO: How would you change the way of selection? Why would you do that?)

Do you know of any really bad mistakes made in the selection procedure - either choosing the wrong person or turning down the right person?

(Probe: How could that mistake have been avoided?)

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C9.10 Now - what about the not-so-impressive ones? Why weren't you impressed - something lacking in their approach, their methods or their personality?

C10.11 Assessment: How was your group assessed in college? I mean, what forms did it take?
(How many essays and exams were there? Was there any formal continuous assessment? How was your practical work assessed in college? Were you aware you were being assessed? Do you feel those methods of assessment were effective?)

C11. Fieldwork Practice Placement: Did you have the same fieldwork teacher throughout your fieldwork experience? What sorts of things did you find most effective during your fieldwork practice? I mean, about your fieldwork teacher and the work she arranged for you?

(Probe: Looking back, was that work and experience appropriate for your needs at that particular time?)

C12. Length of Health Visitor Course: At present, the health visitor course is 51 weeks long, but the periods spent in college and with a fieldwork teacher are within a span of 30-35 weeks. Taking into account the academic content and practical elements, how long do you think the course should be?
(Probe: Why do you see that?)

SECTION D: The Role of the Fieldwork Teacher

D1. Previous Knowledge of the Fieldwork Teacher: I'd like to think now about the job of a fieldwork teacher. What did you know about her role before you met your own fieldwork teacher?

(Probe: How did you find out about her job? Did someone tell you? Or did you find out in some other way?)

D2. Prich Information Regarding Fieldwork Teacher: What information were you given about your fieldwork teacher before you met her? I mean, were you given any personal details about her? Or professional details?

(Probe: Where did this information come from? Who told you?)

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D3. Perceived Importance of the Role of the Fieldwork Teacher: How important is the role of the fieldwork teacher in health visitor training? By that I mean is she vital to the training? Is she useful? Is her role of only minimal use? Or what?

(Probe: Could her job be done by someone else? By an experienced health visitor without special training, for instance?)

D4. Perceived Role of the Fieldwork Teacher: Having spent some time with a fieldwork teacher, how could you describe her role in the education and training of health visitors?

SECTION E: Preparation of Fieldwork Teachers

E1. Student's Knowledge of Fieldwork Teacher Training: I'd like to move on now to discuss the kind of preparation for fieldwork teaching that is available. What do you know about how fieldwork teachers are trained at the moment?

(Probe: Have you been informed how long the course is? And what subjects are covered?)

E2. Selection of Fieldwork Teachers: What sort of Health Visitor do you think should become a fieldwork teacher?

(Probe: What characteristics make one person more suitable than another? Do you think enough care is taken when selecting fieldwork teachers for training?)

E3. Content of the Fieldwork Teacher Course: The present fieldwork teacher course is 6 weeks long, usually in three 2-week blocks. The course is usually concerned with the preparation of the fieldwork teacher in the theoretical elements of her role. These are the main subjects dealt with on courses.
(SHE STUDENT REPORT SHEET)

Looking at those topics, is there anything which you feel should be added?
(Probe: What topics would you add? Why do you think these topics should be included?)

Is there any other area where you feel is not covered?
(Probe: Why do you see that?)

E4. Professional Content of Fieldwork Teacher Course: It is usual that some small amount of time is used on the fieldwork teacher course for professional education. How important do you feel it is that intending fieldwork teachers have an opportunity to discuss current trends and health visiting practice during their training?

(Probe: Should this be included in fieldwork teacher courses? Is there any other way a fieldwork teacher could be helped to stay up-to-date?)

SECTION F: Fieldwork Placement: Personal Retrospect

F1. Sponsoring Authority: You are now working in Area Health Authority. Was it this Authority which sponsored you to do your Health Visitor training?

(Probe: Why did you choose it to sponsor you? Did you approach any other authorities?)

F2. Choice of College: Was College your first choice for your Health Visitor training?
(If NO: What other colleges had you applied to?)

What made you choose to do your training?
(Probe: Was it the nearest? Did your sponsoring Authority suggest or stipulate it? Or what?)

F3. Location of Fieldwork Placement: Was your fieldwork placement in an area of your sponsoring authority? I mean, was your fieldwork teacher employed in the Area Health Authority which sponsored you?

(Probe: If NO: Where was your fieldwork placement? How far from your sponsoring authority? Why was your placement authority different from your sponsoring authority?)

F4. Access to Placement: Was your practical work placement within easy reach of your home? How far away (approx no of miles)?

(Probe: How did you travel there? How long did it take? If OVER 1 hour: Did you mind that? What effect did it have on your time at your placement? Is there any way that difficulty might have been solved - by a different placement or any other way?)

F5. General Background to Placement: You probably got to know your fieldwork teacher's area quite well, didn't you? Can you tell me something about it?

(Probe: How many families in her caseload? Where did she work? What sort of an area was it? What was her range of duties?)

F6. Number of Health Visitor Elements: Were you the only student health visitor that your fieldwork teacher was responsible for?

(Probe: If YES: How did you feel about that? Were there any advantages or being the only one? Were there any drawbacks?
If NO: How many other students? Which college did they come from? Which Area Health Authority? How did you feel about "sharing" your fieldwork teacher? Were there any advantages or disadvantages?)

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88. Health Visiting Activities of Fieldwork Teacher: We talked earlier about your fieldwork teacher's area and started to think about her range of duties. About how many home visits did she carry out during a week? How many clinic sessions? How many health education sessions?
- (Probe: Taking into account her fieldwork teaching duties, did these responsibilities seem reasonable to you? If NO: Did they seem too much? Or too little? What would have been more reasonable?)
89. Additional Commitments: Had your fieldwork teacher any other professional commitments outside her usual home visiting and clinic activities? (Things like hospital liaison or committee work?)
- (Probe: What were these additional duties? Where did they take place? Did it involve the fieldwork teacher in travel to fulfil these commitments? How far?)
90. Perceived Acceptance at Work-Base: Did you feel 'comfortable' at the place where your fieldwork teacher was based? I mean, did you feel as though you had been 'accepted'?
- Did you always feel as though your fieldwork teacher had time for you?
- (Probe: If YES: What particularly made you feel that? If NO: Why do you think that was? Was it pressure of work? Or a 'personality clash'? Any other reason?)
- Do you think, in fact, you were particularly demanding of her time?
91. Inclusion in Clinic Activities: Were you included in the activities of the centre when you were present or placement? Things like practice meetings or luncheon discussions?
- (Probe: Any other activities? Did this happen when your fieldwork teacher was there? And when she wasn't?)
92. Grouping of Fieldwork Teachers: Were fieldwork teachers 'grouped' in the area where you did your placement? By that I mean, did your fieldwork teacher and her colleagues get together regularly to discuss ideas and arrange experiences for health visitor students?

93. Fieldwork Teachers (or a group of students): How do you take part in any discussions with other Health Visitor students and their fieldwork teachers?
- F13. Contact with Other Personnel: How many people worked in the place where you were based? What were their jobs?
- (Probe: Did you have any contact with these colleagues? What sort of contact was that?)
- F14.13 Accommodation: What sort of accommodation did you have at your work-base? Did you have a desk of your own? Or someone to put your belongings? Did you feel this was important?
- (Probe: Where did you usually work? Was that satisfactory or were there some improvements which could have been made?)
- SECTION D: Fieldwork Placement: Preparation Phase**
- G1. Allocation of Student to Fieldwork Teacher: I'd like to talk now about the preparation you had before you started your fieldwork placement. Who decided on your placement and which fieldwork teacher you would be assigned to? Was it the Area Health Authority? Or was it the College?
- (Probe: Were you involved in this allocation at all? If YES: In what way? If NO: Would you like to have been involved? In what way?)
- G2. Initial Contact with Fieldwork Teacher: When did you first meet your fieldwork teacher? Was it before you started at College? Or was it after?
- (Probe: Looking back, was that an effective arrangement? Or would you like to see it altered in any way?)
- G3. Contact of Initial Meeting with Fieldwork Teacher: What sorts of things did you talk about at that first meeting?
- (Probe: Did you discuss what would be expected of you? Or about the area? Or arrangements for the first day of fieldwork? Or what?)
- G4. Perceived Value of Initial Meeting: When you look back at that meeting, is there anything else which you wish you had been told then? Is anything which seemed a waste of time?
- Was anything said at that first meeting which was positively unhelpful or which you'd rather not have known?

- H8. College Participation in Preparation Phase: How were you prepared in college for your fieldwork practice? What form did it take? Was there a lecture? A discussion? A handout? Any other form?
- (Probe: Do you feel you were sufficiently prepared, in college, for fieldwork? If NO: What other preparation would you have liked? Were you given enough information? If NO: What else do you feel you needed to know?)
- H9. Participation by Area Health Authority in Preparation Phase: Were you given any preparation by the Area Health Authority before your placement? Were you able to visit the area before you started your course? Or were you able to meet some of the people you would be working with? Any thing like that?
- (Probe: Was there anything about the preparation by the Area Health Authority which you thought was a particularly good idea? Anything which seemed of little use?)
- H10. Effectiveness of Total Preparation: Thinking back, how well did the preparation, as a whole, equip you for your fieldwork placement?
- (Probe: Was there anything you wish you had been better prepared for? How could you have been prepared for that?)

SECTION E: Fieldwork Placement: Placement Phase

- H11. Pattern of Fieldwork Experience: Was your fieldwork experience planned for (a day every week? More than a day a week? For a whole week at a time?)
- Did the pattern var. at different periods during the placement?
- (PLEASE RECORD EXACT DETAILS BELOW)
-
-
-
- H12. Perceived Appropriateness of Pattern: How did you like this arrangement? I mean, did it give you an opportunity to gain a good range of experience in health visiting practice?
- (Probe: If YES: What were its particular advantages? What were its main defects and problems? How do you think this pattern of experience might be improved?)

- H13.16 Orientation to Fieldwork: What sorts of things were mainly discussed and done during the early days of fieldwork practice?
- (Probe: What do you think are the really important bits of information and experience that need to be 'got across' in those early days?)
- H14.17 Was there any information or experience that was felt to be so important that it was left until later?
- (Probe: What information or experience was that? Why do you think it was left? When was it included in your fieldwork teacher's teaching?)
- H15.18 What major points were emphasised all the way through the time with your fieldwork teacher?
- (Probe: Why do you think these were important?)
- H16. Family Studies: Your fieldwork teacher had selected six families for you to visit, hadn't she? Can you tell me about them?
- (Probe: How would you sum up each one? Their members? Their backgrounds?)
- H17.19 Family Studies: Preparation of Families: Looking back to those first visits to your families, what did they know about you before you went?
- (Probe: Did they seem to know who you were visiting them? What your qualifications were? What you were studying? Where you were studying?)
- H18.20 Family Studies: Preparation of Students Before your introductory visit to a family: Before your introductory visit to a family, what information were you given about that family?
- (Probe: Did you feel you had just about the right amount of information, or too little or may be even too much?)
- H19.21 Family Studies: Introductory Visit: How did your fieldwork teacher introduce you to the family? What approach did she use?
- (Probe: What about a mother with a young baby? How were you taken into that situation? Was the approach different when she took you to the home of an elderly person?)
- H10. Introductory Visit to Family: Student Participation: Of those introductory visits, what part did you play in the discussion which took place?
- (Probe: Were you encouraged to join in the conversation? Or were you expected to keep quiet?)

can't visit? What kind of help did you get before your first visit alone? What did your Fieldwork Teacher discuss or do with you beforehand?

[Probe: Do you feel this preparation was worthwhile? Or could it have been improved in any way?]

H20.22 Family Studies: Community Problems Generally, families selected for study by student health visitors are supposed to be fairly straightforward and was this the case with your families? I mean, did any major problems arise?

[Probe: If YES: What happened? How was that tackled by you and your Fieldwork Teacher? Who dealt with the difficulty? You or your Fieldwork Teacher?]

H21.01 Neighbourhood Study: Perceived Importance by Researcher I'd like to know how about the neighbourhood study which you prepared. Was the knowledge you gained in the preparation of that study been of use since you qualified? I mean, what do you think its purpose is?

H21.02 Neighbourhood Study: Initial Information Collection How much initial information did you need in order to start and develop your neighbourhood study effectively? Where did you get that information?

H21.03 Do you think it would have been better if you had had some basic information before you arrived on the area? How could that have been organised best, in your opinion?

H21.04 Neighbourhood Study: Special Visits Leaving aside the visits arranged by the college, what visits did your Fieldwork Teacher arrange to help you get to know that particular area?

[Probe: Did your Fieldwork Teacher come with you? If YES: How were you prepared for such a visit? Was there any follow-up?]

H21.07 Family and Neighbourhood Studies: Preparation Time Taken all together, what proportion of the total time spent with your Fieldwork Teacher was taken up in preparation of the family and neighbourhood studies?

[Clarify: that you are concerned only with studies which are submitted for assessment purposes].

H21.08 Other Visits Now let's talk about the other visits - the visits which your Fieldwork Teacher gave you from her desk. What types of visits were allocated to you?

H20.29 Other Visits: Qualitative Nature How were these visits 'phased' into your fieldwork experience? I mean, what visits given first? What sort next, and so on?

[Probe: Why do you think that order was chosen?]

H21.30 Other Visits: Inception How far into your fieldwork placement did your Fieldwork Teacher allocate you these 'other' visits?

[Probe: Did this pattern match your fellow students' experience?]

H22.31 'Problem' Situations We talked just now about the sorts of families selected for your studies. Do you feel there is, in fact, a general tendency to select fairly straightforward families for that purpose?

Do you think this is a sensible policy? Why?

How did you get experience of the more 'difficult' situations which arise in health visiting? I'm thinking, for example, about families with multiple problems; non-accidental injuries; battered wives, and so on?

H23.32 Experience in Child Health Clinics It has been suggested that some health visitor students only gain a limited experience in child health clinics. What did you find in your experience? I'm thinking about experience gained in different sorts of clinics and with different types of 'clients'.

[Probe: What range of experience did you gain in the clinic setting? (Mainly 'well-babies'? Or did you see handicapped or deprived children? Did you see different types of clinics? Assessment clinics? Clinics in various settings? Church Halls? Surgeries? etc?)]

Looking back, was that a satisfactory experience?]

H24.03 Health Education: College Requirements Let's think now about health education in groups and the experience you gained in your placement. Were there any guidelines from your college as to the number of sessions that they felt appropriate for you to carry out?

[Probe: How many sessions were you expected to carry out on your own? Did the college have any preferences for the kind of group you taught? Do you think this could have been changed at all?]

13

14

H25.34 Health Education: Experience Offered How many sessions were you generally able to do? What sorts of groups and topics were you asked to teach?

[Probe: Were these sessions readily available on your Fieldwork Teacher's area, or did you have to approach colleagues for help?]

H25.35 Health Education: Perceived Importance We talked earlier about the health education you are carrying out in this area. How adequate, in your opinion, the experience you gained on fieldwork practice was as a basis for your present and future practice?

[Probe: If you were able to do so, would you introduce any changes in, or additions to, this experience? What would they be?]

SECTION 2: Social, Pastoral and Evaluative Issues

I1.36 Overall Health Visiting Experience Thinking about the overall experience you were offered as a student whilst on fieldwork placement, is there any experience that you feel was a bit too limited in any way?

[Probe: Can you give any reasons for this? Was it the nature of your Fieldwork Teacher's area? Or her mode of work? Or lack of time? Or what?]

II. Was there any aspect of experience that you felt you were not ready for? Experience that, perhaps, could have been left until later in your training or even after?

Did you consider any experience unnecessary or irrelevant during your period of fieldwork practice?

[Probe: Were you able to discuss these feelings with your Fieldwork Teacher? Do you feel you could have discussed it if you had wanted to?]

III. Fieldwork Teacher's Awareness of Difficulties: How far did you feel that your Fieldwork Teacher was aware of the ways in which the placement fell short of being ideal?

[Probe: If YES: Did you gather that she herself was frustrated or tired?]

[Probe: What would have helped if someone had made her more aware? Who could best have done that?]

IV. Difficulties in Fulfillment of Student Demands: Did you ever feel that some experience or other which your Fieldwork Teacher could not fulfill?

[Probe: If YES: What experience was that? Why do you think your needs were not met? Was it because she was not able to do so or you think she that it was not appropriate for you?]

15.38 Contact with Other Health Visitors: How much contact did you have with other health visitors? What sort of contact was it?

[Probe: Was it arranged by your Fieldwork Teacher or was it incidental? Was the purpose to observe someone else visiting? Or during your alternative experience? Or because she had a special responsibility? Do you feel this was useful to you?]

16.39 Contact with Other Colleagues: What about other colleagues who were not health visitors? Did you have any contact with them?

[Probe: What sort of contact would that be? Do you feel this was useful to you?]

17.40 Pastoral Care of Students: I've heard it said that on the whole students tend to have a much closer relationship with their Fieldwork Teachers than it is possible to have with their college tutors. Would you agree or disagree with that?

[Probe: If AGREE: Why do you think this is? There must be advantages and disadvantages in this. Can you tell me about them?]

[If DISAGREE: Why do you think this is unlikely?]

18.41 Pastoral Care of Students: Expressive Relationships If you were concerned or anxious about something during your fieldwork practice, how would you see your Fieldwork Teacher? I mean, what role would she have?

[Probe: Would it be as a friend? Or as a sort of 'parent' figure? Or in any other way?]

19.42 Pastoral Care of Students: Counselling Role of Fieldwork Teachers Do you see the Fieldwork Teacher as having a counselling role as well as a teaching role? Would you have discussed matters other than the purely professional with your Fieldwork Teacher? I mean, with regard to personal problems?

[Probe: What sorts of areas could possibly come under discussion?]

110. Pastoral Care of Students: Other Personnel Is there anyone else you feel you could have possibly discussed personal matters with during your Health Visitor training? Your college tutor? A Student Counsellor? The College Chaplain? Anyone else?

111. Relationship between Theory and Practice: Looking back, was your fieldwork experience related by lectures to the theoretical content of the Health Visitor course?

...the course? Or was it more in some sections than others? What sections were those? Was the theory linked to the practical aspects?
If YES: How do you think this could have been achieved? Do you regard this as necessary?

118. Application of Theory in Fieldwork: Thinking about your fieldwork practice, did your fieldwork teacher help you to apply the theory you were learning in college?
(Probe: If YES: In what ways did she do this? If NO: How do you think she could have helped you more?)

118.43 Subjective-Objective Evaluation: When you came to the end of your fieldwork practice, what kinds of things indicated to you whether it had been a successful and effective placement?
(Probe: What characteristics and behaviour make you feel someone is a successful fieldwork teacher? What characteristics or behaviour would make you feel someone had failed as a fieldwork teacher?)

118.44 Selection of Health Visitor Students: We talked earlier about the selection procedure at your college. In general, do you feel that enough care is taken over selecting people to train as Health Visitors?
What do you feel are the special qualities needed, over and above those needed for nursing?
Would you feel, in fact, that Health Visitors have to be 'super-nurses' or 'nurses-plus'; or do you think there are some people who would make good Health Visitors but not good hospital nurses?

118. Feedback to Fieldwork Teacher: Have you seen your fieldwork teacher since finishing the course? Were you able to discuss your fieldwork placement with her?
If YES: What aspects of the placement did you talk about? Did you find this helpful? Do you think this was helpful to your fieldwork teacher?
If NO: Do you feel it would have been helpful to discuss the strengths and weaknesses of the placement with your fieldwork teacher?

118.45 Student Demands Fieldwork Teacher's Plan of Experience: How far do you feel that what experience you wanted out of fieldwork placement was actually given by your fieldwork teacher?

...placement?
And what about dissatisfactions - is there anything that you were unhappy about at that time? And anything you are unhappy about looking back at it?

118.47 Pressure During Fieldwork: Do you think Health Visitor students are more likely to feel too over-worked, or too under-worked during their fieldwork experience?
(Probe: Which is most likely to make them feel dissatisfied? Have you had experience of this?)

119.48 Student Stress During Fieldwork: What do you think is the biggest cause of stress for students during fieldwork practice?
(Probe: Is there any specific time during fieldwork that you feel the student is under more stress than at other times? Did this happen to you?)

120.49 Action to Alleviate Stress or Dissatisfaction: Do you feel that anything can really be done about either student's stress or student's dissatisfactions?
(Probe: Do you feel that something should be done? Is there any actual advantage in stressing students?)

121.50 Organisation of Fieldwork: Student Opinion: Is there anything that you disliked in the way the fieldwork experience was organised?
(Probe: If YES: Tell me about that? Do you think anything could be done about it?)

SECTION 3: Further Education for Health Visitors

31. Opportunities for Further Education: Let's think about the future now. Are you thinking about gaining any further qualifications?
(Probe: What further courses would you like to do?)

32. Opportunities in Employing Authority: What sorts of course are available to you as a Health Visitor in this Area Health Authority?
(Probe: Have you participated in anything yet? An introductory course? In-service training?)

33. Education for Newly Qualified Health Visitors: Is there any further education which you feel would be useful for you, as a newly trained Health Visitor, to participate in? I mean, like an introduction to local policies? Or local screening methods? Or just a general introduction?

34. Further Education Programme: What topics and aspects of the work do you see as important to include in any programme of further education for Health Visitors?
(Probe: How would you see this being arranged? On a national level? Or locally?)

SECTION 4: Summary and Conclusions

40. Synopsis: We've covered a tremendous amount of ground in the last x minutes - first we thought about your health visitor training and then, in particular, we looked at various aspects of your fieldwork experience. Topics such as the family studies and how visiting leading on to issues like relationships, counselling and evaluation of experience. Just now we talked about further education in the profession.

40.51 Further Ideas on Health Visitor Training: Is there anything else you would like to add to these areas which you didn't get a chance to say before?
(Probe: Are there any other things which would:
a) make life easier;
b) make the whole business of Health Visitor training more stimulating and satisfying from the student's point of view?)

40.52 Further Ideas on Fieldwork Experience: Do you feel you've got a chance to discuss your opinions on the whole area of fieldwork experience in health visitor training?

END OF GUIDED INTERVIEW SCHEDULE STUDENT

APPENDIX E:

QUESTIONNAIRE BOOKLETS (FIELDWORK TEACHER AND
RECENTLY QUALIFIED HEALTH VISITOR SUB-SAMPLES)

NB: For economy of presentation, these questionnaire booklets have been reduced to one half of their original size.

3-BEFFIELD CITY POLYTECHNIC
 DEPARTMENT OF HEALTH STUDIES

FIELDWORK TEACHING AND THE NEEDS OF THE
 HEALTH VISITOR STUDENT

QUESTIONNAIRE: FIELDWORK TEACHERS

Dear Colleague,

This questionnaire forms part of an investigation into the needs of health visitor students during the practical elements of their course and the way fieldwork teachers cater for these needs. It has been devised after a series of interviews with fieldwork teachers and health visitors who have talked about their experiences and feelings during the fieldwork phase of the health Visitor course.

It would be extremely helpful if you could complete this form and return it to me in the enclosed stamped addressed envelope. I am very aware of the pressures of work which you must have at present, but feel that your experiences as a fieldwork teacher would greatly enhance the results of the study.

Extra space has been provided for comments, should you feel the need to use this. Please feel free to add any comments you would like to make, adding extra paper if necessary.

Thank you for your help, I am

Yours sincerely,

Anne Dean. SRN., HV., T.Cert.
Senior Lecturer in Health Studies

NB: MORE THAN ONE ITEM MAY BE INDICATED UNLESS OTHERWISE STATED.

1. AGE GROUP: (please ring as appropriate)

01-30 31-40 41-50 51-60

2. EDUCATIONAL QUALIFICATIONS:

- GC level or equivalent (number)
- GC level or equivalent (number)
- Degree
- Other qualifications (please specify)

3. PROFESSIONAL BACKGROUND:

NURSE TRAINING SCHOOL(S)	DATES
OBSTETRIC/MIDWIFERY TRAINING	DATES
HEALTH VISITOR TRAINING	DATES
FIELDWORK TEACHER TRAINING	DATES

3. Professional Background:(contd.)

- Other courses since HV training
- Management
 - Health Education
 - Family Planning
 - Refresher - HV
 - Refresher - FWT
 - Other (please specify)

4. REASONS FOR BECOMING A FIELDWORK TEACHER:

Please indicate which of the reason(s) below match YOUR own reasons for becoming a FWT

Logical sequence in HV career	<input type="checkbox"/>
Extension personally and professionally	<input type="checkbox"/>
Enjoyed teaching	<input type="checkbox"/>
Professional updating	<input type="checkbox"/>
Preparation in becoming a HV tutor	<input type="checkbox"/>
Preparation in becoming a nursing officer	<input type="checkbox"/>
Suggested by nurse management	<input type="checkbox"/>
Personal poor experience as a HV student	<input type="checkbox"/>
Other (please specify).	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

of a fieldwork teacher?

Knowledge	
Experience	
Enthusiasm	
Efficiency	
Honesty	
Good Communicator	
Responsibility	
Stability	
Good Listener	
Sense of humour	
Sensitivity to needs of student	
Patience	
Empathy	
Other (please specify)	
Other (please specify)	
Other (please specify)	

6. PRESENT STUDENT:

Do you have a student health visitor with you at present?

YES NO (please tick as appropriate)

Which college is he/she from?

.....

4

Is this the college you are usually associated with?

YES NO (please tick as appropriate)

If NO: Which other college(s) have you worked with?

.....

Do the colleges have different ways of working with FWTs?

YES NO (please tick as appropriate)

If YES: What are the main differences?

.....

8. NUMBER OF STUDENTS:

a. How many FWT students have you been responsible for, since your training as a FWT?

Number =

b. How many FWT students are you usually responsible for in any one year?

(please ring as appropriate, specify if more than 3)

1 2 3

5

9. NUMBER OF STUDENTS: (contd)

a. How do you feel about having more than one student?

- Students help each other
- Useful discussions can occur
- Difficult if one student 'louder'
- Difficulties in selection of families
- Difficulties in planning for students
- FWT must be organised
- More work for FWT
- Classroom not large enough
- Other (please specify).....

Additional Comments

.....

b. ACCOMMODATION:

What sort of accommodation can you offer a FWT student?

(please ring as appropriate)

Desk Shared desk Drawer Shared drawer

Have you somewhere to see your student alone?

YES NO (please tick as appropriate)

If YES: Please specify

.....

6

10. INFORMATION REGARDING STUDENT:

a. How much information are you given about your student before you meet her/him?

- Name
- Age
- Civil State
- Children
- Nationality
- Qualifications
- Experience
- Car Driver
- Health
- Personal Problems
- Other (please specify)
- Other (please specify)

b. Is there anything else you would like to be told?

.....

Additional Comments

.....

7

may have to carry out before the student health visitor arrives. Please rank these according to their importance.
 i.e. most important = 1, next important = 2, etc.
 and so on.

(If there are any more tasks not mentioned here, please add them to the list and rank them along with the others.)

Selection and preparation of families for student's family studies:	
Arranging special visits (e.g. visits to GP's office, hospital unit(s) or other relevant visits):	
Liaising with other colleagues (e.g. other HVs, School Nurse) to provide appropriate experiences:	
Arranging administrative provision for student (e.g. desk/storage space, stationery supply etc.):	
Personal preparation for the placement (e.g. updating caseload, relevant reading or study, necessary personal policies):	
Other (please specify):	
Other (please specify):	
Other (please specify):	

Is your student normally on fieldwork placement:-

- 1 day/week and block periods
- 2 days/week and block periods
- 3 days/fortnight and block periods
- Other (please specify).....

How do you like this arrangement?

3. ORIENTATION TO FIELDWORK:

Generally, what topics do you concentrate on during the early days of your student's course? (i.e. first 2 months)

- Introduction to area
- Introduction to health visiting
- Relationships with families
- Priorities of health visiting
- Characteristics of HV
- Attitudes of HV
- Other (please specify).....

13. Orientation to fieldwork: (contd)

- a. Is there anything you emphasise all through the student's time with you?
- Observation skills
 - Assessment skills
 - Professional responsibility
 - Objectives of visiting
 - Sense of humour
 - Other (please specify).....
 - Other (please specify).....

ADDITIONAL COMMENTS.....

14. FAMILY STUDIES:

- a. What do you 'bear in mind' when you choose families for the student to study?
- Willing to have a student to visit
 - Stable family situation
 - FUT knows family well
 - Gives information willingly
 - Family will benefit from visits
 - Interesting for student
 - Convenient for liaison with other agencies
 - Fulfills college criteria
 - Representative of caseload
 - Other (please specify).....

14. Family Studies: (contd)

- b. What information do you give the families about your student?
- Name
 - Approximate age
 - Civil state
 - Professional Qualifications
 - Reasons for visiting
 - Confidentiality of study
 - More questions than FUT
 - Family would be helping student
 - Role of student
 - Role of FUT
 - Other (please specify).....

- c. What information do you give your student about the family before she visits with you?
- General outline
 - Records to read
 - Objectives of visit
 - Information not in records
 - No information, discuss after visit
 - Other (please specify).....
- ADDITIONAL COMMENTS.....

studies to the student why?

Essential

Very useful

Useful

Fairly useful

Not very useful

No use

Why do you feel this?.....

.....

.....

15. NEIGHBOURHOOD STUDY:

How useful is the preparation of a neighbourhood study to the student why?

Essential

Very useful

Useful

Fairly useful

Not very useful

No use

Why do you feel this?

.....

.....

16. FAMILY AND NEIGHBOURHOOD STUDIES:

Have you any additional comments regarding the preparation of family and neighbourhood studies

.....

.....

.....

How do you know when a student is ready to visit alone (to families other than her/his study families)?

Reporting back from studies

Shows aptitude in visiting

Student asks to visit alone

Time to start

College requirements

Other (please specify).....

.....

.....

17. Generally, how far into the course would you expect a student to be ready to visit alone? N.E. to families other than study families.

Worth of course

18. ASSESSMENT OF VISITS:

How do you know that your student's approach is appropriate and her/his advice accurate?

Accompany her/him

Student's report of visit

Families' report of visit

Student's self-evaluation

Observation of student in clinic

Student's account in records

Other (please specify).....

.....

Other (please specify).....

.....

19. PLACING OF EXPERIENCE:

Below is a list of the types of visits you may offer the student in addition to visits to 'study families'.

Please indicate those you usually offer the student by ticking in column A and state which order you place them into fieldwork experience (1st, 2nd, 3rd, etc.) in column B.

	A	B
Birth visits		
Development assessments - under 1 year		
1 - 3 years		
over 3 years		
Pre-school children		
School children		
Routine follow-up - under 1 year old		
over 1 year old		
Inter-renal parents		
Elderly persons		
-recital discharges		
-recitalised children		
-recitalised adults		
Visits involving message taking/giving		
Other (please specify)		
Other (please specify)		
Other (please specify)		

20. EXPERIENCE WITH PROBLEMS:

a. How do your students get experience with the more complex situations, such as non-accidental injury, families with multiple problems, etc?

Visits with FMT

Discussion with FMT

Discussion with other HVs

Visits with colleagues

Use of HV records

Responsible for 'problem' with support

Attends case conference

Other (please specify).....

Other (please specify).....

b. How important is it for student to have such experience?

.....

.....

.....

21. CHILD HEALTH CLINICS:

a. How many clinics would your student normally attend?

(please ring as appropriate)

1 - 3 4 - 6 7 - 9 over 10

b. How many clinics would your student have active participation? (i.e. by seeing a small number of parents or by conducting the whole session)

Number of sessions =

- 1.e. those are/are is conducting:
- Sitting with student
 - In same room
 - Nearby, not in same room
 - Another HV available
 - Other (please specify).....

2. What range of clinic experience can you offer your students?
- Babies
 - Toddlers
 - Health Centre
 - GP surgery
 - A&E clinic
 - Church hall
 - School premises
 - Other (please specify).....

3. TEACHING PRACTICE:
- a. How many health education sessions (group teaching) can you offer your students?
- Observing =
- Participating =
- b. Are these all available from your knowledge?
- YES NO (please tick as appropriate)

23. OVERALL EXPERIENCE:

a. Is there any particular experience(s) which is limited for your student?
(none therefore may be indicated)

Routine visiting (under Exps.)	<input type="checkbox"/>
Inter-natal visiting	<input type="checkbox"/>
Clinic experience	<input type="checkbox"/>
Developmental assessments	<input type="checkbox"/>
Visiting elderly persons	<input type="checkbox"/>
Visiting alone	<input type="checkbox"/>
Administrative work	<input type="checkbox"/>
Immigrant visiting	<input type="checkbox"/>
Handicapped children	<input type="checkbox"/>
Handicapped adults	<input type="checkbox"/>
Non-accidental injury	<input type="checkbox"/>
Probler families	<input type="checkbox"/>
Case conferences	<input type="checkbox"/>
Health education	<input type="checkbox"/>
Visits with other HVs	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

- b. Are there any special reasons why these experiences are not available?
- Not available in area
 - Not enough time
 - Did not occur during placement
 - Not very important
 - Other (please specify).....
 - Other (please specify).....

- Another FWT
- Another HV
- School Nurse
- Midwife
- Other (please specify).....

- c. How adequate is the experience in health education gained during health visitor training as a basis for future practice?
- Very adequate
 - Fairly adequate
 - Adequate
 - Not very adequate
 - Not adequate at all

- d. Is preparation for the role of health educator best given as:-
- College lectures
 - Teaching practice (college)
 - Teaching practice (field)
 - Separate college course
 - In-service training

ADDITIONAL COMMENTS.....

.....

.....

.....

24. SATISFACTIONS OF FIELDWORK:
- a. What experience(s) do you feel give students the most satisfaction during fieldwork?
- Home visiting.....
 - (if specific group, specify above)
 - Clinics
 - Results in visiting (e.g. advice taken)
 - Relationship with families
 - Working in the community
 - Working alone
 - Meeting other health care workers
 - Health education
 - Other (please specify).....
 - Other (please specify).....
- b. Any dissatisfactions?.....
-
-

25. STRESS IN FIELDWORK:
- What causes most stress for health visitor students in fieldwork practice?
- First visit alone
 - First clinic alone
 - Uncertainty of role
 - Relationships
 - Health education
 - Lack of immediate results
 - Lack of guidance in visiting
 - Family and neighbourhood studies
 - Academic work
 - Other (please specify).....

ful and effective?

- Appears confident in visiting
- Appears confident in advising
- Participation in discussion
- Enthusiasm for health visiting
- Ability to work alone
- Reports from colleagues
- Reports from families
- Ready for supervised practice

Other (please specify).....

 Other (please specify).....

- b. What would make you feel you had failed?

 c. How far do you feel that what you think is 'good' experience for a student is what the student actually wants?

27. REST YEARS:

- a. Have you ever had a 'rest year' during your time as a FW?

YES NO (please tick as appropriate)

If YES: How many?

Personal refreshment

- Professional reappraisal
- Gets caseload up to date
- Gives families on area a rest
- Time to attend other courses
- 'Rest years' policy of AHA
- Other (please specify).....

28. DETAILS OF PRESENT POST:

- a. What sort of area are you working in?
 Urban industrial
 Urban residential (majority LA housing)
 Urban residential (majority private)
 Rural
 Immigrant majority
 Mining
 Other (please specify).....

- b. Are you working:-
 GP attachment
 GP liaison (no formal attachment)
 Geographical
 Mixed (geographical/attachment)
 Specialist health visiting
 Other (please specify).....

- c. Do you work:-
 From a child health clinic
 From a health centre
 From a GP surgery (premises)
 From home
 Other (please specify).....

29. Details of present post: (contd.)

- a. Caseload:
 Number of families with children under 5 years
 (please ring as appropriate)
 100-199 200-299 300-399 400-499 500-599 600+
 Other individuals (e.g. elderly, handicapped)
 (please ring as appropriate)
 0-25 26-50 51-75 76-100 101-125 126-150 150+

- a. Weekly commitments:
 Clinic sessions (number)
 -school education sessions*
 -hospital liaison (number)
 Trade Union representative
 Other (please specify).....

* Please indicate pattern of -school Education, e.g. number of sessions in programme, type of group, etc. in the space provided below.

29. If you have any further comments regarding field-work teaching or any other aspects of health visit or training, please use the space below or a separate sheet of paper, if necessary.

FIELDWORK TEACHING AND THE NEEDS OF THE
HEALTH VISITOR STUDENT

QUESTIONNAIRE: HEALTH VISITORS TRAINED 1978/79
1979/80

Dear Colleagues,

This questionnaire forms part of an investigation into the needs of health visitor students during the practical elements of their course and the way fieldwork teachers cater for these needs. It has been devised after a series of interviews with fieldwork teachers and health visitors who have talked about their experiences and feelings during the fieldwork phase of the health visitor course.

It would be extremely helpful if you could complete this form and return it to me in the enclosed stamped addressed envelope. I am very aware of the pressures of work which you must have at present, but feel that your experiences as a recently trained health visitor would greatly enhance the results of the study.

Extra space has been provided for comments, should you feel the need to use this. Please feel free to add any comments you would like to make, adding extra paper if necessary.

Thank you for your help, I am

Yours sincerely,

Anne Dean. SRN., HV., T.Cert.
Senior Lecturer in Health Studies

N.B. More than one item per question may be indicated unless otherwise stated.

1. AGE GROUP: (please ring as appropriate)

21-30 31-40 41-50 51-60

2. EDUCATIONAL QUALIFICATIONS:

'D' level or equivalent (number)

'A' level or equivalent (number)

Degree

Other qualifications (please specify)
.....

3. PROFESSIONAL BACKGROUND:

NURSE TRAINING SCHOOL(S)	DATES
CESTETRIC/MIDWIFERY TRAINING	DATES
HEALTH VISITOR TRAINING	DATES

Was this your first choice of college for health-visitor training?

(please tick as appropriate) YES NO

* NO: What was your first choice?
.....

4. REASONS FOR CHOOSING HEALTH VISITING AS A CAREER:

Below is a list of some reasons which have been given for choosing health visiting as a career. Pick out those which match YOUR reasons and put them in order of importance, i.e. most important = 1, next important = 2...and so on.

(If you have other reasons not mentioned here, please add them to the list and rank them along with the others)

SALARY	
CONVENIENT HOURS	
MARRIAGE	
OTHER DOMESTIC OR FAMILY REASONS	
HEALTH REASONS	
EXPERIENCE ABROAD	
DISTRICT NURSING/COMMUNITY MIDWIFERY EXPERIENCE	
INTEREST IN BABIES	
UNHAPPY IN HOSPITAL ENVIRONMENT	
DISLIKE OF PRACTICAL NURSING	
INDEPENDENCE AS A PRACTITIONER	
FURTHER TRAINING OR CAREER PROSPECTS	
WORKING WITH G.P. PRACTICE ATTRACTIVE	
INTEREST IN PREVENTIVE ASPECTS	
DESIRE TO CARE FOR WHOLE PERSON	
OTHER REASON (please specify)	
OTHER REASON (please specify)	
OTHER REASON (please specify)	

YES NO (please tick as appropriate)

If NO: Which AHA was it in?

b. How long did it take you to travel to your placement? (please ring as appropriate) 0-20mins. 21-40mins. 41-60mins. over 1 hour

If over 1 hour: How did you feel about this?

c. Were you the only health visitor student with your fieldwork teacher?

YES NO (please tick as appropriate)

If NO: How did you feel about this?

5. FIELDWORK TEACHER RESPONSIBILITIES:

- a. What was your FWT's caseload, i.e. families with children under 5 years?
b. How many other individuals was she responsible for, i.e. elderly, handicapped?
c. How many clinic sessions a week did she do?
d. How many health education sessions a week?

6. Preparation for fieldwork placement: (contd.)

- b. How did you like this arrangement?
c. Did you have any other preparation for fieldwork? (i.e. in college or by AHA)

9. PATTERN OF FIELDWORK EXPERIENCE:

- a. Was your fieldwork experience for:-
1 day/week and block periods
2 days/week and block periods
3 days/fortnight and block periods
Other (please specify)
b. How did you like this arrangement?

10. ORIENTATION TO FIELDWORK:

- a. What topics did your FWT concentrate on during the early days of your course? i.e. first 2 months
Introduction to area
Introduction to health visiting
Relationships with families
Priorities of health visiting
Characteristics of HV
Attitudes of HV
Other (please specify)

7. ACCOMMODATION:

As a health visitor student, did you have:- (please ring as appropriate)
Desk Shared desk Drawer Shared drawer
Additional comments:
Was there a place to see your FWT alone?

YES NO (please tick as appropriate)

- If YES: FWT Room
Spare office
Spare consulting room
Office when other HVs not in
Other (please specify)

8. PREPARATION FOR FIELDWORK PLACEMENT:

- a. When did you first meet your FWT?
Knew her/him before
Meeting in college (before course)
Meeting arranged by AHA (before)
Meeting in college (1st week)
First day of placement

10. Orientation to fieldwork: (contd.)

- b. Was there anything else he/she emphasised all through your time on placement?
Observation skills
Assessment skills
Professional responsibility
Objectives of visiting
Sense of humour
Other (please specify)

ADDITIONAL COMMENTS:

11. FAMILY STUDIES:

- a. What information did your FWT give you about your 'study families' before you met them?
Name(s)
Address
Age(s)
Family records(HV)
Information not in records
Discussion of objectives
No information
Other (please specify)

NB: Family studies, i.e. the six families you wrote health visiting studies about.

training as a basis for your practice as a health visitor?

- Very adequate
- Fairly adequate
- Adequate
- Not very adequate
- Not adequate at all

ADDITIONAL COMMENTS:

.....

.....

.....

.....

Is preparation for the role of health educator best given as:-

- College lectures
- Teaching practice(college)
- Teaching practice(field)
- Separate college course
- In-service training

ADDITIONAL COMMENTS:

.....

.....

.....

.....

Routine visiting (under 5 yrs.)	<input type="checkbox"/>
Ante-natal visiting	<input type="checkbox"/>
Clinic experience	<input type="checkbox"/>
Developmental assessment	<input type="checkbox"/>
Visiting elderly persons	<input type="checkbox"/>
Visiting alone	<input type="checkbox"/>
Administrative work	<input type="checkbox"/>
Immigrant visiting	<input type="checkbox"/>
Handicapped children	<input type="checkbox"/>
Handicapped adults	<input type="checkbox"/>
Non-accidental injury	<input type="checkbox"/>
Problem families	<input type="checkbox"/>
Case conferences	<input type="checkbox"/>
Health education	<input type="checkbox"/>
Visits with other HVs	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

ADDITIONAL COMMENTS:

.....

.....

.....

.....

15. Overall Experience (contd):

Were there any special reasons why these experiences may not have been available?

- Experience not available on FWTs area
- Not enough time
- Did not occur during days out
- Did not occur at all in placement
- FWT did not feel it (them) to be important
- Previous experience on your part
- Experience particularly difficult to arrange
- Other (please specify).....
- Other (please specify).....

16. CHARACTERISTICS OF FIELDWORK TEACHER:

What are the THREE most important qualities of a fieldwork teacher?

Knowledge	<input type="checkbox"/>
Experience	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>
Honesty	<input type="checkbox"/>
Good communicator	<input type="checkbox"/>
Approachability	<input type="checkbox"/>
Stability	<input type="checkbox"/>
Good listener	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>
Sensitivity to needs of student	<input type="checkbox"/>
Patience	<input type="checkbox"/>
Energy	<input type="checkbox"/>
Other please specify	<input type="checkbox"/>
Other please specify	<input type="checkbox"/>
Other please specify	<input type="checkbox"/>

16. PASTORAL ROLE OF FIELDWORK TEACHER:

a. Did your FWT always seem to have time for you?

- Always
- Mostly
- Not always
- Never

ADDITIONAL COMMENTS:

.....

b. List the features in your relationship with your FWT which were: (a) helpful (b) unhelpful

Helpful features	Unhelpful features

19. SATISFACTIONS OF FIELDWORK:

What experience(s) gave you the most satisfaction during your fieldwork experience?

- Home visiting
- (if specific group, specify above)
- Clinics
- Results in visiting (e.g. advocate)
- Relationship with family
- Working in the community
- Working alone
- Meeting other health care workers
- Health education
- Other (please specify)
- Other (please specify)

Any dissatisfactions?.....

.....

.....

- First visit alone
- First clinic alone
- Uncertainty of role
- Relationships
- Health education
- Finding way around area
- Lack of immediate results
- Lack of guidance in visiting
- Family and neighbourhood studies
- Academic work
- Other (please specify).....

21. EVALUATION OF FIELDWORK:

- a. When you came to the end of your fieldwork practice, what indicated to you that it had been a successful and effective placement?
- Personal confidence
 - Enjoyed placement
 - Learnt a lot
 - Felt able to give advice
 - Felt accepted in area
 - Positive feedback from FHT
 - Felt ready for supervised practice
 - Other (please specify).....
 -
 - Other (please specify).....
 -

-
-
-
- c. How far do you feel that what experience you wanted out of fieldwork placement was actually given by your FHT?
-
-
-

22. DETAILS OF PRESENT POST:

- a. Are you working:-
- At the same base as supervised practice
 - At a different base, but same AHA
 - In different AHA
 - Not working as NV, but as
 - Not employed at all
- b. What sort of area are you working in?
- Urban industrial
 - Urban residential (majority LA housing)
 - Urban residential (majority private)
 - Rural
 - Immigrant majority
 - Mining
 - Other (please specify).....

22. Details of Present Post: (contd.)

- a. Are you working:-
- GP attachment
 - GP liaison (no formal attachment)
 - Geographical
 - Fixed (geographical/attachment)
 - Specialist health visiting
 - Other (please specify).....
- c. Do you work:-
- From a child health clinic
 - From a health centre
 - From a GP surgery (premises)
 - From home
 - Other (please specify).....

e. Case-load:

Number of families with children under 5 years.
(please ring as appropriate)

100-200 201-300 301-400 401-500 501-600 601+

Case-load:

Other individuals (e.g. elderly, handicapped)
(please ring as appropriate)

0-25 26-50 51-75 76-100 101-125 126-150 151+

f. Weekly commitments:

- Clinics (nurses)
- Health Education sessions
- Hospital liaison
- Trade Union representative
- Other (please specify)
-

22. Details of Present Post: (contd.)

- f. Weekly commitments:
- Please indicate the pattern of Health Education e.g. number of sessions in programme, type of group, etc., in the space provided below.
23. If you have any further comments regarding fieldwork practice or any other aspects of health visitor training, please use the space below or a separate sheet of paper, if necessary.

THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE.

APPENDIX F: TABLE SHOWING THE TOTAL AVAILABLE STUDY POPULATION
AT COMMENCEMENT OF INTERVIEW AND QUESTIONNAIRE
PHASES.

HEALTH AUTHORITY:	A	B	C	D	E	F
<u>FIELDWORK TEACHER SUB-SAMPLE:</u>						
BARNESLEY:	9	5	1	2	6	5
DERBYSHIRE:	22	20	1	4	14	10
DONCASTER:	6	5	-	2	4	2
HUMBERSIDE:	11	11	-	3	8	6
KIRKLEES:	9	9	-	3	6	4
LEICESTERSHIRE:	24	24	-	-	23	13
LINCOLNSHIRE:	15	8	4	1	9	5
NOTTINGHAMSHIRE:	28	25	3	4	19	15
SHEFFIELD:	15	14	1	3	11	9
WAKEFIELD:	10	10	-	2	8	6
ROTHERHAM: (*)	10	-	-	1	2	1
TOTAL:	159	131	10	25	110	76
<u>HEALTH VISITOR SUB-SAMPLE:</u>						
BARNESLEY:	13	7	-	3	8	5
DERBYSHIRE:	20	15	-	4	14	13
DONCASTER:	10	5	1	2	8	6
HUMBERSIDE:	14	12	-	3	9	7
KIRKLEES:	7	7	-	3	4	1
LEICESTERSHIRE:	19	19	-	-	16	12
LINCOLNSHIRE:	7	7	-	-	7	5
NOTTINGHAMSHIRE:	21	20	1	4	14	11
SHEFFIELD:	21	14	-	4	15	13
WAKEFIELD:	7	7	-	1	6	5
ROTHERHAM:	10	1	-	1	9	7
TOTAL:	149	114	2	25	110	85

- NB: A = Total available population as at September 1980.
 B = Available population at start of interview phase.
 C = Refusals at initial approach.
 D = Interview sub-sample.
 E = Questionnaire sub-sample.
 F = Response to questionnaire phase.

(*) Rotherham FWTs used in exploratory interviews in pre-pilot phase.

APPENDIX G: PROCEDURAL DESCRIPTION.

G.1 Approval and permission for the study to take place had to be obtained from all Health Authorities participating in the study. The members of the sample population were all employees of local Health Authorities and the researcher intended to interview these personnel in their working hours and at Health Authority premises, e.g. Health Centres or Clinics. Therefore each Area Nursing Officer was contacted by a standard letter which included an outline of the study and sought permission to approach staff within the Authority in order to ascertain their willingness to participate (cf. Letter A).

G.2 Permission from Area Nursing Officers or their delegates having been obtained, the researcher then approached each fieldwork teacher and recently qualified health visitor in the study catchment by letter to request their participation in the study (cf. Letters B and C). Most were willing to take part, the rest either indicating their wish not to participate or simply not returning the tear-off slip provided, even though a stamped addressed envelope had been included with the letter requesting their participation.

G.3 A stratified sample of potential participants was obtained as described in Para. 2.8 so that interviews could commence. Initially a pilot sample ($N = 10$) was selected comprising 5 FWTs and 5 recently qualified HVs. Each person selected by random sampling for interview was contacted by telephone to arrange a mutually convenient time and place for meeting.

G.4 Such arrangements were important because of the heavy professional commitments of health visitors and also the need for as quiet an environment as possible to conduct the interview. The value of audiotaping an interview session is enhanced considerably by the production of a clear, uninterrupted tape. Child health clinics, by definition, have well-baby clinics or assessment sessions occurring almost every day - a situation hardly conducive to quiet interview sessions. However, most interviews were conducted in as serene surroundings as possible; two were less so, one punctuated by an old gentleman being bathed in the next room and the other by a pneumatic drill, as long-delayed alterations to the health centre commenced the very day of interview!

Department of Health Studies
Head of Department Miss J. Challinor BEd (Hons) SRN SCM HV Cert

LETTER A:

Dear

Community Nursing Study: 'Fieldwork Teaching and the Needs of the Health Visitor Student'.

I am currently engaged in a field study to evaluate the needs of student Health Visitors during fieldwork placements; and the means by which Fieldwork Teachers cater for these needs. The main aims of the study are:

- (1) to identify the characteristics of good, effective fieldwork teaching;
- (2) to find out what support is required, both by Fieldwork Teachers and by their students, if the student is to derive maximum benefit from her period of fieldwork practice.

The study will be based upon data collected during a series of informal interviews with Fieldwork Teachers and student Health Visitors, and will involve as large and representative a sample as possible, drawn from widespread urban, rural and 'mixed' catchments throughout Yorkshire and the Midlands.

The study would greatly benefit if it were possible to include the views and opinions of Fieldwork Teachers and student Health Visitors working in your Authority; and I would be most grateful for your permission to invite a number of your Fieldwork Teachers and Health Visitor students to participate.

The requirements of the study will not be onerous, and would involve no cost to your Authority. The Fieldwork Teachers and students would be invited to discuss (in an informal interview and/or questionnaire) topics of interest and relevance to the education and training of Health Visitors, under the following headings:

- (A) Health Visitor training: personal retrospect;
- (B) Fieldwork Teacher training; personal retrospect;

- (C) Selection for Fieldwork Teaching;
- (D) Fieldwork Teaching: present and personal situation;
- (E) Practice of Fieldwork Teaching: pre-planning phase;
- (F) Practice of Fieldwork Teaching: planning phase;
- (G) Social, Pastoral and Evaluative Issues;
- (H) Further Education for Fieldwork Teachers.

I have been awarded a Research Fellowship by the Department of Health and Social Security to enable me to pursue the study which is being carried out with the interest and approval of the Council for the Education and Training of Health Visitors, whose professional advisers will act as consultants during its progress. As Director of Studies to the project, we have been fortunate enough to secure the services of Dr. Elizabeth Newson, Director of the Child Development Research Unit, Department of Psychology, University of Nottingham, whose work in analogous fields of social research is internationally acclaimed.

Naturally, every effort will be made to ensure confidentiality of contents, and anonymity of participants; and there will be no question of materials being published or released contrary to the wishes of those concerned.

I do hope that you will consider it possible for your Fieldwork Teachers and student Health Visitors to participate; and I look forward to hearing from you in the near future. Should you require any further information regarding the project at this stage, I shall be delighted to discuss it with you. I can be contacted by telephone on SHEFFIELD (0742) 665274 ext. 250 during working hours; and on SHEFFIELD (0742) 77434 at all other times.

With thanks and all best wishes, I am

Yours sincerely,

Anne Dean

S.R.N., H.V., F.W.T., H.V. Tutor,
Teacher's Certificate (Manchester).
Senior Lecturer in Health Studies.

Department of Health Studies
Head of Department Miss J. Challinor BEd (Hons) SRN SCM HV Cert

LETTER B:

Dear

Community Nursing Study: 'Fieldwork Teaching and the Needs of the Health Visitor Student'.

I am currently engaged in a field study to evaluate the needs of student Health Visitors during fieldwork placements; and the means by which Fieldwork Teachers cater for these needs. The main aims of the study are:

- (1) to identify the characteristics of good, effective fieldwork teaching;
- (2) to find out what support is required, both by Fieldwork Teachers and their students, if the student is to gain maximum benefit from her period of fieldwork practice.

The study will be based on data collected during a series of informal interviews and/or questionnaires with Fieldwork Teachers and Health Visitors in their first year in post.

I would be most grateful if you would be prepared to help in this study, by talking about your own experience as a Fieldwork Teacher. This would take place at your workbase or a place of your choosing. It goes without saying that this will be completely confidential.

The study is being carried out with the interest of the Council for the Education and Training of Health Visitors, whose professional advisers will act as consultants during its progress. As Director of Studies to the project, we have been fortunate enough to secure the services of Dr. Elizabeth Newson, Director of the Child Development Research Unit, Department of Psychology, University of Nottingham, whose work, I am sure, needs no introduction to you.

Naturally, every effort will be made to ensure confidentiality of contents, and anonymity of participants; and there will be no question of materials being published or released contrary to the wishes of those concerned.

I do hope that you will feel able to take part part in this study as your views as a Fieldwork Teacher are indispensable to the project. I look forward to hearing from you and enclose a reply slip with a stamped addressed envelope for your use. Should you require any further information regarding the project, I shall be delighted to discuss it with you. I can be contacted by telephone on SHEFFIELD (0742) 665274 ext. 250 during working hours; and on SHEFFIELD (0742) 77434 at all other times.

With thanks and all good wishes, I am

Yours sincerely,

Anne Dean

S.R.N., H.V., F.W.T., H.V. Tutor;
Teacher's Certificate (Manchester).
Senior Lecturer in Health Studies.

.....

FIELDWORK TEACHING AND THE NEEDS OF THE HEALTH VISITOR STUDENT.

NAME

ADDRESS

.....TELEPHONE

I would like to help with this study.

I do not wish to help with this study. (Please delete as appropriate)

The best day of the week for us to meet is

Signature

Date

AD/F/10/79

Department of Health Studies
Head of Department Miss J. Challinor BEd (Hons) SRN SCM HV Cert

LETTER C:

Dear

Community Nursing Study: 'Fieldwork Teaching and the Needs of the Health Visitor Student'.

I am currently engaged in a field study to evaluate the needs of student Health Visitors during fieldwork placements; and the means by which Fieldwork Teachers cater for these needs. The main aims of the study are:

- (1) to identify the characteristics of good, effective fieldwork teaching;
- (2) to find out what support is required, both by Fieldwork Teachers and by their students, if the student is to gain maximum benefit from her period of fieldwork practice.

The study will be based on data collected during a series of informal interviews and/or questionnaires with Health Visitors in their first year and Fieldwork Teachers.

I would be grateful if you would be prepared to help in this study, by talking about your own fieldwork experience during your Health Visitor course. This would take place at your workbase or at a place of your choosing. It goes without saying that this would be completely confidential.

The study is being carried out with the interest and approval of the Council for the Education and Training of Health Visitors, whose professional advisers will act as consultants during its progress. As Director of Studies to the project, we have been fortunate enough to secure the services of Dr. Elizabeth Newson, Director of the Child Development Research Unit, Department of Psychology, University of Nottingham, whose work, I am sure, needs no introduction to you.

Naturally, every effort will be made to ensure confidentiality of contents, and anonymity of participants; and there will be no question of materials being published or released contrary to the wishes of those concerned.

I do hope that you will feel able to take part in this study as your views as a newly qualified Health Visitor are indispensable to the project. I look forward to hearing from you and enclose a reply slip with a stamped addressed envelope for your use. Should you require any further information regarding the project, I shall be delighted to discuss it with you. I can be contacted by telephone on SHEFFIELD (0742) 665274 ext. 250 during working hours; and on SHEFFIELD (0742) 77434 at all other times.

With thanks and all good wishes, I am

Yours sincerely,

Anne Dean

S.R.N., H.V., F.W.T., H.V.Tutor;
Teacher's Certificate (Manchester).
Senior Lecturer in Health Studies.

.....
FIELDWORK TEACHING AND THE NEEDS OF THE HEALTH VISITOR STUDENT.

NAME

ADDRESS

.....TELEPHONE

I would like to help with this study.

I do not wish to help with this study. (Please delete as appropriate)

The best day of the week for us to meet is

Signature

Date

AD/S/10/79

The completed scale consists of forty tasks, ten of which are categorised under each of four main aspects of the fieldwork teacher's role, as follows:

ORGANISATIONAL TASKS:

1. Personal preparation: reading, holidays, attending to caseload before student's arrival;
2. Arrangement for special visits, e.g. NSPCC, special schools;
3. Administrative provision: desk, storage space, supply of forms, etc;
4. Preparation of a programme of work;
5. Provision of observation in different clinic settings;
6. Provision of health visiting experience in other areas;
7. Giving student an overview of area;
8. Provision of opportunities for liaison and referral for student;
9. Collaboration with management in relation to student's progress;
10. Arranging or being available for visits of college staff.

EDUCATIONAL TASKS:

11. Preparation of material for use in neighbourhood study;
12. Setting teaching objectives;
13. Selection of appropriate teaching methods;
14. Assisting student to prepare health education sessions;
15. Assessment of student in teaching at health education sessions;
16. Evaluation of student's performance in home visiting and clinic settings;
17. Teaching administrative policy, management structure, etc;
18. Encouragement of student to keep up to date with current developments;
19. Assisting student in setting objectives;
20. Accompanying student on home visits.

PROFESSIONAL TASKS:

21. Selection of families for studies;
22. Ensuring a full range of health visiting activities;
23. Arrangement of health education experience for student;

24. Participation in preparation of family studies;
25. Discussion of professional aspects in home visiting and clinic settings;
26. Provision of experience in administration;
27. Keeping self aware of current developments;
28. Assisting student to work out priorities of work;
29. Discussion of the importance of confidentiality with student;
30. Encouragement of student to participate in activities of professional organisation, e.g. Health Visitors' Association.

COMMUNICATIONAL TASKS:

31. Preparation of colleagues to offer student further experience;
32. Preparation of families to receive student;
33. Introduction of student to colleagues;
34. Introduction of student to families;
35. Introduction of student to members of related professions;
36. Consulting with college staff and/or attending meetings;
37. Attending fieldwork teacher meetings in the area;
38. Preparation and writing reports on student's progress;
39. Discussion of student's progress with college staff;
40. Discussion of progress with student.

These tasks were then randomised to eliminate possible order effects and informants were asked to complete the scale as rapidly as possible in order that immediate ratings may be obtained, since these were considered probably more representative of habitual ratings than would be the case with more considered replies. The task analysis was delivered to informants in the form of cyclostyled A4 sheets, and informants were requested to indicate the 'importance rating' of each randomised item by ticking appropriately in an adjacent series of boxes:

MOST IMPORTANT:	IMPORTANT:	NOT SO IMPORTANT:	LEAST IMPORTANT:

A similar checking technique was employed together with a re-randomised task series to obtain data regarding approximate amounts of 'extra' time devoted by fieldwork teachers to each of the several task types. Data from the two checksheets was then collated to produce the following table:

TASK NO:	IMPORTANCE RATING:				EXTRA TIME TAKEN IN HOURS:					
	MI:	I:	NSI:	LI:	0-2:	>2-4:	>4-6:	>6-8:	>8-10:	10+:
1	40	33	4	2	3	11	13	6	8	34
2	8	46	21	4	17	27	21	8	3	1
3	9	44	18	8	61	14	2	1	0	1
4	47	30	2	0	2	8	21	5	10	31
5	18	45	15	0	30	23	15	4	1	3
6	14	49	13	3	33	22	15	3	1	4
7	29	40	9	1	19	27	13	7	4	6
8	29	44	6	0	8	29	16	11	7	5
9	12	35	29	3	34	26	10	1	2	4
10	35	42	2	0	5	27	22	10	9	3
11	9	42	26	2	19	25	18	3	8	1
12	32	41	5	0	12	26	23	4	4	6
13	25	45	7	2	15	30	17	8	4	3
14	21	49	9	0	14	29	18	10	5	1
15	31	39	8	1	14	27	16	16	3	2
16	65	14	3	0	2	12	18	9	8	30
17	11	39	26	6	21	20	14	9	8	3
18	36	33	10	0	31	29	10	4	2	3
19	42	35	2	0	2	16	29	6	8	16
20	34	36	6	3	2	3	11	11	6	46
21	69	9	1	0	12	18	23	7	7	11
22	56	22	1	0	4	8	13	16	9	25
23	26	47	6	0	23	31	10	5	5	2
24	24	42	11	2	5	15	21	15	5	15
25	50	27	2	0	3	18	10	12	11	25
26	9	49	19	2	27	19	15	9	3	3
27	43	35	1	0	1	5	15	9	9	34
28	45	34	3	0	5	18	23	13	5	12
29	54	22	3	0	32	15	19	3	3	4
30	4	39	32	4	73	3	0	1	0	1
31	19	43	15	2	41	22	11	2	2	0
32	54	23	2	0	6	25	22	14	4	6
33	25	48	6	0	23	32	13	7	3	1
34	64	15	0	0	2	13	28	19	6	11
35	19	45	15	0	13	25	21	9	4	6
36	29	47	3	0	6	12	14	13	9	24
37	29	42	7	1	16	7	15	11	11	16
38	45	33	1	0	3	23	26	13	8	4
39	50	29	0	0	11	23	28	7	5	5
40	63	16	0	0	2	6	11	16	14	28

NB: MI: = MOST IMPORTANT; I: = IMPORTANT; NSI: = NOT SO IMPORTANT;
LI: = LEAST IMPORTANT.

TABLE H: DATA EMERGENT FROM FWT TASK RATING SCALE (N=79).

For interpretative comments on these data see relevant paragraphs in Section 4 of the study.

APPENDIX I: ANALYSIS OF INTERVIEWS: SPECIMEN ANALYSIS SHEET.

Each question in the guided interview schedule (cf. Appendix D) elicited more than one possible response. All responses were considered in the light of responses made during pilot and subsequent interviews, and each different response was assigned a nominal code as it occurred.

FOR EXAMPLE:

E2. What sort of health visitor, do you think, should become a fieldwork teacher?

Possible Responses:

Code:

Knowledgable professionally	1
Experienced professionally	2
Enthusiastic as a health visitor	3
Efficient as a health visitor	4
Sensitive to student needs	5
Ability to teach	6
Empathic	7
Approachable	8
Stable personality	9
Good listener	10
Sense of humour	11
Insight into problems	12
Effective communicator	13
Time for student	14
Honest	15

Actual Response:

'...needs to be enthusiastic about her work, approachable... aware of what the student needs, someone who listens...a good teacher...'

These separate responses were recorded on the analysis sheet thus:

E2	3, 5, 6, 8, 10
----	----------------

ANALYSIS SHEET - FIRST YEAR HEALTH VISITORS

(NB: An analogous sheet was used to analyse data from the fieldwork teacher interview sub-sample.)

A2	
3	
4a	
b	
c	
d	
A5	
6a	
b	
c	
d	
e	
B1	
2	
3	
4	
5	
6	
7	
C1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
D1	
2	
3	
4	
E1	
2	

3	
4	
F1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
G1	
2	
3	
4	
5	
6	
7	
H1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

15	
16	
17	
18	
H19	
20	
21	
22	
23	
24	
25	
26	
I1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
J1	
2	
3	
4	

In order to facilitate analysis of the extensive data emergent from the questionnaire sub-sample (cf. Appendix E), several feature sheets were prepared (cf. Para. 2.35). These were prepared using large sheets of squared paper (60 cm. x 84 cm.); thus, each 5 mm. square represented a single response. In this way, it was possible to review at a glance the sample responses to a specific category: and to consider this category in relation to any other selected response category.

Thus, the construction and use of the feature sheets can be shown using the following questions from the fieldwork teacher questionnaire as examples:

4. REASONS FOR BECOMING A FIELDWORK TEACHER:

Please indicate which of the reason(s) below match YOUR own reasons for becoming a FWT.

Logical sequence in career	
Extension personally and professionally	
Enjoyed teaching	
Professional updating	
Preparation in becoming a HV tutor	
Preparation in becoming a nursing officer	
Suggested by nurse management	
Personal poor experience as a HV student	
Other (please specify)	
Other (please specify)	

5. CHARACTERISTICS OF FIELDWORK TEACHER:

What are the THREE most important qualities of a fieldwork teacher?

Knowledge	
Experience	
Enthusiasm	
Efficiency	
Honesty	
Good communicator	
Approachability	
Stability	
Good listener	
Sense of humour	
Sensitivity to needs of student	
Patience	
Empathy	
Other (please specify)	

Responses from the questionnaires were transferred to the feature sheet as follows:

4	Logical sequence	Extension	Enjoyed teaching	Updating	Becoming HVT	Becoming ND	Sugg. by ND	Poor exp.	5	Knowledge	Experience	Enthusiasm	Efficiency	Honesty	Communicator	Approachable	Stability	Listener	Humour	Sensitivity	Patience	Empathy	Other	Other
40	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

APPENDIX K: ADDITIONAL MATERIAL FROM ANECDOTAL RECORD.

The following excerpts are representative of much anecdotal material obtained during guided interviews with members of both professional sub-samples: and from unstructured discursive comments from the questionnaires. They are offered as a supplementary indication of the range of typical responses obtained in connection with the following areas of discourse:

PARA. REF:	COMMENT:
4. 2- 4. 5:	<p><u>REASONS FOR BECOMING A HEALTH VISITOR:</u></p> <p>'...I had to look for something else, I was getting into a rut'</p> <p>'...a more informed choice than I had made before in nursing and midwifery'</p> <p>'...I was 30 years old when I came into health visiting...it's the ideal age'</p> <p>'...I thought there would be more about babies'</p> <p>'...my ultimate aim is to be a health visitor tutor'</p>
4. 6- 4. 8:	<p><u>REASONS FOR BECOMING A FIELDWORK TEACHER:</u></p> <p>'...totally committed to teaching students'</p> <p>'...it's a commitment'</p> <p>'...not keen to do the course...I was pushed into fieldwork teaching'</p> <p>'...I asked if I could go on a refresher course and was sent on a fieldwork teacher course!'</p>
4. 9- 4.12:	<p><u>CHARACTERISTICS OF THE FIELDWORK TEACHER:</u></p> <p>'...the fieldwork teacher always had time for me' (HV)</p> <p>'...she was so organised' (HV)</p> <p>'...always willing to learn' (HV)</p> <p>'...good at not rushing things' (HV)</p> <p>'...she didn't offer any more than I asked for' (HV)</p> <p>'...she didn't always introduce me' (HV)</p>

- '...not an easy person to talk to' (HV)
- '...some are more useful than others!' (HV)
- '...someone who is adaptable and willing to change' (FWT)
- '...should not be too far away from own training' (FWT)
- '...experience in health visiting can take years' (FWT)
- '...two years is the very least experience (before fieldwork teacher course)' (FWT)
- '...student gets more practical help from the fieldwork teacher' (FWT)
- '...need high ideals of practice' (FWT)
- '...my fieldwork teacher never really explained anything' (FWT)
- '...I succeeded in spite of her...not because of her' (FWT)

ORGANISATIONAL ASPECTS:

4.13: PATTERN OF FIELDWORK:

- '...we had two weeks out soon after we started...we were able to get plenty of visiting' (HV)
- '...better if we had had more blocks...we would get to know what the fieldwork teacher did on other days' (HV)
- '...some students never saw a clinic because that was a college day' (HV)
- '...experience is limited by the days the students are out on fieldwork' (FWT)
- '...I feel stressed on the week blocks' (FWT)

4.17-
4.19: ACCOMMODATION:

- '...a room that had no windows' (HV)
- '...I had a drawer...a chair that I gave up when anyone was in the room' (HV)
- '...nowhere to keep my belongings' (HV)
- '...there was a special room for the fieldwork teacher and her student' (HV)
- '...a desk and a filing cabinet' (HV)

PARA.
REF:

COMMENT:

'...I have nowhere private at present' (FWT)

'...buildings are important in teaching' (FWT)

4.20- NUMBER OF STUDENTS:

4.21:

'...two of us...we were always together in clinic and could discuss things' (HV)

'...if one felt foolish then you found out the other student felt the same' (HV)

'...(being responsible for two students) like taking a school crocodile into a house!' (FWT)

'...better to have one...can give attention' (FWT)

'...have to be careful to share time equally' (FWT)

4.22- KNOWLEDGE OF STUDENT BACKGROUND:

4.25:

'...I think sometimes you can know too much' (FWT)

'...some students wouldn't like to think you know their past history' (FWT)

'...basic information is not enough' (FWT)

'...I'm always relieved after the first meeting in college' (FWT)

4.26- MEETING THE FIELDWORK TEACHER:

4.27:

'...nobody seemed to know who my fieldwork teacher was until she approached me at the initial meeting' (HV)

'...seemed like a lot of people just talking together' (HV)

'...both trying to weigh each other up' (HV)

'...we have a (AHA) meeting before the course...field-work teachers join it for coffee...that's helpful because it's informal' (FWT)

EDUCATIONAL ASPECTS:

4.30: RELATION TO THEORETICAL TEACHING:

'...my fieldwork teacher always wanted to keep up to date with what we were learning in college' (HV)

PARA:
REF:

COMMENT:

'...she(fieldwork teacher) filled in the gaps that were missed on the course' (HV)

'...we talk about the lectures they've had and try to match them from the caseload' (FWT)

'...I use visits to reinforce the lectures on variation in development' (FWT)

4.31: OBSERVATIONAL LEARNING:

'...she made me make my own observations and judgements of the family' (HV)

'...had to observe a lot, particularly in clinics...I didn't know what to do with myself...you wait for someone to look as though they needed help' (HV)

'...I didn't like it (observing) at first...I just felt helpless' (HV)

'...I stress listening and observing...mothers don't always say what they mean' (FWT)

4.34: ACCOMPANIED ACTIVITIES:

'...always happy to discuss families with me' (HV)

'...important to include student in discussion' (FWT)

'...I say "...stick to me, be my shadow...listen" ' (FWT)

'...for a new baby, she comes in 'blind' with me... starts where I start' (FWT)

4.35- INFORMATION BASES:

4.36:

'...I was given the health visiting records and learnt what I could from them' (HV)

'...I like her to have some objectives ready' (FWT)

'...I don't give the student much detail...if the client tells them - fine...I wouldn't withhold relevant information' (FWT)

'...I wouldn't tell her very much...I'd like to see how much she could tell me' (FWT)

4.37: PARTICIPATION BY STUDENT:

'...I didn't really play any part' (HV)

'...sometimes on a visit, my fieldwork teacher would say "..."what do you think?"...that made me feel a lot more confident' (HV)

'...on accompanied visits, she (student) takes part in the conversation' (FWT)

'...if they are quiet I encourage them to join in' (FWT)

'...I tell them to expect that families will talk to me because they know me better...not to feel slighted' (FWT)

FAMILY AND NEIGHBOURHOOD STUDIES:

4.32: PREPARATION OF FAMILY STUDIES:

'...took too long out of the total time on practical work' (HV)

'...six families are just enough...breaks you in nicely' (HV)

'...far too much for writing up' (HV)

'...little valuable advice given' (HV)

'...I don't give time for writing up studies...should be time for visiting' (FWT)

4.51: SELECTION OF FAMILIES:

'...my fieldwork teacher had only chosen one, I was able to select my others from the visits she took me on' (HV)

'...she was certainly prepared for us...had chosen the families and had quite clearly told them that we were trained nurses' (HV)

'...I start thinking about this several months before the student arrives' (FWT)

'...when I choose the families, I think whether there may be an area which might worry the student' (FWT)

4.57: PREPARATION AND INTRODUCTION OF FAMILY STUDIES:

'...my fieldwork teacher gave them an outline of what I was doing...I was a student...would be writing things down...staying longer than she would' (HV)

'...I was introduced to all of my families in the first week which I felt was a bit much' (HV)

'...they just knew I was a student and older than my fieldwork teacher!' (HV)

'...I tell them a bit about the course the student is doing' (FWT)

'...I talk about my colleague...I don't introduce her as a student' (FWT)

'...I introduce her as a student...important that families see her as a student' (FWT)

4.29: NEIGHBOURHOOD STUDY:

'...never enough time to find things out' (HV)

'...I had to go on visits (for neighbourhood study) in my own time' (HV)

'...helps you develop an enquiring mind' (HV)

'...a lot of work with no real value' (FWT)

'...useful as an exercise in looking round' (FWT)

'...vast amount of information required' (FWT)

4.39-
4.41: INCEPTION OF 'SOLO' VISITS:

'...I didn't go alone until the last term...it worried me a bit, but I didn't feel confident and I benefited in visiting with my fieldwork teacher' (HV)

'...I did very few on my own, always with my fieldwork teacher' (HV)

'...it's very different on your own than leaning on your fieldwork teacher' (HV)

'...some of the students in college are doing first visits in the first month...does vary from student to student... can get the super-confident student who wants to rush' (FWT)

'...I make sure the first visit alone is to people who know her...who have seen her in clinic or visiting with me' (FWT)

'...some of the students are happier going to toddlers rather than babies (for their first 'solo' visit)' (FWT)

'...nothing like seeing and doing for yourself' (FWT)

4.42: STUDENT-PERFORMED DEVELOPMENTAL ASSESSMENTS:

'...families where I had to do something...developmental check or find out some information' (HV)

PARA:
REF:

COMMENT:

- '...I try to allocate visits according to the age and development of the baby' (FWT)
- 4.43: STRUCTURED APPROACH:
- '...visits had a set pattern...did some with my fieldwork teacher then had to do them with her watching...then went alone' (HV)
- '...I don't like them to do one-off visits...I take them into an antenatal mother and then the student does the birth visit and follows up during the year' (FWT)
- 4.44: VISITS INVOLVING ACTION:
- '...I usually send them out in the first week alone... taking a message...I think students should do a lot of visiting alone' (FWT)
- 4.45: GOING IN 'COLD':
- '...felt very apprehensive about going in 'cold'... I had nothing to offer regarding concrete, practical advice' (HV)
- '...sometimes take a risk (in allocating a visit)...gives an opportunity to experience the unexpected' (FWT)
- 4.46: SUPERVISED CLINIC SESSIONS:
- '...every Tuesday afternoon I did the clinic...my fieldwork teacher sat back and supervised' (HV)
- '...I say "...the clinic is yours...you run it and see everyone" ' (FWT)
- 4.47: HEALTH TEACHING:
- '...given the time available it was as good as it could be' (HV)
- '...I did it (health teaching) because I was pushed into it' (HV)
- '...it's difficult when someone's watching you all the time...I didn't like it...I do now' (HV)
- '...sad if you can't produce a health visitor who can take an antenatal class' (FWT)
- '...I don't think the experience is adequate...difficult to fit more in fieldwork' (FWT)

'...I don't expect the student to tackle groups of 80 as we have to...I select her out about twelve' (FWT)

PROFESSIONAL ASPECTS:

4.52: RANGE OF ACTIVITIES AVAILABLE:

'...good idea of the mechanics of the job' (HV)

'...I thought it was good...seeing lots of different babies' (HV)

'...I got a wide experience, I was lucky' (HV)

'...if you haven't done it as a student, you just have to get on with it (as a health visitor)...it's much easier if you've had a bit of experience' (HV)

'...more difficult to teach if there is a preponderance of problems...or in a rural area' (FWT)

'...with fieldwork teacher groups you can move students around for any extra experience they need' (FWT)

'...student doesn't follow through (with families) on present pattern...need different days out' (FWT)

'...continual 'exposure' to 'normal' children enables the student to develop skills of finding the 'abnormal' ' (FWT)

4.53: PROBLEM SITUATIONS:

'...most of my experience with problems took place on supervised practice' (HV)

'...you can't get this experience unless it happens... even if you do get experience of, say, one non-accidental injury, then the next one will be different' (HV)

'...would have been useful to have had my fieldwork teacher's guidance and supervision in this (problems)' (HV)

'...I keep some families in reserve...problems can be very valuable for the student, they can learn a lot in dealing with them' (FWT)

'...(problems) are all so different each one needs a different approach' (FWT)

'...some families (with problems) may need a lot of support and frequent visiting...students couldn't do that' (FWT)

4.54: LIMITATIONS IN RANGE OF EXPERIENCE:

'...I wasn't happy...I knew health visiting had a lot to do with babies...I wasn't getting that experience' (HV)

'...need actual hard work...should visit social problems, but you are shielded from them' (HV)

'...fieldwork should give the groundwork, I felt I was just playing at it (health visiting)' (HV)

'...fieldwork experience is very limited...need more time to cover all aspects of health visiting adequately' (FWT)

'...I think the student has more stress in this course than she would otherwise have because there is so much to learn in so short a time' (FWT)

COMMUNICATIONAL ASPECTS:

4.56: WORKING WITH OTHER HEALTH VISITORS:

'...two people can be completely different...need to go out with someone else to compare methods of working' (HV)

'...tension between the other health visitor and my fieldwork teacher made it difficult to mix...atmosphere was uncomfortable' (HV)

'...it's important that students go with other health visitors...(but) you have to be careful that you don't overdo it' (FWT)

'...my colleague is a good health visitor so I like my student to have time with her' (FWT)

4.59: FIELDWORK TEACHER CONTACT WITH COLLEGE:

'...there should be more supervision of fieldwork teachers by college staff...more liaison between them' (HV)

'...when things got hard in college we could always ring our fieldwork teacher!' (HV)

'...some colleges support the student more, some the fieldwork teacher' (FWT)

'...tutors need to be more in touch with the attitudes of the public to health visitors' (FWT)

4.60: ASSESSMENT OF STUDENT'S PROGRESS:

- '... I write and discuss (progress) reports with the student' (FWT)
- '...at the end of visits we have a discussion' (FWT)
- '...very difficult, often show a different side when they are visiting' (FWT)
- '...I listen to them discussing with colleagues' (FWT)
- '...I wouldn't say I was a hundred per cent confident, she'd come a long way, but she had had a sympathetic environment' (FWT)
- '...it's frightening to think of the student being precipitated into some situations...like 'innocents abroad'' (FWT)

4.61: SUCCESS OF FIELDWORK PLACEMENT:

- '...I found health visitor training both stimulating and rewarding' (HV)
- '...when I listened to other students discussing fieldwork, I realised how much had been left out of mine' (HV)
- '...I look for a person who can think for themselves' (FWT)
- '...can have people who have passed their 'exams' without being effective health visitors' (FWT)
- '...I could offer plenty practically but not enough intellectually' (FWT)

4.63- STUDENT SATISFACTION DURING FIELDWORK:

4.64:

- '...my fieldwork teacher had a nice relaxed approach... good for me as I tend to get up-tight' (HV)
- '...there were only small clinics...that was good because I had time to listen to my fieldwork teacher' (HV)
- '...when someone phoned up and asked for me...I felt I had been accepted' (HV)
- '...seeing their families and their babies growing during the year' (FWT)
- '...students say "...it's a joy to come out, it's what we are supposed to be learning' (FWT)
- '...if they can find a problem and solve it! ' (FWT)

4.65: STUDENT DISSATISFACTION DURING FIELDWORK:

- '...I didn't have a good relationship with my fieldwork teacher' (HV)
- '...over-worked at college...that impinged on fieldwork' (HV)
- '...sitting around waiting for my fieldwork teacher' (HV)
- '...too much, too soon in training...but does them good to be over-worked' (FWT)
- '...students with homes and families need to adjust... have to learn that something has to be cut out' (FWT)
- '...disheartened because the job is not what they expected...not like hospital where there is a specific job and you get on with it' (FWT)

4.66: STUDENT STRESS DURING FIELDWORK:

- '...there's stress there (in fieldwork) if you look for it' (HV)
- '...you feel it might reflect on you if you talk to the (HV) tutor about personal problems' (HV)
- '...difficult to take problems to her (fieldwork teacher) some of the problems I had could have been related to her' (HV)
- '...this is a hard course...you know it before you start... so you should expect some stress' (FWT)
- '...writing the studies...I think they worry too much about them' (FWT)
- '...coming to terms with their self-concept...new insight into themselves...alteration in themselves is biggest stress' (FWT)

4.69: ON BEING A FIELDWORK TEACHER:

- '...I learnt a lot from the student...you have to 'keep on the ball'...do a lot of reading' (FWT)
- '...it's a commitment...people don't realise what a commitment' (FWT)
- '...once you've got the six months planned you can work round it...the secret's in the planning' (FWT)
- '...I didn't have a student in the first year(after fieldwork teacher course)...no chance to put things into practice straightway' (FWT)

'...some fieldwork teachers think the college is the first thing...the fieldwork teacher is between the 'devil and the deep blue sea' ' (FWT)

4.69: LINKS WITH NURSE MANAGEMENT:

'...perhaps a Nursing Officer(Fieldwork Teaching) should emerge' (FWT)

'...I wouldn't go to management...you never know whether you are reporting yourself' (FWT)

'...I feel that as a fieldwork teacher I'm given too much responsibility for the student's training' (FWT)

'...it depends on the nursing officer...I would be more inclined to talk to one rather than another' (FWT)

'...nothing from the nursing officer who visits during supervised practice...they must know where we've gone wrong' (FWT)

'...I feel the seconding authority should become more involved...I never saw a nursing officer while I was with my fieldwork teacher' (HV)

4.70: REST YEARS:

'...I miss having a student...it makes me work when I have one' (FWT)

'...reduced caseload would have been helpful' (FWT)

'...probably need study days when you haven't got a student...student keeps you up to date' (FWT)

COURSE LENGTH: 51 weeks (including 6 weeks study leave)

PATTERN OF COURSE:

Part I: 3 terms of an academic year consisting of two-thirds theoretical study (21.3 weeks) and one-third practical fieldwork (10.6 weeks).

Part I Examination:

- (A) All five sections of the syllabus:
- (1) Development of the Individual;
 - (2) The Individual in the Group;
 - (3) Development of Social Policy;
 - (4) Social Aspects of Health and Disease;
 - (5) Principles and Practice of Health Visiting,

are examined by written assessments.

- (B) Written report by appropriate course tutor to be available.

Part II:

A period of not less than 9 weeks continuous supervised practice. Student is allocated approximately 100 families and is supervised by a nursing officer.

Part II Examination:

- (A) Assessment of three health visiting studies and a neighbourhood study: oral examination based on studies.
- (B) Report of assessor of supervised practice (nursing officer).
- (C) Written assessment by appropriate course tutor taking into account report of the student's fieldwork teacher.

(cf. C.E.T.H.V. 1979:
for Courses.)

Rules, Regulations and Notes of Guidance

APPENDIX M: FIELDWORK TEACHER/STUDENT RELATIONSHIP: HELPFUL AND UNHELPFUL FEATURES - A CATEGORIAL ANALYSIS.

The following response arrays were constructed from replies obtained to the question:

- 18b. List the features in your relationship with your fieldwork teacher which were (a) helpful (b) unhelpful.

Helpful features:	Unhelpful features

appearing in the questionnaire for recently qualified health visitor informants. The arrays represent an analysis and categorial breakdown for purposes of further information of the grouped data appearing in Table 4.27, Page 160.

EDUCATIONAL FEATURES:

HELPFUL FEATURE:	f:	UNHELPFUL FEATURE:	f:
FWT 'listened':	5	FWT appeared resentful:	2
FWT appreciated student's previous experience:	4	Difficult to get information from FWT:	2
FWT gave encouragement:	2	No appreciation of individuality:	2
FWT acknowledged learning difficulties:	2	Lack of discussion:	2
FWT inspired confidence:	2	Student left to own devices:	2
FWT linked theory/practice:	2	Demands from college work:	2
Assessment of student needs:	1	FWT's anxiety re teaching:	1
FWT answered questions:	1	FWT vague re objectives:	1
Constructive criticism:	1	FWT vague re college requirements:	1
FWT shared knowledge:	1	Always treated as student:	1
FWT 'good' teacher:	1		
FWT stimulated thought:	1		
'Pushed' student on visits(!)	1		
	24		16

PROFESSIONAL FEATURES:

HELPFUL FEATURE:	f:	UNHELPFUL FEATURE:	f:
FWT honest:	5	Knowledge of FWT's large caseload:	3
FWT had professional respect:	4	FWT not involved in PHCT:	3
FWT's experience:	3	Different attitudes towards health visiting:	1
FWT's knowledge of area and families:	3	Rigid adherence to AHA policy:	1
FWT enthusiastic:	2	Rigid professionalism:	1
FWT had similar priorities:	1	FWT too involved with other disciplines:	1
FWT able to put things into perspective:	1	Unprofessional atmosphere:	1
	19		11

COMMUNICATIONAL FEATURES:

HELPFUL FEATURE:	f:	UNHELPFUL FEATURE:	f:
Relaxed relationship:	13	Personality difficulties:	2
Open discussion:	11	FWT not motivated as HV:	2
FWT approachable:	10	Different attitudes towards life in general:	2
Similar attitudes:	8	FWT 'catty':	1
FWT understanding:	6	FWT defensive:	1
FWT 'good' communicator:	4	FWT talked too much re self:	1
Same age group:	4	FWT insensitive:	1
FWT helpful:	3	FWT's personal dislike of college tutor:	1
FWT empathic:	3	Treated as colleague:	1
FWT patient:	2	No privacy:	1
FWT interested in student:	2		
Similar family backgrounds:	1		
FWT warm personality:	1		
FWT showed appreciation of work:	1		
FWT had calming influence:	1		
	70		13

The following is a complete tabular presentation of the series of empirical statements offered on the basis of the study evidence (cf. Sections 3 and 4 of the study). This complete presentation is offered for ease of reference, since in the body of the text these statements are presented sectionally and by topic rather than in conspectus form.

NO:	STATEMENT:	SOURCE:
1.	The majority of future fieldwork teachers are likely to start fieldwork teaching when much younger than was the case for fieldwork teachers in current practice. They will therefore be nearer to formal education and to their own training as nurses.	3.2
2.	The trend is that formal academic qualifications are becoming progressively higher in applicants to health visitor courses; nevertheless a substantial majority of present day applicants have not acquired 'A' level qualifications.	3.3
3.	Contemporary health visitors appear to have spent less time between nurse training and their health visitor course than did their predecessors.	3.4
4.	The majority of contemporary fieldwork teachers undertook their health visitor training after the introduction of the fieldwork teacher (FWT) and therefore have themselves had experience of fieldwork under the guidance of a fieldwork teacher.	3.6
5.	The majority of fieldwork teachers in the study sub-samples have undertaken fieldwork teacher training since 1975.	3.6
6.	Contemporary health visitor students have had appreciably more experience in management and administration prior to nurse training or health visitor training than is the case with their fieldwork teachers.	3.8
7.	The majority of fieldwork teachers in the sub-sample work in urban areas.	3.10

NO:	STATEMENT:	SOURCE:
8.	A large proportion of both sub-samples work in either GP attachment or liaison schemes.	3.10 and 3.14
9.	The majority of fieldwork teachers and recently qualified health visitors in the sub-samples are responsible for caseloads of 400 or less families with children under 5 years old.	3.12 and 3.15
10.	There is a trend that fieldwork teachers carry more 'additional' individuals or families (i.e. other than families with 'under 5s') in their caseloads than do recently qualified health visitors.	3.12 and 3.15
11.	A larger percentage of recently qualified health visitors than of fieldwork teachers are undertaking regular health teaching sessions.	3.16
12.	Student health visitors of the 1980s enter health visitor training for substantially the same reasons as did their predecessors in the early 1970s.	4.4
13.	Collectively, members of the recently qualified health visitor sub-sample report more objective and professionally-oriented reasons than subjective reasons for becoming health visitors.	4.5
14.	'Personally-oriented' reasons for becoming a fieldwork teacher are significantly preferred to 'professionally-oriented' reasons.	4.8
15.	Both sub-samples cited characteristics applicable and desirable in any teacher, whatever the learning context.	4.9
16.	Proportionally more fieldwork teachers see 'experience' as important than health visitors, whereas more recently qualified health visitors suggest 'knowledge' as being important.	4.10
17.	A fieldwork placement of two days a week is seen to be more useful than a one day placement by both fieldwork teachers and health visitors.	4.13
18.	Organisational tasks concerned with the fieldwork teacher's teaching function are accorded more importance by fieldwork teachers.	4.15

NO:	STATEMENT:	SOURCE:
19.	'Collaboration with management' is seen to be of little importance by a sizeable minority of fieldwork teachers.	4.15
20.	Minimal accommodation for a health visitor student (i.e. a desk) was available for the majority of recently qualified health visitors.	4.17
21.	The majority of fieldwork teacher informants had a separate room for tutorials with their student; although for some, this meant waiting for colleagues to go visiting.	4.17
22.	There is a general trend to place one student with one fieldwork teacher during each academic year.	4.20
23.	Two students with a fieldwork teacher is seen as helpful for the students but as posing difficulties for the fieldwork teacher.	4.20
24.	All fieldwork teachers receive minimal information (i.e. name) regarding the student health visitor before the commencement of the health visitor course.	4.22
25.	Items of important prior information were the student health visitor's experience/qualifications, nationality and status as a car driver/owner.	4.23- 4.24
26.	The initial meeting between fieldwork teachers and the students either at college or within the health authority was seen as generally helpful.	4.26- 4.27
27.	There is a significant dearth in the number of fieldwork teachers citing teaching of administrative policy as important.	4.28
28.	A general feeling exists that the neighbourhood study places undue stress on the health visitor student.	4.29
29.	An outline of the health visitor course was available to most fieldwork teachers from the appropriate college.	4.30
30.	Much reliance is placed on 'observational learning' leading to 'modelling' of appropriate activities.	4.31

NO:	STATEMENT:	SOURCE:
31.	Discussion plays an important part in teaching health visitor students about home visiting.	4.35
32.	Encouragement of student participation during accompanied visits would seem to both desirable for, and appreciated by, the health visitor student.	4.37
33.	Autonomous visiting (i.e. other than to 'study' families) is usually started by the first few weeks of the second term.	4.39
34.	'Aptitude' in visiting is one of the main factors determining the introduction of autonomous activities.	4.40
35.	Five main strategies are employed by fieldwork teachers in introducing autonomous activity.	4.41- 4.45
36.	The majority of health visitor students are able to participate in at least two formal health teaching sessions.	4.47
37.	Minimal teaching experience is available from most fieldwork teacher workloads.	4.47
38.	Fieldwork teachers are significantly more cautious than recently qualified health visitors in categorising health teaching experience as very adequate.	4.48
39.	Teaching practice in fieldwork is considered to be the most effective type of preparation for formal health teaching.	4.48
40.	Teaching tasks related to management and administration are accorded little importance by fieldwork teachers.	4.50
41.	An important task for the fieldwork teacher is that of determining priorities of work.	4.50
42.	Fieldwork teachers select 'study' families for a student using certain criteria.	4.51
43.	Guidelines for selection of families are available from appropriate colleges and fieldwork teachers attempt to follow these.	4.52

NO:	STATEMENT:	SOURCE:
44.	The majority of recently qualified health visitors gain a wide experience of the 'normal under-fives' during fieldwork practice.	4.52
45.	A discrepancy exists between fieldwork teacher and health visitor statements regarding the availability of some experience.	4.52
46.	Recently qualified health visitors feel there is a lack of preparation in dealing with 'problematic situations'.	4.53
47.	Experience with problems is mainly facilitated by accompanied visits to such family situations and by related case discussions.	4.53
48.	Experience seen as 'too limited to be useful' includes 'problematic situations' and 'administrative experience'.	4.54
49.	The most probable reasons for limitation in field experience are constraints of time and difficulties in making appropriate arrangements.	4.55
50.	Although important to fieldwork teachers, colleagues do not always provide the best 'role-models' for health visitor students.	4.56
51.	Modal information given to 'study' families consists of the student's name and the role to be played by the student health visitor and the fieldwork teacher.	4.57
52.	It is not generally perceived by student health visitors that 'study' families have been informed of their qualifications and experience.	4.57
53.	Liaison with the relevant college is seen to be important by fieldwork teachers.	4.59
54.	Considerable importance appears to be attached to student's written reports and self-evaluation in the fieldwork teacher's assessment of the student's approach in visiting.	4.60
55.	Both fieldwork teachers and health visitors cite educational factors as criteria of success more frequently than either communicational or professional factors.	4.61

NO:	STATEMENT:	SOURCE:
56.	Communicational factors are highly rated by the recently qualified health visitors as helpful in the student/fieldwork teacher relationship.	4.62
57.	There is general agreement between fieldwork teachers and health visitors concerning the most 'satisfying' aspects of fieldwork.	4.63
58.	Fieldwork teachers cite 'results in visiting' as giving satisfaction to students significantly more frequently than do recently qualified health visitors.	4.63
59.	Student dissatisfactions centre around time constraints and limitations in the range of fieldwork.	4.64
60.	There is general agreement that a major cause of stress in fieldwork is 'uncertainty of role'.	4.66
61.	Health visiting studies contribute to stress during fieldwork.	4.67
62.	Significantly more fieldwork teachers cite academic work as a causal factor of stress in fieldwork than do health visitors.	4.67
63.	The majority of fieldwork teachers enjoy their role in preparation of student health visitors.	4.68
64.	Generally, fieldwork teachers do not receive sufficient evaluative feedback on their work, either from college or from nurse management.	4.69
65.	Fieldwork teachers welcome the idea of 'rest years' both for personal and professional appraisal.	4.70

(A) COURSES IN RESEARCH METHODOLOGY:

Spring
1978: Attended Research Appreciation Course, Department of Health Studies, Sheffield City Polytechnic.

Curricular Content:

Utility of research concepts and methods; hypothesis formulation and hypothesis testing; basic research approaches;
Qualitative considerations: e.g. social context of studies;
Quantitative considerations: quantification; scales of measurement; central tendency; dispersion;
Selection of research approach: influence of population and location; the nature of evidence; degree of disturbance entailed by study; confidentiality.

Summer
1978: Attended Research Methodology Course, Department of Health Studies, Sheffield City Polytechnic.

Curricular Content:

Basic concepts in philosophy of science; status of inductive/hypothetico-deductive approaches; nature of evidence; ethical considerations;
Qualitative considerations: covert communication in design/delivery of research programmes; role of observer/respondent perception; contribution of individual differences;
Quantitative considerations: nature of measurement; probability; distribution; time series; inference;
Developing research ideas and hypotheses: relationship between aims and operational objectives; techniques of literature search; selection of sample; developing research instruments (observation/interview schedules; questionnaires); associated problems.

Spring
1979: Attended course on use of statistical routines on the computer, Department of Computer Services, Sheffield City Polytechnic. (including programming in MUSIC and FORTRAN; SPSS and STATPK).

(B) RESEARCH SEMINARS AND COLLOQUIA:

21.2.79 Attended one-day conference entitled 'Research in Health Care', Department of Health Studies, Sheffield City Polytechnic.

19.4.79 Attended discussion concerning allocation of DHSS Nursing Research Fellowship in connection with the research programme, Alexander Fleming House, Elephant and Castle, London (Professor J.C. Hayward; T.E. Sherin Esq; M. Clarke; J. Prince).

- 1.10.79 Commenced as DHSS Nursing Research Fellow.
- 5.10.79 Attended DHSS Nursing Research Fellows' Seminar, Euston Tower, Euston Road, London (Research resources within DHSS, Librarian, DHSS: Work of the Nursing Practice Research Unit, Dr. R. Crow).
- 27.10.80 Attended DHSS Nursing Research Fellows' Seminar, Hannibal House, Elephant and Castle, London (The Nurses, Midwives and Health Visitors Act 1979 - R. Cunningham Esq. Principal, DHSS).
- 6.12.80 Delivered paper entitled 'The Fieldwork Teacher and Assessment', annual meeting of Chairmen of Examination Boards, Council for the Education and Training of Health Visitors, Clifton House, Euston Road, London.

(C) RESEARCH LIAISON:

Exploratory and strategic discussions regarding the research programme were held with numerous officers of District and Area Health Authorities during the course of the programme as follows:

- 17.2.78 R. Moody Esq., Area Nursing Officer, Rotherham Area Health Authority;
Mrs. I.E. Milnes, Area Nurse (Child Health), Rotherham Area Health Authority.
- 23.2.78 Miss G. White, Professional Adviser, Council for the Education and Training of Health Visitors.
- 7.7.78 D. Redhead Esq., District Nursing Officer, Lincolnshire Area Health Authority, Southern District;
Mrs. A. Reid, Divisional Nursing Officer (Community), Lincolnshire Area Health Authority, Southern District.
- 6.7.79 Nursing Officers (Health Visiting), Lincolnshire Area Health Authority, Northern District.
- 7.11.79 Mrs. A. North, Area Nurse (Child Health), Kirklees Area Health Authority;
Miss J. Hunt, Divisional Nursing Officer (Community), Kirklees Area Health Authority, Huddersfield District;
Mrs. J. Pearson, Divisional Nursing Officer (Community), Kirklees Area Health Authority, Dewsbury District.
- 23.1.80 Mrs. Spriggs, Divisional Nursing Officer (Community), Sheffield Area Health Authority, Northern District.
- 24.1.80 Mrs. McGurk, Divisional Nursing Officer (Community), Sheffield Area Health Authority, Southern District.