

Performing dual roles in education and practice

Natasha Hackett Adult nursing lecturer, nursing studies, University Campus Suffolk, Ipswich

Jane Harvey-Lloyd Associate professor, diagnostic radiography, University Campus Suffolk, Ipswich

Nickey Rooke Senior lecturer, adult nursing, University Campus Suffolk, Ipswich

Abstract

Experiences of lecturers who also work as clinicians: a literature review and study

Aim: To examine the benefits and challenges of dual posts, defined here as lecturers who work in clinical practice and have separate contracts with different organisations.

Methods: A case study approach was used to collate different perspectives. Equal numbers of participants were selected from lecturers (n=3) and dual post holders (n= 3), and one manager was included (n=1). Semi-structured interviews were recorded and transcribed verbatim to collect data. Key words were identified then highlighted throughout the transcripts and text retrievers searched the large amounts of data gathered. Key words were grouped into multiple sub-themes, which were then further grouped into four themes.

Findings: Four main themes emerged from the data: duality, theory/practice, credibility and student experience. Some benefits and challenges of dual posts were identified. Benefits included helping students contextualise theory into practice and maintaining currency in practice. Challenges were maintaining a multifaceted role and managing expectations in both roles.

Conclusion: Dual post holders are regarded as an important part of the team by all stakeholders involved in this study. However, more clarification about the expectations of each role is required and post holders should have more support from their organisations.

Introduction

The Nursing and Midwifery Council (NMC) revised Standards for Pre-Registration Nursing Education (2010) stipulated the need for higher education institutions (HEIs) to improve integration of theory into practice. There have been various attempts to bridge the theory-practice gap for decades. In the 1950s, for example, the introduction of clinical teacher/clinical tutor roles aimed to help learners translate classroom learning into practice (Mills 2007), but concerns remained about nursing students' abilities to contextualise academic knowledge.

The 1990s saw the introduction of lecturer practitioner (LP) roles, which were unique in that they were single-contract appointments jointly funded by HEIs and practice areas. However, these positions have failed to become established across the higher education sector. Reasons for this failure are associated with the duality of the roles and potential conflicts of interest between meeting independent practice areas and HEIs' expectations (Bower 2002), as well as the challenges of working across organisations with different structures and role priorities (Redwood et al 2002).

There is a lack of research into the effectiveness of these roles in bridging the theory-practice gap (Carson and Carnwell 2007, Hancock et al 2007), but what is evident is that a variety of roles have been developed to try to enhance the clinical credibility of nurse academics.

This study aimed to investigate the roles of educators who hold two distinct and independent contracts, one as a part-time lecturer employed by an HEI, and one as a part-time practitioner employed by an NHS trust.

One criticism levelled at full-time HEI-based nurse academics is that they lack clinical credibility (Barrett 2007). Despite the requirement for lecturers to provide evidence of compliance with NMC standards and codes of conduct (2015, 2016) in their academic roles, students and mentors expect lecturers to possess clinical currency. This duality is not reciprocal – mentors and practice teachers are not expected to be academically credible to the same degree.

The literature reveals multiple methods by which lecturers can maintain clinical competency, currency and credibility (Carson and Carnwell 2007, McSharry et al 2010), including maintaining clinical caseloads (McSharry et al 2010). However, many of these studies are qualitative, therefore the effectiveness of the strategies has not been tested. Another method, maintaining a dual post, is the focus of this article. A dual post is defined as one in which a lecturer also holds a contracted clinical role, or where a practitioner also holds a contracted part-time lecturing post. This study investigated the former definition.

Literature review

Previous reviews suggest that LP roles have some positive effects in terms of creating effective clinical learning environments, recruitment, retention, and addressing the theory-practice gap (Burke 1993, Fairbrother and Ford 1998, Humphreys et al 2000). However, the challenges of managing the responsibilities of two diverse roles, coupled with meeting the sometimes unrealistic expectations of managers and colleagues, have also been highlighted (Redwood et al 2002).

This literature review was conducted using Boolean operators and multiple terms, along with the truncation function and the 'near to' function (Bettany-Saltikov 2012). Results were narrowed down by using limiters and hand searching. Two searches were conducted: the first considered nurses, lecturers and education (Table 1), and the second focused on LP roles (Table 2). To ensure a thorough review was conducted, references were searched by hand to identify more articles. Correlations between ideas presented in the literature were identified to generate four themes – nurse education, theory-practice gap, competence, currency and credibility – and the structure of contemporary dual practice/academic roles in nursing education.

Nurse education: The literature highlights the importance of clinical learning as a fundamental aspect of pre-registration nursing programmes (Mallik and Aylott 2005, NMC 2010), and this includes the application of theory to practice, authenticating knowledge, and developing skills such as time management and problem solving (Lambert and Glacken 2005, Meskell et al 2009). Further, positive learning environments are essential to successful learning experiences (Mannix et al 2006, McClure and Black 2013), therefore a partnership between HEIs and trusts is vital for developing competent, knowledgeable and skilled professionals who can serve society (Burns and Paterson 2005, NMC 2010).

Theory-practice gap: There is extensive literature on the perceived theory-practice gap. Various authors (Williamson 2004, Lambert and Glacken 2006, Noonan et al 2009, McSharry et al 2010, Bartley and McKenna 2013) have contributed to the debate, however there is no consensus on a single definition. The gap between theory and practice appears to have been increasingly recognised following the introduction of Project 2000, when students became supernumerary and education moved into HEIs, resulting in isolation from practice as schools of nursing moved out of hospitals and into HEI campuses (Baxter 2007, Williams and Taylor 2008). Elliott and Wall (2008), among others, suggested that this physical transfer of nurse tutors to HEIs affected their ability to engage in practice regularly, which in turn contributed to their inability to maintain clinical credibility (Ramage 2004, Cave 2005).

Competence, currency and credibility: These terms are used interchangeably in the literature. For example, competence is defined as having expert knowledge in a particular area (Cave 2005), which can be considered both expert theoretical knowledge and clinical practice. However, Porteous (2004) argued this could only be achieved through direct patient care, and this is supported by Fisher (2005) who indicated that in the literature the term is used synonymously with direct patient care.

McSharry et al (2010) suggested that nursing students and clinicians perceived that clinical competency is achieved through direct patient care, while lecturers believed professional development activities could be used to maintain competence. This is supported by Bentley and Pegram (2003), who indicated that competence can vary within the multifaceted nature of lecturers' roles.

Currency is not so easily defined. Fisher (2005) suggested that clinical currency could be achieved in numerous ways, including through publication and research, and not just by hands-on care. Credibility is identified by Gillespie and McFetridge (2006) as scholarship in a field, which could include the demonstration of clinical ability (Fisher 2005) by keeping up to date with clinical practice.

Hartigan et al (2009) argued that because lecturers are not involved in direct patient care, it can be difficult for them to maintain clinical credibility (Barrett 2007). Competent and credible lecturers are considered essential by registered nurses and regulators (Chapple and Aston 2004, NMC 2010), but there might be a difference in their perception of whether lecturers should possess both clinical and academic competence. Various other authors have highlighted the importance of lecturers maintaining clinical competence (Gillespie and McFetridge 2006, Noonan et al 2008, McSharry et al 2010).

Contemporary dual role structures: The LP role was designed to provide a direct link between HEIs and clinical practice areas, and help bridge the theory-practice gap (Fairbrother and Mathers 2004, Hartigan et al 2009). Research suggests the role has had a positive influence on the integration of theory and practice (Leigh et al 2005, Hancock et al 2007, Mills 2007), because LPs are in a better position to understand the complexities of clinical practice (Carson and Carnwell 2007). However, criticism of the role includes that it is complex, requires skilled professionals to undertake it, and that burnout and role strain are common (Williamson 2004, Bartley and McKenna 2013).

Link lecturer (LL) roles have similar attributes, but post holders are mainly responsible for supporting learning in practice settings by monitoring the quality of practice placements through educational audit, supporting students and clinical work (Ramage 2004, NMC 2010, Ousey and Gallagher 2010). The model is much debated in the literature (Brown et al 2005, Mallik and Aylott 2005, Carnwell et al 2007), and one of the problems with it is the lack of consensus on its definition (Brown et al 2005, Carnwell et al 2007).

Study

The aim of the study was to consider the benefits and challenges of dual posts from the perspective of stakeholders in nurse education. Dual post is defined here as lecturers who also work in clinical practice but with two separate contracts. The specific objectives were to:

- Identify the benefits and challenges of dual posts.
- Explore the effect, or consequences, of dual posts.
- Evaluate the implications of the views collected for a range of stakeholders, including dual post holders, lecturers, managers and HEIs.

Method A case study approach was used because it collates different perspectives, and although using this method means the findings are not generalisable (Stake 1995, Swanborn 2010, Thomas 2011), the purpose was to explore various viewpoints rather than make recommendations, so generalisability is not a priority. The findings might, however, resonate with others in education and the health professions.

Equal numbers of participants were selected from lecturers (n=3) and dual post holders (n=3), and one manager was included (n=1). Two of the dual post holders had bank nurse contracts with an NHS trust and lecturer contracts with the local HEI, while the third had a nurse specialist contract with an NHS trust and a lecturer contract with the HEI.

Ethical considerations Ethical approval was granted by the HEI ethics committee where the study took place.

Data collection and analysis Semi-structured interviews, which were audio taped and transcribed verbatim, were used to collect the data. Keywords were identified then highlighted throughout the transcripts, which is defined as indexing (Ritchie and Lewis 2003), and text retrievers were used to search the large amounts of data gathered, which enables consistent treatment of the entire data set (Bryman 2012). The keywords were grouped into multiple sub-themes, which were then further grouped into four themes.

Findings

Four main themes emerged from the data: duality, theory and practice, credibility and student experience. These are discussed below using direct quotations and explanations to enable readers to formulate their own generalisations (Stake 1995).

Duality Several issues associated with the multiple aspects of dual posts arose. Dual posts were regarded by the participants as advantageous to the faculty, as highlighted by lecturer 2: 'I think we should as a department, embrace... people who work in both... it would be nice to have people in all sorts of different settings.' The clinical currency of dual-post academics was perceived as adding value: 'the fact that you're doing the job in practice is as much, is as valuable to us as you doing the job here' (manager).

Two participants said they felt less able to perform as lecturers without maintaining their practice, due to the fact that nursing practice is intrinsic to lecturing: 'I don't feel that I could teach nurses how to nurse... if I was not nursing myself' (dual post 3); 'I've always gone into practice' (dual post 2). Some researchers suggest that 'maintaining practice' is an ambiguous term (Fairbrother and Mathers 2004, McClure and Black 2013), and while exploring this idea one participant (dual post 2) said they felt they maintained their practice through observation rather than by providing direct patient care.

Lecturer 2 highlighted time as a potential barrier to going into practice: 'there are so many competing demands on my time, it is a challenge sometimes, to find the window of opportunity to go to the (pause) to go to the ward.' This highlights one duality of nurse lecturers' roles, that is, the expectation that they should act as link lecturers for practice placements. This could be even more challenging for dual post holders because they might be expected to take on link lecturer responsibilities in part-time hours. Research suggests that many part-time lecturers have a disproportionately heavier teaching load than those of full-time colleagues (Leigh et al 2005, Mills 2007), and this could increase the challenge of managing a dual post.

Theory and practice Discussions about theory-practice highlighted a 'resistance' to dual posts, which has also been found in examinations of LP roles (Stevenson et al 2004, Barrett 2007, Mills 2007). There were mixed views of the model, where three participants were in favour of it and four commented on its challenges. The following views are from different perspectives:

I think they're (dual posts) quite challenging to manage... I'm not sure I would want, (always like) the model where you work part time one place and part time another (manager 1).

If both organisations were designed to, what, sort of dovetail into each other... but I think it's very difficult having two jobs (lecturer 1).

'Cos mine's two separate posts... sometimes it blurs (dual post 1).

I think you actually bridge the best of both worlds, you can keep up to date with your skills, but then you have the opportunity to use those skills in a different kind of setting (manager).

People thought you should either be a lecturer, or you should be in practice as a nurse, and they didn't find that the two should work together (dual post 1).

Managing the expectations of dual posts was considered from all perspectives, but not by all participants: 'I think double pressure... 'cos I've got to manage that contract, manage this contract' (lecturer 3); 'For the person doing the job, it is that how much commitment do I give, and what is the reasonable expectation?' (manager).

This resonates with the literature, particularly in the context of blurred roles. For example, Price et al (2011) noted that managing expectations is seen in the many aspects of nurse lecturers' roles, including teaching, supporting practice and research.

Credibility This was an important issue in both clinical and educational environments. Lecturer 1, for example, said: 'From a personal (view) I think I need to be more academically credible, and I'm less worried about my practice credibility, cos I'm not, I don't see myself now as a nurse at all, I see myself as a lecturer... I'm a lecturer who teaches elements of nursing.'

Academic credibility had not been considered before by the researchers, but some authors have argued that it is as crucial as practice credibility (Fisher 2005, Meskell et al 2009). Dual post 3 said: 'I think as academics we should also be researchers... and for you to be a credible researcher is very difficult', while lecturer 3 noted: 'Sometimes my idea of credibility and students' ideas of credibility might be quite different, I've not had that discussion with students, I think that would be really, really rich.' This lack of definition of 'credible lecturer' supports the literature (Cave 2005, Gillespie and McFetridge 2006, Elliott and Wall 2008).

Dual post 3 suggested that if they were not in practice, their skills would diminish: 'I think you lose, you would lose touch very quickly.' This was supported by dual post 2, who commented, 'For me it's about knowing what practice is like now... I think it strengthens my teaching.'

These views support other work (Ousey and Gallagher 2010) which found that for lecturers to maintain credibility as nurse academics, they needed to be seen to be clinically active. However, Cave (2005) suggested there were multiple ways to achieve credibility, while Bentley and Pegram (2003) noted that credibility can be context-dependent.

Student experience Dual post 2 indicated that they felt their dual post enhanced experiences for students: 'It complements each other, because I am obviously still in practice so that can inform my

lecturing here, students value the experience, and the fact is they work with me in the university, they work with me in practice as well.'

Meanwhile, dual post 1 suggested that students viewed them as an individual rather than the role they were performing at that time: 'From the students' points of view, cannot see there's two definite roles, so they will mix both, so if I'm in practice students will still ask me questions that are specific to university, and vice versa.'

Another observation was the strength of relationships with students and a lack of 'hiding places': 'Because I am working with students and therefore I get to see them in practice, and their, you know what they're very good at, what they find more challenging, so I'm then able to help them, perhaps when they come back into university' (dual post 1).

This issue of role boundaries is considered in the literature (Stevenson et al 2004, Noonan et al 2008), and dual post 3 noted: 'If I'm at my practice, working as a nurse clinically at the time when there's a student from the university there on a placement, but I'm not there as a university lecturer, I'm there as a member of bank staff, I think there are potentially... some issues around boundaries.'

Despite working as a nurse, students associate this participant with academia. This kind of blurring could result in other clinical staff expecting dual post holders to answer academic queries, which could affect their ability to concentrate on their clinical responsibilities. This is one of the main challenges associated with dual posts (Noonan et al 2008), and supports Bartley and McKenna's (2013) argument that clear boundaries and definitions are required to ensure the success of LP roles. This challenge can be exacerbated for lecturers with contracts in HEIs and clinical areas by the practicalities of being employed in separate roles.

The main difference between dual posts and LP roles is that the latter are jointly funded, which infers collaboration in the development of job descriptions, roles and responsibilities. For lecturers or practitioners with dual roles, there is no obligation for either employer to collaborate on terms, priorities or expectations of roles.

Discussion

The study identified some of the benefits and challenges of dual posts, constructed from various perspectives, and these are discussed below.

Benefits Participants indicated that one benefit of dual posts is that being regularly immersed in clinical practice enables lecturers to help students contextualise theory in practice. This promotes a reflexive approach to nurse education, and some of the dual post holder participants felt less able to lecture without it. Another benefit is that dual posts can help maintain currency in practice. During the interviews participants commented that the context of 'practice' should be further explored, including whether it referred to academic or clinical.

None of the participants mentioned the potential of dual roles to promote evidence-based practice or improve poor practice. Some authors have suggested that poor practice could improve because of LPs' ability to reduce the theory-practice gap (Williamson 2004, Hartigan et al 2009). However, this was not identified in this study, even though the NMC standards (2008) state that lecturers should be able to interpret evidence and identify areas that require development. One participant, however, said that maintaining practice was important because they feared losing touch with the 'realities of practice'.

Challenges The challenges identified relate mostly to maintaining a multifaceted role, and were relevant to both dual posts and single lecturing roles, although participants perceived they are heightened for dual role post holders. Managing expectations is another challenge for both posts, while blurred roles and boundaries were highlighted as issues for dual post holders. Students' lack of recognition of the different roles might prevent some individuals from considering a dual post.

Limitations One of the limitations of this study is that singular interviews were conducted, which limited the data yielded. Multiple interviews could be undertaken in future studies to clarify and further discuss the points raised. Another limitation was that opportunities to encourage participants to expand on their responses were missed in the earlier interviews, and more time could have been given to allow participants to formulate responses. These were attributed to the interviewer's inexperience and might have affected the depth of data gathered. Finally, participants noted that 'dual post' implied two parts, as opposed to two jobs, therefore a concept analysis of the term might have benefited the research.

Conclusion

Dual posts are regarded positively by all the stakeholders who were involved in this study, and although having two separate contracts would not suit everyone, all the participants viewed dual post holders as an important part of their team. Participants' responses imply that students and clinicians view the roles positively, but they also suggest that role expectations should be better managed by HEIs to support lecturers and dual post holders.

Despite its limitations, this study provides nurses and nurse academics with some insight into the benefits and challenges of dual roles in nurse education. The findings might encourage HEIs and practice partners to revisit lecturer practitioner positions, and consider how jointly funded and supported roles could promote closer collaboration and help bridge the theory-practice gap.

References

- Barrett D (2007) The clinical role of nurse lecturers: past, present, and future. *Nurse Education Today*. 27, 5, 367-374.
- Bartley C, McKenna J (2013) The role of the lecturer practitioner: reflections from an occupational therapy perspective. *International Journal of Therapy and Rehabilitation*. 20, 12, 578-579.
- Baxter P (2007) The CCARE model of clinical supervision: bridging the theory/practice gap. *Nurse Education in Practice*. 7, 2, 103-111.
- Bentley J, Pegram A (2003) Achieving confidence and competence for lecturers in a practice context. *Nurse Education in Practice*. 3, 3, 171-178.
- Bettany-Saltikov J (2012) *How To Do a Systematic Literature Review in Nursing; A Step-By-Step Guide*. Open University Press, Maidenhead.
- Bower H (2002) Educating the Midwife. In Mander R, Fleming V (Eds) *Failure to Progress: The Contradiction of the Midwifery Profession*. Routledge, London.
- Brown L, Herd K, Humphries G et al (2005) The role of the lecturer in practice placements: what do students think? *Nurse Education in Practice*. 5, 2, 84-90.
- Bryman A (2012) *Social Research Methods*. Fourth edition. Oxford University Press, Oxford.

- Burke L (1993) The future of the specialist nurse teacher: two different models explored. *Nurse Education Today*. 11, 6, 461-466.
- Burns I, Paterson I (2005) Clinical practice and placement support: supporting learning in practice. *Nurse Education in Practice*. 5, 1, 2-9.
- Carnwell R, Baker S, Bellis M et al (2007) Managerial perceptions of mentor, lecturer practitioner and link tutor roles. *Nurse Education Today*. 27, 8, 923-932.
- Carson A, Carnwell R (2007) Working in the theory/practice gap: the lecturer practitioner's story. *Learning in Health and Social Care*. 6, 4, 220-230.
- Cave I (2005) Nurse teachers in higher education – without clinical competence, do they have a future? *Nurse Education Today*. 25, 8, 780-784.
- Chapple M, Aston E (2004) Practice learning teams: a partnership approach to supporting students' clinical learning. *Nurse Education in Practice*. 4, 2, 143-149.
- Elliott M, Wall N (2008) Should nurse academics engage in clinical practice? *Nurse Education Today*. 28, 5, 580-587.
- Fairbrother P, Ford S (1998) Lecturer practitioners: a literature review. *Journal of Advanced Nursing*. 27, 2, 274-279.
- Fairbrother P, Mathers N (2004) Lecturer practitioners in six professions: combining cultures. *Journal of Clinical Nursing*. 13, 5, 539-546.
- Fisher M (2005) Exploring how nurse lecturers maintain clinical credibility. *Nurse Education in Practice*. 5, 1, 21-29.
- Gillespie M, McFetridge B (2006) Nurse education: the role of the nurse teacher. *Journal of Clinical Nursing*. 15, 5, 639-644.
- Hancock H, Lloyd H, Campbell S et al (2007) Exploring the challenges and successes of the lecturer practitioner role using a stakeholder evaluation approach. *Journal of Evaluation in Clinical Practice*. 13, 5, 758-764.
- Hartigan I, Cummins A, O'Connell E et al (2009) An evaluation of lecturer practitioners in Ireland. *International Journal of Nursing Practice*. 15, 4, 280-286.
- Humphreys A, Gidman J, Andrews M (2000) The nature and purpose of the role of the nurse lecturer in practice settings. *Nurse Education Today*. 20, 4, 311-317.
- Lambert V, Glacken M (2005) Clinical education facilitators: a literature review. *Journal of Clinical Nursing*. 14, 6, 664-673.
- Lambert V, Glacken M (2006) Clinical education facilitators' and post-registration paediatric student nurses' perceptions of the role of the clinical education facilitator. *Nurse Education Today*. 26, 5, 358-366.
- Leigh J, Howarth M, Devitt P (2005) The role of the lecturer practitioner: an exploration of the stakeholders' and practitioners' perspectives. *Nurse Education in Practice*. 5, 5, 258-265.

Mallik M, Aylott E (2005) Facilitating practice learning in pre-registration nursing programmes – a comparative review of the Bournemouth Collaborative Model and Australian models. *Nurse Education in Practice*. 5, 3, 152-160.

Mannix J, Faga P, Beale B et al (2006) Towards sustainable models for clinical education in nursing: an on-going conversation. *Nurse Education in Practice*. 6, 1, 3-11.

McClure E, Black L (2013) The role of the clinical preceptor: an integrative literature review. *Journal of Nursing Education*. 52, 6, 335-341.

McSharry E, McGloin H, Frizzell A et al (2010) The role of the nurse lecturer in clinical practice in the Republic of Ireland. *Nurse Education in Practice*. 10, 4, 189-195.

Meskeel P, Murphy K, Shaw D (2009) The clinical role of lecturers in nursing in Ireland: perceptions from key stakeholder groups in nurse education on the role. *Nurse Education Today*. 29, 7, 784-790.

Mills M (2007) Midwifery lecturer-practitioners' views and experiences of their role and responsibilities. *Evidence Based Midwifery*. 5, 4, 125-131.

Noonan B, Hughes M, Hayes C et al (2009) The effectiveness of the lecturer practitioner role in clinical practice: an Irish perspective. *Nurse Education Today*. 29, 5, 561-565.

Nursing and Midwifery Council (2008) *Standards to Support Learning and Assessment in Practice*. NMC, London.

Nursing and Midwifery Council (2010) *Standards for Pre-Registration Nursing Education*. NMC, London.

Nursing and Midwifery Council (2015) *The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives*. NMC, London.

Nursing and Midwifery Council (2016) *How To Revalidate With the NMC: Requirements for Renewing Your Registration*. NMC, London.

Ousey K, Gallagher P (2010) The clinical credibility of nurse educators: time the debate was put to rest. *Nurse Education Today*. 20, 7, 662-665.

Porteous R (2004) Should midwifery educators be required to maintain clinical practice? *Canadian Journal of Midwifery Research and Practice*. 3, 3, 4-10.

Price L, Hastie L, Duffy K et al (2011) Supporting students in clinical practice: pre-registration nursing students' views on the role of the lecturer. *Nurse Education Today*. 21, 8, 780-784.

Ramage C (2004) Negotiating multiple roles: link teachers in clinical nursing practice. *Journal of Advanced Nursing*. 45, 3, 287-296.

Redwood S, Childs J, Burrows M et al (2002) *Beyond Closing the Gap: An Evaluation of the Lecturer-Practitioner Role*. Institute of Health and Community Studies, Bournemouth University, Practice Education Research Unit and Poole Hospital NHS Trust. <https://core.ac.uk/download/files/9/75095.pdf> (Last accessed: April 5 2016.)

Ritchie J, Lewis J (2003) *Qualitative Research Practice; A Guide for Social Science Students and Researchers*. Sage, London.

Stake R (1995) *The Art of Case Study Research*. Sage Publications, London.

Stevenson K, Chadwick A, Hunter S (2004) National survey of lecturer/practitioners in physiotherapy. *Physiotherapy*. 90, 3, 139-144.

Swanborn P (2010) *Case Study Research: What, Why and How?* Sage, Los Angeles, London.

Thomas G (2011) *How To Do Your Case Study: A Guide for Students*. Sage Publications Ltd, London.

Williams A, Taylor C (2008) An investigation of nurse educator's perceptions and experiences of undertaking clinical practice. *Nurse Education Today*. 28, 8, 899-908.

Williamson G (2004) Lecturer practitioners in UK nursing and midwifery: what is the evidence? A systematic review of the research literature. *Journal of Clinical Nursing*. 13, 7, 787-795.

Figures

Table 1

Results of first search: nurses and lecturers

	Database		
	CINAHL	BNI	Proquest Education Journals
Search terms	nurse AND lecturer AND educat*	nurse n/2 lecturer n/2 educat* (in document text)	nurse n/2 lecturer n/2 educat* (in document text)
Results	111	45	18
Limits	Academic journals 2004-2013	Peer-reviewed articles 2004-2013	Peer-reviewed articles 2004-2013
Results	54	15	10
Subject headings	Clinical competence, nursing role, education, clinical, faculty role, professional role	Not applicable	
Results	19	15	10
Hand searched	Selected by relevance of titles		
Results	11	2	2
Previously identified	0	0	2
Total	11	2	0

Table 2

Results of second search: lecturer practitioners

	Database		
	CINAHL	BNI	Proquest Education Journals
Search terms	lecturer AND practitioner	lecturer n/2 practitioner (in document text)	lecturer n/2 practitioner (in document text)
Results	97	896	117
Limits	2004-2013	Peer-reviewed articles 2004-2013	Peer-reviewed articles 2004-2013
Results	30	444	73
Subject headings	Not applicable	learning; clinical competence; education; faculty, nursing; preceptorship; education, nursing; models, educational; teaching; nursing education research; mentors; students, nursing; education, nursing, continuing; nursing, baccalaureate; education, nursing; nursing, graduate; higher education; teachers; competency-based education; nursing education; nursing faculty practice; health education	learning; education; clinical competence; teaching; higher education; preceptorship; education, nursing; mentors; teachers; nursing education research; students, nursing; colleges and universities; faculty, nursing; models, educational; nursing education; nursing faculty practice; competency-based education; curricula; curriculum; education, nursing, baccalaureate; education, nursing, continuing; education, nursing, graduate; experiential learning; professional competence; professional role
Results		93	59
Hand searched	Selected by relevance of titles		
Results	14	42	39
Previously identified	3	5	9
Total	12	4	0