STUDENT NURSES IN TRANSITION: GENERATING AN EVIDENCE BASE FOR FINAL PLACEMENT LEARNING-FACILITATION BEST PRACTICE

Denise Ann MAJOR

Degree of Master of Philosophy

University of Salford, Salford, UK
School of Nursing & Midwifery

2010

Table of Contents

List of Figures ……………………………………………………………………..xv
List of Boxes ……………………………………………………………………...xvi
List of Tables..………………………………………………………………........xvii
Acknowledgements …………………………………………………………………xix
Abstract ……………………………………………………………………………....xx

CHAPTER 1. …………………………………………………………………………1 - 7
INTRODUCTION TO THE TOPIC AND THE THESIS

The relevance of the topic ……………………………………………………………1

Professional interest in the topic ……………………………………………………..4

Overview of the Thesis ………………………………………………………………..5

CHAPTER 2.……………………………………………………………………………8 - 40
LEARNING IN CLINICAL PRACTICE

The development of nurse education in the United Kingdom……………………......8

Education Reform for Nursing …………………………………………………........13

The impact of staffing and financial issues on student supervision ……………….….15

The clinical practice learning and teaching of student nurses ……………………..….17

Mentors and assessors of practice ……………………………………………………**18**

Assessment of fitness for practice ……………………………………………………**24**

The evolved practice role of the nurse teacher ………………………………………**31**

The quality of practice placements …………………………………………………..**32**

Allocation of practice placements ……………………………………………………**35**

Complementing practice-based learning …………………………………………….**36**

Summary ……………………………………………………………………………..38

CHAPTER 3. ……………………………………………………………………...41 - 92
STUDENT NURSES LEARNING IN THE FINAL PRACTICE PLACEMENT

The final practice placement experience prior to Registration ……………………..41

***Allocation of the final practice placement* ……………………………………………..44**

***Assuring the quality of the final clinical placement* ………………………………...45**

***The final placement as transition from student to Registered Nurse* …………………45**

Practice-based learning: from instructional models of apprenticeship
to socio-cultural models of creating 'knowledgeable doers'..………………………..49

***Scales of learning* ……………………………………………………………………54**

Focussed review of the published literature regarding student nurse
final placement learning ....……………………………………………………………55

***Search strategy* ………………………………………………………………………55**

***Results of the search* …………………………………………………………………59**

Populations **……………………………………………………………………..60**

***Quality review of the published literature* ……………………………………………...60**

Samples and sampling methods ..**……………………………………………………..61**

Participant selection - Quantitative studies **………………………………………62**

Participant selection - Qualitative studies **………………………………………..63**

Self-selection **……………………………………………………………..63**

Purposive sampling **……………………………………………………….64**

Participant selection - Mixed methods studies **……………………………………65**

Ethical conduct within the studies **……………………………………………………67**

Ethical Approval **………………………………………………………………..67**

Researching one's own students **…………………………………………………67**

Informed consent to participate **………………………………………………...68**

Anonymity, privacy and confidentiality of data **68**

Aims and data collection methods of the studies **69**

Overview **69**

Aspect 1. Positive and negative experiences of clinical learning and role socialisation in the practice placement **71**

Aspect 2. Supervision models **74**

Aspect 3. Specific student to RN preparation programmes **76**

Aspect 4. Placement location **79**

Summary of aims and data collection methods **81**

Data analysis **81**

Overview **81**

Quality of the data analysis **82**

Study limitations **83**

Sample size and study location **84**

Study site **84**

Design faults **85**

Methodological bias **85**

Unreported limitations **86**

Potential researcher bias **87**

Quality review summary **88**

Summary of the literature review **89**

Implications of the research studies and the need for further research **89**

Summary **91**

CHAPTER 4. ……………………………………………………………………93 - 130
METHODOLOGICAL FRAMEWORK

Research aims ……………………………………………………………………..93

Research objectives ………………………………………………………………94

Philosophy…………………………………………………………………………94

Overview of the study design ……………………………………………………96

The research study in detail ……………………………………………………...98

***The study site* ………………………………………………………………………99**

The final practice placement sites **…………………………………………………99**

Placement allocation model in the study site **……………………………………..100**

Placement choice ...**…………………………………………………………………100**

Placement learning **……………………………………………………………………101**

Quality audit of placements **…………………………………………………………103**

Student evaluation of practice placements **………………………………………104**

Shortfall in evaluation of the final placement **……………………………………105**

***The study sample* ……………………………………………………………………106**

Access and recruitment **……………………………………………………………...107**

***Data Collection* ……………………………………………………………………...107**

Phases 1. and 2. Pre- and Post-placement survey **………………………………107**

Design and development of the survey instruments **……………………………..109**

Piloting the survey instruments **…………………………………………………110**

The finalised survey instrument **…………………………………………………111**

Surveying learning achievements and learning experiences **..…………112**

Surveying placement allocation and satisfaction **……………………...113**

Phase 3 interviews 115

Interview sampling frame 116

Design and development of interview instruments 118

Piloting the interview..........118

The finalised interview design..........120

Data Analysis 124

Quantitative analysis method 125

Qualitative analysis method 126

Analysing survey data 126

Analysing interview data 126

Ethical considerations and approval 127

Informed consent 127

Confidentiality 128

Anonymity 128

Data protection 128

Avoidance of harm 129

Use of Personal Professional Development Plans as a focus for the interview 129

Conducting the interview conversation 129

Summary 130

CHAPTER 5. ………………………………………………………………...131 - 186
FINDINGS : FINAL PLACEMENT LEARNING AS TRANSITION TOWARDS THE REGISTERED NURSE ROLE

Sample…………………………………………………………………………131

***Phase 1 and Phase 2 Survey samples and returns* ……………………………...131**

***Phase 3 Interview sample* ……………………………………………………..133**

Data analysis…………………………………………………………………...138

***Overview* ……………………………………………………………………….138**

Findings Theme 1. Learning achievements and fulfilment of personal learning needs during final placement…………………………141

***Overview* ……………………………………………………………………….141**

***1.1. Management and leadership* ……………………………………………..143**

***1.2. Knowledge and caring* skills ……………………………………………...144**

***1.3. Fulfilling programme requirements* ……………………………………...148**

***1.4. Passing assessments* ……………………………………………………….148**

***Summary*………………………………………………………………………149**

Findings Theme 2. Learning experiences and personal qualities for learning during final placement ……..…………………………………..149

***Overview* ……………………………………………………………………….149**

***2.1. Importance and usefulness of students' learning experiences* ………………….151**

***2.2. Availability of learning experiences* ……………………………………...154**

***2.3. Satisfaction with provision of learning experiences* ……………………..158**

***2.4. Recommendation of placement and influence of placement specialty* ………….161**

***2.5. Personal qualities for learning in final placement* ……………………………170**

***Summary* ……………………………………………………………………….172**

Findings Theme 3. Final placement allocation satisfaction ……………………….173

***Overview* ……………………………………………………………………….173**

***3.1. Equity of placement allocation* …………………………………………….175**

***3.2. Choice of placement* ……………………………………………………….177**

***3.3. Range of placement choice* …………………………………………………177**

***3.4. Issues which would influence a choice of final placement* ……………….....178**

***3.5. Spoke placements undertaken* ……………………………………………….184**

***Summary* ………………………………………………………………………184**

Summary of findings………………………………………………………….185

CHAPTER 6. ……………………………………………………………...187 - 238
DISCUSSION

Objective 1…………………………………………………………………….188

***Learning Achievements and fulfilment of personal learning needs* …………………188**

***Learning experiences* ……………………………………………………………196**

Positive and negative opinions of others **…………………………………………198**

Positive and negative aspects of the learning environment **……………………………199**

How staff made a difference for students **…………………………………………205**

***Personal qualities for learning* ……………………………………………….206**

***Summary* ……………………………………………………………………...208**

Objective 2. ……………………………………………………………….209

Objective 3. ………………………………………………………………….213

***Key Aspect 1.* ………………………………………………………………..214**

Key Aspect 2. **……………………………………………………………………..216**

Key Aspects 3, 4 and 5. **…………………………………………………………...217**

Objective 4. ……….……………………………………………………………...220

Satisfaction with final placement **…………………………………………………..220**

Having a choice of final placement **……………………………………………...220**

Placement as transition **…………………………………………………………..221**

Reflection …………………………………………………………………...223

Decision and development points within the research process **………………………223**

Development and decision point 1. **…………………………………………………….224**

Development and decision point 2. **…………………………………………………….225**

Research method related to questionnaire design **…………………………………225**

Grouping of items **……………………………………………………………………...225**

Applicability of response options **……………………………………………………….226**

Use of the Likert scale **…………………………………………………………………….226**

Additional learning needs identified by respondents pre-placement **…………………..226**

Unmatched response options for repeated measures testing **…………………………..227**

Post-placement Question 3.3 **……………………………………………………..227**

Research method related to interviewing **…………………………………………..228**

Sampling **…………………………………………………………………………….228**

Use of Personal Professional Development Plans **……………………………………….228**

Progressive focussing of the interviews **………………………………………………….231**

Reflexivity **…………………………………………………………………………..232**

Limitations ……………………………………………………………………………..234

Personal learning ………………………………………………………………………...235

Summary ………………………………………………………………………………238

CHAPTER 7. …………………………………………………………………...239 - 248
CONCLUSIONS and RECOMMENDATION

Scientific rigour across quantitative and qualitative findings ……………………..239

Truth value ………………………………………………………………………………240

Internal validity …………………………………………………………………………..240

External validity (generalisability)……………………………………………………240

Reliability ………………………………………………………………………………241

Objectivity and confirmability…………………………………………………………241

Confirming the literature………………………………………………………………..242

Students' preference to choose their final placement ………………………………...242

Use of research instruments devised from a range of reputable sources ……………242

The complexity of final placement learning ……………………………………………..243

Specific local practices and transitional learning opportunities……………………243

Extending the evidence base……………………………………………………………244

Inventories of needs, experiences and personal qualities which guide final placement learning ………………………………………………..244

The need to develop a final-placement-specific learning-environment evaluation tool ………………………………………………..245

Recommendation ………………………………………………………………………...245

A model for final placement learning-facilitation best practice ……………………..245

APPENDICES ……………………………………………………………..249 - 343

Appendix 1. Literature Search Strategy……………………………………………..249

Appendix 2. Categorisation of literature by aspects of final placement learning ………………………………………………251

-

Appendix 3. Literature review critical appraisal summary ………………………..256

Appendix 4. Twenty items for clinical placement evaluation and audit at The University of Salford and its Partner Higher Education Institutions ……………………………………………………………...258

Appendix 5. Research study information sheet……………………………………...259

Appendix 6. Consent form for students to participate in a student satisfaction survey and to be contacted for interview………………………………………………………………261

Appendix 7. Consent form for students invited to participate in individual, focussed interviews……………………………........262

Appendix 8. Pre-placement questionnaire - Pilot version 1. ………………………263

Appendix 9. Pre-placement questionnaire - Pilot version 2. ………………………269

Appendix 10. Pre-placement questionnaire -Final version .....……………………275

Appendix 11. Post-placement questionnaire…………………………………...281

Appendix 12. Interview schedule……………………………………………………287

Appendix 13. Interview topic guide…………………………………………………..289

Appendix 14. Example of a Personal Professional Development Plan pro-forma ……………………………………………….…………….. 290

Appendix 15. Data analysis strategy
Objective 1. …………………………………………………………………... 291
Objective 2. …………………………………………………………………… 293
Objective 3. …………………………………………………………………… 294
Objective 4. …………………………………………………………………… 296

Appendix 16. University of Salford Research Ethics and Governance Committee Approval……………………………………………….. 299

Appendix 17. Matrix of child branch interview sampling ………………………… 300

Appendix 18. Thematic analysis matrix…………………………………………… 301

Appendix 19. Perceived importance of learning achievements across all respondents …………………………………………….... 306

Appendix 20. Pre- and post-placement perceptions of importance of learning achievements across t-test matched pairs ………………… 310

Appendix 21. Pre and post-placement perceptions of the importance and usefulness of learning experiences at Q2.2 …………………….. 312

Appendix 22. Frequency by branch of experiences ‘available but not offered’ or ‘not available’ ……………………….. 316

Appendix 23. Reasons for satisfaction level with final placement experiences ……………………………......... 318

Appendix 24. Availability of learning experiences by branch placement specialties
Adult Branch………………….........320
Child Branch…………………..........321
Mental Health Branch……………. 322

Appendix 25. Recommendation of placement by specialty group ………………...323

Appendix 26. Range of choice from which respondents would like to choose a placement ………………………………………………...324

Appendix 27. Issues which would impact on a choice of final placement …………325

Appendix 28. Reasons why students undertook spoke placements ……….........327

Appendix 29. Prepared for graduate practice questionnaire (Nash et al. 2005) adapted from Hill et al. (1998) ..…………………328

Appendix 30. Mapping of Desired final placement learning achievements to NMC (2007) Essential Skills Clusters …………………………….329

Appendix 31. University of Salford (2009) Guidance for Student Nurses visiting clients in the community .....………………………………...331

Appendix 32. Findings for final placement learning experiences compared to various clinical placement evaluation tools …..………..332

Table 17. Inventory of final-placement-specific learning experiences from the findings mapped to the various placement evaluation tools ………………………………..333

Table 18. Sand-Jecklin (2009) SECEE matched to the final-placement-specific learning needs findings ……………………336

Table 19. Hosoda (2006) CLEDI matched to the final-placement-specific learning needs findings……………………338

Table 20. Saarikoski et al. (2002) CLES scale matched to the final-placement-specific learning needs findings……………………339

Table 21. Chan (2001) CLEI matched to the final-placement-specific learning needs findings……………………340

Table 22. Dunn & Hansford (1997) CLES matched to the final-placement-specific learning needs findings……………………341

Table 23. University of Salford et al. (2004) clinical placement evaluation and audit tool matched to the final-placement-specific learning needs findings ……………………………………..........343

REFERENCES …………………………………………………………………344 - 371

List of references………………………………………………………………….344

List of Figures

Figure 1. Research design ……………………………………………….………..98

Figure 2. The first stage of interview invitations……………………………………135

Figure 3. The second stage of interview invitations ……………………………...136

Figure 4. The third stage of interview invitations …………………………………..136

Figure 5. The fourth stage of interview invitations …………………………………137

Figure 6. Data analysis model …………………………………………………..139

Figure 7. Qualitative themes of final placement learning …………………………140

Figure 8. The construction of integrated sub-themes for presentation of data at Theme 1 ……………………………………………………………142

Figure 9. The construction of integrated sub-themes for presentation of data at Theme 2 ……………………………………………………………149

Figure 10. The construction of integrated sub-themes for presentation of data at Theme 3 …………………………………………………………...174

Figure 11. A model for final placement learning-facilitation best practice ………247

List of Boxes

Box 1. UKCC (1986 & 1987) recommendations for 'Project 2000' Pre-registration Nursing Education ……………………….............................10

Box 2. ENB (1997) Standard eighteen: Fitness for Purpose, Practice and Award ……………………………………25

Box 3. UKCC (1999) Definitions of Fitness for Practice, Fitness for Purpose, Fitness for Award ……………………………………29

Box 4. Key search terms ……………………………………………………………56

Box 5. Literature inclusion and exclusion criteria …………………………………...57

Box 6. Four aspects of placement experiences apparent in the literature …………59

Box 7. Summary of sampling methods ……………………………………….........62

Box 8. Themes for Presentation of Findings ………………………………………...140

Box 9. Reasons for wanting a choice of final placement ……………………………178

Box 10. The four ways in which placement specialty ………………………………213 influences final placement learning

Box 11. Five key aspects of a successful final placement experience……………...214

List of Tables

Table 1. Grey literature investigated for relevance to the research question ……...58

Table 2. Study Progression ……………………………………………………………98

Table 3. Cohort composition …………………………………………………………108

Table 4. Pilot questionnaire returns …………………………………………………110

Table 5. Possible Confidence:Satisfaction rating categories to be represented at interview ……………………………………………...117

Table 6. Questionnaire sample and returns …………………………………...132

Table 7. Phase 1 and phase 2 returns to provide matched pairs for repeated measures analysis……………………………………………..133

Table 8. Interview sample …………………………………………….………...134

Table 9. Learning achievements statistically less important after final placement ……………………………………………………145

Table 10. Satisfaction that placement learning experiences met students' learning needs ……………………………….........159

Table 11. Recommendation of placement by branch ..……………………………161

Table 12. Respondents' views of equity of allocation………………………………175

Table 13. Would students like a greater choice of placement? ……………………177

Table 14. Learning Achievement Needs Inventory for final-placement-specific learning …………………………………………189

Table 15. Learning Experiences Inventory for final-placement-specific learning…………………………………………………………………..196

Table 16. The Personal Qualities which students identified as helpful in managing their own final placement learning……………………………207

Table 17. Inventory of final-placement-specific learning experiences from the findings mapped to the various placement evaluation tools….……..333

Table 18. Sand-Jecklin (2009) SECEE matched to the final-placement-specific learning needs findings……………………………………………........336

Table 19. Hosoda (2006) CLEDI matched to the final-placement-specific learning needs findings……………………………………………..........338

Table 20. Saarikoski et al. (2002) CLES scale matched to the final-placement-specific learning needs findings………………………...339

Table 21. Chan (2001) CLEI matched to the final-placement-specific learning needs findings……………………………………………..........340

Table 22. Dunn & Hansford (1997) CLES matched to the final-placement-specific learning needs findings………………………...341

Table 23. University of Salford et al. (2004) clinical placement evaluation and audit tool matched to the final-placement-specific learning needs findings ……………………………………………………343

ACKNOWLEDGEMENTS

To all who have made this study and thesis possible: Service and academic colleagues, students, friends and family; at home and abroad.

Especially:

The students whose data I have the privilege of representing, who generously shared their time and experiences for the good of others.

The School of Nursing & Midwifery Executive for funding and study time allowances.

My research supervisors: Dr Paula Ormandy, Ms Lillian Neville and Dr Tracey Williamson for their guidance, support and intellectual wisdom.

Esteemed colleagues, who have acted as critical readers, particularly Mrs Karen Holland.

Most especially, those who have sustained me throughout, with their patience, kindness and unfailing encouragement: my husband and our children.

STUDENT NURSES IN TRANSITION: GENERATING AN EVIDENCE BASE FOR FINAL PLACEMENT LEARNING-FACILITATION BEST PRACTICE

Denise Ann MAJOR

ABSTRACT

The recent review of United Kingdom pre-registration nursing education has prompted local evaluation studies of nursing curricula, in readiness for the introduction of new standards for pre-registration nursing education. This three-phased, mixed methods study, set out to determine whether the final practice placement learning experiences could better meet student nurses' learning needs in readiness for their first Registered Nurse post. The findings contribute alongside other projects towards an evidence base that supports change.

The origins and learning experience of the final placement are examined amongst several reviews of nursing education since the early 1960s, in the context of the professional Fitness for Practice and Fitness for Purpose debate. Evidence suggests that final placement learning needs to develop independence and ensure the student feels valued and supported to build confidence. Students are more willing to take up a first post in a placement which has provided support.

An exploratory, interpretive design, targeting an entire cohort of 278 students, triangulated pre- and post-placement survey data with data from eight in-depth individual interviews. The research investigated the students' final placement learning experiences to ascertain their perceived needs, actual and desired experiences, and preferences for final placement allocation. Findings demonstrated a strong perception of the final placement as a role development transition. Students' perceived needs reflected the NMC (2007) Essential Skills Clusters, as well as specialty-specific Fitness for Purpose learning needs. Learning experiences reflected the extant literature and included facilitative, gate-keeping and restrictive practices, against which students balanced their own agency for learning, recommending improved mentoring practices.

A four part model, of final placement learning-facilitation best-practice, recommends development of the learning environments in balance with the personal learning needs and qualities of the transition student and a changed final placement allocations system.

CHAPTER 1

INTRODUCTION TO THE TOPIC AND THE THESIS

This study contributes to the professional literature regarding the purpose and effectiveness of the final practice placement for pre-registration nursing students. The study establishes a current evidence base for final placement learning-facilitation best practice from the students' perspective, within a large School of Nursing & Midwifery in the United Kingdom (UK).

The relevance of the topic

Within the national review and imminent new Standards for pre-registration nursing education, the nursing profession is moving towards a changed curriculum with great emphasis on enhancing the student experience, whilst achieving professional body requirements (Nursing & Midwifery Council (NMC) 2010a).

In revising the curriculum, the importance of using multiple data sources has been recognised (Sperhac & Goodwin 2003). Therefore, in addition to the professional body guidelines and standards, a project-led internal review of many aspects of the current pre-registration nursing curricula is underway, to which this study has a timely contribution.

The study is rooted in the clinical link partnerships which exist between the University and its partner National Health Service Trusts for the provision of pre-registration nursing education. Supporting student learning through purposeful partnerships is a key perspective of the 'Making a Difference' pre-registration curricula in the UK (Department of Health (DH) 1999a; United Kingdom Central Council for Nursing & Midwifery (UKCC) 1999; DH National Health Service (NHS) Executive 1999).

Partnership activities within the University and its partner Trusts have grown through many lecturer and practitioner exchanges, particularly the joint delivery of pre-registration teaching and learning initiatives. Also, mentor education and update activities have promoted a tri-partite arrangement for student learning and support in the placement areas (NMC 2004a). Within the placement where the topic originated, the link partnership is well established between the researcher as the University Link Lecturer and the practice staff. This partnership is demonstrated by the staff feeling able to discuss their concerns about the final placement experience. Clinical staff raised the issue of being uncertain as to whether the specialist nature of the placement was providing the right kind of learning experiences to prepare final placement child branch students for their first Registered Nurse (RN) post. Concerns suggested that the majority of students who passed through the specialty as a final placement would not enter the confines of the placement's specialty as their first post. Hence, staff felt that students needed to be prepared to function in a wider ranging children's nursing arena. This led to the need to know exactly what the students' learning needs are in final placement and whether where they are placed for their final placement makes a difference to their preparations for their first RN post. At the University, there is currently little student choice in allocation to final placement. The current final placement allocation model is based on students returning to a *"'Home' Trust"* for final placement, introduced in the Making Difference curricula to provide *"stronger links between the end of ... nursing education and first employment in the NHS"* (DH NHS Executive 1999: Appendix 2; 19). Fifteen hundred to two thousand students, across all cohorts, share the placements at any one time, based on availability and best fit for the NMC placement experience requirements (NMC 2004b).

Approximately 200-300 (60 to 100 child branch) are final placement students, having some choice between hospital and community, but not the specific specialty or ward/unit. Students in final placement are required to achieve the twenty seven proficiency outcomes across four domains of nursing practice, in order to be assessed as 'Fit for Practice' for entry to the professional Register, as well as providing evidence of being 'Fit for Purpose' to function in the reality of the current nursing practicum (ENB 1997; UKCC 1999; NMC 20004a). Whilst the achievement of Fitness for Practice and Fitness for Purpose are both features of the NMC 2004 Standards of proficiency for pre-registration nursing education, Fitness for Purpose at the point of Registration, by being able to function competently in clinical practice, has been questioned as to its possibility within an ever changing health care system (UKCC 1999). However, the NMC 2004 Standards of proficiency for pre-registration nursing education apply to the curriculum for the students within the cohort being considered and 'Fitness for Purpose' within that curriculum seems to be a fundamental part of the debate which the specialist placement practitioners began.

Staff in the specialist area particularly questioned the appropriateness of the specialist practice area in being able to provide adequate management experience due to the complexity and dependency level of the patients. The importance of integrating organisation and management experience into pre-registration nursing education was recognised in the Briggs report (HMSO 1972). This influential report prompted inclusion of organisation and management of care into the required proficiencies for entry to the professional Register (NMC 2004a). Newly Registered nurses should be able to function adequately and confidently at the point of registration, rather than be "*Fumbling along*"

amidst their mastery of basic skills without having had sufficient rehearsal of higher order thinking and organisation (Gerrish 1990:35; Gerrish 2000). From the original practitioner concern, attention began to focus on whether it was the placement type or the learning experiences per se which were important as final placement preparation for first post. Whether the students' fitness for practice or fitness for purpose is in question begs consideration of whether the students either cannot learn management skills per se and are thus not fit for practice, or whether what the students do learn in this specialist placement is not transferrable to other contexts and thus reduces their fitness for purpose in their first RN post. Three perspectives were also emerging: that of the students, the mentors/supervisors and the placement allocations personnel. The enquiry developed to focus on one of these perspectives which was manageable as an individual study project, but have implications for all - that of the students.

Professional interest in the topic

As the link lecturer to the placement concerned, professional interest to research this area stems from the need to support the staff in development of the placement in order that the mentors and students enjoy the final placement learning experience for its match to the students' learning needs. An essential part of any Higher Education programme is to review and evaluate the effectiveness of its provision, especially from a student perspective of their satisfaction with the experience. Within nursing education, review is also essential to maintain validity of programme content for its contribution to the professional body agenda of "*Safeguarding the health and well being of the public*" (NMC 2008a: Inside cover) through the upholding of professional standards, by ensuring

that students can meet the required proficiencies for Registration through undertaking appropriate learning experiences.

Professional interest is also related to the researcher's role as an admissions tutor to the pre-registration programmes. The maintenance of high quality student placement experiences is an important part of ongoing programme development, due to the scrutiny of placements by potential applicants through the National Student Survey (The Higher Education Academy 2010). The external reputation of programmes affects their ability to attract high calibre applicants. Hence, an enhancement of student learning can serve to improve not only the internal satisfaction, but also create greater professional body and public confidence in the programmes' abilities to prepare nurses who are fit for Registration. This enhancement of student learning will, in turn, attract recruits to fulfil the commission from the Strategic Health Authority, adding to the government agenda of educating high quality nurses for the profession (DH 1999a; DH 1999b).

Overview of the Thesis

The thesis aims to explore whether the final placement learning experience could better meet the needs of the student nurses as they prepare for their first Registered Nurse post, since this can inform the evolving nursing education curriculum, especially on the eve of implementation of new Standards for pre-registration nursing education (NMC 2010a).

With a view to informing final placement learning–facilitation best practice, three facets form the focus of the investigations:

- Definition of students' final placement learning needs
- Expected and actual learning-facilitation experiences
- Allocation of students to their final placement

Investigation of student needs begins in chapter two, which presents the development of nursing education that has culminated in the current Diploma/BSc and BSc (Hons) programmes, and their required proficiencies. As preparation for professional Registration, there is exploration of issues arising from the notions of Fitness for Practice and Fitness for Purpose. Common features of instructional and socio-cultural models of learning accompanying the change from the apprenticeship style of training to the student-status educational models of today are included. Continuing to examine learning provision, chapter three provides a focussed review of published studies of student nurse perceptions of final placement learning facilitation. From this review, sparse UK literature exists against which to compare and model local curriculum development. However, best-practice research methodology emerged and research objectives were formulated, to focus a research strategy which follows in chapter four.

The research strategy argues the value of a plurality of methodology to enable the use of mixed data collection and analysis methods for obtaining descriptive, inferential and thematic data. The data are used to interpret and understand the students' learning experiences across the whole range of final placements, focussing down on selected child branch experiences for contextual interpretation.

Research findings across the quantitative and qualitative data are combined in chapter five and discussed in chapter six against the contemporary literature regarding final placement learning, to present three main themes, which contribute to professional role development and address the four study objectives.

Researcher reflexivity, reflections on the study method and limitations of the study are presented. Conclusions in chapter seven draw together the findings, which create the

thesis upon which the recommended local model of final placement facilitation best-practice is justified.

CHAPTER 2

LEARNING IN CLINICAL PRACTICE

This chapter explores the development of nurse education in the UK in relation to the clinical practice learning of student nurses, particularly the rationale for and the importance placed upon the final practice placement experience prior to qualifying for entry to the professional Register of the Nursing and Midwifery Council (NMC).

The time frame for this exploration extends from the 1960's to the present day, with particular emphasis on the major shift of nursing education into the Higher Education sector from the 1990's.

The development and reform of nursing education is a multi-faceted complexity of several intertwined aspects, which, for ease of reading, are separately presented with their relevant chronological developments.

The development of nurse education in the United Kingdom

Certificate level training courses predominated for nursing in the 1960's, where student nurses typically spent approximately 83% of their training in practice-based service (Weatherston 1981). Alongside this, a small number of Undergraduate programmes were introduced, which provided a more academic focus, for students who were external to the workforce. At the University of Edinburgh, Bachelors, Honours and Masters degrees of five and six years were introduced and the University of Manchester Bachelor of Nursing programme evolved after evaluation of its successful 'Diploma in community nursing' experimental curriculum proposed that nursing was viable as a degree subject (Royal College of Nursing & National Council of Nurses of the UK (RCN & NCN 1964). Other

experimental training schemes also emerged at the time, aiming to improve the preparation of nurses for Registered practice. Included were the '2+1' schemes in Glasgow and London which prepared nurses for the State Final examination after two years rather than three years and provided an entire 'intern' year for practice preparation for the Registered Nurse role (RCN & NCN 1964; Pomeranz 1973). Graduate entry to a reduced length programme at St. Thomas's School of Nursing provided for Registration after twenty six months with the school certificate of completion being presented after six months post-registration experience (RCN & NCN 1964). These curricula were to inform a radical reform of nursing education. Being previously situated in Schools of Nursing within National Health Service (NHS) hospitals, nurse education links with the Higher Education sector grew through the development of Diploma level programmes from the late 1980s. As a result of predicted manpower shortages between 1985 and 1992, based on the demography of available 18-year old entrants to the service, a radical reform of nursing education was taking place. Taking forward proposals made in 1972 from the Report of the Committee on Nursing (Briggs report), a consultation with the professions culminated in the proposals of 'Project 2000' which moved nurse training from the apprenticeship model to a higher education (HMSO 1972; English National Board for Nursing, Midwifery and Health Visiting (ENB) 1985; Royal College of Nursing (RCN) 1985; United Kingdom Central Council for Nursing, Midwifery & Health Visiting (UKCC) 1986). The move away from the traditional apprenticeship model of nurse training began with the following main recommendations within '*Project 2000: A new preparation for Practice' (UKCC 1986)*, which would completely change the students'

relationship with practice, exchanging their service-based practice for 80% supernumerary student status (UKCC 1987) (Box1).

Box 1. The UKCC recommendations for 'Project 2000' Pre-registration Nursing Education (UKCC 1986; UKCC 1987)

1. A new programme of education for a single level of Registered Nurse, to replace the existing Registered Nurse and Enrolled nurse preparation, such that the new Registered nurse would provide direct care

2. A 3-year training programme with up to two years as a Common Foundation Programme and a 'Branch' programme leading to registration in either care of the adult, child, mentally ill, or mentally handicapped persons

3. New competency-based outcomes set out in Training Rules

4. The new preparation would provide competence in assessing, providing, monitoring and evaluating care in institutional and non-institutional settings, emphasising health promotion as well as health care

5. Programmes to have clear educational credibility at an advanced level of educational qualification

6. Supernumerary status for student nurses for 80% of their time with a 20% contribution to service

7. A non-means-tested training grant rather than being paid employees, from an education budget separate from the service pay budget

Changes regarding the organisation of nursing, particularly as regards student status, had been recommended within the Platt report (RCN & NCN 1964), but largely not acted upon due to political pressures from within the nursing profession (Bentley 1996). The Report of the (Briggs) Committee on Nursing (HMSO 1972) took forward the Platt recommendations, making proposals for major policy changes which would support the changes in delivery of nursing care and the education of nurses. The statutory framework

of the United Kingdom Central Council for Nursing and Midwifery (UKCC) and its subsequent four national boards were created as a result of the influence of the Briggs report on the Nurses, Midwives and Health Visitors' Act (HMSO 1979). The structure of the UKCC provided the 'machinery' to support and drive the changes in pre-registration education, supported by the amended nursing and midwifery training rules to prescribe the course structure (Statutory Instrument 1989). An examination of the post-registration education provision in light of changing health care requirements of the UK population was also begun, as a part of the nursing education and practice reforms. Project 2000 education programmes brought fulfilment of the recommendation of the Briggs report (HMSO 1972) for closer links between nurse education and the Higher Education sector, with the amalgamation of small hospital-based schools of nursing into colleges affiliated to, and eventually merged into, Higher Education Institutions (HEIs) by 1996. Collaboration between the National Health Service and the Higher Education sector was required in order to provide the high quality learning experiences needed to raise educational standards and expand lifelong learning opportunities for nursing staff (Department of Health NHS Executive and Committee of Vice Chancellors and Principals (CVCP) 1999). The role of placement allocations officers also grew, commensurate with the work required in securing quality practice placements for the high numbers of students to be recruited to the programmes, to secure the future Registered nursing workforce (Jacka & Lewin 1987; National Audit Office (NAO) 1992). Raising the academic profile of student nurses to a minimum of Diploma level (Framework for Higher Education Qualifications intermediate level, level 5) (Quality Assurance Agency for Higher Education 2008), was a strategy to attract high calibre recruits from the

diminishing pool of school leavers. The Royal College of Nursing Education Commission noted that in 1983 as many as 90% of the nurse entrants had gained or exceeded 5 'O' levels or 5 'O' and 2 'A' levels, and espoused that if nursing education was not made more attractive, potential applicants would otherwise use their General Certificate of Education (GCE) 'Ordinary' and 'Advanced' level qualifications as entry to other educational programmes which carried recognisable academic awards (RCN 1985). Thus it was important to improve learning conditions, with freedom to learn away from the restrictions of service, in order to continue to attract and retain applicants. Improvements proposed were for student nurses to be a part of the Higher Education student body, to learn in the wider academic and social community, rather than within the confines of a nursing education system which provided no academic status or recognition beyond the profession (HMSO 1972).

Improving the academic quality of the nursing programme, and its entrants, ultimately aimed to improve retention and attrition for the nursing workforce, which was losing 15-20% of its students during the life of each programme, as well as up to 30% failing the final examination; whilst University educated nurse attrition from undergraduate degree courses was lower (RCN 1985; Chapman 1985). The Committee on Nursing (HMSO 1972) had noted particular interest in the experimental training schemes which were linking theory and practice more constructively, as well as noting emergence of the undergraduate programmes preparing nurses through a higher level of education to be able to deliver and co-ordinate care. Informed critical thought was seen as a central focus to becoming the reflective and flexible practitioners required for the changing health care system.

Education Reform for Nursing

The Project 2000 reform principles were to be applied to the existing undergraduate programmes as well as to the new Diploma level programmes. A new preparation for practice was to integrate all student nurses into higher education and provide supernumerary, supervised practice to prepare them for a single level of Registration rather than perpetuating the State Enrolment and State Registration in general nursing, with post-registration specialisation. The direct entry ophthalmic, orthopaedic, thoracic and fever nursing certificates were to cease (HMSO 1972).The new staffing skill mix was to comprise Registered Nurses and their aides (support workers) with students as learners external to the paid and rostered workforce. Programmes would prepare students for registration in one of four branches of nursing at pre-registration level through a common foundation programme and a branch programme in adult, child, mental health or learning disabilities nursing. A proposed training bursary rather than the usual student grants system was to be implemented as students of nursing would not have the opportunity for employment during vacations due to the need for extended college time to undertake practice placements (RCN 1985).

Eventually balancing the cost of implementing the Project 2000 reforms with the benefits of staff retention and ultimately better quality patient care and lower costs to the NHS, the aim of the Project 2000 reforms was to prepare nurses who were "*knowledgeable doers*" (UKCC 1987: p5). The initial proposals of Project 2000 (UKCC 1986) advocated supernumerary status for student nurses throughout the entire clinical component of their learning, defined at that time as their removal from the duty rota (roster) and from the clinical work obligation as follows:

> "*Names of students should no longer be included on duty rotas, their presence should not be part of the calculation of the number of staff required to carry out the work*" (UKCC 1986 p: 54)

However, the final proposals for project 2000 nursing programmes determined that because of the high clinical content of the programme, students would inevitably be making a contribution to service, most likely towards the end of the programme, such that the retention of a 20% contribution as a period of rostered practice was stipulated (UKCC 1987). There was also a cost-saving implication of retaining a period of service contribution (Price Waterhouse 1987), such that the 20% service was seen by many as a cost compromise between professional aspirations and workforce requirements (Elkan & Robinson 1995; Bentley 1996; Le Var 1997a). However, despite recognition of the value of rostered service to students and to the health service as "*easing the transition from student to employee*" (Elkan & Robinson 1995: p388), a counter-argument for removing rostered practice was that "*rostering limits the potential range of practice placement opportunities that can be accessed*" (DH NHS Executive 1998: p4) and thus, rostered practice was phased out, such that all students beginning programmes from September 1999 did not provide a rostered service contribution. Instead, students undertook longer practice placements in order to benefit from increased patient contact, still providing a valuable contribution to service, but in a way which was beneficial to their own learning.

The re-definition of supernumerary status was issued within the 2004 Standards of proficiency for pre-registration nursing education (NMC 2004a: p19) as:

> "*Supernumerary status means that the student shall not as part of their programme of preparation be employed by any person or body under a contract of service to provide nursing care*"

The impact of staffing and financial issues on student supervision

The skill mix of staff available to supervise student nurses in clinical placements was under scrutiny from the outset of Project 2000. The increased numbers of students, low qualified staffing levels and poor preparation of the Registered Nurses to supervise students, seriously limited the quality of the learning environment, reducing the number of available placements where students could be adequately supervised (NAO 1992; Elkan & Robinson 1995). The increased need for community health care experiences required creative increases in capacity, with some placements in local businesses requiring revision of the purpose of the students' placements when students had been mistaken as staff of the establishment and assigned inappropriate duties such as stacking shelves (NAO 1992).

A three-pronged approach to increasing the nursing establishment, not only to supervise, but also to provide care without students in the rostered numbers, included conversion of Enrolled Nurses to Registered Nurse status, recruitment of Registered Nurse returners to nursing and the employment of a new kind of nursing aide – the clinical support worker or Health Care Assistant (HCA), with a career structure to also permit advancement towards registration (UKCC 1986; NAO 1992; RCN 1992). Whilst the role of the HCA was given more importance than merely replacing the student nurses in order to support and complement the Registered Nurse role, a review of the nursing grading and pay structure was to increase their numbers beyond the initial proposals (NAO 1992). As well as under-recruitment of nurse returners, the employment of more expensive trained staff gave way in some areas to the employment of cheaper Health Care Assistants, viewed as a "*budget necessity*", as monies were initially provided to replace only 50% of the student

workforce (NAO 1992; Roberts 1994: p20; Lord 2002). Whilst the removal of students through supernumerary status initially caused disruption to the staffing, their replacement by permanent members of staff brought more consistency to the ward team, no longer experiencing the change of a large part of the nursing workforce each time the students changed placement; but Project 2000 student nurses were initially more dependent than their apprenticeship counterparts, creating new demands for the Registered Nurses. The delayed entry of students into practice, of up to six months, due to the change in emphasis from a skills-based education to a more theoretical programme, resulted in large cohorts of Project 2000 student nurses entering their first practice placement with relatively fewer clinical skills (Gray 1997; Nichol & Freeth 1998; UKCC 1999). Needing supervision from a less than full complement of trained staff who were themselves often the least qualified to teach and assess, required that several students were supervised at a time, creating difficulties for students and staff (Clifford 1994; Nichol and Freeth 1998; UKCC 1999). The need for increased supervision was further compromised due to a changing dependency level of hospital patients and changes in service delivery which resulted in less Registered Nurse time for mentoring and supervising students. Staff availability was further compromised by financial initiatives to reduce the staffing budget such as the removal of the shift overlap in the middle of the day (While 1991). This initiative removed expensive duplication of staffing, but the time was then no longer available for mentors to teach whilst others cared for patients. These measures increased the already stretched resources of the Registered Nurses' workload in two directions - towards the more dependent patients and the more dependent students, with less time for both (While 1991; UKCC 1999). Divorcing the education budget from the service budget displaced

the cost of education and its associated bursaries away from service spending, however, the pre-registration education budget could not be used to offset the low numbers of Registered Nurses employed within the service budget (Burke 1995).

Department of Health 'Working Paper 10' provided education and training monies for the post-registration continuing education of the qualified staff. However, it took several years to implement a programme to support Registered Nurses in their teaching and assessing function and continuing professional development, whilst the pre-registration implementation was begun less than three years from the Project 2000 final proposals (DH NHS Management Executive 1989; Le Var 1997a; Le Var 1997b).

The clinical practice learning and teaching of student nurses

It was the concept of the 'knowledgeable doer' which drove the major educational changes for teaching and supervision within the Project 2000 programmes. The new Registered Nurse was to be able to 'do' as well as to manage, whereas previously, it had been noted that nursing care had been lost between the role of the assisting Enrolled Nurse and the managing Registered Nurse (Pembrey 1980). Nursing education was charged with the responsibility to provide research-based care, the opportunity to learn health promotion as well as care of the sick and to provide community care experience as well as hospital based experiences, with an emphasis on critical thinking, problem solving and clinical skills (Slevin 1992). Although the Project 2000 proposals had stated the need for practice teaching not to be left entirely to the service staff practitioners (UKCC 1986), the contribution to practice by education staff had already been eroded with the introduction of assessors courses for sisters to undertake the ward-based assessments prior to project 2000. Development of Clinical Teacher roles in the early

1970s had assisted students in their practice learning and assessment. However, Weatherston (1981) reported the antagonism of the role by belonging neither to the practice area nor to the lecturing staff, yet performing a dual role between the two without authority in either place and in insufficient numbers to provide a service to all students. The nurse teacher's role as directly involved in practice teaching and assessments was also further eroded as the use of continuous practice assessment became the responsibility of those Registered Nurses in regular contact with the students. Nurse teachers' needs to prepare for the new education programmes and attend to their own academic up-skilling to teach at higher levels became their central focus (Clifford 1994; Day et al. 1998).

The building of practitioner responsibilities for teaching grew through the development of mentorship. The Project 2000 reforms required Registered Nurses in practice to assume the function of mentor as well as practice teacher and assessor, often as an imposition rather than as a prepared role (Le Var 1997b; Andrews & Chilton 2000; Neary 2000).

Mentors and assessors of practice

To accompany the Project 2000 curriculum changes, several supporting standards followed, relating to the continuing practice education of nurses, their emerging role as mentors and the quality of the clinical placement and its facilitators (UKCC 1990; ENB 1991; UKCC 1994; ENB & DH 2001; NMC 2004b; NMC 2006; QAA 2007; NMC 2008a).

Mentor preparation developed from recognition that those to whom the education and assessment of student nurses had fallen, were indeed unprepared themselves, often being the most recently Registered Nurses (Clifford 1994; Coates & Gormley 1997; Neary 2000; Landmark et al. 2003).

The existing ENB Teaching and Assessing in Clinical Practice programmes continued to be used until the introduction of new standards for the preparation of mentors and teachers were introduced (UKCC 1997). Mentor and teacher preparation escalated after the Peach Education Commission report (UKCC 1999) and an updated definition of the role of mentor followed:

> *"The term 'mentor' is used to denote the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in the practice setting. Different professional groups use differing terminology. The term 'assessor' is often used to denote a role similar to that of the mentor as identified in this publication"* (ENB & DH 2001: p6).

Working closely together at strategic and operational levels, practice and educational leaders increased the teaching and assessing capacity amongst the Registered Nurses (Scholes et al. 2004) and mentor standards were revised in 2006 and 2008 (NMC 2006; NMC 2008a). However, a variety of programmes for mentor preparation still exists in England, whilst Scotland has implemented a national mentor preparation, core curriculum framework, across all of its HEI and NHS partners, to strengthen consistency of support to students and transferability of mentoring between institutions (National Health Service Education for Scotland (NES) 2007). Wales has standardised nine areas of the nursing curriculum to be delivered through its Higher Education Institutions, including mentor preparation (National Assembly for Wales (NAfW) 2002a; NAfW 2002b; Hughes 2004; Fothergill et al. undated).

In the UK practice setting, students are individually assigned to a mentor, who oversees the student's practice placement experiences and works with the student for at least 40% of their clinical time to achieve their required learning outcomes (NMC 2004a). Several models of practice supervision and support exist, requiring clarification between the

terminology and roles of mentor and preceptor, as terminology is often inappropriately used interchangeably without exploration of the differences (Phillips 1994; Wilson-Barnet et al. 1995; Andrews and Wallis 1999; Yong et al. 2007; Gleeson 2008). A definition of mentorship which most closely represents its origins relates to an enduring long-term relationship of the student with a guardian of the student's best interests, providing guidance for aspiring personal and professional growth (Zwolski 1982; Armitage & Burnard 1991). In contrast, within the UK system, mentorship is a relatively short-term relationship as students change their mentor with each clinical placement in order to capitalise on the specific clinical expertise of their guide. The term 'preceptorship' originally designated a short term, specific 1:1 relationship of individualised teaching support and assessment of competence towards a specific purpose (Yong et al. 2007). Preceptorship has been interpreted in UK nursing as a relationship between an expert nurse and novice Registered Nurse during the first few months of Registered practice to ease transition into the Registered Nurse role (UKCC 1993; Neary 2000), the latest definition being:

> *"A period of transition for the newly registered nurse during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning"* (DH 2009: p 11).

Because of the transitory nature of the relationship which pre-registration students have with mentors, due to their frequent change of placements, and the fact that mentors now also undertake an assessor function towards a specific purpose, the current UK system of pre-registration supervision and coaching appears to be a hybrid between the coaching of mentoring and the supervision and assessment of preceptoring. One disadvantage of this system is the removal of an element of impartiality which existed in the Registered

Nurse-student relationship when a student had separate supervisors and assessors; she could be guided by her supervisors as she practised her practice, without fear of jeopardising her practice assessment outcome. It can be argued that with the regular change of placements, the large numbers of students to mentors and the 40% stipulated supervision time for mentor activities, the mentor function in the UK may be creating only shallow learning. This is in contrast to creating the deep learning which occurs in enduring relationships through making connections with and building on previous learning. Turning declarative knowledge into functional knowledge through the process of coaching, probing and confirming enhances creation of the *"knowledgeable doer",* envisaged as a product of Project 2000 education (UKCC 1986: p40; Biggs 2003). Despite the aims of the competency-based education to ensure that students develop higher order intellectual skills (UKCC 1999), concerns have been expressed about mentor abilities to demonstrate incorporation of higher order thinking into their patient care, resulting in poor ability to ask higher order questions and apply the science of nursing in their clinical practice with students (Scholes et al. 2004; Beckman & Lee 2009).

Contrasting views regarding the role satisfaction of mentors include fostering independence and passing on skills of good practice to prepare future professionals and enhance recruitment, countered by difficulties with workload balance and patient dependency causing lack of time with students, not being supported to support failing students and not being supported to fail students (Darling 1984; Duffy 2003).

Students describe good mentors as

> *"...enthusiastic, friendly, approachable, patient and understanding and having a sense of humour"* (Gray & Smith 2000: p1546).

Being a good mentor is about having

> *"Good understanding of what is expected of you at the stage you are at"*
> (Lauder et al. 2008: p140).

Student difficulties with mentors are reported as prevention of learning through blocking behaviours, gate-keeping and lack of agency (Darling 1986; Gray 1997; Brammer 2006). Toxic mentors are seen as those who disable, take learner's credit, are self-interested, exert power and excessive control, condition cloning, practice elitism and mutual exclusion; restricting learning from other experiences (Darling 1986). Poor mentors may intimidate students and delegate unwanted jobs, such that students become to resent working with these mentors and deliberately engineer situations so as not to work with them (Gray & Smith 2000). Lack of interest in teaching and helping the student, as well as a lack of up-to-date knowledge were further descriptions of a poor mentor (Lauder et al. 2008). Furthermore, the questioning, thinking nurse may be stifled to challenge practice or the behaviours of poor mentors for fear of reprisal which poses a risk to her belongingness and ultimately to her practice assessment (Phillips et al. 1994; Gray 1997).

Within a mentorship model of practice learning, the freedom to learn as supernumerary allows the exploration of personal learning experiences under the guidance of the mentor, but not working together all of the time, working with and under the supervision of other members of staff. The value of individual mentors' personal teaching attributes and the quality of the ward learning environment, rather than just the freedom to learn which supernumerary status brings, are recognised as the crux of good learning facilitation (Lauder et al. 2008; Callaghan et al. 2009).

Several models of team mentorship exist, from a whole practice area team supervision to smaller groups within the practice area team taking groups of students, used to ensure that

when the assigned mentor is unavailable, or the student chooses a learning experience specific to another team member's practice, there is continuation of supervision (Caldwell et al. 2008; NMC 2008a). Responsibility for the student's learning is shared, jointly reported and recorded by the team of RNs and compares well to the Clinical Learning Unit model described in the United States of America (USA) (Callaghan et al. 2009).The exception of the USA system is the inclusion of Faculty members as student assessors within the nursing team; a role which would have neatly addressed the recommendations of Neary (2000) and Hallin & Danielson (2009) for an assessor independent of the clinical mentor's role and would have strengthened the bond between education and practice. Stronger connections between the theory and practice components across the duration of the programme, to strengthen and deepen students' learning in practice, have been suggested in the role of the *"Clinical Guide"* (Andrews & Roberts 2003: p 474), who can make meaningful connections between the problem-solving activities of the classroom and issues in the clinical setting through reflection and application of new learning. As an expert senior nurse in the practice setting, but external to the ward milieu and its practices, the role of the clinical guide provides for the original function of exploring and challenging practice which has been stifled by combining the assessor function with the mentor's role, as students are less likely to question and challenge their mentors when the mentors are also involved in the students' assessment of practice (Woodrow 1994; Cahill 1996; Nolan 1998; Callaghan et al. 2009). However, success of the clinical guide scheme requires a time commitment from the most senior nurses, often in managerial positions, who also need a familiarity with the educational curriculum in order to make the theory practice links. The need for dedicated time for

mentoring activities was recognised as needing investigation in the early evaluations of project 2000 programmes (White et al. 1993), and recommended by Scholes et al. eleven years later (Scholes et al. 2004), but has still not become a reality in general mentoring. Registered Nurses, on the same part of the NMC Register as the student, took on the role of 'Sign-off mentors' from September 2007. After receiving extra preparation in overseeing the final assessment of practice, they are charged with the accountability of making a safe judgment of the student's fitness to practice after taking into account all previous practice assessment decisions (NMC 2006). Since 2008, sign-off mentors are expected to have one hour per week protected time to see their mentees, in addition to working 40% of their practice shifts per week with the supernumerary student (NMC 2008a). This amount of time is considered by mentors as too little for final placement mentoring, whereas supporting students through a recognised 1:1 individualised mentor or preceptor function could reduce the personal, professional dilemmas which have been identified in determining fitness for practice (Duffy & Scott 1998; Watson & Harris 1999, Dolan 2003; Duffy 2003; NMC 2004c; NMC 2006).

Assessment of fitness for practice

Registered Nurses' lack of preparedness for their new role as mentors, to add to their role as assessors, with a new continuous assessment framework to replace the four ward-based assessments, to Diploma level rather than certificate level, further affected the facilitation of student nurse learning in the early implementation of Project 2000 (ENB 1990; Clifford 1994). Little direction and much ambiguity of interpretation of the continuous assessment across the country compounded the problems of trying to provide an education and assessment at recognised levels and scope of student achievement (Phillips et al. 1994). The ENB (1996) Regulations and Guidelines for Approval of Programmes

updated the 1993 Regulations to include being flexible and non-prescriptive in the definition of competencies, with no objective measures given or intended for the practice assessment and its portfolio of required evidence (ENB 1993; ENB 1996). The subsequent ENB 1997 Standards for approval of higher education institutions and programmes designated a minimum period of four weeks practice before summative assessment of practice was to be undertaken and the contents of a portfolio of learning to support students' integration of practice and theory was identified (ENB 1997: Standard 13).

The 'Project 2000' programme was so named for its intention that by the year 2000 all nurses would be educated in the revised training format, to produce nurses who were each able to apply their knowledge and analytical skills to their nursing practice, by being a "*'knowledgeable doer'*" (UKCC 1986: op cit), and later described as being "*Fit for Purpose, Fit for Practice and Fit for Award*" (ENB 1997: p 30) (Box 2).

Box 2. "Standard eighteen: fitness for purpose, practice and award" (ENB 1997: p30

"Educational provision leads to the achievement of fitness for purpose, practice and award

Criteria

a The requirements for entry to and recording on the UKCC Professional Register are met

b The Board's requirements for the conferment of its awards are met

c The higher education institution's standards for the conferment of the award are explicit

d Students who successfully complete approved educational programmes meet the requirements of the service"

Professional concerns about the subsequent competence of newly Registered Nurses from the Project 2000 programmes prompted the UKCC to appoint an Education Commission to examine fitness for practice at the point of registration and the contribution which education programmes made towards this (UKCC 1999 'Peach Education Commission'). The Peach Education Commission drew its evidence from a series of evaluation and academic studies from within the profession, including Jowett et al. (1992), White et al. (1993), Phillips (1994), Phillips et al. (1994), Dunn & Burnett (1995), Clifford (1995), Luker et al. (1995), Phillips et al. (1996), Dunn & Hansford (1997), Gerrish et al. (1997), Gray (1997), Day et al. (1998), Duffy & Scott (1998). Criticism of initial Project 2000 programmes centred on the lack of clinical skills at the point of Registration (UKCC 1999). There were several reasons given for this skills deficit amongst the major structural changes to pre-registration education and its service counterparts, with the changes all happening at once and delays in Department of Health funding being recognised as major contributors (UKCC 1999). The evaluation studies had examined many aspects of provision such as placement learning facilitation and the ward learning environment (Dunn & Burnett 1995; Dunn & Hansford 1997) student support, practice teaching and mentoring (White et al. 1993; Phillips 1994; Gray 1997), clarity and consistency in assessing (Jowett et al. 1992; Phillips et al. 1994; Gerrish et al. 1997), Diploma versus Degree preparation (Phillips et al. 1996), partnerships and gaps between HEIs and the NHS (Phillips et al. 1994; Duffy & Scott 1998), and the role of nurse teachers (Clifford 1995; Day et al. 1998). Findings from the studies indicated that the increased theory at the beginning of the programme and delayed entry into practice placements, a lack of clinical teaching facilities in the HEIs, reduced patient contact from

shorter clinical placements, the changing role of nurse teachers, assessors and mentors, students spending more time in community practice to reflect contemporary health care needs and an increase in the theoretical component of the programme had considerably reduced the time available to develop and assess clinical competence of students in practice. Students were spending 50% of their programme in clinical placements compared to approximately 80% in the pre-project 2000 programmes, resulting in fewer opportunities for clinical instruction, albeit they now had supernumerary status to learn for 80% of that practice time (Weatherston 1981; Jacka & Lewin 1986; White et al. 1993; Phillips 1994; Phillips et al. 1994; Elkan & Robinson 1995; Luker et al. 1995; Phillips et al. 1996; Gerrish et al. 1997; Day et al. 1998; DH NHS Executive 1999; UKCC 1999).

The Department of Health and the Peach Education Commission recommended a

> "*…refocus of education provision*" (DH NHS Executive 1999: p7) "*…on outcomes-based competency principles, to be developed by HEIs in close collaboration with service providers*" (UKCC 1999: p4).

This 'refocused education' was taken forward through the 'Making a Difference' or 'partnership' curricula, introduced from September 2000.

Complete supernumerary status, an academic Diploma and the extended final placement with specific outcomes, were retained. The Common Foundation Programme was reduced to one year and the branch programmes increased to two years. The Project 2000 proposals of greater flexibility for several stepping on and stepping off points and flexibility for extended part time programmes to suit mature applicants were maintained (UKCC 1986; UKCC 1999; DH 1999b; DH NHS Executive 1999).

Learning in placement was re-focused around a competency framework of learning outcomes, using a portfolio of practical experience to demonstrate students' fitness for

practice, with named mentors continuing to support students in the practice programme for 2 days per week (ENB 1997). Practice was to be of at least 50% (2300 hours) of the total education programme, with practice outcomes intended to be used as a part of formal learning agreements to provide direction to mentors in practice placements as well as to the students, and were to be jointly negotiated between service and education (UKCC 1999).

Recognising the value placed by students on feelings of belonging within the nursing team during their learning, the introduction of a 'home Trust' provided students with an association for their practice learning, also intended to promote stronger links between their education and their first RN post and as a retention initiative (DH NHS Executive 1999). Subsequent professional standards for Fitness for Practice required that student nurses demonstrate proficiency in seventeen aspects of nursing for entry to the Professional Register (NMC 2004a, Standard 7). However, there remains no national standard of practice assessment document, with local interpretation of threshold values for the standard at which a student is deemed proficient offset by locally devised quality assurance systems which are overseen by the regulating body in their monitoring of programmes (Moore 2005).

The 'Making a Difference curriculum' was intended to provide an increase in the level of students' practical skills and an education system more responsive to the needs of the National Health Service (DH NHS Executive 1999). Having recognised shortfalls in their broad approach to practice assessment, the NMC introduced 'Essential Skills Clusters'; generic skills statements, with no defined syllabus, to support the existing standards and

to be assessed within the practice of all students from September 2008 entry onwards (NMC 2007a; 2007b; 2007c).

Whilst the Peach Education Commission (UKCC 1999) findings were indicating that the readiness of the new project 2000 Diplomates was questionable, the much needed post-registration support through preceptorship was also found to be scarce (Macleod Clark et al. 1996). Therefore, in addition to refocusing the pre-registration programmes, the necessity of the post-registration continuing professional education programmes were emphasised, through an expansion of previous definitions of Fitness for Practice, Purpose and Award (UKCC 1999) (Box 3).

Box 3. UKCC (1999: p 34) Definitions of Fitness for Practice, Fitness for Purpose, Fitness for Award

"**4.4 Fitness for practice:** the UKCC is primarily concerned about fitness for practice – can the student register as a practitioner? The assessment of fitness for practice depends on the scope and nature of practice and how this evolves over time – on an individual level, as careers progress, and on a societal level, as health care needs change. Registration, thus, represents an endorsement of the individual's fitness for practice – with the proviso that professional updating is an on-going process.

4.5 Fitness for purpose: prospective employers are primarily concerned about fitness for purpose – is the newly-qualified nurse or midwife able to function competently in clinical practice? The speed of change in the context and content of health care makes it difficult to define fitness for purpose – its meaning cannot be fixed. Fitness for purpose depends on the commitment of employers and employees to constant professional updating. Given the pace of change, it seems unreasonable to expect fitness for purpose – other than in the broadest sense – to be a function of pre-registration education.

4.6 Fitness for award: universities are primarily concerned about fitness for award – has the student attained the appropriate level, breadth and depth of learning to be awarded a diploma or a degree? Fitness for award does not mean fitness for purpose, but most employers acknowledge established academic awards as markers of achievement."

Despite the Peach Education Commission (UKCC 1999) recognition of the difficulty in attaining Fitness for Purpose, the requirement remained within the subsequent Standards of proficiency for pre-registration nursing education (NMC 2004a), hence those students to whom this research project relates are bound by the requirements of Fitness for Practice, Purpose and Award (NMC 2004a).

In determining Fitness for Practice, subsequent research after the implementation of the 'Making a Difference' curricula demonstrated that many practice assessment tools had not been rigorously tested for their content validity or inter-rater reliability prior to use (Norman et al. 2000). Norman et al. (2002) reported that

> *"A multi-method UK-wide strategy for clinical competence assessment for nursing and midwifery is needed if we are to be sure that assessment reveals whether or not students have achieved the complex repertoire of knowledge, skills and attitudes required for competent practice"* (Norman et al. 2002: p 133).

Watson (2001) had also raised the point that perhaps the tools were neither sensitive enough nor specific enough to adequately measure levels of competence, echoing Girot (2000) that there was no discernable difference between measurement of diploma and degree levels of competence. This lack of discrimination is explained as possibly due to competence being reduced to the measurement of simple performance of a skill, rather than in its entire complexity as the cognitive, psychomotor and affective components of a caring episode required of the Registered Nurse role (Girot 1993; Clifford 1994; While 1994; Robb et al. 2002). The perpetuation of no national standard or consensus on pre-registration assessment of competence and the lack of preparedness of assessors in practice to ensure validity and reliability in the use of such tools are contributors to an assessment system which lacks consistency as it is variously interpreted and applied in

different Universities and placements (Clifford 1994; Gerrish et al. 1997; Watson et al. 2002). This inconsistency of standard is suggested as possibly undermining the public's confidence in the professional body's obligation to protect the public through its professional standards (Shanley 2001). The review of the sixteen demonstration sites of the 'Making a Difference' 'partnership' curriculum determined that tools were required to develop a national assessment of competence to a threshold standard (Scholes et al. 2004).

Whilst mentor roles were developing to assimilate their teaching and assessing roles in practice, nurse teacher roles for practice were also evolving to develop the learning environment and bring new theories and technologies to the teaching and assessing of practice-based nursing.

The evolved practice role of the nurse teacher

Even before the separation of service from education, a theory practice gap was being noticed:

> *"…one main problem of nurse tutors is that they are isolated from the mainstream. Involved in neither the clinical work of nursing, nor in other areas of adult education, they are in great danger of living in an ivory tower"*
> (Weatherston 1981: p150).

As the responsibility for teaching and assessing in practice became increasingly devolved from the teachers to the practitioners, clinical de-skilling which resulted in nurse teachers becoming generalists has been seen as the reason for widening the theory–practice gap (Webster 1990). Slevin (1992) delivered a "*fundamental message*" regarding the role of the lecturer in practice education:

> "*In any discipline...in this case nursing, the teacher must have expertise in the subject. He/she must know it, be able to apply this knowledge to its practice, and he/she must be able to do it*" (Slevin 1992: p118).

The re-building of clinical responsibilities for lecturers was recommended through the 'preparation of teachers' frameworks, which emphasised the need for retaining a 20% time for practice activity for lecturing staff (ENB 1989). However, commentators revealed that whilst a return to a practice-based element of providing care by lecturers was recommended and highly desirable to update their clinical expertise, it was recognised as highly improbable due to the competing educational demands on their time (White et al. 1993; Luker et al. 1995). Investigation into the role of the Nurse Teacher in practice recommended that a clinical role be developed for them as a strategic plan to integrate theory with practice within areas aligned to their expertise (Clifford 1995). In order to maintain some element of clinical credibility recommendation was made for teachers to be enabled to update their practice in a non-threatening environment (Clifford 1995). As the clinical role of the teacher diminished, the role of Link Lecturer had become the "*dominant model*", providing advice and support to the developing mentors in their application of the curriculum, as well as undertaking personal and practice development and research (Day et al. 1998: p2). Practice development of the quality of the learning environment in placements had already received interest from lecturers, as an educational necessity (Spouse 1990).

The quality of practice placements

A diversity of clinical practice placements is required in order for students to experience the full range of 24 hour, 7-day a week care which will enable the students to achieve the NMC outcomes for progression to the branch programme at the end of year one and the proficiencies for entry to the professional Register at the end of year three (UKCC 1999; NMC 2004a). Clinical practice takes place in a variety of placement settings, such as hospitals and other health care-based institutions and in the community in various

settings, including General Practitioner surgeries, community clinics and people's own homes.

Whilst the NMC sets the standards for pre-registration nursing education, the structure of the programme is determined at local level by each Higher Education Institution (HEI). This flexibility of sequencing of theory and placement time allows for specific and fluctuating local conditions of placement and mentor availability and numbers of students in intakes (Lauder et al. 2008).

For approval, pre-registration nursing programmes must meet the current NMC Standards for pre-registration nursing education, the new standards being operational from September 2010 for programmes to begin in September 2011 with the phasing out of programmes using the NMC 2004 Standards of proficiency for pre-registration nursing education by 2013 (NMC 2004a; NMC 2008b; NMC 2010a). A key part of approval is the '*Statement of Compliance*' signed jointly by the Higher Education Institution and the Commissioner of the education, to vouch for sufficient quantity and quality of academic and practice experiences to meet the commissioned numbers of students (NMC 2004d). Programme approval is conjoint between the NMC and University Academic Quality Assurance approvals systems, providing, amongst other things, evidence for the availability of internal and external experiences to provide a quality experience for the students. All placements must be audited to meet the standards for practice placements (NMC 2008a) and programmes are audited overall against the five risk areas used by the NMC in their annual programme monitoring reports (NMC 2010b). Whilst the National Health Service Education for Scotland (NES) has national Quality Standards for Audit of Practice Placements (NES 2008), there are no national placement audit and evaluation

standards for the remainder of the UK, although a QAA benchmark standard for the quality of Higher Education nursing programmes guides the audit and evaluation process (QAA 2001; QAA 2007).

Evaluation of the learning environment is not new. After the early influence of Pembrey (1980), Orton (1981), Ogier (1982), Fretwell (1982) and Jacka & Lewin (1986), several authors have commented on various aspects which enhance the psycho-social aspects of learning in the clinical placement setting, with local educational audit tools developing alongside the project 2000 reforms of the clinical learning experience for students (Spouse 1990; Clifford 1992; Orton et al. 1993; Dunn and Burnett 1995; Dunn & Hansford 1997; Roffe et al. 1997; Chan 2001; Saarikoski et al. 2002; Hosoda 2006; Sand-Jecklin 2009; Perli & Brugnolli, 2009, Wang et al. 2009; Newton et al. 2010).

Whilst the various clinical audit tools have been developed and re-developed, the most recent popularly reported tool is the Clinical Learning Environment Inventory (CLEI) devised by Chan (2001), to which Newton et al. (2010) offer the most recent extension of factors. The strength of the CLEI lies in its content validity and reliability for testing set common features of clinical placements. Similar systems for evaluation and audit exist across the various accessible University examples (University of Nottingham 2008; The University of Edinburgh et al. 2008; The Robert Gordon University 2009; Yorkshire & the Humber Strategic Health Authority et al. 2009; The University of the West of England 2010; University of Surrey and Surrey & Western Sussex placement providers 2010). Responses from the student evaluations are collectively reported by placement area at three to four month intervals and feed into the biennial audit of placements along with the staff self-evaluation of the placement provision against the same items.

Practice placement areas may publish a profile of learning activities available within the placement, for the purpose of allocation or choosing of placements by request (DH-ENB 2001; Leeds Metropolitan University & University of Leeds undated; University of Salford undated a).

Allocation of practice placements

The pre-project 2000 service requirement from students was reported as restricting their placement rotations and hence the breadth of their learning in readiness for the RN role (Jacka & Lewin 1986). However, the success of coupling suitable practice experiences to theoretical blocks of study had already been apparent in some of the experimental curricula of the 1960s (Briggs committee, HMSO1972). The shift to supernumerary status and a modular system of education was advocated as providing a cohesive link between blocks of theory and specific matching practice placement allocations (RCN 1985). Jacka & Lewin (1986) advocated keeping a record of each students' placement journey, with adjustments made to placement allocations where necessary, in order to ensure that each student was placed in appropriate places to match with the theory component over the course of their programme. This curricular plan was countered by the large intakes of Project 2000 students in the amalgamated Schools of Nursing, due to an increasing number of commissioned students, all needing clinical practice placements at the same time (Buckenham 1992; NAO 2001). With "*concerns expressed about the number, purpose and quality of practice placements*", the Peach Education Commission recommended better planning of the sequencing of theory and practice to promote "*integration of knowledge, skills and attitudes*" (UKCC 1999: p5; UKCC 1999: p39). Currently, whilst some HEIs are able to maintain a model of connected module theory and practice learning to meet the requirements for a range of practice experiences to

match the professional body requirements (NMC 2004a; NMC 2004b), the limited capacity of placements in some HEI placement circuits is operationalised in reality as students 'taking turns' to be allocated through the variety of available placement specialty experiences, which may not occur in tandem with when subjects are studied in school. Within the UK and abroad, clinical placement databases showing individual student placement patterns, as well as being used for identifying and allocating students to relevant experiences, have developed from earlier suggestions of 'lines of allocation' to ensure equity of experience across the programme for all students (Jacka & Lewin 1986; Center 2007; South Australia Health Board 2009; New South Wales Government 2010; University of Cardiff Undated; University of Salford Undated b).

Complementing practice-based learning

Following the Project 2000 movement for practice based skills to be taught in practice and the removal of education to HEI accommodation, clinical skills teaching in the schools and colleges of nursing was initially reduced without dedicated practical room facilities. However the revitalising of the practical room or clinical skills laboratory had already begun by the time the Peach Education Commission reported the profession's recognition of a lack of clinical skills in newly Registered Nurses (Nichol & Glen 1999; UKCC 1999). To address the skills deficits, innovation and evidence-based practice for teaching and assessing students in their fundamental clinical skills through simulated practice was underway (Nichol & Glen 1999). The development of clinical skills through simulation may prepare students initially by increasing their confidence, although the simulated method "*is not a substitute for close supervision and coaching at the patient's side from experienced practitioners*" (Spouse 2001a: p151). Scholes et al. (2004) recommended further research to compare the effectiveness of skills laboratory teaching

to bedside teaching. Subsequently, changes to increase the reality of simulated learning have included the introduction of high fidelity patient care simulation, with an expansion of the nurse teacher's 'clinical' role once again (Solnick & Weiss 2007) .

Simulated practice also addresses one of the perennial issues of lack of validity and inter-rater reliability in practice assessment tools (Norman et al. 2000). Recognising the value of the Objective Structured Clinical Examination (OSCE) as an objective adjunct to the myriad of non-validated practice assessment tools, Norman et al. (2000) called for robust training of the assessors of practice to perform assessment of clinical care under the objective conditions that OSCE creates. Providing assessment as if in the real life situation (Rushforth 2007), with all of its messiness and unpredictability which requires application and interpretation during care creates content validity (While 1994; Nichol and Freeth 1998). Strengths of OSCE lie in its use as a formative diagnostic tool as well as its reliability in summative assessment if carefully constructed in line with the research evidence recommendations (Harden 1990; Rushforth 2007). Subsequent development of OSCE as formative and summative assessment has helped to supplement practice learning using 'model patients' as well as high fidelity simulated patient care scenarios to build confidence by learning in a safe environment (Nichol & Freeth 1998; Alinier 2003; Major 2005; Solnick & Weiss 2007). The principles of 'Placements in Focus' remains central to the NMC principles for practice learning and assessment through its principles and guidance regarding the procurement, provision and quality of clinical practice placements (DH-ENB 2001; NMC 2004b). However, with placement capacity at a premium, some of the pressure on placements has been ameliorated by the high fidelity

simulated skills teaching method, in line with the NMC permission of up to 300 hours of the clinical instruction component taking place in simulated learning (NMC 2007d).

Practice learning teams have evolved to supplement the reduced teacher role in practice, existing to support students and their mentors in practice-based learning (Swain et al. 2005). The advent of such roles as Practice Education Leads, Clinical Placement Co-ordinators, Practice Education Facilitators, HEI placement leads and University Link Lecturers have helped to bridge the gap between service and education (Day et al. 1998; Drennan 2002; Jones 2002). Guidance for mentors and teachers advocates movement between the theory and practice sites, with practice educators able to teach in the HEIs and lecturers able to teach in practice (ENB & DH 2001; NMC 2006; NMC 2008a). Practice Education Leads at ward/unit level oversee the allocation of students to mentors and liaise with University Link Lecturers to interpret the curriculum requirements for placement learning as a part of managing the quality of practice-focussed learning (QAA 2001; NMC 2004b; QAA 2007). However, later work is once again recommending investigation into a role for lecturers in practice education since the introduction of Practice Education Facilitators has "*in many cases taken over the mediation role between HEIs and practice and also mentor support in the student learning experience*" (Lauder et al. 2008, recommendation 18: p197). Preparation of students to function competently in their first Registered Nurse post would thus remain a joint practice and education venture, capitalizing on complementary expertise.

Summary

Having explored the background to contemporary nurse education, it is apparent that the profession is on the dawn of a new programme of learning, again moving forward with

the changing health care agenda, with a revised focus to the theoretical and clinical learning experiences to provide nurses who are fit for practice. National competencies require local interpretation of provision, guided by what has gone before. Whilst the competency frameworks of the Standards for pre-registration nursing education set the requirements for Fitness for Practice (NMC 2010a), data is required beyond the scope of the currently available published and local clinical placement evaluation tools to recognise and report students' final placement learning needs as regards Fitness for Purpose. Facilitation of learning to prepare students to function in their first RN post should be explored, to provide a starting point for curriculum change regarding practice experiences, and the provision of facilitated learning to meet contemporary final placement consolidation and transition learning needs.

As a direct influence on health care standards and the provision of services, the pre-registration learning experiences of student nurses is an essential consideration of workforce planning. Higher Education providers must ever strive to keep abreast of the needs of the service for which they prepare their recruits and to look to the best available evidence to support curriculum developments with deep learning experiences in theory and in practice in order to meet their contractual commissioned responsibilities in producing nurses who are Fit for Practice and extend students' abilities to match the public trust, through constantly seeking a Fitness for Purpose in the changing health care arena (UKCC 1999).

The education commissioners want students to experience a pre-registration programme which provides a return on their investment in pre-registration education to complement their workforce strategy of well-prepared nurses who will stay in the workforce, by

viewing the Trusts, with which they have been associated, as their employer of choice (Chickerella & Lutz 1981; DH NHS Executive 1999; NHS North West 2008).

With this in mind, it is pertinent for each HEI to gather its own local evidence from its best informers, those who experience their system of education, and utilise the evidence to inform the preparation and ongoing development of the final placement learning experiences in partnership with the practitioners who will support those student learners.

Holland (1999: p 235) concluded that researchers need to "*learn more about the culture of nursing in order to …explicate that which the student needs to learn in order to exist in the reality of their occupational milieu*."

CHAPTER 3

STUDENT NURSES LEARNING IN THE FINAL PRACTICE PLACEMENT

Having examined the professional body commissioned research, its commentators and ensuing revisions to professional regulations and standards, it is timely to review the culture of final placement learning which is preparing students for the present occupational milieu of their RN role. Although the study is based on student experiences in an outgoing curriculum, what has gone before should not be discounted in preparing for the incoming change (Moore 2005). The ethos of practice-based learning warrants investigation to reflect the current situation of final placement learning since the move from the apprenticeship model to the 'knowledgeable doer'.

An overview of the professional requirements for final placement learning will begin the chapter, in relation to the function of the final placement as a transition to the Registered Nurse role. A review of the educational ethos of practice-based learning will then precede a systematic search and review of the existing evidence base regarding students' final placement learning and facilitation experiences.

The final practice placement experience prior to Registration

Transitions to the staff nurse role were reported as difficult for the early Project 2000 students due to being unprepared for the management and interpersonal skills required within the bureaucratic functions of nursing, making decision-making difficult (Maben & Macleod Clark 1998). Jacka and Lewin (1987), in their experimental modular system of education had observed the central role modelling of the ward sister in the coaching of the final placement students through their learning of management skills, with close 1:1

supervision. However, the Project 2000 nurses, who had supernumerary status to learn and had been encouraged to question and use research, found stigma and negative attitudes of staff when they questioned and tried to reflect on their practice.

The Peach Education Commission (UKCC 1999) reported that transition from student to autonomous Registered Nurse (RN) was often difficult because of the sudden withdrawal of support at Registration causing lack of confidence; with this, a lack of skills was also noted, but within three to six months of taking up the first post after Registration, these deficits had disappeared. As a result, the period of "*at least three months*" supervised clinical practice was recommended, towards the end of the programme (NMC 2004a: p17). The placement was to provide the opportunity to consolidate each student's education and competencies for practice, where students must pass the outcomes for all four domains of nursing practice: Care delivery, Care management, Personal and Professional Development and Professional and Ethical Practice for entry to the Professional Register. This transition period was to have clearly specified role-related outcomes, managed by specifically prepared nurses, and its introduction, with longer time spent in the one placement to consolidate learning, coincided with the removal of rostered practice as the student's contribution to service, providing full supernumerary status for learning. The original expectation of Project 2000 was to prepare nurses who were Fit for Practice, Fit for Purpose and Fit for Award (ENB 1997) However, the Peach Education Commission determined that:

> "*Given the pace of change, it seems unreasonable to expect fitness for purpose – other than in the broadest sense – to be a function of pre-registration education*"
> (UKCC 1999: op cit).

Scholes et al. (2004: p10) declared that it was *"too early to make comments"* about students' Fitness for Purpose regarding newly Registered Nurses' competence in their clinical skills and knowledge in their first post, but commented on a mismatch between students' expectations and the reality of nursing, as well as some concerns regarding appropriate behaviours and attitudes of students approaching the end of their programme of study. The Nursing and Midwifery Council chose to retain Fitness for Purpose within the 2004 Standards of proficiency for pre-registration nursing education, identifying the necessity of students' preparation for responsiveness to need in different client settings, management of care, a health promotion perspective, lifelong learning and clinical effectiveness through quality and excellence (NMC 2004a).

Whilst Lauder et al. (2008) concluded that students were indeed Fit for Practice as competent even if not confident, they had no remit to investigate Fitness for Purpose. However, the concluding statement of a report from the study (Holland et al. 2010) aids understanding of the distinction, yet inter-relationship of Fitness for Practice and Fitness for Purpose by declaring that

> "*The debate that student nurses and midwives are not 'fit for practice' has mainly focused on the perceived lack of clinical skills at the point of registration and not on competence to practice in general*" (Holland et al. 2010: p 467).

The study concludes that the changing context of practice no longer guarantees student exposure to a given situation in order to develop the skills and knowledge for any chosen area of practice on qualification (Lauder et al. 2008).

This indeterminate state regarding the possibility of achieving Fitness for Purpose has resulted in its absence from the NMC 2010 Standards for pre-registration nursing education (NMC 2010a). However, the long final placement remains, as a period of "*at*

least 12 weeks", which might include study days or different practice learning opportunities, in order to provide a sufficient length of time for practitioners to make safe judgments about a student's competence for safe and effective practice for registration (NMC 2010a: p23).

It is the specific precept of Fitness for Purpose which seems to be at the crux of the problem initiating this research project, which relates to students who are learning within the NMC 2004 Standards of proficiency for pre-registration nursing education (NMC 2004a). At the heart of practitioners' concerns in a specialist practicum, is their perception that for Child Branch students, having a final placement experience in that specialty is possibly preventing Fitness for Purpose in their first RN post. Reasons given were a lack of transferrable context between the specialist placement and a generalist or different specialty first RN post, despite the NMC (2004a) broad definitions of fitness for purpose. Hence, some further exploration of what fitness for purpose means to pre-registration students will contribute to a better understanding of the concept and the contribution that the long final placement makes towards this.

Allocation of the final practice placement

In the absence of a national standard for placement allocation patterns, local placement circuits are responsive to availability and use the flexibility of the NMC standards for pre-registration education (NMC 2004a; NMC 2010a) to allocate either an uninterrupted 12 weeks or a placement of twelve weeks practice interspersed with study and or leave, (for example, Sheffield Hallam University 2008; University of Salford Undated c). Within the four year Honours programme at Queen Margaret and Edinburgh Universities

a period of rostered supernumerary practice is undertaken in the fourth year as preparation for the RN role (The University of Edinburgh et al. 2008).

Assuring the quality of the final clinical placement

Whilst a validated clinical learning environment inventory is a useful way to gather information about the quality of the clinical placements generally, and several Schools of Nursing use their own adapted or eclectic model of placement evaluation, the available tools do not discriminate for any defining features of final placement learning (University of Salford et al. 2004; The University of Edinburgh et al. 2008; The Robert Gordon University 2009).

Within The Robert Gordon University the audit contains four standards, one of which refers specifically to the placement ability to provide learning experiences which facilitate learning at different and "*specified levels*"; however, the "*specified levels*" refers to post-registration specialist and advanced practice programmes and specialist short courses rather than the different years of pre-registration programmes (The Robert Gordon University 2009: p5; & pp10-21).

Although all of the remaining available placement audit and evaluation tools ask about resources and facilities to meet students' learning outcomes or competencies, they do not specifically measure placement ability to meet the final placement students' fitness for practice and fitness for purpose needs as a separate entity for the final placement's purpose to provide a consolidation and transition period to Registered Nurse practice.

The final placement as transition from student to Registered Nurse

Transition is recognised with "*universal properties*" such as occurring over time and involving development of the self during a movement from one state to another (Chick &

Meleis 1986; Schumacher & Meleis 1994: p121). The transition to the new state, and not returning to the initial state which has ended, involves separation and an active transition state with Rites of Passage before re-incorporation (Van Gennep 1960; Trice & Morand 1989). Transition has an ending (disengagement) and a beginning (finding meaning and future) with a limbo state in-between (disorientation) (Bridges 2004). Holland (1999) described the limbo state of Project 2000 completer students awaiting their Registration, where their student-ship had ended and they were awaiting the new beginning, yet had no formal rites of passage prescribed for that time. The arrival of the registration notice bestowed upon students Registration status with immediate effect, whence they must relinquish the previous student role; student today, staff nurse tomorrow, with a set of new occupational expectations for which some were not adequately prepared. Successful transition requires a sense of mastery of changed events and a re-orientation of self-identity (Kralik et al. 2006). Transition is not the change, it is the journey – a process which has to be navigated; transition is the *movement* from one state to another and involves a period of acquisition of knowledge, social support and learning ways to adapt to the new role through a heightened self-awareness. Transition may not be linear – the change process may require re-adjustment in several directions over time and may be cyclical or spiral, rather than linear to an ending (Paterson 2001; Kralik 2002). Transition involves reconstructing and incorporating contextual change as an adaptive activity to manage situational alterations and deeper psychological incorporation of changes which aid self-reorientation (van Loon & Kralik 2005).

As regards the situational transition from student to RN status, the rites include re-orientation from the student role to a Registered Nurse role, with such transitional

experiences as the responsibilities bestowed by working full time on the same shifts as a Registered Nurse, implying certain expectations of performance. Rostered practice towards the end of the programme has been recognised as one of the strongest aspects of the socialisation process and the time when students 'learn to be a nurse' (Chick & Meleis 1986; Tradewell 1996; Gray 1997; Holland 1999). Hence the valuing of rostered practice as a Rite of Passage prior to completing the student status before awaiting the registration notice, with adequate rehearsal and incorporation of not only mastered skills, but the necessary knowledge and attitudes of the Registered Nurse through the provision of social support in a community of practice. Rehearsal of interpersonal skills, judgement and organisation must be afforded and planned in a gradual work re-orientation from peripheral to central working (Spouse 1998a; Pigott 2001). Within the nurse learner's situated learning, there are clear goals to achieve as regards the NMC (2004a) outcomes to be Fit for Practice. However, students' individual learning needs regarding Fitness for Purpose in their first RN post may indeed be subsumed within the community of practice where they undertake their final placement. This is particularly so if the placement does not resemble the needs of the first post, such as a specialist placement being unable to provide general learning points of care and management due to patient dependency or restricted care practices.

Transition is incomplete if the new RN incumbent cannot perform the role, hence the UKCC designated period of post-registration preceptorship for expert tuition and guidance whilst learning the role (UKCC 1993). However, since the implementation of recommendations from the Post Registration Education and Practice Project (UKCC 1993), the health service situation has changed sufficiently for Fitness for Purpose at the

point of registration to include the need for management and interpersonal skills already sufficiently well rehearsed so as to be immediately useful (Gerrish 1990; Maben & Macleod Clark 1998; Gerrish 2000; Lauder et al. 2008). As regards any skills deficits at registration, the 'Making a Difference' curricula evaluations have confirmed that within six months students' skills deficits are resolved, yet students' core knowledge at Registration has improved beyond that of their mentors at a similar stage (Lauder et al. 2008; Holland et al. 2010).

The recent review of UK pre-registration education is the latest examination of the education system, to reflect contemporary nursing practice and the competencies required at the point of registration (NMC 2007e; NMC 2008b; NMC 2010a). These competencies address contemporary fitness for practice and the NMC have retained the concept of post-registration preceptorship to ease the post-registration transition to the Registered role. However, within the confirmed principles of the new NMC (2010) Standards for pre-registration nursing education, the details of preceptorship objectives and their assessment, period of time and protected learning time and the link to the first re-registration point are to be explored further (NMC 2008b). Hence, this study can make an important contribution to both the pre-registration fitness for purpose and the post-registration fitness for purpose evidence base by exploring contemporary student transition needs. An appreciation of the clinical, managerial and interpersonal skills set which students perceive as important to their Fitness for Purpose in readiness for first RN post will act as a timely foundation for a relevant post-registration preceptorship experience, within the impending NMC revised curricula (NMC 2010a).

Practice-based learning: from instructional models of apprenticeship to socio-cultural models of creating 'knowledgeable doers'.

The change in patient care systems, requiring technical knowledge, where patients are partners and nurses are no longer apprentices (DH 2010a) requires a cognitive and social model of care rather than a task-oriented focus to nursing. Hence, cognitive and social learning theories have found their place alongside the skills-based models previously used (Spouse 2001a; White 2010). Promoting integration of technical, socio-cultural and interpersonal aspects of learning will increase readiness for performing the RN role.

Contemporary students are learning to use critical appraisal skills, decision-making based on academic and practice experience and appreciation of the best evidence (HMSO 1972). As knowledgeable doers, and deep, rather than surface learners, students must be able to use their knowledge in the performance of nursing, through knowing what, knowing how, acting and doing (Robb et al. 2002; Biggs 2003; NMC 2004a). Students are also expected to learn interpersonal skills and interprofessional-working skills (UKCC 2001), to which end the socio-cultural model of team work and belonging has been purported as the most beneficial learning environment (Fretwell 1982; Lave & Wenger 1991; Spouse 1998a; Levett-Jones & Lathlean 2008; White 2010). Team working and belongingness happen for students when they are received with friendliness and warmth, to begin their gradual entry into an existing community of practice (Spouse 2001a). Such students feel belongingness as being

> *"…secure, accepted, included, valued and respected by a defined group… connected with or integral to the group, and… that their professional and/or personal values are in harmony with those of the group"*
>
> (Levett-Jones & Lathlean 2008: p 104).

Wenger et al. (2002) define a community of practice as:

> *" … a unique combination of three fundamental elements: a domain of knowledge, which defines a set of issues; a community of people who care about this domain; and the shared practice that they are developing to be effective in their domain"*
>
> (Wenger et al. 2002: p27).

Placements which welcome students open the access for learning by displaying a readiness to take the novice into their culture and assist them to learn the nursing which is required for the domain of patients which they serve (Wenger et al. 2002). Continued legitimate peripheral participation and social warmth assist exploratory learning in safe conditions which coach, praise and acknowledge individuality, rather than stifling creativity for routinised conformity (Fretwell 1982). Good quality situated learning within an open community of practice provides for the application of situated cognition, furthering the concept of knowing what, and knowing how in performing the art and science of nursing, whilst linking conceptual and procedural knowledge (Lave & Wenger 1991; Robb et al. 2002; Field 2004). For those placements which do not welcome students, Wenger et al. (2002) have this warning against the negative effects that a closed community of practice can have on students' learning:

> *"In a tight community a lot of implicit assumptions can go unquestioned, and there may be few opportunities or little willingness inside the community to challenge them. The intimacy communities develop can create a barrier to newcomers, a blinder to new ideas, or a reluctance to critique each other"*
>
> (Wenger et al. 2002: p141).

Where students do not feel welcome or feel as if they don't belong, they are less likely to be able to challenge routinised or poor practice of mentors on whom they rely for their learning experiences, sinking into conformity and compliance themselves (Levett-Jones & Lathlean 2009). Whilst students participate within a legitimate learning role, their gradual growth is assisted by recognition of achievement, encouragement and honest,

constructive feedback. Receiving feedback encourages personal reflective practice, which in turn develops self-awareness. Close working alongside expert practitioners can provide further reflective practice, as a part of active learning, for the student and the practitioner. Responsibility for one's own learning, which develops from personal reflection, can assist in the growth of self-agency, setting personal learning goals and negotiating situations for learning. Active learning by students requires active teaching by mentors, who should recognise zones of proximal development, be agentic in matching available learning experiences to student needs and seize teaching moments whenever possible, without detriment to the patients (Spouse 1998b; Billett 2009).

> "*As defined by Vygotsky (1935/1978), the child's zone of proximal development is 'the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined under adult guidance or in collaboration with more capable peers' (p. 86)*"
> (Allal & Pelgrims Ducrey 2000: p137-138).

An understanding of the potential of the zone of proximal development enables experienced teachers to use dynamic assessment, that is, assessment in the situation as an evolving tool to determine readiness and potential to learn further, turning the assessment into a teaching opportunity if the conditions permit this. However, conditions may not always be favourable, and, once the placement allocation has been made, there is not always the opportunity to link student need to placement facilitation of learning:

> "*The goals of dynamic assessment are thus closely linked to decisions concerning educational placement and to questions of educational resource allocation*"
> (Allal & Pelgrims Ducrey 2000: p140).

Hence a quality learning environment in every placement throughout a placement circuit would be ideal, but in reality placements may require development towards being open, supportive and active in students' progression towards professional goals.

Trying to ascertain and work with a student's zone of proximal development requires a mentor with ability to use spoken explanation and verbal questioning skills to ascertain learning and potential and to take the learner to higher levels of thinking, understanding and integration of these into performance. As seen within the background literature, many mentors were initially unprepared for their teaching role and thus may not be able to develop student thinking and nursing in this way. As the recently Registered Project 2000 nurses themselves became the teachers of the next generations, rather than the ward Sisters with many years of experience, students were beginning to be taught by people who were "*'narrowly expert'*" (Fuller & Unwin 2003: p44). Some learning environments may not be sufficiently developed for the planned or spontaneous incremental learning which students need. For greatest effect, this learning needs to take place within a supportive learning environment such as an established, but open community of practice which welcomes new members, such as students, and draws on the skills and knowledge of all its members. The community must function on the premise of partners in caring with legitimate roles for all and sponsorship of students between mentors, so that learning needs are recognised by all and teaching moments are seized as they occur. Within the use of such constructivist and socio-cultural approaches to learning, students' readiness to learn may vary. The need to recognise each student as an individual must be considered, regarding that learning is culturally situated and individually constructed from a variety of different sources, for example from life experiences attributable to age, gender and social circumstances (Field 2004).

Within the original apprenticeship model of education, learning from practicing under the close supervision of the expert was not afforded to the nurse apprentice when her role

model of the Registered Nurse was involved more in managing the ward than providing patient care (Pembrey 1980; Jacka & Lewin 1986). Lave & Wenger (1991) remind of the need to have the consistent tuition of an ‘old-timer’ who is master of his trade in order to afford true situated learning, however, Levett-Jones & Lathlean (2009) advise of the added value of all team members’ input to the social, cognitive and skills development of the learner in a true community of learning practice, along with the constancy of the designated mentor. Students’ individual needs can be subsumed in the organisational scale of service need, requiring them to work in isolation where they miss the verbal explanations and extended thinking of skilled nurses (Billett 2001; Field 2004; Hodkinson et al. 2007). Within communities of practice where students spend little time being directly observed by the Registered Nurse, the deficiency in situated learning and insufficient proximal guidance can result in poor progress towards their Registered Nurse role. Repetitive work, rather than stimulated thought in new experiences can result in the student progressing no further than the periphery of patient care and professional practice. Such a situation perpetuates the ‘reality shock’ of the new RN role, described by Kramer (1974). The need to be near expert practitioners whilst they think aloud and talk through their practice provides appropriate support and challenge for students when coupled with a planned, incremental approach to learning (Spouse 1998b; Spouse 2001b; Kupferman 2005). Spouse (2001b) describes the Technical-Instrumental Knowledge and Craft Knowledge as underpinning the ‘doing’ of nursing. However, the communication of craft knowledge is considered possible only through collaborative working between the practitioner and the student (Spouse 2001b; Field 2004). Mentors ‘thinking out loud’ help

students to learn critical thinking skills by observing the problem-solving process of reflection in action.

Scales of learning

Despite the best intentions of Project 2000 to promote the academic needs of learners as supernumerary students within a service staffed by Registered Nurses and their helpers, individual learning needs can become lost amongst communities of practice. When hierarchical and organisational bureaucracy dominates over mentors' and supervisors' agency to provide closely guided learning for students, the restrictions of service need may determine that students work largely alone or minimally supervised (Jacka & Lewin 1987; Anderson et al. 1996). Hence the preservation of supernumerary status as well as a student-centred approach by mentors is vital to permit the freedom to learn within the community (Beckett 1984). Situated learning requires the embodiment of the community experience, focussing on social and attitudinal growth, involving feelings whilst doing, as well as enabling cognitive learning through thinking (Beckett and Hager 2002). In a system requiring an extra 20,000 nurses, the increase in student numbers has implications for the quality of practice placement learning (Hutchings et al. 2005). Team mentoring supports the 40% required supervision of students by their designated mentor (NMC 2004a), so that students can work alongside several different members of staff, learning as they go, rather than having no-one to work with when their mentor is not on duty or is working with another mentee.

Hence, learning theory supports the background professional literature regarding standards for pre-registration nursing education, such that students should enjoy the freedom to learn which supernumerary status confers. Along with this freedom to learn,

the breadth of experience which a mentoring team can contribute alongside the expertise of an individual mentor is recognised. As regards final placement learning, the need for a more focused concentration of situated, proximal guidance in readiness for the RN role is intended to be provided to some extent within the increased supervision of the sign off mentor role (NMC 2008a).

Having investigated the background to contemporary nurse education, the origins of the final placement learning experience and current theory regarding learning in clinical practice, the remaining literature to be explored is the current evidence base of studies regarding student nurses' learning needs and experiences in the final practice placement.

Focussed review of the published literature regarding student nurse final placement learning

This review will determine the research quality of the studies and their applicability to the UK and local practice context. The chapter concludes with a proposal for further research in order to widen the existing UK evidence base.

From the research problem, the following research question was used to obtain and review literature regarding student nurses' learning needs and experiences in the final practice placement:

> *Could the final practice placement learning experiences better meet the learning needs of pre-registration student nurses?*

Search strategy

The search was initially undertaken in 2009; when updated in January and July 2010, no further relevant papers were retrieved.

Literature was obtained from a search strategy comprising key terms regarding student nurses learning in final clinical practice placements. Terms were adjusted appropriately to

the subject headings in each of the databases used, being mindful of the variety of synonyms used for each of the search terms (Box 4).

<u>Box 4. Key search terms</u>

[(nurse* or nurs*) & (student* or learner* or pre-registration or undergraduate)] & [final & (education* environment or education* climate or education, clinical or placement or role transition or transition, or consolidation or management block or mentor* or precept* or field experience)]

Recognising the central role of Registered Nurses as mentors in creating opportunities for student learning in clinical practice placements; the terms mentor/mentors/mentoring were included in the search terms as being a part of the learning experiences.

Whilst the term 'mentorship' is used within all placements in the focus HEI, authors outside of the UK report use of the term 'preceptorship' for the intense, reality-based clinical time immediately prior to registration (Lockwood-Rayermann 2003). Therefore, mentorship terms and their counterpart terms of preceptor/ preceptors/ preceptorship have been included within the search strategy.

Whilst the conventional truncation of * or $ is used to find all terms with the prefix, in the case of the CINAHL database, a chance use of 'nurse*' revealed a higher yield of relevant papers than using 'nurs*', hence both 'nurse*' and 'nurs*' were included in the search strategy for CINAHL. Searching these terms separately in the other databases made no difference to the number of relevant papers retrieved.

Terms were searched separately and in combination through title, heading and textword facility of the databases, to maximise the returns (Brettle & Grant 2004). Each search was limited to full research papers only, between the dates of 1999-2009/2010 and written in English language. The publication dates represent the curriculum most relevant to the students under consideration, in so much as the UK nurse education curricula have changed since the inception of Project 2000 in the 1980s, the revised Project 2000 curricula in the mid 1990s and the 'Making a Difference'/Partnership/Peach curriculum introduced from September 2000 as a result of the various evaluation studies and the UKCC Peach Education Commission (UKCC 1986; ENB 1996; DH NHS Executive 1999; UKCC 1999). The literature over the last ten years (1999-2009/2010) was therefore considered to be most representative of the current curricula experiences and learning climate for pre-registration student nurses in practice.

The combined search retrieved 292 papers. Abstracts were reviewed using the inclusion and exclusion criteria at Box 5.

Box 5. Literature inclusion and exclusion criteria

Inclusion – all must be present	**Exclusion – any one present**
Pre- registration nursing students, with or without other professional groups, so long as data were reported separately for nursing students	Post-registration nursing students Data from students who were undertaking nursing, which could not be separated out from other professions
Data collected from a student nurse perspective	Data collected from a mentor or academic perspective
Clinical placement within the final year of a pre-registration nursing programme, which contributed to transition or preparation for Registered practice	Studies which were evaluating the quality of the learning environment in general, using the same learning environment measures across all years of a programme, which did not discriminate a specific purpose for final year placements

Studies reporting only from the student perspective were selected, to retain manageability of the project. After removal of duplicates, 18 papers remained (Appendix 1).

Grey literature is growing in importance as a source of current research activity since the increase in worldwide electronic and verbal exchange through greater data transfer capability and international mobility (Lawrence & Giles 1999). Grey literature "*is often information that has been conveyed by another route such as an oral presentation or an internal report*" (Coad et al. 2006: p35); however, care must be taken to consider its validity and reliability if it has not yet reached peer review for publication (Coad et al. 2006). A search of available conference abstracts from international nursing education and research conferences, over the same time period as the data base search, revealed several papers of potential interest (Table1).

Table 1. <u>Grey literature investigated for relevance to the research question</u>

Conference	Number of papers initially selected and followed up
Royal College of Nursing Research conferences	
2003	0
2004	3
2005	5
2006	4
2007	4
2008	3
Royal College of Nursing Education Conferences	
1999	8
2000	0
Nurse Education Tomorrow (NET)/Nurse Education in Practice (NEP) conferences	
2002 NET	11
2003 NET	0
2004 NET	0
2005 NET	0
2006 NETNEP	6
2007 NET	0
2008 NETNEP	4
2009 NET	0

However, after using the same inclusion criteria as for the published literature, and following up some presentations by personal contact, these abstracts yielded no further completed, or in progress, studies researching the learning experiences of final placement student nurses.

Results of the search

Within the 18 papers retrieved, 12 papers related specifically to the final practice placement, whilst the remaining 6 related to final year practice placements, as if all placements in the final year contributed to preparation for the RN role. From the research examined, four aspects of practice placement experience were identified which had an influence on student nurse preparation for the Registered Nurse role (Box 6 and Appendix 2).

Box 6. Four aspects of placement experiences apparent in the literature

1. Positive and negative experiences of clinical learning and role socialisation in the practice placement (9 papers)
2. Supervision models (4 papers)
3. Specific student to RN preparation programmes (3 papers)
4. Placement location (2 papers)

Thirteen papers used qualitative methods, three quantitative and two mixed methods. The papers were spread fairly evenly across the publication years from 2000-2009 and represented four aspects of final placement learning. Two papers in 2001 reported two separate studies within a longitudinal study of the same research participants; Lofmark et al. (2001) reported two phases in a repeated measures quantitative study, whilst Lofmark

& Wikblad (2001) reported a parallel qualitative study undertaken only in the second phase.

Populations

There was an international population across the studies, from Australia (4), Canada (4), England (1), Namibia (1), New Zealand (2), Scotland (1), South Africa (1), Sweden (2), Taiwan (1) and the United States of America (USA) (1), with programmes ranging from 3 to 5 years in duration. Two Canadian studies were part of a government driven multi-professional programme evaluation scheme encompassing Education, Medicine, Nursing and Social Work (Myrick et al. 2006; Sedgwick & Yong 2009). The majority of the studies were undertaken with a student population who were studying at Baccalaureate level, with one English study at Advanced Diploma level (Ross & Clifford 2002), one study with Taiwanese students studying for the equivalent of a USA Associate Degree (Shih & Chuang 2008) and two studies from Namibia and South Africa giving no indication of the academic level of their programmes (Iipinge & Malan 2000; Carlson et al. 2005). Therefore the studies have some similarity of programme levels to the UK nursing programme under consideration at Undergraduate and Diploma levels.

Quality review of the published literature

Papers detailing qualitative studies were evaluated using the National Institute for Health and Clinical Excellence (NICE) (2007) methodology checklist for qualitative studies. Comparable tools for quantitative and mixed studies have no scoring system (University of Salford HCPRDU 2003a; 2003b; 2003c), however, the National Institute for Health and Clinical Excellence recognises that quality in qualitative and quantitative research "*can be assessed with the same broad concepts of validity and relevance*" (NICE 2007: p147).

Hence, the essential elements of both the quantitative and mixed studies have been similarly appraised using the cues from the NICE (2007) qualitative tool, with adjustment of some categories to allow for the difference in contextual frameworks (Appendix 3).

From the quality review, four research elements were less well reported than others, sample, researcher role, ethics and limitations (Appendix 3). Each of the elements of the quality review will be discussed, with a view to identifying the range of current research and the scope for further research.

Samples and sampling methods

Quantitative studies used larger samples (n= 48-301) than the qualitative studies (n= 19-92 for qualitative surveys and n= 5-15 participants for individual and group interviews). However, there is variance in the reporting of rationale for sample size.

Of the four studies using the entire cohort sample, self selection was reported as the determinant of sample size. Random sampling and convenience sampling were also included and two studies advertised for recruits; but six of the eight studies gave no indication of the total population from which the sample was drawn and detail of the random sampling method is not given. Purposive sampling was used in one qualitative study to spread the diversity of the sample across participant characteristics, whilst the second purposive sample study did not present its criteria for selection, yet noted the final sample size as that which produced data to saturation during the series of qualitative individual interviews (Carlson et al. 2005). One paper gave no indication of population or sample size; recruitment being across four disciplines, with no indication of sampling method (Myrick et al. 2006). The sampling methods within the literature are summarised in Box 7.

Box 7. Summary of sampling methods

- Sampling by self selection, from an entire cohort. Variable representation of the population depending on the volunteer sample (10 papers)
- Sampling by self selection, from a subset of a cohort, by convenience. Variable representation of the population depending on the group accessed and the volunteer sample (2 papers)
- Random sampling to invite a sample representative of the characteristics of a cohort (2 papers)
- Purposive sampling to invite those with specific characteristics of a cohort (1 paper)
- Purposive sampling to spread the diversity (1 paper)
- Purposive sampling individually to recruit a sample up to data saturation (1 paper)
- No indication of sampling method (1 paper)

Participant selection - Quantitative studies

Within a quantitative longitudinal study, conducted over three years, the random sampling method was unclear (Lofmark et al. 2001). The initial sample was 60 students (46.5%) from the cohort of 129, and 51 (39.5%) students remaining from the random sample for the second stage of data collection, with 48 choosing to participate. Thus, attrition reduced the second stage sample to 37.2% (n=48) of the cohort (Lofmark et al. 2001).

Participants were recruited by face to face invitation during a scheduled class for Edwards et al. (2004) and Shih & Chuang (2008).

Edwards et al. (2004), using a pre- and post-placement comparative design, recruited 137 & 121 students respectively. Although being more representative of the population at 65% & 57%, there was no indication of reasons for attrition between the two samples, or

the way in which this affected the demographics of the population under study. Sample size was also markedly different between the rural and metropolitan groups for comparative analysis (Edwards et al. 2004).

A sample of 301 respondents represented 92.3% of a 326 person convenience sample with no indication of the total population size for Shih & Chuang (2008)

Without clearer selection criteria and demographic details, none of these quantitative papers gave a true appreciation of the representativeness of the actual sample size or demographics to the population being studied.

Participant selection - Qualitative studies

Qualitative study samples ranged from 5 to 9 participants for focus groups, and 5 to 12 participants for individual interviews. Self-selection and purposive sampling resulted from advertisement, face to face explanation and letters of invitation.

Self-selection

Recruiting from an entire cohort was the method of self-selection for Sedgwick & Yong (2009) and Honey & Lim (2008). However Sedgwick & Yong (2009) recruited only 33.3% representation (n=12) of the group for structured interviews, whilst Honey & Lim (2008) recruited 90% (n=54) from a cohort of 60 for their qualitative survey. There were no details of the cohort demographics and sample demographics for comparison of representation in either study.

Convenience sampling of 14 students without an indicator of cohort size or sample selection method was used by Dunn et al. (2000) for a series of focus group interviews of 5-9 students.

Purposive sampling

There was no indication of the diversity of the population or its size as an indication of the representativeness of the purposive sample of six focus group participants recruited by advertisement by Grealish & Trevitt (2005).

Similarly, Price (2006) advertised for participants and reported a low response rate, resulting in a sample of eight students purposively selected to represent as much diversity as possible within the characteristics of age, gender and self–reported academic achievement in the clinical area (Price 2006). Local research ethics committees did not permit face-to-face introduction of the research by the researcher and required Price to send invitation to the study by letter via third parties (Price 2006). This selection method made it impossible to know how many of the target population had been reached and left no further opportunity to widen the sample. Price (2006) explained that the sample was not as diverse as intended in respect of the study aims.

Self-selection from advertisement brought a purposive, culturally diverse interview group of nine final placement students from the Indigenous and European populations, across both genders, for McLeland & Williams (2002), in line with their study aims. The representativeness of these characteristics within the entire cohort was not detailed.

Purposive selection used by Carlson et al. (2005) selected students for their ability to fulfil six selection criteria (language spoken, being in the process of fulfilling three programme requirements within the minimum duration period (four years) and representing different cultural and gender groups). No indication was given of cohort size from which the sample was drawn, but the sample extended to ten students until data saturation was reached in the individual interviews (Carlson et al. 2005).

Purposive sampling to represent a range of community placement experiences and a range of transport modes used by students in a specific cohort provided a sample of ten students for individual focussed interviews for Anderson & Kiger (2008), without any indication of cohort size or the spread of these characteristics within the cohort.

Those using less common data collection methods such as open folio writing, on-line reflection and diary entries, either sampled the entire cohort (Iipinge & Malan 2000), sampled a convenience sample without detail of the size of the entire sample (Cooper et al. 2005), or used random sampling without an indication of the randomisation method (Lofmark & Wikblad 2001). Hence, from within the qualitative studies, details of the relationship of sample representativeness to the study population were incomplete.

Participant selection - Mixed methods studies

Within the three mixed methods studies, all researchers collected data with a survey questionnaire.

Data collection in the Ralph et al. (2009) study targeted all students in the post-practicum nursing cohort (n=189), gaining a 33.3% (n=63) return of a classroom-distributed or on-line print survey (Ralph et al. 2009).

Ross & Clifford (2002) recruited 19 volunteers pre-placement and 13 post-placement from a convenient subset of 30 out of a total cohort of 177. The sample of 13 represents only 7.3% and the maximum sample of 19 students represented 10.7% of all of the students undertaking the final placement experience. The pre-placement interview sample was 4 students from the same sample of volunteer students with "*a personal interest in the transition period*", with no definitive selection criteria (Ross & Clifford 2002: p547). Hence, the representativeness of the questionnaire sample is questionable from such a small return within an isolated group of the cohort. There is potential for bias in the

results of the interviews as the sample only included the interested parties, rather than a cross section of all who undertook the final placement experience.

Nash et al. (2009) recruited to their survey by giving verbal and written information to students at the end of classes, obtaining a 22.2% sample of 92 self-selected participants from a cohort of 404. In addition to the questionnaires, focus group interview conducted with 15 students from the 29 participants in the transition programme have no comparative sample from the control group. There was no rationale given for this sampling, hence there may be under-representation of the experience.

It is clear from this review of participant selection and sampling that there are several issues of research method which can advantage or disadvantage the findings. An indication of cohort size and the selection criteria for sampling is required in order to provide validity of any data findings in representing the population studied and reducing the potential for bias in the findings. None of the studies using paired t-tests declared the actual paired sample size as an indicator of its representation of the cohort (Lofmark et al. 2001; Nash et al. 2009; Edwards et al. 2004). Within the convenience sampling, there is insufficient detail about the characteristics of those in the cohort who were not accessed in order to distinguish the possibility of bias in the data collection and results (Ross & Clifford 2002; Cooper et al. 2005; Shih & Chuang 2008). There are no details of follow up of non-responders or absentees from total cohort samples or random samples (Lofmark et al. 2001; Edwards et al. 2004; Price 2006; Honey & Lim 2008; Sedgwick & Yong 2009; Dunn et al. 2000). From the information within these papers, the sample was sufficient to understand and fully represent the study context and population in only eight cases (Appendix 3.). The response rate from one convenience sample was so small and

under-representative as to make the results only applicable to that very small sample (Ross & Clifford 2002).

Ethical conduct within the studies

Issues considered included Ethical approval, researching one's own students, informed consent to participate, anonymity, privacy and confidentiality of data

Ethical Approval

Of the total eighteen papers, six make explicit reference to having gained ethical approval from a recognised university or health care institution approval procedure and two studies were reported as being routine programme evaluation not requiring ethical approval (Honey & Lim 2008; Nash et al. 2009). All eight of these studies explicitly included adherence to one or more specific ethical principles, such as obtaining informed consent, participation on a voluntary basis, right of withdrawal, participation or withdrawal without penalty to students' studies, beneficent, non-maleficent, just and autonomous rights (Beauchamp & Childress 2009). Of the remaining ten studies, which do not mention any application for ethical approval, nine papers explicitly included elements of the ethical principles mentioned above. The remaining paper made no explicit mention of application for ethical approval, or ethical principles, but reported that the data presented are a part of a wider study, involving three other professional groups as well as nurses (Myrick et al. 2006). However, it would be conjecture to assume that ethical approval was gained for the wider study.

Researching one's own students

A lack of detail in fifteen studies, makes it likely, but unclear, that the studies were undertaken by researchers familiar to the students and it is difficult to interpret whether there were any ethical issues of power relationships within the recruitment or conduct of the studies which may have prevented or pressured students' participation. Only two

studies explicitly used researchers unknown to the participants to collect data (McLeland & Williams 2002; Price 2006). Another two studies declared researcher familiarity to the students (Cooper et al. 2005; Grealish & Trevitt 2005). None of the studies report any ethical issues of undertaking studies with their own students, although one study mentions the fact that there was no coercion (Nash et al. 2009).

Informed consent to participate

Varying ways of introducing the research studies to the potential participants included face-to-face verbal and written information given during a specific seminar or during normal university class teaching sessions. Only three papers stated that the students gave their written informed consent to participate (Cooper et al. 2005; Price 2006; Anderson & Kiger 2008), whilst three papers state that informed consent was obtained from students, but did not state how (Ross & Clifford 2002; Grealish & Trevitt 2005; Sedgwick & Yong 2009). Implied consent was knowingly used by Honey & Lim (2008) by return of a questionnaire used for routine programme evaluation, yet there are six other studies to which this implied consent by return of questionnaire could apply, but the authors did not acknowledge this. Authors of five studies using interview method gave no indication of having obtained student consent to participate (Dunn et al. 2000; McLeland & Williams 2002; Carlson et al. 2005; Myrick et al. 2006).

Anonymity, privacy and confidentiality of data

Confidentiality of questionnaires was assured in all cases by anonymisation. In one study, in order to match pre- and post- placement questionnaires, the questionnaires were personally encoded by the students (Edwards et al. 2004).

On-line narrative reflections were randomly assigned a computer-generated code to preserve anonymity and diaries were handled confidentially, but it is not stated whether

they were anonymous (Cooper et al. 2005; Lofmark & Wikblad 2001). Open folio reflections had no name, to ensure confidentiality and anonymity (Iipinge & Malan 2000). Pseudonyms were given, or chosen by interviewees, in three studies, in recognition of their individuality rather than anonymising their contribution (McLeland & Williams 2002; Price 2006; Sedgwick & Yong 2009). However, despite the measures taken to maintain confidentiality and anonymity, a caveat remains that there is still the possibility of disclosure through inference or job responsibility. Hence in reporting, the important principle of modifying recognisable community events to protect the anonymity of those living and working in that community was followed by Sedgwick & Yong (2009). Privacy for interviews and questionnaire completion is not discussed. Only Price (2006) discusses safe custody and storage of data.

In relation to the NICE (2007) principles of appropriately obtaining research ethics committee approval, obtaining informed consent from participants and maintaining privacy by anonymity and confidentiality, nine of the papers give sufficient detail to score adequately on the NICE (2007) ethical evaluation. The remaining nine are unclear, rather than inadequate (NICE 2007) (Appendix 3). This scoring may not represent the actual ethical quality of the studies, since the reporting was inconsistent across the papers reviewed.

Aims and data collection methods of the studies

Overview

All studies made it clear how data were collected, through survey questionnaire (n=6), interviews (n=4), focus groups (n=3), stories and focus groups (n=1), direct observations in practice (n=1), diary summaries (n=1), on-line reflections (n=1) and open folio reporting (n=1).

Methods used matched the overall research paradigms and methodological theory where these theories were declared, with seven studies ranging across four distinctive methodologies within the qualitative research classifications of Tesch (1990): Constructivist discourse thematic analysis and symbolic interactionism were used by Grealish & Trevitt (2005) and by Price (2006) to understand characteristics of the 'language' of professional identity and learning obtained through the focus group and individual interviews. In contrast, grounded theory and ethnographic naturalistic enquiry framed the work by Dunn et al. (2000), Cooper et al. (2005) and Sedgwick & Yong (2009) to uncover the meaning and regularity of experiences for students. Dialogic phenomenological case study enabled comprehension of the meaning of conflict for Myrick et al. (2006); whilst Habermasian critical theory and concept analysis (Habermas 1971) was used by McLeland & Williams (2002) to understand the experiences of student nurses as an oppressed group and create awareness for favourable change through emancipatory praxis methodology.

Three studies are described by the authors as a theory generative, descriptive, exploratory design to describe experiences and perceptions (Iipinge & Malan 2000; Carlson et al. 2005; Honey & Lim 2008). The remainder declare no specific paradigm or theory base apart from being qualitative or quantitative in nature in order to explore facilitation and obstruction of learning towards the independence of Registered Nurse practice (Lofmark et al. 2001; Lofmark & Wikblad 2001; Ross & Clifford 2002; Edwards et al. 2004; Anderson & Kiger 2008; Shih & Chuang 2008; Nash et al. 2009; Ralph et al. 2009).

The aims and methodology of the studies in each of the four aspects of final placement learning will now be explored; a summary is at Appendix 2.

Aspect 1. Positive and negative experiences of clinical learning and role socialisation in the practice placement

Echoing the precepts of current UK nurse education, the papers revealed both clinical and role socialisation aspects of final placement learning. These nine studies, aimed to provide information on what students found to be facilitating or obstructing factors for learning towards their role as Registered Nurses. Clinical learning, in preparation for registration, specifically focussed on the application of pharmacology knowledge as a key skill for practice (Honey & Lim 2008). Role socialisation aspects included an aim of identifying possible ideological and cultural constraints and generating a model to assist final placement students in their preparations for final placement learning (McLeland & Williams 2002; Carlson et al. 2005). Studies aiming to understand meanings of learning, as well as exploring the cognitive and emotional responses during a final placement were complemented by a study which aimed to explore the phenomenon of conflict (Grealish & Trevitt 2005; Cooper et al. 2005; Myrick et al. 2006).

Papers within this aspect of final placement learning demonstrated that the experiences and attitudes which students encounter during placements will be a strong determinant of their choice of future employment, as they gain a *"reasonable degree of market knowledge of potential employers"* through the real life experiences of practice placements (Andrews et al. 2005: p143).

The real-life situations of conflict (Myrick et al. 2006) remind of the need that managing conflicts within the workplace through integration of problem-focussed coping and emotion-focussed coping are important strategies for incorporating the student nurse into the workplace. The Myrick et al. (2006) study confirmed earlier work which supports the

need to promote adaptive competencies for social and emotional well-being (Pigott 2001; Theobold & Mitchell 2002; Mamchur & Myrick 2003).

Existing literature regarding placement learning needs was used as a guide to the development of qualitative surveys in two studies, each containing two questions which appropriately addressed their research aims (Honey & Lim 2008; Ralph et al. 2009).

Progressive, concurrent data collection and analysis were features of the studies by Carlson et al. (2005) and Dunn et al. (2000); as Carlson et al. (2005) worked towards data saturation from a series of ten individual interviews and Dunn et al. (2000) used a theory-generative method across a series of focus group interviews. Carlson et al. (2005) also reported observing the ten students in clinical practice, but this method is not explained, nor its contribution to the data. The aim of exploring and describing students' experiences in final year placements as preparation for the RN role is achieved. However, there is no indication of whether the second aim was achieved, to generate a model to assist final placement students in their preparations (Carlson et al. 2005).

The semi-structured focus group interviews reported by Grealish and Trevitt (2005) used constructivist ontology to explore the meanings of learning and development of a professional identity through increased social participation in practice, supporting the findings of earlier work on the importance of social learning (Lave & Wenger 1991; Spouse 2001a). The use of a research assistant external to the group promoted objectivity and reduced researcher bias within the data collection from this group.

To generate the critical theory perspective of cultural and ideological constraints on learning, in order to create awareness for positive change, McLeland and Williams (2002) undertook ethically sound, culturally sensitive, in-depth, structured, individual interviews.

The purpose of the interviews was to elicit student perceptions of their experiences in final placement towards their developing RN role. After returning transcribed interview data for students' personal reflection, a focus group was convened using the transcripts as a framework for further data collection and triangulation. The authors used Burns & Grove's (1997) guidelines for undertaking individual interviews and the method was suitable for the ontology, but there was no indication of the framework of prompts which were asked in the individual interviews. Thus it is difficult to ascertain whether the proposed data collection tool matched the aims of the study.

The three year multi-professional, comparative case study, undertaken by Myrick et al. (2006), consisted of three phases; collecting reflections, analysing stories in the reflections and making vignettes from the reflections for the third stage of focus group interviews. Interviews were conducted with each member at least twice, but it is unclear as to the purpose of the interviews and whether they were used to gather the initial critical incidents as there is no interview schedule offered to enlighten the content of these. It is stated that the first stage involved collecting stories of critical incidents focussed on a triad of experience between student, practice instructor and faculty. It is difficult to extrapolate the participant make-up of the interviews or whether the critical incidents were recounted by individuals having their own perspective on one or more critical incidents, or whether all three members of the triad were singly or together reflecting on the same event. The focus groups were an innovative way of raising triad members' awareness of each others' perceptions, yet required the maintenance of objectivity. Hence, this was achieved by each group having a facilitator from a professional group other than their own. The data collection methods were suited to the philosophy and

research aims, but the reporting of the procedural method does not make clear how the first phase was undertaken and from whence the critical incident stories were procured.

Innovative data collection on-line used clinical conferencing of reflections on practice and e-mailed diaries (Cooper et al. 2005; Lofmark & Wikblad 2001).Whilst there is no detail about how the narratives were collected and transcribed by Cooper et al. (2005), the diaries were semi-structured, based on two given statements from Mulder's (1992) model for clinical evaluation (Lofmark & Wikblad 2001).

Pilot testing is not apparent in any of the studies and the content of interview guides was not always declared. The two qualitative surveys validated their content against relevant literature (Honey & Lim 2008; Ralph et al. 2009).

Aspect 2. Supervision models

The supervisory model of preceptorship predominates in these four papers (Lofmark et al. 2001; Price 2006; Anderson & Kiger 2008; Sedgwick & Yong 2009). Preceptorship is manifest within the papers as a one-to-one relationship between Registered Nurse and student nurse for the specific purpose of learning the RN role, as opposed to 'supervision', where several students are allocated to one mentor or students are supervised by several mentors in a team approach. Within the UK, the term 'preceptorship' is usually reserved for the period following registration (DH 2009), whilst final placement students are assigned to a designated personal mentor within the supervisory team (NMC 2008a). However, one study examined the role of faculty in the final placement preceptoring experience, describing a role similar to UK arrangements of link lecturers (Sedgwick & Yong 2009), but specifically to support the final placement learning experience. The definition of independence factors for professional practice upholds the value of the existing provision of 1:1 preceptorship as the model of choice for

RN preparation during pre-registration transition. This model reflects Lockwood-Rayermann's (2003) description of preceptorship as being an intense, focussed 1:1 relationship to meet a specific learning purpose. The range of research methods within the papers includes one quantitative survey and three studies using individual interviews.

To examine student nurses' perceptions of independence and opportunity to practise different tasks within practice, Lofmark et al. (2001) undertook a longitudinal study by quantitative survey, collecting data after the first and final placements in the programme. A visual analogue scale from 0-100 enabled students' self reporting against Mulder's (1992) framework for evaluation of competence. The study obtained repeated measures of students' developing independence and the opportunities afforded to them in relation to practising specific caring tasks as they progressed through the programme (Lofmark et al. 2001). There is no indication of having piloted the reliability of the data collection instrument, yet it has content validity based on the research objectives and the subject areas of the students' curriculum.

Anderson & Kiger (2008) undertook ten tape-recorded, individual, semi-structured interviews. Their method addressed the research aims of discovering the experiences, and what they meant to the students, when undertaking unsupervised visits to deliver care to patients and clients in the home setting (Anderson & Kiger 2008). Relevance of the interview schedule as a data collection instrument for the aims cannot be verified as it was not described.

Price's (2006) method extended to three individual interviews for eight students in order to interpret student nurse perception of, and develop substantive theory about, student nurse experience of learning within a preceptor model of education. Using a constant

comparative method enabled a grounded theory approach to develop the substantive theory. However, concurrent data collection and analysis created insufficient time between interviews to engage in peer verification of the emerging data prior to interviewing some participants. This method could have therefore limited data collection as the informal interview guide was intended to be developed between interviews as data emerged. Use of a pilot study assisted the development of the guiding questions away from a positivist approach to an interpretive stance. This development allowed for student expression of thoughts, feelings and experiences of a preceptor model, rather than imposing fixed questions based on assumed reality (Price 2006).

Using naturalistic enquiry, Sedgwick & Yong (2009) describe a focussed ethnography of students allocated to several rural locations across a vast area of Canada. The aims of the research were to investigate the student experiences of rural hospital preceptorship and the role of Faculty in enhancing this experience. Spradley's (1979) framework provided a progression of descriptive, structural and contrast questions for the interview schedule. The participants were twelve students, five of whom were interviewed twice, to verify data and confirm emerging categories (Sedgwick & Yong 2009). Telephone and video-conferencing were used to ensure sample coverage when the prevailing weather conditions prevented face-to-face interviewing.

Only one paper details any piloting or verification of instruments (Price 2006), yet they all hold content validity to their aims.

Aspect 3. Specific student to RN preparation programmes

The three studies reporting this aspect had the following aims:

To examine the expectations and role requirements of the transition period, (Ross & Clifford 2002); to improve the transition to practice through implementing an enhanced

placement model by evaluating it against a non-trial group (Nash et al. 2009) and to explore the influence on career choice of having a specific transition preparation programme, in placements of the students' choice (Shih & Chuang 2008).

Key findings link to earlier transition literature regarding the need for a period of specific learning as active preparation for the first post. Students praised the systems which allowed a choice of placement to match their first post (Shih & Chuang 2008).

All of these studies collected data using a quantitative questionnaire, some triangulated by interviews. However, Ross & Clifford (2002) reported only the qualitative portion of their study in the paper reviewed. As previously stated, the sampling within Ross & Clifford's (2002) study was so small as to severely limit findings to the sample itself. However, their data collection methods provide a valid base for a comparative study. Using pre- and post-qualifying questionnaires, the study aimed to examine the expectations and reality of preparation for the RN role as a result of the influence of the final practice placement. The piloted questionnaire was validated by another subset of the same cohort. Content of the questionnaire was based on experienced colleague input, newly qualified nurse input and previous questionnaire design in the research literature. Quantitative questions were designed to be answered on a Likert scale, with space for qualitative comments (Ross & Clifford 2002). The Ross & Clifford (2002) study also gained rigour from triangulation through semi-structured interviews to verify the emergent themes from the questionnaires. Unfortunately, the research design was flawed in being unable to undertake post-qualifying interviews. This situation was due to the original participants having moved away after completion of their pre-registration education. The study has real potential for further research with a complete cohort sample

and complete data collection methods, to investigate whether final placement learning has changed in the intervening ten years of a new curriculum. Supernumerary status to release time for management rehearsal, as well as a choice of final placement were amongst the Ross & Clifford (2002) recommendations of greater support for the final placement transition students in their quest of being prepared for Registered Nurse status. Nash et al. (2009) similarly conducted a mixed methods study, in Australia, using a quantitative questionnaire adapted from Hill et al. (1998), originally designed for medical students as a measure of their preparedness for graduate practice. Responses were on a scale of 1-6, but there is no indication of how this data collection tool was validated, or of its reliability. Unlike the Ross & Clifford (2002) study which aimed to determine features of the transition placement which required development, data collection in the Nash et al. (2009) study focussed on experiences of student nurses within a specifically designed transition. There was comparison to those undertaking a traditional final placement experience. Data collection was undertaken by quantitative questionnaire administered before and after the transition placement. Triangulation was provided by a series of focus group interviews with the transition experience students, industry partners, facilitators and preceptors, but flawed by excluding the control group. As the sample had self-selected for the transition model of placement experience this represents a significant bias in data collection, rather than promoting a balanced view of learning within each model of practice. Focus group questions were open-ended, giving the opportunity for construction of participants' own meanings of the transition model experience. This study could have capitalised on a contrasting experience using the same focus group method for the control group. Project group students were asked how their transition model

placement experiences differed from previous placement experiences, rather than sampling from both the project group and the control group regarding their different experiences at the same point in the programme.

A specifically designed transition placement experience was also the focus of Shih & Chuang's (2008) study. Data collection after the clinical placement used a researcher-designed quantitative questionnaire based on a literature review, with responses on a 5-point scale and internal reliability confirmed by Cronbach's alpha test (Field 2009). The objective of the research was to explore the influence of the preceptored transition experience on career choice. The sample had self-selected their preferred area of practice experience within a purposefully designed 1:1 preceptored transition experience. The experience had specific learning content, aimed at maximising student retention as recruits into the Registered nursing workforce upon registration. Although the sample was not explained as a percentage of the cohort, data collected were from students across a varied range of clinical placement specialties, representative of the entire placement circuit used for the transition experience. All studies within this aspect used a validated, quantitative questionnaire.

Aspect 4. Placement location

These two studies aimed to examine the impact of peri-urban, rural or metropolitan placements on students' clinical experiences (Iipinge & Malan 2000; Edwards et al. 2004). Pertinent to the move toward preparing UK nurses for hospital-based or community care practice, these studies reflect a need for greater information as regards the placement learning profiles and their cultural aspects of care. The better prepared students were more inclined to choose a non-institutional placement and first post there if they had either prior experience of living there, or were well informed of differences

before going and made to feel welcome in the community of practice once there. Information and positive experiences acted as potential recruitment initiatives.

With similar motive to Shih & Chuang's (2008) study, Edwards et al. (2004) aimed to address a nursing staff shortage occurring due to under-recruitment to posts in rural settings. However, whereas Shih & Chuang (2008) were at the stage of implementing and evaluating change, Edwards et al. (2004) study was at the exploratory phase with a view to remedial curriculum design. The study aimed to determine the factors influencing student satisfaction, and thus their likelihood to apply for posts, within either a rural or metropolitan setting. Edwards et al. (2004) used a repeated measures design via quantitative survey to collect pre- and post-placement data regarding confidence, competence and satisfaction with placement preparation for Registered practice, with the aim of comparing outcomes across different placement locations. The study was described as quasi-experimental since the method did not match students across the two placement types; students self-selected their placements. The content validity and readability of the data-collection instrument were justified through verification by experts in the clinical placement fields after formulation based on the extant literature.

Further exploratory design is seen in the study by Iipinge & Malan (2000) to describe the experiences of students in peri-urban placements as background understanding to the preparation needed to increase recruitment to community nursing in Namibia. The data collection method was entirely qualitative, through open folio description addressing one question, "*How did you experience the peri-urban placement programme?*" (Iipinge & Malan 2000: p51). This question provided students with the opportunity to be unconstrained in describing their personal experiences during placement. The method

aimed to understand the experience from the students' perspectives, reiterating the importance of an interpretive rather than positivist approach when trying to gather data which capture another's reality (Price 2006).

Summary of aims and data collection methods

The range of data collection methods is wide ranging, but all suit the methodology and aims of the studies. There is a mix of evaluation studies for newly-devised final placement experiences and intelligence-gathering about existing models with a view to programme improvement. Quantitative survey was used by all researchers who studied specific student to RN preparation programmes, however, qualitative studies are the most widely used method. Interview sample selection and interview guides are not often adequately explained. In the mixed methods studies, qualitative researching from the student perspective provides an interpretive illumination of their thoughts and feelings, which complement the quantitative statistical data

Data analysis

Overview

The three quantitative and one of the mixed methods studies undertook statistical analysis of quantitative data using the statistical package SPSS for windows (IBM 2010) to produce descriptive and inferential statistics (Edwards et al. 2004; Lofmark et al. 2001; Shih & Chuang 2008; Nash et al. 2009). This included the use of tests such as repeated measures paired t-tests, unpaired t-tests, one-way and two-way ANOVA for analysis of variance and Pearson's correlation relevant to the aims of the studies. Of the remaining mixed methods study, Ross & Clifford reported only the qualitative findings, whilst Ralph et al. (2009) used constant comparative analytical induction to identify categories from the qualitative survey, later quantifying the percentage and number of responses to each category. Qualitative studies and the mixed methods studies used a variety of

thematic analysis methods to reduce data into themes from categories, dependent on the model used, until analysis was complete. Interviews were recorded, transcribed and returned to participants for verification before being analysed. In the studies using more than one professional group, comparative analysis across groups was undertaken, yet no precise detail is given as to the method used for this by Myrick et al. (2006).

Quality of the data analysis

Data analysis across the studies meets most of the NICE (2007) evaluation criteria. However, whereas most of the qualitative studies used a recognised data analysis framework, five papers without a framework make the validity of the thematic analysis unclear: Two qualitative studies used member checking (Dunn et al. 2000; Myrick et al. 2006), a third confirmed themes and categories against prevailing research literature and theory, without reference (Ross & Clifford 2002) and a fourth used open coding to identify themes and categories, again without reference (Iipinge & Malan 2000). Although a relevant quantitative data analysis strategy was used by Nash et al. (2009), there are no details of how the qualitative data were analysed to obtain the themes presented.

Thematic analysis in all other cases derived themes from the data rather than from pre-set categories. Seven specific models were successfully used for thematic analysis within the studies: Open and axial coding (Glaser & Strauss 1967), Spradley's four concept model (Spradley 1979), Content analysis (Field & Morse 1982), Descriptive analysis (Tesch 1990), Data reduction, display, conclusion-drawing and verification (Miles and Huberman 1994), Noticing, collecting and thinking about interesting things (Seidel (1998), Constant comparative techniques for analytic induction (Gay et al. 2005) for

distinctions, similarities, differences, regularities and common patterns or themes (McMillan & Schumacher 2005).

Eleven of the fifteen studies using qualitative methods increased the validity of the results by having more than one person verify the coding, categories and themes. Mechanisms for the verification included checking by co-researchers, or by individual academic supervision, and independent, external research assistants as critical readers. Two studies mentioned adherence to Guba's four principles of trustworthiness (Guba & Lincoln 1989; Carlson et al. 2005; Anderson & Kiger 2008). Carlson et al. (2005) did not use all of the data in their analysis; they stated that observation was undertaken in practice, yet data from this do not feature in their report.

Within the quantitative studies, there were no reports of verification of statistical testing. All of the statistical tests matched the intentions of the analysis in respect of the research aims. Results are conventionally presented with details of means, standard deviations, within and between factors for ANOVA tests, and the characteristics used for Pearson's correlation and unpaired t-tests. None of the studies detail the size of the paired samples in the paired t-tests. One study made adjustment to the *alpha* value to minimise study-wise type 1 errors, but without explaining the cause of the potential error (Nash et al. 2009).

Study limitations

There is adequate discussion of limitations within eleven studies. Limitations revolve mainly around the sample size, location and design faults, but also include potential researcher bias.

Sample size and study location

Studies limited by small sample size and or restriction of the study to one location, led to advised caution in generalisation of results (Lofmark et al. 2001; Lofmark & Wikblad 2001; Ross & Clifford 2002; Carlson et al. 2005; Anderson & Kiger 2008; Shih & Chuang 2008; Ralph et al. 2009).

As well as a small sample limiting the findings to one university, Sedgwick & Yong (2009) reported a design fault in one of the research questions which was too ambiguous to elicit specific information from students regarding their placement experiences.

Rather than see their small sample as a source of lack of generalisation, Grealish & Trevitt (2005) explained that the findings offer insight into the way students talk about their experiences of practice and the gaps in the curriculum.

However, Price (2006), already having a small sample had further limitations on the diversity of the sample when one respondent asked for data in the transcripts to be removed. Price also reported limitations of interpretation of the findings due to researcher inexperience. Price (2006) attributed this to using inconsistent and vague language by reporting student contributions at face value and having difficulty matching these responses for analysis to inconsistencies and vagueness of terms in the literature.

Nash et al. (2009) report that the small sample size may have been the cause of insufficient power to detect a significant effect in the comparative tests, despite adjustment of the *alpha* value to minimise type 1 errors.

Study site

Limitations were acknowledged in two areas: Educator and students' interdependence (Grealish & Trevitt 2005) and conducting the research on a single site without comparison (Shih & Chuang 2008). However, Grealish & Trevitt (2005) did attempt to

control for researcher bias by having their focus group interview conducted by an external research assistant.

There were nine papers which did not report any issues of bias, yet there is potential for bias in five of these due to the researchers being from the same location as the students, but their direct relationship is not explicit (Ross & Clifford 2002; Edwards et al. 2004; Honey & Lim 2008; Nash et al. 2009; Ralph et al. 2009).

Design faults

Design faults were highlighted by Carlson et al. (2005) who expected to collect data from students as newly Registered Nurses after registration, when in reality the newly Registered Nurses had taken up post away from the original study site and their participation was not possible, leaving this phase of the research untenable. Their second fault was expecting a level of reflective writing which was beyond the abilities of the participants, reducing the quality of data collected. An intended outcome of the research which does not appear to have been achieved is the production of a model to aid student transition, without any explanation of the reason for this (Carlson et al. 2005).

Methodological bias

As a feature of novice researching, Price (2006) concluded that a lack of interviewing skills and an unrealistic expectation to analyse data between interviews led to a missed opportunity for member-checking of some data. Anderson & Kiger (2008) discussed the advantages and disadvantages of researcher bracketing on the quality of data obtained from their interviews concluding that it is not always appropriate or necessary to completely bracket the researcher's input (Anderson & Kiger 2008).

Within the analysis of data, methodological bias is less likely as rigour has been established more explicitly. Examples include return of transcripts to participants for

verification of content, team member, colleague and supervisor checking and verification of emergent themes.

Unreported limitations

Seven studies did not report limitations. Of these, two had discernable limitations. Against the NICE (2007) evaluation criteria, Myrick et al. (2006) have five unclear or not-reported features (Appendix 3), which, in total, without the necessary explanations, limits the applicability of the research findings. Edwards et al. (2004) undertook their study limited to one study site, but were not limited by size, due to sampling the entire cohort with a 65% and 57% return pre- and post-placement respectively.

The remaining five studies do not appear to have any discernible limitations (Dunn et al. 2000; Iipinge & Malan 2000; McLeland & Williams 2002; Cooper et al. 2005; Honey & Lim 2008).

Whilst two authors recommended further research into their own topic (McLeland & Williams 2002; Ralph et al. 2009), the only suggestion for a new area of research was from Carlson et al. who recommended further research into how reflective writing would benefit students in nursing practice (Carlson et al. 2005).

Overall, the limitations of studies are likely to cause doubt about their applicability in only two extreme cases reported (Ross & Clifford 2002; Myrick et al. 2006). Ross & Clifford's (2002) sample is so small as to be useful only within the subset studied. Myrick et al. (2006) had a sufficient sample, with robust data collection techniques. However, there is insufficient detail about the sampling strategy, the researcher role, ethical approval and procedures, data analysis rigour or limitations, such that it is not possible to judge the research quality accurately from within their published paper. The remaining papers provide insight into design faults, limited location, recruitment

strategies and sample size which have affected the transferability or generalisability of findings. Others are not limited because they seek not to generalise, but to explain those experiences within their own study population (Grealish & Trevitt 2005).

Potential researcher bias

There was potential for researcher bias within all of the studies. Controlling for bias was attempted in three studies (Lofmark et al. 2001; McLeland & Williams 2002; Price 2006). Bias reduction techniques included using researchers who had no previous, nor would have any future, contact with the students and by conducting research in another institution as well as their own to compare results. In ten studies using qualitative methods, methodological bias was reduced by transcriptions and coding being verified by the participants, co-researchers, independent peers and research supervisors; this left four studies with insufficient detail (Lofmark & Wikblad 2001; Ross & Clifford 2002; Myrick et al. 2006; Ralph 2009). One paper also discussed possible researcher bias in relation to bracketing (Anderson & Kiger 2008).

Many researchers were not explicit in defining their own role and it's potential for influencing recruitment or creating bias in data collection through power influence on the participants. The majority of studies do not state whether the researchers were regular academic staff known to the students. Only three studies mention the use of an external research assistant or conducting research with students unknown to the researcher (Lofmark et al. 2001; McLeland & Williams 2002; Price 2006). However, Price was known to Faculty, who may have positively promoted recruitment to her research (Price 2006). Within the remaining papers, it is implicit that the authors conducted their own data collection, without explanation of the potential for bias.

Of those papers which did not explicitly mention researcher bias, one study has the potential for bias in the sample selection since no information is given about this (Myrick et al. 2006). However, there is a reduction in the possibility of researcher bias in the same study data, as interviewing was undertaken for each professional group by professionals from a different occupation to their own and then cross compared. The sample used by Ross & Clifford (2002) were volunteers with a "*personal interest in the transition period*" (Ross & Clifford 2002: p547); hence data collected are biased towards this small group, rather than representing the transition period of all students undertaking transition at that time. Lofmark & Wikblad (2001) acknowledged the need to interpret with caution the results from their study with relatively few participants and only two colleges.

The remaining papers do not give sufficient detail to conclude the potential for bias (Dunn et al. 2000; Ipinge & Malan 2000; Lofmark et al. 2001; Sedgwick & Yong 2009).Without explanation to offset the potential influence of researcher familiarity on the participants' self selection or data contributions, the researchers have missed the opportunity to validate their methods and data.

Quality review summary

Despite some individual study shortfalls in addressing every criterion, the general quality of the research methods and data collection of sixteen studies was appropriate and adequate in meeting the aims of the studies and the NICE (2007) guidelines (Appendix 3). The quantitative studies validated their data collection instruments statistically; other studies used a range of authoritative literature, expert scrutiny, pilot studies with the target population and existing theoretical frameworks to justify content validity and reliability. Topic guides or focus questions have been explained in all studies except one (Myrick et al. 2006). Not all data collection tools were piloted. Analysis was clear in

most cases and findings drawn from the data related to the aims of the studies. Although very few papers explained the rationale for the chosen method, all methods were synchronous with the overall methodology.

Using the quality rating symbols for the NICE (2007) evaluation tool, of eighteen studies, two have addressed all of the review criteria adequately, gaining the highest quality rating of ++. Three have addressed all except one criteria adequately, also gaining a quality rating of ++. The remainder fail to address two or more criteria clearly, eleven gaining a quality rating of +, with one study, having such a low percentage representative sample and unclear data analysis as to reduce the overall quality rating of the study to minus (Ross & Clifford 2002). A further paper reports so few criteria of the study as to make it difficult to determine whether the unreported criteria would alter the conclusions of the study; also resulting in a minus rating (Myrick et al. 2006) (Appendix 3).

Summary of literature review

This review has provided a perspective of the literature pertaining to pre-registration student nurses' learning in practice. Specifically the UK and international evidence base of students' expressed final practice placement learning needs and experiences is represented. Specific points of good and not so good research practice have been presented through a quality review of the current evidence base of completed studies in the field.

Implications of the research studies and the need for further research

The learning in practice theory and the research-evidenced studies of final placement learning provide a useful adjunct to understanding the evolution of learning within

nursing practice placements, in conjunction with the reported professional body development of nurse education in the UK.

In relation to the initial research problem - 'Is the practice placement suitable to facilitate final placement students' learning needs?' - whilst there are studies from around the world defining the needs in a transition to Registered Nurse status, the literature findings cannot be generalized to the focus University. This lack of transferability is due to limitations from unclear sampling, single locations, differences in curriculum models and differences in allocation models between having a choice or no choice of final placement. There are only two studies from the UK. One of these studies (Ross & Clifford 2002) relates to a 1996 cohort of students, completing in 1999 and thus undertaking their programme before the current supervision and curriculum model. The study scored very low in the quality review, with a sample too small to generalise the findings. The other study is current to the present curriculum model and scored the highest rating (Anderson & Kiger 2008). However, this study focused entirely on the independence and supervision within adult community nursing placements (Anderson & Kiger 2008). Both of these studies are valuable informers to the development of further research with a more representative, contemporary sample and across both hospital and community final placements. In several of the studies, students chose their own final placement specialties or locations, in contrast to students in the focus University being given their placement specialties within a choice of a hospital or community venue, without any match to their personal learning needs. Since there are no studies entirely applicable to the contemporary UK final placement experience, the research problem at the outset of this study remains unanswered, albeit better informed. It is therefore pertinent to extend the

evidence base by exploring the learning needs and experiences of the final placement students in a current UK University programme.

The literature of published studies has established four aspects of final placement learning of importance to students, namely ‘Positive and negative experiences of clinical learning and role socialisation in the practice placement’, ‘Supervision models’, ‘Specific student to RN preparation programmes’ and ‘The influence of placement location on learning and on potential future employment’.

Summary

Based on the review of current final placement provision, evaluation and audit, contemporary learning and transition theory and a review of pertinent published studies regarding students’ final placement learning experiences, there is currently a gap in the UK evidence base upon which the final placement learning experiences are allocated and delivered. This is especially so since placement evaluation and audit responses are amalgamated for all of those students who have attended a placement over the period of several months, as a blanket review of placement provision and quality, rather than discriminating its purposes for students at different stages of their programme. The four aspects of final placement learning from the literature, whilst non-transferrable to the study site, provide a suitable foundation for a final placement study to add to the UK evidence base. Within the findings of the retrieved studies, the positive and negative aspects of placement learning described in the placement learning theory are also apparent.

This study has evolved to recognise a need to investigate, from the students’ perspective, the contemporary UK pre-registration student nurses’ final placement learning needs, in

preparation for Registered Nurse practice. Including the full range of final placement specialties and the difference that having a choice of placement, or not, makes to students will address the central issue of the research problem and the shortfalls in the UK literature.

The aims of the research are to explore students' expressed needs, experiences and preferences for learning facilitation in the final practice placement.

The proposal is for a mixed methods, exploratory, interpretive design to provide scope to collect quantitative and qualitative data so as to hear the students' voices of their learning needs and experiences amongst the statistics of preferences and provision. The student perspective will provide an understanding of thoughts, feelings and experiences which accompany their transition journeys in acknowledgement of transition being one of interpersonal and psychosocial learning as well as being clinical skills-based within holistic partnership nursing (White 2010).

The students' needs, experiences and preferences will be examined to generate an evidence base for final placement learning-facilitation best practice.

CHAPTER 4

METHODOLOGICAL FRAMEWORK

The final placement literature highlights four aspects of influence on students' final placement learning; 'Positive and negative experiences of clinical learning and role socialisation in the practice placement', 'Supervision models', 'Specific student to RN preparation programmes' and 'The influence of placement location on learning and on potential future employment'. The shortfall in the literature is due mostly to its non-transferability to the UK curricula and the sparse UK literature being limited by its age, sample size and the range of placements studied. Hence there is a gap in the evidence base for determining whether the available final placement learning experiences meet the needs of students. Ascertaining students' learning needs and preferred learning facilitation experiences in final placement will provide a foundation for final placement learning-facilitation best practice, to address the research problem of final placement suitability. Such an understanding will be achieved through the following research aims and objectives:

Research aims

1. Through the exploration of student need, experience and preference, this study will examine whether the current methods of facilitating final placement learning meet the learning needs of students.
2. To generate an evidence base, grounded from the students' perspective, which directs and informs final placement learning-facilitation best practice

Research objectives

1. To explore and understand the learning needs, experiences and preferences of students before and after their final practice placement
2. To investigate the ways in which students perceive their final placement learning needs and experiences to be influenced by the placement to which they were allocated
3. To identify key aspects of a successful final placement learning experience from the student perspective
4. To evaluate whether the way in which students are currently allocated to their final practice placements meets the needs of students and, if not, to identify ways in which the service could be improved and developed to best meet the students' needs

Acknowledging the sociological paradigm of becoming a nurse, as well as the technical procedural learning needs of final placement students, a suitable philosophical methodology is proposed as follows.

Philosophy

To construct an evidence base of final placement learning facilitation experiences and their match to student needs, this study acknowledges contemporary research theory, from a pragmatic perspective. The blending of paradigmatic methodologies to use both quantitative and qualitative methods complements an exploratory and interpretive design (Niglas 2001; Krippendorff 2004). Interested in discovering regularities and irregularities within the professional context of promoting learning and facilitation, gathering qualitative data allows the student voice to be visible. Such voice minimises the possibility of the student experiences becoming a textual construction from the researcher's perspective (Robson 1993; Denzin 1997; Niglas 2001; Hammersley & Atkinson 2007). The student perspective of thoughts, feelings and experiences, which accompany their professional transition to Registered Nurse, will add depth and validity to the interpretive method of qualitative data analysis, adding to the overall verisimilitude

of the recorded student experience (Kvale 1996; Denzin 1997; Iipinge & Malan 2000; Ross & Clifford 2002; Krippendorff 2004). Capturing the personal learning experiences of an entire large cohort by qualitative methods alone is impossible for a lone researcher. Shih & Chuang (2008) were successful in canvassing the entire placement circuit experiences by using a quantitative questionnaire. By contrast, using quantitative method gives no scope for any individual interpretations of experiences. Successful mixed methods studies within the literature used repeated measures quantitative data collection and analysis as a measure of placement influence, triangulated by either individual or focus group interviews (Ross & Clifford 2002; Nash et al. 2009). The method provided rigour by verifying emergent themes from the comments on the questionnaires and extending the insight beyond the quantitative data. Hence a combined quantitative and qualitative survey is indicated, yet the qualitative element would be limited by the amount of data which could be managed, in turn limiting the opportunity to find out about certain aspects of the final placement. A complementary qualitative method will be a small number of in-depth face-to-face interviews, bearing a range of students' own perspectives.

The need for pragmatism in answering this study's objectives has quelled the personal soliloquy of whether pluralism of methods runs contrary to purism of methodologies (Johnson et al. 2000; Johnson & Onwuegbuzie 2004). Purposeful triangulation of quantitative and qualitative data through using mixed data collection and analysis methods will draw from the strengths and minimise the weaknesses of single method studies (Thurmond 2001; Ross & Clifford 2002; Nash et al. 2009). The use of quantitative method will elicit an insight into needs and experiences across the entire

cohort and placement circuit. This quantitative data will provide a context against which to explore the personal, qualitative data provided in the survey free-text and the rich descriptions of interviewees, rather than constraining methods to the epistemological differences between methodologies (Miles & Huberman 1994; Johnson & Onwuegbuzie 2004).

Overview of the study design

From the examples of suitable research methods within the published literature regarding final placement learning, the following methods have been selected for their applicability to the research aims and objectives:

- ***A mixed methods, exploratory, interpretive design***, to define the student perspective of specific learning needs and learning facilitation in final placement. Quantitative measurement of needs and experiences, with qualitative data providing an understanding of their thoughts, feelings and experiences which accompany the learning journeys (Iipinge & Malan 2000; Ross & Clifford 2002).

- ***Data collection***
  1. As survey is the method of choice within the literature for capturing whole cohort views (Edwards et al. 2004; Honey & Lim 2008; Shih & Chuang 2008; Nash et al. 2009; Ralph et al. 2009), this will be the method of choice across all branches. The survey will capture the quantitative data and preliminary qualitative data as to what students want to learn, how they want to learn it and where they want to learn, including whether, why and how students would like to choose a final placement (Ross & Clifford 2002).
  2. Qualitative individual interviews will triangulate and extend survey data (Ross & Clifford 2002; Nash et al. 2009; Ralph et al. 2009)

- ***Study Site***
  One University School of Nursing & Midwifery in the North West of England, UK. Follow up interview sites will be at the students' discretion, but all students will belong to the study site.

- ***Sample***
  1. Survey: An entire cohort of final placement students recruited face-to-face during normal university lecture days, for maximum sampling (Price 2006).
  2. Interview: A purposive sample (Carlson et al. 2005; Anderson & Kiger 2008), drawn from a sub-set of the cohort, whose questionnaire responses indicate a range of satisfaction ratings of final placement.

- ***Analysis*** will be undertaken using:
  1. Repeated measures tests to ascertain whether students' perceptions of their learning and facilitation needs change as a result of the placement experience (Edwards et al. 2004; Nash et al. 2009).

  2. Descriptive statistics of placement learning facilitation provision across the placement circuit.

  3. Interpretive, thematic content analysis, using a recognised analysis model, across all of the qualitative data (Lofmark et al. 2001; Lofmark & Wikblad 2001; Carlson et al. 2005; Cooper et al. 2005; Price 2006; Anderson & Kiger 2008; Ralph et al. 2009; Sedgwick & Yong 2009).

- ***Ethical considerations***
  Ethical considerations include the principles of informed consent, confidentiality, anonymity, data protection and avoidance of harm (Stutchbury & Fox 2009).

To maintain a constructivist, interpretive approach, separate inductive analysis of the qualitative data from the survey and the individual interviews, has the potential to complement and extend the quantitative data; rather than constraining the findings to a pre-determined reality against fixed quantitative data collection categories (Iipinge & Malan 2000; Grealish & Trevitt 2005; Price 2006; Honey & Lim 2008; Ralph et al. 2009). Hence quantitative data collection begins the understanding of the students' needs and experiences, with qualitative data providing further constructive insight throughout the phases of the research design, to find progressively deeper understanding (Figure 1). The study progressed as in Table 2.

Figure 1. Research design

Phase 1. Pre-placement Quantitative & Qualitative whole cohort survey to ascertain perceived learning needs and desired experiences

Phase 2. Post-placement Quantitative & Qualitative whole cohort survey to ascertain learning achieved and actual experiences

Phase 3. Post-placement Qualitative interviews – Child Branch sub-set, progressive focussing to explore learning achievements and experiences

Integration of quantitative and qualitative findings to strengthen and extend the evidence base

Table 2. Study progression

	Date	Activity
Phase 1	May - Jun 2009	Preliminary information and pre-placement survey to coincide with timetable in school – to all final placement Diploma/BSc & BSc (Hons) students across ten groups, including Pilot study
	June - Sept 2009	Preliminary analysis of pre-placement questionnaire – Demographics, qualitative data
Phase 2	Sept 2009	Post-placement questionnaires to coincide with timetable in school - to all final placement Diploma/BSc & BSc (Hons) students across six groups
	Sept - Oct	Questionnaire preliminary analysis – Confidence & Satisfaction ratings. Qualitative themes. Pilot interview
Phase 3	Oct 2009 - Feb 2010	Individual interviews and constant comparative analysis to each other and qualitative survey data
	Feb - May 2010	Quantitative analysis
	May - Dec 2010	Combined analysis and Writing up

The research study in detail

The essential elements of the research study will now be further explored to provide explanation of their individual and integrated contributions towards achieving the aims and objectives within the presented philosophy. Insight into the practice arrangements at

the study site provide a context for the experiences which students undertake to achieve their final placement learning. An overview of the study sample provides detail of their selection and recruitment for the study. Data collection relates the development of the research instruments and follows the phases as in Figure 1 (above). An overall strategy for data analysis is presented. Analysis of the quantitative and qualitative data details the separate statistical testing and thematic analysis as well as the progressive integrated dependence of the interview data collection and analysis. Discussion of ethical issues considers informed consent, confidentiality, anonymity, data protection and avoidance of harm. Ethical approval for the study is explained.

The study site

This study focuses on one University School of Nursing & Midwifery and its practice placement circuit within the North West of England. The main features of the study site pre-registration nursing programme in relation to its placement learning system will be discussed.

The final practice placement sites

Placements may be shared by two other Higher Education Institutions within the Region; hence a collaborative partnership exists for the usage of available placements to suit three different curriculum models. The study site has the largest number of pre-registration nursing students of the three HEIs. A maximum of nine cohorts of students at any one time pass through the various pre-registration adult, child and mental health nursing programmes, with an annual commission through three cohorts of around six to seven hundred students, totalling approximately two thousand students to be scheduled through theory and practice experiences at any one time (University of Salford undated c).

Placement allocation model in the study site

Students from the study site are allocated a home Trust, where they undertake the majority of their practice learning and to which they return for their final placement consolidation (DH NHS Executive 1999). Within the study site, placement location is based on the proximity of the student's address to the available clinical placements, taking into account students' individual circumstances and programme requirements (NMC 2004a). Throughout the programme, placements are allocated for their ability to provide, overall for each student, a balance of medicine, surgery, acute and long term care as well as specialist tertiary care, secondary district general care and primary care in the community for their branch-specific client group, whilst encompassing the European Community directives for adult nursing students (University of Salford et al. 2008a; NMC 2004a). General principles of good practice include that the student, or their family are not known in the placement and that the placement has been audited as required by the NMC Standards of proficiency for pre-registration nursing education (NMC 2004a). All placement allocations take account of each student's total experiences, avoiding repetition of similar placements and experiences wherever possible (University of Salford et al. 2008b).

Placement choice

There is one choice placement at the end of year two or the beginning of year three as a part of the 'Independent Learning' and 'Flexible Learning' modules of the Diploma/BSc and BSc (Hons) programmes respectively, so that students can choose to develop their independence in caring by managing their own learning needs within a specific area of their branch practice (University of Salford 2005; University of Salford 2006a).

Within the study site, on both the Diploma/BSc and BSc (Hons) three year programmes, the final placement is aimed at consolidating learning and achieving competence as a professional (University of Salford 2005; University of Salford 2006a). A choice for the adult and child branch students for this placement is to be placed either in the community Primary Care setting or to be placed in a hospital setting, but there is no choice of secondary or tertiary care, specialty, or ward area. A choice is not extended to the mental health students due to restrictions of availability within the placement circuit. Clinical practice learning is assessed after a minimum of four weeks, being six weeks in the final placement, giving students sufficient time to demonstrate competence against the NMC outcomes in their practice assessment and still have sufficient time for retrieval if needed before the end of the placement (DH-ENB 2001; NMC 2004a; NMC 2004b).

Each practice placement area publishes a profile of learning activities (DH-ENB 2001; University of Salford undated a). Varying amounts of detail are contained therein about the learning opportunities in the different placements and the learning outcomes which a student can expect to achieve. Since the profiles do not contain final-placement-specific information and students do not have a choice in the allocation to their final placements, the placement profiles are currently used by students as information for preparation, rather than information for selection of final placements.

Placement learning

Within the study site, students have initial exposure to foundation clinical skills with Registered Nurse Teachers in the University prior to embarking on their first clinical placement and then at intervals throughout their programme, commensurate with the progressive increase in their expected competency level (University of Salford 2005; University of Salford 2006a). In the practice setting, students are individually assigned to

a mentor, who oversees the student's practice placement experiences and works with the student for at least 40% of their clinical time to achieve their required learning outcomes (NMC 2004a). The principle of having a positive student experience is provided by individual and team mentorship, used to ensure that when the assigned mentor is unavailable, the rest of the students' time in practice is supervised by the team of Registered Nurses (NMC 2008a). Within the final placement, the 'sign-off mentor' (NMC 2008a) is the principle source of contact. Practice Education Leads at ward/unit level oversee the allocation of students to mentors and liaise with University Link Lecturers to interpret the curriculum requirements for placement learning as a part of managing practice-focussed learning (NMC 2004b).

A tri-partite arrangement with the student, mentor and personal tutor helps to prepare and sustain the students as well as provide opportunity for review of learning at set intervals before, mid- and post-placement. During final placement, students are assessed against the Standards of proficiency for pre-registration nursing education (NMC 2004a), and are encouraged to use the Personal Professional Development Planning (PDP) process to direct their own specific placement learning needs and experiences as a part of amassing a portfolio of evidence to verify their placement learning. The Personal Development Plans and progress towards the learning therein are shared personally with the student's mentor and personal tutor before, during and after placement. The Personal Professional Development Planning process is used to enable students to highlight specific learning needs commensurate with Fitness for Practice, Fitness for Purpose and Fitness for Award. Students identify those learning needs for themselves as requiring specific tuition, or of particular interest to them within or beyond the boundaries of the NMC proficiencies and

within the scope of specific learning experiences which the specialty of the placement can provide (UKCC 1999). However, Personal Development Plans are not audited, so there is no evidence base to give an indication of the additional learning needs which students may be identifying as preparation for Registered practice. In the spirit of Fitness for Purpose, it is pertinent for students to plan learning which takes account of the current health care system and from which they have developed a realistic sense of nursing needs of patients. Therefore, students' personal professional learning required for performing the RN role may extend beyond the NMC (2004a) proficiency statements for entry to the Professional Register and their Personal Development Plans provide a focus for qualitative enquiry in this study.

The Link Lecturer role provides support for the developing role of students and their supporting practitioners by being involved in developing the learning environment to which they link and for which they may have a professional expertise. Student and mentor support is further enhanced at the study site by use of a virtual learning environment as a practice placement resource area for relevant publications and scenarios to enhance the quality of learning (for example, NMC 2004b; Royal College of Nursing (RCN) 2004; RCN 2007; University of Southampton, undated; Duffy & Hardicre 2007a; Duffy & Hardicre 2007b).

Quality audit of placements

The current programmes gained NMC approval in the autumn of 2005 (Diploma/BSc) and June 2006 (BSc Hons) and the provision of pre-registration education has since been reported as being 'satisfactory', 'good' or 'outstanding' in the five risk areas used by the NMC in their annual programme monitoring reports (NMC 2010b). A Department of Health/Quality Assurance Agency for Higher Education major review in 2004 classed the

quality of learning opportunities as commendable, recognising strength in the good working practices between the school and practice-based staff. The action plan from this review returns its progress into the annual monitoring activities of the commissioning Strategic Health Authority, focussing on continuing to provide mentor education and updates and promoting student satisfaction with their experiences. Of particular note from the NMC 2009 annual programme monitoring report was that practice mentors at the study site are well prepared for their role, that team mentorship is used effectively and commended and that overall, placement learning is good. Mentors viewed students as fit for practice and students were willing to recommend their course to others (NMC 2009). From these quality assurance systems, the general quality of learning provision can be seen to meet the requirements of the professional body, university and commissioners.

Student evaluation of practice placements

Student evaluation of the practice placement experience is through a twenty-item quantitative questionnaire, addressing teaching, learning and assessing, progression and achievement and student support (Appendix 4). Responses from the student evaluations are collectively reported by placement area over a three month period and feed into the biennial audit of placements along with the staff self-evaluation of the placement provision against the same items. This system is similar to the available examples from other HEIs (The University of Edinburgh et al. 2008; The Robert Gordon University 2009). However, the former also gather qualitative information within their placement evaluation tool. The audit tools for these sites and for the study site do not appear to discriminate the placements' effectiveness in facilitating final placement learning needs specifically. The study site evaluation tool has no facility for identifying individual student responses to a placement evaluation; hence it also lacks the required sensitivity to

determine whether placements are evaluated as positively in meeting final placement needs as they are for other placements. Within the study site, students from all levels of the programme may undertake their clinical practice in the same placement. Individual learning needs are acknowledged in broad statements (Appendix 4, statements A4 & B1). A working group is currently revising the audit tool, into which a final placement evaluation evidence base will be informative.

Further qualitative student evaluation is contained within the National Student Survey, which collects qualitative data for national publication of programme quality (The Higher Education Academy 2010). Qualitative comments regarding final placement experiences from the 2005 cohort of nursing students at the study site mention final placement only twice and both in the context of desiring a choice of final placement related to their professional interests.

Shortfall in evaluation of the final placement

None of the evaluation mechanisms collect data specifically targeted at final placement desired learning outcomes, achievements or facilitation of learning. Hence, there is a gap in the available data which can be used to inform the facilitation of learning experiences for final placement students and possibly to match the allocation of final placement to a student's needs. If the final placement is not being examined as a separate entity for its purpose to provide a consolidation and transition period to Registered Nurse practice, then there is again a gap in the evidence base upon which the final placement learning experiences are allocated and delivered.

It would seem timely therefore, to evaluate the facilitation of final placement learning, for its match to the United Kingdom Central Council, Department of Health and Nursing & Midwifery Council intentions of consolidation and transition (UKCC 1999; DH NHS

Executive 1999; NMC 2004a). By asking the student users about the reality of how provision meets expectation in preparing them to be 'Fit for Practice' and 'Fit for Purpose', this evidence will provide a much stronger position from which to compose a new curriculum of educational experiences (NMC 2008b; NMC 2010a). In the absence of an existing, appropriate evidence base, local information of current final placement learning-facilitation practice and required developments will extend the UK literature.

The study sample

This small-scale research project was designed to provide a focussed study of one full cohort of Diploma/BSc and BSc (Hons) students. The study site provided the whole cohort sample required from within the School of Nursing & Midwifery, wherein the adult, child and mental health branches of nursing are offered as single Registrations, with Diploma, BSc, or BSc Honours academic qualifications. The learning disabilities branch is offered as an Honours level joint qualification with Social work and follows its own distinct pattern of theory and clinical placements. Due to the similarities in their structure, this study relates solely to the adult, child and mental health branches of the pre-registration Diploma/BSc and the BSc Honours nursing programmes.

The target sample comprised 278 students across the three branches of nursing, undertaking their final clinical placements across the Hospital and Community Trusts of one Strategic Health Authority in the North West of England. A total of approximately 500 separate placement venues, offering various numbers of places each, include primary, secondary and tertiary care in adult, children's and mental health branch nursing. Students undertake their final placement within their own branch of nursing.

Access and recruitment

Permission for access to the groups was via the module leaders, through discussion of convenient timetable time where the researcher could access the classes without major disruption, before and after placement. Before beginning data collection, verbal and written information about the study was given to students before they decided whether to contribute to it (Appendix 5). Any enquiries about the study's purpose were answered with the necessary professional, unbiased tenet aimed at sincere valuing of the participants' contribution to the study if they wanted to contribute, rather than with an air of expectation that they would consent to participate. The introduction was undertaken by the researcher rather than by those not involved in its design and intention, as incomplete or incorrect information can be misleading to students and jeopardise either their informed consent or their desire to participate (Sorrel & Redmond 1995; The Open University 2001). The alternative would have been to seek an independent researcher who would act as informed proxy, however, the study is of too small a scale to employ such a person and to do so would have risked misinterpretation or misrepresentation, whereas personal contact with researchers can maintain motivation to participate (Price 2006; McGregor et al. 2010). Consent to participate was obtained before data collection began (Appendices 6 & 7).

Data Collection

This includes the phase 1 pre-placement and phase 2 post placement whole cohort surveys and the third phase of individual child branch interviews.

Phases 1. and 2. Pre-placement and post-placement surveys

For the first and second phase, participants were self-selected volunteers from adult, child and mental health branches of nursing. Combining data collection across the

Diploma/BSc and BSc (Hons) intakes of final placement students provided an increased chance of sufficient data for quantitative analysis, especially to represent each of the branches with a minimum of 30 responses recommended for inferential statistical testing (Cohen et al. 2000).

Although the intention was to sample the entire population of the combined cohort (n=278) in order to be truly representative, of necessity the sample was a non-probability sample by convenience of attendance on designated school days, accessed in various combinations of the following sub-sets (Table 3). Due to a very narrow window of time to access the student groups there was no opportunity to follow up absentees.

<u>Table 3. Cohort composition</u>

	Number in cohort group		
	Diploma/BSc	**BSc(Honours)**	**Total**
Adult	A & B Groups 66	Groups 1,2,3,4, 86	152
Child	30	32	62
Mental Health	A&B Groups 38	26	64
Totals	**134**	**144**	**278**

Personal in-situ data collection by the researcher is regarded as a more reliable method for ensuring a maximum sample than distributing questionnaires by post or by third party proxy, as students may want to ask further questions before or during the process in order to clarify their decision to participate (Cohen et al. 2000; The Open University 2001; Price 2006). Whilst respecting the potential for researcher bias in personal contact with potential respondents, social exchange theory acknowledges that reciprocal relationships built on mutual respect and trust from previous interactions promote continued co-operation, diluting the power relationship (Emerson 1976; Glesne 1999; Roberts 2007).

Students were informed verbally, as in the written information given to them, that their decision to participate or not was voluntary and would have no effect on their studies. Although the participants will not directly benefit from the research, the strength of their "*collective ties*" may also have motivated their involvement to do good for the next cohorts of students (McGregor et al. 2010: p76).

Researcher distribution seems to be a fairer alternative than asking the class teacher to distribute the questionnaires as a person independent to the research, because there can still be a perceived power relationship by students, especially if the teacher chooses to 'champion the cause' of the researcher, creating pressure on the students to participate (Price 2006), or making those who choose not to participate feel uncomfortable for the rest of the teaching session. Distribution by the researcher across all of the sub-sets of the cohorts provided reliability and consistency of method. Rather than collecting personally from each student, a collection box was used for students to put their questionnaire into, whether blank or filled in, so that they weren't pressured or embarrassed into participating or not.

Design and development of the survey instruments

The use of questionnaire as a survey method is valued for its ability to gather both quantitative data and qualitative data from large numbers of respondents, which can contribute towards comprehensive understandings of the student experience (Porter & Carter 2000; Parahoo 2006). The principles of designing a questionnaire include not only its content and validity, devised from credible sources, but its layout and readability; therefore, pre-testing its use is fundamental to its success as a research instrument (The Open University 2001).

Piloting the survey instruments

The pre-placement questionnaire was developed through piloting with the first available sub-set of the cohort as there was no availability of a similar cohort with which to undertake this development prior to data collection. From the sub-set of 38 mental health Diploma/BSc students, 26 attendees returned 12 completed questionnaires on two separate occasions (Table 4).

Table 4. Pilot questionnaire returns

Diploma/BSc - Mental Health sub-set		
	Total students in cohort 38	
	Group A	Group B
Total in cohort	19	19
Attended	12	14
Returns	6	6

Pilot version 1 of the questionnaire was issued to Group A (Appendix 8). Whilst reviewing the questionnaires from group A, it was noted that Q3.6 had only two options for the influence of issues on students' choice of final placement – either the issue did or did not influence their choice. This did not give respondents the opportunity to state whether an influence was positive or negative. The amendment was made (Appendix 9) and from the responses from group B the addition had provided a useful discriminator as responses ranged across all three response options. The time taken to complete the questionnaire by each group was approximately fifteen minutes, without any apparent difficulty or needing to ask for help beyond two points of clarification which were already included within the survey instructions.

Overall, from the pilot, the questionnaire was developed to provide a more uniform appearance with easier ways to respond to items, as well as constructing more valid

content in places. Respondents added some mental health nursing skills to the inventory at Q 2.1, so these were added to the list, but generally the open option of additional clinical skills was under-utilised, suggesting conformity, rather than expressing their own personal learning needs (Rattray & Jones 2007). Also, within the timescale, thinking and adding more skills may have been too onerous, so the list was expanded by using items from the original information sources, rather than relying on respondents to identify them. Having a fixed list with tick boxes would reduce the need for respondents to add many other skills and would also assist in data analysis, as the longer list would give more consistency across all respondents, minimising any outliers to be coded separately.

Student feedback in the pilot free-text responses implied a perceived unfairness in the allocations of final placement. Hence the addition to the final version, of a direct question regarding how equitable students' perceived the final placement allocation system to be (Appendix 10: Q3.4).

The finalised survey instrument

The design and layout of the pre-placement questionnaire had improved as a result of the pilot, making the questions more accessible and meaningful (Cohen et al. 2000). From the small sample, content validity and reliability could not be statistically tested prior to use. The final pre-placement questionnaire provided a model for post-placement questionnaire design (Appendices 10 & 11).

Grouping questions into broad headings then asking specific detail is recommended as a strategy to lead logically through a questionnaire (The Open University 2001; Parahoo 2006). The layout design, with clear instructions, unambiguous questions and no use of double negatives was constructed to facilitate availability through objectivity. The questionnaires (Appendices 10 & 11) used a range of open and closed questions to

provide quantitative and qualitative data, focussing on the key areas of Programme and Branch Demographics; Learning achievements; Learning experiences; Placement allocation and satisfaction.

Surveying learning achievements and learning experiences

Questions regarding learning needs, achievements and facilitation experiences to be compared before and after final placement used a list of variables synthesised from four sources, students, staff, the curriculum and the current literature. Robb et al. (2002) acknowledge the importance of using expert practitioner input to determine content validity of student learning expectations. Preliminary discussions with previous final placement students asked about what they wanted to learn and how they wanted to learn it in final placement. Added validity included the pilot groups' suggestions. The clinical skills identified by the students are reflective of their clinical skills learning log and the NMC Essential Skills Clusters (University of Salford 2006b; NMC 2007a). Although the implementation of the Essential Skills Clusters was scheduled for intakes from September 2007 onwards, this cohort was not using the Essential Skills Clusters as a part of their curriculum and practice assessments. Expert clinical and academic staff opinion, related to the same questions of what and how students should learn in final placement, was informed by their working knowledge of the philosophical design of the students' curriculum, which was arranged around a three taxonomy model of skills acquisition, behavioural objectives and cognitive taxonomy levels (Tyler 1949; Bloom et al. 1956; Benner 1984; Dreyfus & Dreyfus 1986; University of Salford 2005; University of Salford 2006a). Themes of skills, knowledge and professional socialisation behaviour present in the reviewed literature were integrated (Iipinge & Malan 2000; Lofmark et al. 2001; Ross & Clifford 2002; Edwards et al. 2004; Honey & Lim 2008; Ralph et al. 2009). The use of

a variety of recognised, valid sources provided the recommended common language between the respondents and the researcher (Rattray & Jones 2007).

The closed questions, regarding learning achievements and experiences, (Q2.1 and Q2.2) contained "*forced choice*" responses, used when all of the possible response options to a question are known to the researcher (Bowling 2001; Parahoo 2006: p289). The range of forced choice response options provided ordinal data on a Likert scale. The omission of the middle option of the scale 'neither important nor unimportant' would have forced respondents to consider the value of the learning needs and experiences rather than perhaps encouraging the quick route of a neutral option without true consideration. However, the middle option was retained rather than increase the risk of non-response through respondent irritation of there being no mid-point neutrality (Rattray & Jones 2007).

Space was provided for further variables and their importance, in recognition that there might be unique differences between the student sample and the evidence used for the questionnaire formulation. Providing further variable options also avoids the tendency for respondents to assume that the forced list is the normal and thus provides opportunity for issues real to them to be included, rather than provoke their conformity to a list (Rattray & Jones 2007).

Surveying placement allocation and satisfaction

Categorical and two-way (Yes or No) answers were complemented by free-text response boxes to invite reasons for the answers, to give respondents an opportunity to verify their responses. There was also be a free-text box for any other comments relevant to final placement allocation experiences on each questionnaire. All of the free-text qualitative options were designed to provide an element of realism to the quantitative data. Data

from the free-text option at Q3.3 in the pre-placement questionnaire were used to inform the development of forced themed responses for the paired question (Q 3.3) on the post-placement questionnaire, to obtain data for comparative analysis.

Pre-placement question Q3.7 asked about issues which would influence a choice of placement, with 11 variables and 3 forced response options. The variables were based on the NMC (2004) Standards of proficiency for pre-registration nursing education, as regards taking into account students' personal circumstances, for example, distance from home, and the need to provide a range of placements for students to gain sufficient variety to experience a range of patient and client care (NMC 2004a). Asking about students' preferences to choose a placement acknowledged findings from the literature where students preferred to be given a choice and the selected location was important to their experience, especially choosing a placement linked to their personal development motives and or the specialty where they would undertake their first RN post (Ross & Clifford 2002; Edwards et al. 2004; Shih & Chuang 2008). At the study site, there is currently no choice of final placement allocation, except for the adult and child branch to choose a community or hospital-based placement. An option to add further issues which would influence a choice of placement was included within Q 3.7, again to prevent the conformity which a fixed list can create (Rattray & Jones 2007).

Piloting of the post-placement questionnaire was not undertaken as its development was dependent on data from the pre-placement questionnaire Q 3.3 and the analysis of this could only be undertaken after students had begun their placement. After placement, students only returned to school for one week before the end of the programme, during

which time the post-placement survey was distributed and collected, without time for piloting.

Phase 3. Interviews

Individual interviews were the method of choice in trying to understand the individual world views of the students in their placement experiences. Verbal and written explanation of the structure and purpose of the interviews had been given when meeting with the students at phases 1 and 2 and written consent to be invited to participate in the interview was obtained (Appendices 5, 6 & 7).

Having given students the option as to whether they participated or not with the researcher as a teacher known to them, there is strong support for the shared understanding which contributes to and results from researching one's own students (Roberts 2007). Knowing the curriculum and knowing the students' journeys is an integral part of exploring their final placement learning experiences *with* them, rather then just collecting information *from* them. Within the reviewed literature, two studies used independent researchers in order to reduce the possibility of bias (McLeland & Williams 2002; Price 2006). Providing neutrality of data was important to McLeland & Williams (2002), using researchers unknown to the participants to identify possibly sensitive ideological, cultural and or political constraints which impinged on clinical supervision and learning for students in practice. As an outsider and previous staff member, Price (2006) found recruitment extremely difficult. Having been denied ethics committee approval for face-to-face access to the teachers and students to recruit to her study, issues of researcher bias are explored in relation to her previous association with the college from whence the participants were recruited (Price 2006). Whilst there are similarities of a known academic undertaking research into the clinical learning

experiences in this MPhil study, the partnership arrangements are well developed between the study site and its practice placements. Indeed the research question originated from a practitioner concern rather than from an academic concern, and exists within a recognised quality improvement ethos for link lecturers to work in partnership with practice and students to improve students' clinical learning experiences (NMC 2004c; NMC 2008a; University of Salford et al. 2008b). There is a legitimate role for working with one's own students because of the benefits of collecting contextually understood data within the professional relationship of an established social exchange framework, thus outweighing the value of data collected by an independent researcher within a sterile relationship. Experience from previous first hand engagement with students' contexts of learning provided insight and understanding during interviews that could not have been obtained by an independent researcher's conversations.

Interview sampling frame

The small interview sample was designed to provide relevant triangulation to the quantitative and qualitative survey data within this single researcher project; the scale of the entire cohort being too large to conduct interviews across all branches within the time frame. The interview sample was drawn from the child branch students as a relevant sub-set of the population, which also represented the original focus of the research problem of whether the final placement was suitable to facilitate the learning needs of child branch students. Purposive selection from the child branch students was based upon theoretical sampling of their pre-placement questionnaire responses of confidence that placement could provide suitable learning experiences to meet their learning needs and their post-placement questionnaire responses of satisfaction that placement did provide suitable learning experiences to meet their learning needs.

The response options generated sixteen possible Confidence:Satisfaction category ratings to be represented at interview against which students would be selected to represent each category (Table 5).

Table 5. Possible Confidence:Satisfaction rating categories to be represented at interview

Pre-placement Confidence➔ Post-placement Satisfaction 🡻	1. Very Confident	2. Confident	3. Not very Confident	4. Not at all Confident
1. Very satisfied	**1:1** Very Confident: Very satisfied	**2:1** Confident: Very satisfied	**3:1** Not very Confident: Very satisfied	**4:1** Not at all Confident Very satisfied
2. Satisfied	**1:2** Very Confident: Satisfied	**2:2** Confident: Satisfied	**3:2** Not very Confident: Satisfied	**4:2** Not at all Confident: Satisfied
3. Not very satisfied	**1:3** Very Confident: Not very satisfied	**2:3** Confident: Not very satisfied	**3:3** Not very Confident: Not very satisfied	**4:3** Not at all Confident: Not very satisfied
4. Not at all satisfied	**1:4** Very Confident: Not at all satisfied	**2:4** Confident: Not at all satisfied	**3:4** Not very Confident: Not at all satisfied	**4:4** Not at all Confident: Not at all satisfied

The maximum sample depended on at least one response falling within each of the ratings. Where there was more than one volunteer in a rating, interviewees were randomly selected by research codes drawn from the total codes in that rating. Where there were no responses within a rating, or none acceptance of invitation to interview for a rating that rating was not represented. Students were contacted by post, e-mail or telephone, depending on the type of details they provided. Limitation of availability had been anticipated due to students having completed the programme and being engrossed in

their new RN role, or else studying and possibly also working whilst preparing to re-submit theory assessments. Although the student population at the study site was drawn largely from the local population, it was also anticipated that some students may have left the locality to work elsewhere after registration (Ross & Clifford 2002). Therefore the selection, invitation and interviews were conducted as soon as possible after reviewing questionnaires for confidence & satisfaction ratings, intending that the experiences would still be sufficiently recent to the participants to collect meaningful data.

Design and development of interview instruments

The focus of the interviews was to explore the resources and strategies used in final placement to address the professional learning goals which students set for themselves to achieve during placement.

Piloting the interview

Recognised for its importance in developing interviewer technique, objectivity and reliability of the interview method, a pilot interview was undertaken (Robson 1993). In the absence of availability of a final placement student, as they had all finished the programme, the pilot interview was conducted with a volunteer un-associated with the study. The pilot was conducted after preliminary analysis of the pre- and post-placement questionnaires. Given the option of a pseudonym in any reporting, the volunteer preferred to be referred to as ‘The volunteer’.

The volunteer was briefed as to his role, based on the fact that he was not a student nurse and was given verbal information as to the purpose of the project, supported through the same written information sheets, consent forms and questionnaires as given to the students. This background information provided some preliminary stimulus from which to provide himself with a hypothetical persona and to reassure him that his contribution

would be anonymous. Interview day procedure was followed as per the interview schedule and topic guide. Most interview questions were answered with reasonably full, considered replies and took 27 minutes, without rushing. The pilot interview provided a bench mark to realise the feasibility of having sufficient time to discuss the project information, obtain informed written consent and perform the interview within the one-hour allocated time which was in the written information to students.

The volunteer stated that he was able to answer the questions from the information available to him, confirming the validity of the interview questions as far as was possible within the limitations of an un-associated pilot interview.

The tone of the interview was reported afterwards by the volunteer to be professional, not personal, with no information that was likely to offend.

Researcher personal reflection written after the event reads,

> *"I was calm and attentive, listening and formulating some prompts and exploration outside of the written prompts, which I tried to keep clearly focussed to the main research question, bearing in mind some of the themes and categories so far elicited from the questionnaire qualitative data. I was conscious of the natural speech of the respondent in line with the examples of transcripts given in Cohen and Manion"* (Researcher)

There was only one question which the volunteer asked to be repeated as it was unclear, so it was re-worded slightly and it performed well in the interviews.

As contingency for possible equipment malfunction the interviews were recorded using two voice recorders (Kruger & Casey 2000). This was to prove essential in the final interview when one stopped working.

The pilot interview confirmed the researcher's ability to use the equipment and the interview instruments of schedule, topic guide and self, allowing consideration of method, content, and personal style (Kreuger & Casey 2000). Kvale (1996) provides a

useful audit tool for assessing the quality of an interview, against which the pilot confirmed sufficient achievement, for its eliciting of spontaneous, relevant answers, more interviewee talk than interviewer talk, questions needing little or no clarification, but verification occurring during the natural flow of the conversation. The quality criteria were borne in mind to guide performance and review of the real interviews, increasing equity for interviewees and objectivity of the data collected.

The finalised interview design

The interview schedule was designed to promote equity for all interviewees by having a schedule to be followed in the same way for each person and to provide assurance of the ethical and professional principles of the interview (Appendix 12) (Kvale 1996).

The interview topic guide (Appendix 13) was based on the students' Personal Development Plan format (Appendix 14) of what students wanted to learn, the resources and strategies proposed for achievement of the learning and their achievement of the desired learning, which complement the headings of the survey questionnaires (Appendices 10 & 11).

Interviews were designed to use the interviewees' Professional Development Plans (PDPs) as a focus from which to explore their learning expectations and achievements in their final placement (Billett 2001). Respect was given to respondents' decisions as to whether they brought their written PDPs to interview because PDPs can be an emotive issue, as their construction forms a part of summative assessment in some parts of the programme. It was emphasised that this was not an exercise in PDP construction, their content was to serve as a focus for conversation with the intention of capturing their individual views of learning and facilitation. However, only one participant chose to bring their PDP with them to interview, although others recalled elements when asked.

Interviewing took place at a mutually convenient time and venue, so as to redress some of the power imbalance and any inconvenience, in a quiet undisturbed place.

The semi-structured questioning framework of the interview topic guide (Appendix 13) prevented too much openness at the beginning of an interview such that the topic focus remained clear (Kreuger & Casey 2000). An interview which becomes catharsis, rather than conversation with a purpose, could occur with interviewees who come with a fixed agenda as a reason for volunteering. Purposeful use of a semi-structured question and topic guide provided prior organisation with space for interviewees to voice their individual thoughts, feelings and experiences as well as their concerns, whilst still maintaining the focus of the conversation in relation to the research objectives (Porter & Carter 2000; Sedgwick & Yong 2009).

An interview creates the conditions for reconstruction of knowledge and exploration of situational factors related to students' personal levels of satisfaction with affordance of learning opportunities (Checkland 1981; Lave & Wenger 1991; Kvale 1996; Kreuger & Casey 2000; Mason 2002). Although individual interviews can be intimidating for participants, as they lose the dilution of researcher power which occurs in a group, the researcher's relevant professional interviewing experience included the use of openness and warmth to create welcome, as well as objectivity in questioning in order to evoke respondents' recall, expression and feelings (Sorrell & Redmond 1995). The professional focus of the interview was maintained whilst engaging in a discussion which was neither as "*anonymous and neutral*" as a questionnaire, nor as "*personal and emotional*" as therapeutic counselling (Kvale 1996: p125). This approach facilitated the interpretation of the meanings of central themes in the respondents' professional world concerns,

expressed though normal everyday language, which were explored with sensitivity to the ambiguity and personal experiences of the interviewees, rather than being interrogative. Although a questioning schedule may appear to be prescriptive, the inter-views of student and researcher were maintained with opportunity to wander from and return to the schedule. As the qualitative exploratory approach to sociological interviewing aims to understand the students' own constructs of their experiences within a community of professional practice, the privilege of the interviewer role as a data collection instrument was used to expand the depth of their reality in relation to the topic guide (Swanson-Kauffman 1986; Kreuger & Casey 2000; Price 2006). However the potential for abuse of such interviewer role power and inference as to make the interviewees say what the interviewer wants them to say, creating unethical interviewer bias, was avoided (Kvale 1996). The researcher's existing professional teaching skills in listening, interpreting and responding appropriately to encourage conversation, were used in order to be equally receptive of each student's conversation.

As there was a need to talk fluently with the interviewee without become confused, their real name was used whilst talking with them, but it was substituted with a pseudonym during analysis. Facilitating and obstructing factors of learning and role socialisation were explored as advice for future students and facilitators in their modelling and moulding of final placement learning and facilitation experiences, to complement or extend the existing literature (Lofmark & Wikblad 2001; McLeland & Williams 2002; Carlson et al. 2005; Cooper et al. 2005; Grealish & Trevitt 2005; Myrick et al. 20060; Price 2006; Nash et al. 2009). Interviewees were also invited at the end of the interview to talk about anything else which they thought important about final placement learning

which had not been covered through the schedule. Not imposing researcher views or experiences, staying within the professional requirements of the NMC Code for the researcher's own conduct (NMC 2008c) and being mindful of any student disclosures which would require action all helped to maintain professionalism within the interview situation. There were no student disclosures requiring action.

A progressive, reflective approach was used, such that interview data underwent preliminary analysis between each interview to inform the progressive focusing of the interview guide rather than a delay in analysis creating missed chances to expand on emerging themes (Sorrell & Redmond 1995; The Open University 2001; Price 2006). Personal reflection and reflexivity were recorded at the end of each interview to aid the refining of interview technique. Critical reflection on the subjective aspects of the researcher's involvement can positively enhance the validity of the study by providing an opportunity for the researcher to check, acknowledge and consider bracketing for any personal bias or influence that the researcher's position may have at all stages of the enquiry (Sandelowski & Barroso 2002; Streubert-Speziale & Carpenter 2007; Anderson & Kiger 2008). When conducting interviews, it is particularly pertinent to consider in advance, and to review, one's influence on the interviewees' performances, as interviewee validation of the transcript alone could itself be conformity to a power relationship (Kvale 1996; Sandelowski & Barroso 2002). Engaging in reflexivity not only enhances the trustworthiness of a research study overall, but it can provide professional growth for the researcher through the emancipation which increased self-awareness of one's role brings; hence increasing the quality of researcher performance and reducing the researcher influence in subsequent interviews (Rolfe 2006; McCabe & Holmes 2009).

Data Analysis

Data analysis was assisted by the computer software SPSS 16 for Windows (IBM 2010) for descriptive and inferential statistical analysis from the quantitative responses within the survey questionnaires. Data were cleaned to detect errors in coding during data entry to the database. Qualitative analysis was undertaken using comparative thematic content analysis of data from the free text questions in the survey questionnaires and from the interviews (Miles & Huberman 1994; The Open University 2001; Krippendorff 2004). This qualitative analysis strategy fits well with an interpretive, exploratory design which is not contained within a methodological framework such as that of the ethnographic interviews seen in the extant literature (Sedgwick & Yong 2009 (Spradley 1979); Lofmark et al. 2001 (Mulder's 1992 concepts); Cooper et al. 2005 (Seidel's 1998 categories). An overall strategy for data analysis is at Appendix 15.

Categorical data analysis began as soon as the pre-placement questionnaires were received in order to define the categories of responses to Question 3.3 pre-placement (Appendix 10). This question asked for students' reasons for their level of confidence that placement could provide learning experiences to meet their learning needs. The categories defined formed the variables of the forced themed responses for the paired question on the post-placement questionnaire in order to provide data for comparative analysis (Q 3.3 Appendix 11).

Independent critical reading and academic supervision from established researchers forms the underlying verification of validity of data entry, analysis and results, such that findings and the interpretation of the induced analytical themes represent the truth of the

respondents' perceptions (Miles & Huberman 1994; Silverman 2001; The Open University 2001; Krippendorff 2004).

Quantitative analysis method

Quantitative analysis involved the use of statistical tests to obtain descriptive and inferential statistics. Descriptive statistics include narrative reporting of frequencies, means and standard deviations, with cross tabulation to branches or programmes for student learning experiences and facilitation of learning. Inferential statistics were obtained from non-parametric tests, suitable when data are categorical or ranked, both of which apply to the data within the questionnaire design (Pallant 2001). The Wilcoxon signed ranks test was used as a non-parametric repeated measures test across comparative data of pre- and post-placement learning experiences. Non-parametric tests can be used where the sample may be small, also useful if there are only a few responses, for example to test for independence of variables such as independence of needs and experience from branch or programme. Assumptions within the Chi^2 test for independence of variables, where the Chi square is using a 2 by 2 table of possible responses are that the lowest frequency is 10 entries within any cell of the square, such that if this assumption is violated, Fisher's exact probability test is used to interpret the results rather than Pearson's test (Pallant 2001; Field 2009). Fisher's test applied to pre-placement questions 3.4, 3.5 and 3.6 and post-placement questions 3.3 and 3.4, but did not apply to the remainder of the questions - which had more than two possible responses - because the Chi square was larger than a 2 by 2 square, and required 5 entries across 80% of the cells. Targeting a population of 278, the minimum recommended sample for 2-tailed tests to provide representativeness at the 95% confidence interval within a sample of 300 is 169 responses for categorical data, whilst a sample size of 200 requires a return of 132 and a

sample of 50 requires a return of 44 (Cohen et al. 2000; Walker & Almond 2010). Hence, with a total target sample of 278, allowing for non participation, some tests would not have performed without errors and there was a need to adjust the alpha value to reduce type 1 study-wise error due to sample size, particularly for statistics related to the individual programmes or branches of nursing. When analysing the availability of learning experiences in the various placement specialties, due to the size of the placement circuit, it was necessary to group the specialties in order to find meaningful units of analysis (Perli & Brugnolli 2009).

Qualitative analysis method

Qualitative data from the different parts of the survey questionnaire and the individual interviews were analysed separately and also in relation to each other.

Analysing survey data

As a descriptive, exploratory, interpretive design, qualitative data analysis was emergent rather than fixed within pre-determined categories (NICE 2007). Therefore, qualitative data in each of the survey qualitative questions has undergone separate analysis for coding and categories, from which thematic analysis has been completed by comparing across the questions and reducing the overall qualitative survey data to sub-themes and themes through data display, conclusion-drawing and verification, being mindful not to over-reduce the data so as to retain meaning (Miles & Huberman 1994).

Analysing interview data

The saved digital voice files were personally transcribed verbatim by the researcher, removing any names used, in order to preserve anonymity and confidentiality of data. During transcription, pauses, expressions and other factors which help to determine the tenet of the conversation have been written in to the text (Morse & Field 1996; Cohen et al. 2000). Transcripts were returned to participants for verification, via their e-mail

addresses, with their permission. Interviewees were asked to return comments or corrections within a two week period, beyond which it would be assumed that they agreed with the content of the transcript and did not wish any changes to be made. Four interviewees confirmed the content in writing, and four by default of no reply. Transcribed interview data was subject to thematic content analysis in the same way as the survey data, adding depth and breadth to findings from the questionnaires by appropriately integrating interview data into the survey themes; with sufficient awareness of maintaining the uniqueness of any new themes which emerged, especially those pertinent to child branch learning experiences.

Ethical considerations and approval

Ethical approval for this MPhil study was granted by the University of Salford Research Ethics and Governance Committee (Appendix 16). Ethical issues considered include informed consent, confidentiality, anonymity, data protection and avoidance of harm.

Informed consent

Students were given the opportunity to discuss the research before being asked to complete a written consent form if they wished to participate. Students could participate in the questionnaire phase without wishing to continue to the interview stage. The information sheets and consent forms (Appendices 5, 6 & 7) explained that confidentiality would be upheld by the researcher and that anonymity would be maintained during reporting and publication of any data and findings. The information sheets also informed participants of their right to withdraw from the study at any time without giving a reason and informed them that the study would not have any effect on their academic studies or assessments.

Confidentiality

As the sole researcher confidentiality of respondents' data has been upheld in the same professional manner as within the researcher's personal tutoring role, where there is frequently cause to discuss Personal Professional Development Plans and learning experiences with students. In the role of researcher, as a Registered Nurse, the possible implications of any information being disclosed which may indicate unsafe practice or conditions for students and patients would have required professional judgement as to the need for disclosure to others (NMC 2008c). However, this situation did not arise. Students were informed verbally, in the information sheet and on the consent form, of the need to remain within 'The Code' (NMC 2008c).

Anonymity

Questionnaires were research coded so that pre- and post-placement data could be matched up for analysis. Students' names were only accessed to invite them to interview, based on the theoretical sampling of questionnaire data. All identifiable material in transcripts has been coded by the use of pseudonyms for interviewees and all community-identifiable material has been modified or removed to protect the identity of those who provide placement experiences for students (Sedgwick & Yong 2009).

Data protection

All research-coded paper-based questionnaires, and paper copies of anonymised interview transcripts, participant consent forms and interviewee correspondence are stored in a locked filing cabinet to which only the researcher has access, in a locked office. These will be destroyed after the required retention period in line with the Data Protection Act (Office for Public Sector Information (OPSI) 1998).

Digital recordings of the interviews were stored in a locked filing cabinet and retained until transcripts were made electronically and in hard copy; the digital recordings have

since been erased. Any study data stored electronically is coded and, or, anonymised and is password protected. Similarly, the database of participant research codings is stored securely on a password-protected computer, to which only the researcher has access.

Avoidance of harm

The avoidance of harm was primarily concerned with respecting students' feelings and avoiding any emotional discomfort. The first element concerned the issue of whether students wished to bring and use their Personal Professional Development Plans (PDPs) as a focus for the interview. The second issue was to avoid distress during the interview conversation.

Use of Personal Professional Development Plans as a focus for the interview

Students often have reservations about the quality of construction of their PDPs as they are sometimes used for assessed academic assignments and this may be an issue for some students. The students were verbally reassured that the aim of the research was to use their pre-placement identified learning needs, and their achievement of these, as the focus of the interview, rather than examining the way in which they had constructed their Personal Development Plans. It remained the students' choice as to whether they brought their PDPs to interview, and some chose not to do so.

Conducting the interview conversation

It is not the intention of a research interview to make a subject uncomfortable or involve changes in their self-concept by questioning which leads to self-doubt, but within such a complex social interaction, ethical issues may begin to evolve (Robson 1993; Kvale 1996; Johnson 2007; Stutchbury & Fox 2009). Therefore, questioning was mindful of this, such that if a student had appeared to be at all uncomfortable the interview would have been stopped. Students were also informed that if they wished the interview to stop at any time they were just to say so. As a group, student nurses would not normally be

considered to be vulnerable, but as individuals, they may become sufficiently isolated as to feel exposed and in need of emotional support (Anderson & Kiger 2008). A pro-active mindset during the interview kept the researcher aware of the need to be intuitive to impending distress. Indeed, some students recounted personal or professional emotionally demanding situations during their placement learning. The researcher has experience of listening to students' spontaneous disclosure of issues and helping them to reflect on emotionally challenging professional situations. Referral to student support services within the study site was an option, if required. However, the situation of student distress, or wishing to curtail an interview, did not arise.

Summary

The sum of this research methodology is to provide an exploratory, interpretive account of final placement students' perceived learning achievement needs and their actual experiences of how their final placement facilitated their learning. Included within this exploration is the quest to understand whether and how the placement allocation makes a difference to the success of a final placement in facilitating student achievement.

Integrated presentation of qualitative and quantitative data findings forms the content of the next chapter, including data displays, tabulation, narrative and quotations in order that the volume and range of data can be appreciated and the student voice authenticates the findings (Robson 1993; Miles & Huberman 1994; Denzin 1997; Niglas 2001; The Open University 2001; Hammersley & Atkinson 2007).

CHAPTER 5

FINDINGS

FINAL PLACEMENT LEARNING AS TRANSITION TOWARDS THE REGISTERED NURSE ROLE

An exploratory, interpretive design collected quantitative and qualitative data by survey, in two phases, before and after final placement. A third phase provided data from individual focussed interviews to strengthen the survey qualitative findings and triangulate the descriptive and inferential statistics from the quantitative data. Students' perceptions of the importance of learning achievements and learning experiences in final placement are presented, within the context of the current practice placement allocation system.

The chapter describes the composition of the actual sample and presents a model of data analysis before defining the qualitative themes which emerged to complement the quantitative data collected. The findings are presented in three themes which reflect the research objectives and envelope both the quantitative and the qualitative data. The chapter summary conveys the central message of the findings and its implications for discussion against the extant literature.

Sample

From the total cohort of 278 students, composition of the pre- and post-placement samples varied by attendance on the data collection days (Table 6).

Phase 1 and Phase 2 Survey samples and returns

From a total cohort population of 278 students, across the various sub-set groupings, the accessed sample was 180 at phase 1 (pre-placement) with an 88.33% return (n=159). The

accessed phase 2 (post-placement) sample was 235 with a return of 92.48% (n=215) (Table 6).

Table 6. Questionnaire sample and returns

		Pre-placement		Post placement	
	Number in cohort group	**Sample**	**Returns (% of sample)**	**Sample**	**Returns (% of sample)**
Diploma/BSc					
Adult A	39	Access denied	0	A&B 61	48 (78.68%)
Adult B	27	23	18 (78.26%)		
Child	30	19	19 (100%)	23	23 (100%)
Mental Health	38	26	12 (46.15%)	30	26 (86.6%)
Diploma/BSc Totals	**134**	**68**	**49 (72.05%)**	**114**	**97 (85.08%)**
BSc (Hons)					
Adult	86	71	69 (97.18%)	69	67 (97.1%)
Child	32	25	25 (100%)	29	28 (96.55%)
Mental Health	26	16	16 (100%)	23	23 (100%)
BSc (Hons) Totals	**144**	**112**	**110 (98.21%**	**121**	**118 (97.52%)**
Grand Totals % of sample	**278**	**180**	**159** **(88.33%)**	**235**	**215** **(92.48%)**
% representation of entire cohort		**64.74%**	**57.19%**	**95.32%**	**77.33%**

Phase 1 therefore represented 57.19% (n=159) and Phase 2 represented 77.33% (n=215) of the cohort of 278 students. Percentage and proportionate branch representation was high, except for the adult branch in phase 1 due to being denied research access to one sub-set. There was no opportunity to follow up this sub-set before the placement began.

The post-placement sample was increased by recruiting across all sub-sets of the cohort with equal access for phase 2 of the data collection.

Attrition of 13 from the pre-placement sample was composed of 2 Mental Health branch and 11 Adult branch students, reducing the number of matched pairs for repeated measures analysis to 146, representing 52.51% of the cohort and 64.0% of the total returns across phase 1 (pre-placement) and phase 2 (post-placement) (Table 7).

<u>Table 7. Phase 1 and phase 2 returns to provide matched pairs for repeated measures analysis</u>

	Pre- & Post-placement Questionnaires						
	Total returns pre-	Total returns post-		Only pre-	Only post-	Both	Total respondents
Adult % of adult cohort	**87** **57.2%**	**115** **75.7%**		**11** **7.2%**	**39** **25.7%**	**76** **50%**	**126 (55.3%)**
Child % of child cohort	**44** **71%**	**51** **82.3%**		**0**	**7** **11.3%**	**44** **71%**	**51 (22.4%)**
Mental Health % of mental health cohort	**28** **43.7%**	**49** **76.5%**		**2** **3.1%**	**23** **35.9%**	**26** **40.6%**	**51 (22.4%)**
Total % of total respondents % of cohort	**159** **69.7%** **57.19%**	**215** **94.3%** **77.33%**		**13** **5.7%** **4.7%**	**69** **30.3%** **24.8%**	**146** **64.0%** **52.5%**	**228 (100%)** **100%** **82%**

Where repeated measures testing was not undertaken, the entire returns were used.

Phase 3 Interview sample

Post-placement interviews were conducted with eight volunteers from the Child Branch. The students were purposively selected to represent a range of pre-placement confidence ratings that placement could provide suitable learning experiences to fulfil their personal learning needs and post-placement satisfaction ratings that their placement had provided suitable learning experiences to fulfil their learning needs, as seen in responses to pre-placement question 3.3 and post-placement question 3.2 (Appendices 10 & 11). Of 44

students who had completed both a pre- and post-placement questionnaire, 34 respondents had given permission to be contacted for interview. Within a possible range of sixteen confidence and satisfaction rating categories this volunteer sample represented eight of those rating categories (Table 8).

Table 8. Interview sample

Pre-placement Confidence rating ➔ Post-placement Satisfaction rating ➔	**1.** Very Confident	**2.** Confident	**3.** Not very Confident	**4.** Not at all Confident
1. Very satisfied	**Rating category 1:1** 1 interviewed from 4 eligible	**Rating category 2:1** 3 from 15	**Rating category 3:1** 0 from 1	**Rating category 4:1** NR
2. Satisfied	**Rating category 1:2** 1 from 5	**Rating category 2:2** 1 from 4	**Rating category 3:2** NR	**Rating category 4:2** NR
3. Not very satisfied	**Rating category 1:3** 0 from 1	**Rating category 2:3** 1 from 3	**Rating category 3:3** NR	**Rating category 4:3** NR
4. Not at all satisfied	**Rating category 1:4** NR	**Rating category 2:4** 1 from 1	**Rating category 3:4** NR	**Rating category 4:4** NR

Legend to Table 8.

Range of Confidence:Satisfaction rating category examples

1:1 = Very Confident pre-placement that placement could provide suitable learning experiences to fulfil personal learning needs and Very Satisfied after placement that placement had provided suitable learning experiences to fulfil their learning needs

To

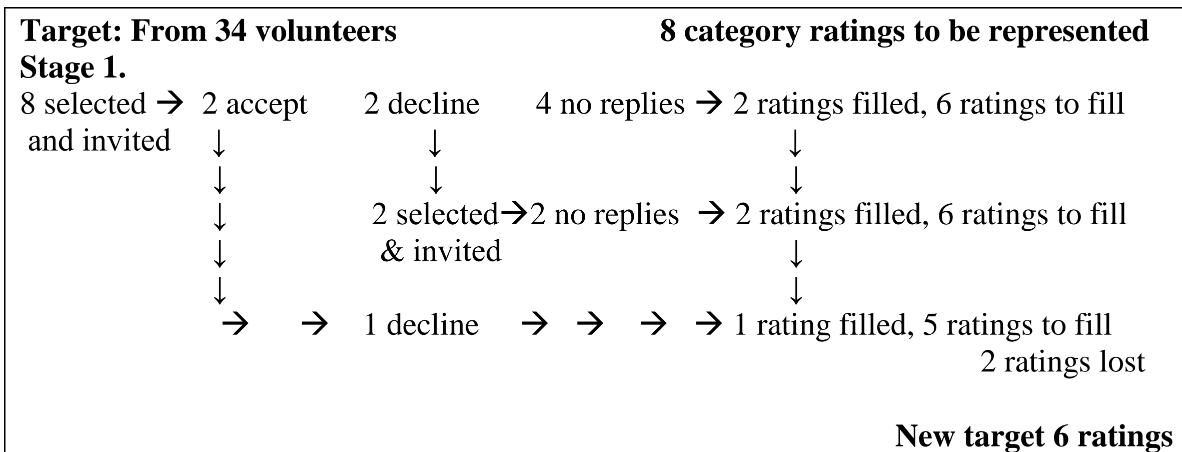
4:4 = Not at all Confident pre-placement that placement could provide suitable learning experiences to fulfil personal learning needs and Not at all Satisfied after placement that placement had provided suitable learning experiences to fulfil their learning needs

NR = Category Not Represented in the questionnaire responses, therefore not represented at interview

0 from 1 = only one respondent in this category, but they did not accept the invitation to interview, therefore, this category was also not represented in the interviews

In order to represent each rating category, eight volunteers were purposively selected from the available pool by firstly selecting all of those who represented the only response in a category (ratings 1:3, 3:1 and 2:4). One interviewee for each of the remaining rating categories was invited through random selection by research codes (rating categories 1:1, 2:1, 1:2, 2:2 and 2:3) alternating for Diploma/BSc and BSc (Hons). Response to invitation was disappointing. Of eight invited, two volunteers accepted and two declined. Substitutes in the same rating categories as the two decliners were immediately selected and invited. However, after two weeks there were 6 outstanding no replies and one of the original accepters had also declined, leaving two rating categories not to be represented, one rating category filled and five rating categories still to be represented (Figure 2).

<u>Figure 2. The first stage of interview invitations</u>



The lack of uptake began a further three stages to obtain the eventual interview sample. The same selection method of one person per category rating was used for stage two (Figure 3).

Figure 3. The second stage of interview invitations

Stage 2.
Target **6 ratings to be represented**
1 rating filled, 5 ratings to fill

5 invited → 3 accept no decliners 2 no replies → 4 ratings filled, 2 ratings to fill

After this stage, with only nineteen volunteers left in the pool and such a low response rate, stage three was to contact all remaining volunteers to ascertain the actual size of the remaining pool and then to select randomly from only those who were still willing to participate in the interviews (Figure 4).

Figure 4. The third stage of interview invitations

Stage 3.
Target **6 ratings to be represented**
4 ratings filled, 2 ratings to fill
19 contacted → 8 available 1 decliner 10 no replies

From 8 volunteers
2 selected and invited → 2 accept → **6 ratings represented**

From the volunteers at stage three it had been possible to randomly select the remaining two volunteers to represent the remaining two category ratings.

Alongside the stages of invitation, interviews were being undertaken as soon as possible after students confirmed their acceptance of the invitation, which prompted the use of stage four. As the overall interviewee representation had fallen below the expected number, two more interviewees were invited as representatives of the most popular rating to increase the sample, but also for the following reasons. It had became apparent when tracking the random selection of the interviewees, using demographic information from

the questionnaires, that there was coverage of four out of the six child branch placement circuit sites (Appendix 17). Within the remaining volunteer pool one of the students represented a placement site hitherto unrepresented at interview, so they were invited to participate and accepted. The final interviewee was selected from the pool as a further representative of one of the other placement sites, in order to clarify data provided by a previous interviewee (Figure 5).

Figure 5. The fourth stage of interview invitations

Stage 4.	
Target	**To** Increase the overall sample Provide greater representation of the most popular rating & the placement circuit Clarify previous data
2 selected and invited 2 accepted	→ **Total: 8 interviews across 6 categories**

There was no representation of children's community placements in the interviews (Appendix 17). From within the cohort, a total of six child branch students requested and were allocated to community placements. Three students were within the sample of 44 students eligible to be considered for interview on the basis of having completed both a pre- and a post-placement questionnaire. However, two students had not given permission to be contacted for interview and the third, who was invited as a part of the first stage random selections to represent a confidence and satisfaction category rating, did not reply to the invitation. The final representation of the confidence and satisfaction rating categories at interview was by eight students across six ratings (Table 8 above).

Data analysis

Overview

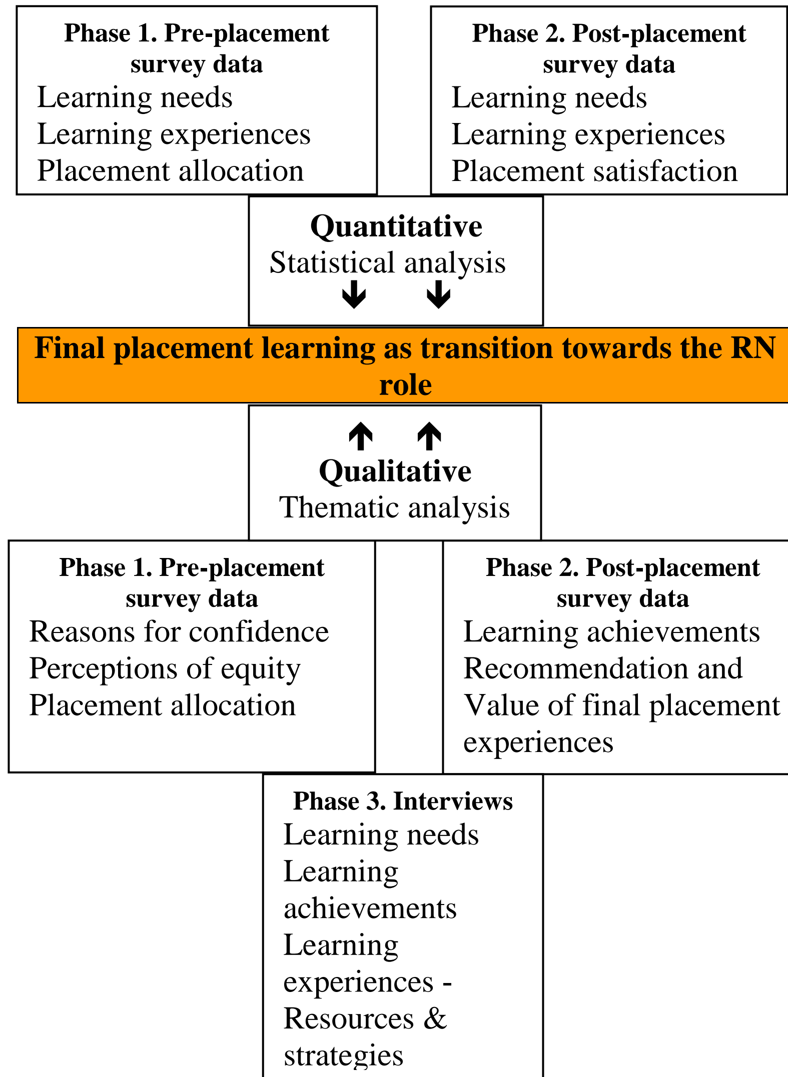
An overall analysis strategy to achieve the objectives of the study used quantitative and qualitative analysis (Appendix 15).

Quantitative data analysis was undertaken using the computer software SPSS 16 for Windows (IBM 2010) to obtain descriptive and inferential statistics to address the study objectives from the survey themes of Learning achievements, Learning experiences, Placement allocation and satisfaction.

Qualitative, thematic analysis produced codes, categories, themes and sub themes within each of the qualitative elements of the survey questionnaire and the individual interviews. Repeated cross-comparison and re-consideration between all qualitative sources clearly defined the eventual themes and sub-themes of the combined qualitative data, preserving any uniqueness of findings from each source.

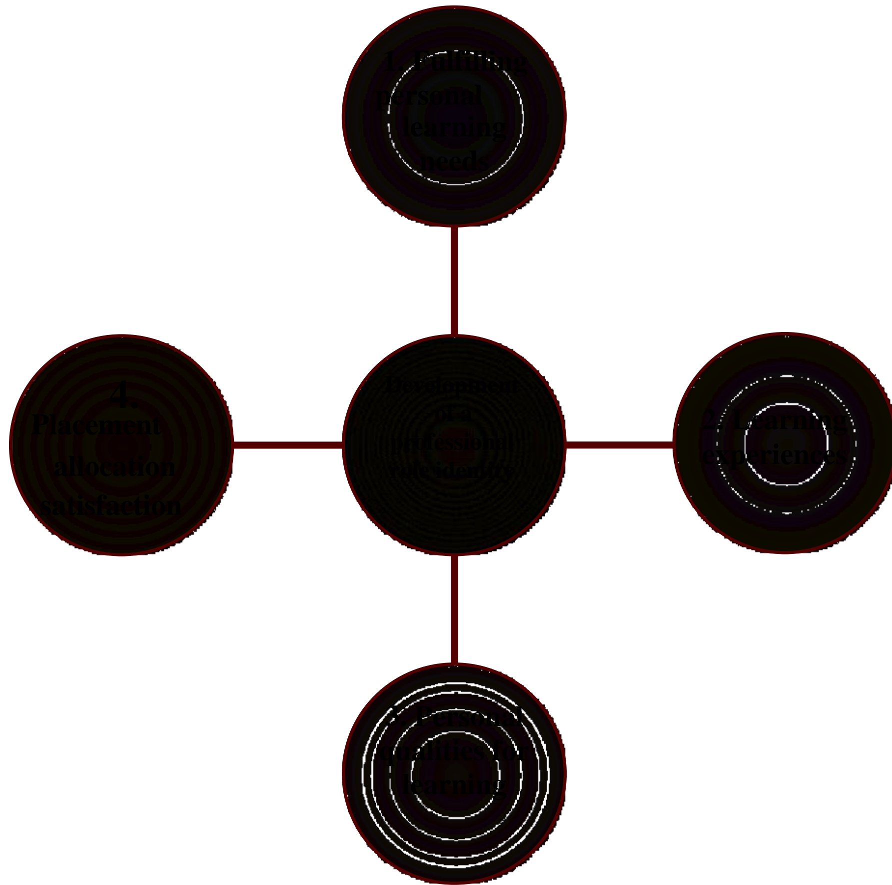
Complementary contributions of findings from across the quantitative and qualitative data are schematically represented in the following analysis model (Figure 6).

Figure 6. Data analysis model



It was clear from the students' qualitative responses that their ultimate goal of final placement learning was personal, professional development towards professional role identity. From the combined thematic analysis of qualitative survey and interview data (Appendix 18), four qualitative themes emerged as important contributors to final placement learning (Figure 7).

Figure 7. Qualitative themes of final placement learning



The four qualitative themes triangulated well with the quantitative data collection headings, corroborating three distinct themes for presentation of findings, which are broad enough to report the general as well as embedded issues which emerged (Box 8).

Box 8. Themes for Presentation of Findings

1. Learning achievements and fulfilment of personal learning needs during final placement

2. Learning experiences and personal qualities for learning during the final placement

3. Final placement allocation satisfaction

The three themes will each be introduced by a table of their contents to show quantitative findings, qualitative findings and integrated sub-themes for presentation.

To maintain anonymity, pseudonyms will be used when reporting interview data, but with the greatest respect for individuality and personage, recognising that these might not be names which interviewees would have chosen to be represented by. In reporting the survey qualitative findings, respondents' research codes will be used for quotations, again valuing their individuality. Any placement-specific identifiable details have been modified.

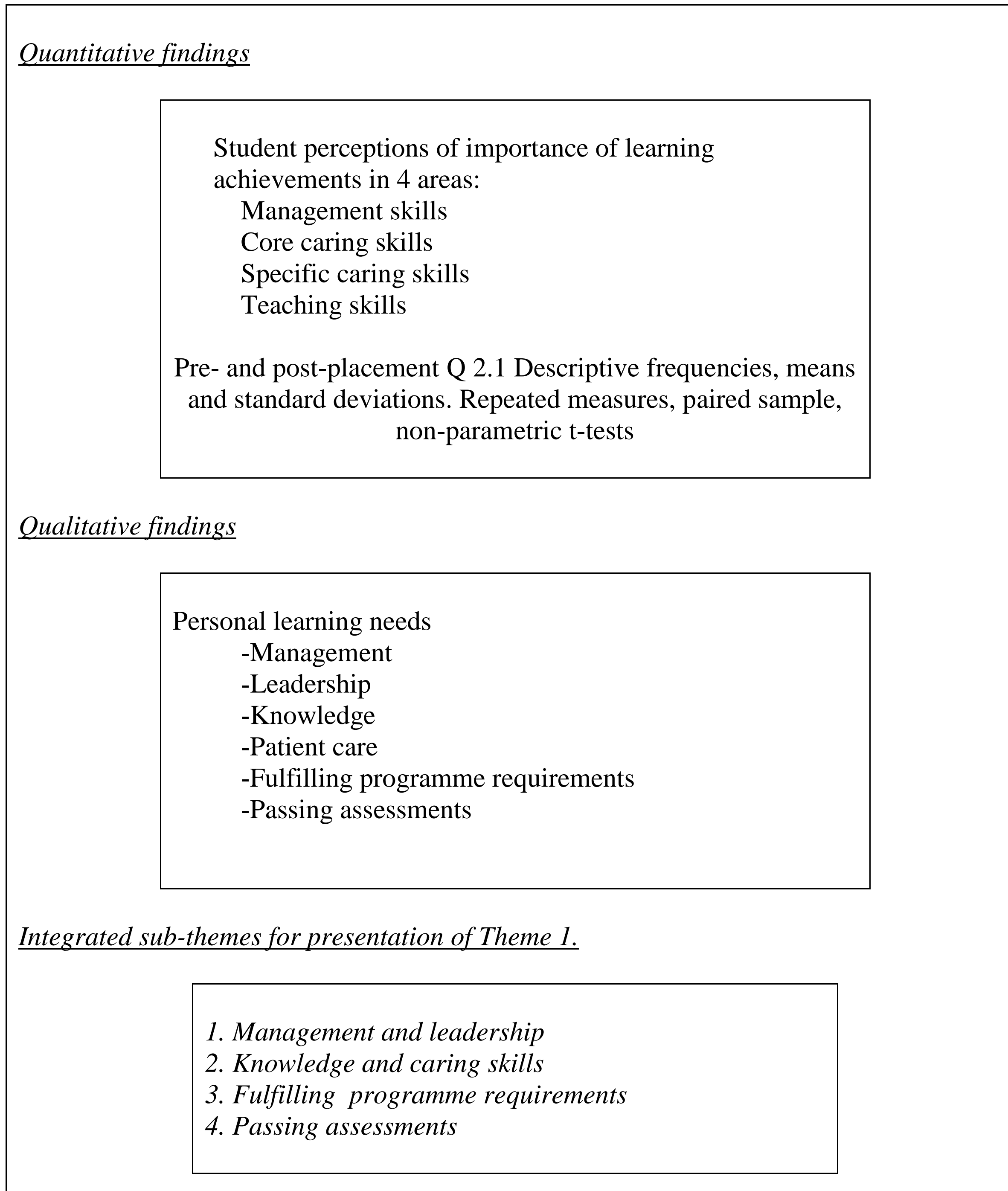
Pilot survey findings have been included wherever possible, to maximise sample sizes. Where they are not included, this is due to specific questions being underdeveloped in the variables or responses, and is indicated.

Findings Theme 1.
Learning achievements and fulfilment of personal learning needs during final placement

Overview

In respect of students' learning achievements and fulfilment of personal learning needs during final placement, all four sections of the first quantitative survey question and one qualitative theme contributed to the integrated sub-themes for presentation of data, summarised at Figure 8.

Figure 8. The construction of integrated sub-themes for presentation of data at Theme 1.



For survey question 2.1, descriptive statistics illustrate that all of the given twenty five variables, across the four groupings of Management skills, Core caring skills, Specific

caring skills and Teaching skills, were rated by a majority as very important, both pre- and post-placement, except ‘Moving & Handling’, which was marginally ‘a little important’ rather than ‘very important’ (Appendix 19). Differences in sample sizes across the pre-placement variables are due to the pilot version of the questionnaire containing fewer variables for the clinical skills options.

Learning achievements data were identified as non-parametric, confirmed by a simple histogram constructed through SPSS (IBM 2010) with a significance level of $p=0.000$ seen on the Kolmogorov-Smirnov and the Shapiro-Wilk tests (Greasley 2008). The Wilcoxon Signed Ranks test for non-parametric data was therefore selected for paired sample t-tests, using a Bonferroni adjustment to the alpha value to control for type I errors, due to the number of tests to be performed (Pallant 2001; Walker & Almond 2010). As there were 5 comparisons to be made, the *alpha* value was divided by 5 and adjusted to *0.01* setting the significance level to $p\leq 0.01 (z\geq 1.96)$.

Paired sample t-tests from 146 matched pairs of questionnaires from before and after final placement confirmed little change in the perception of importance of the 25 learning achievement statements. From the maximum available score of 4, Means and Standard Deviations confirm that all except two of the variables scored higher than a mean of 3 (*SD<1 for all except advanced life support*) demonstrating the unity of opinion of the importance of these items (Appendix 20).

1.1 Management and leadership

Whilst the qualitative categories of management echoed those on the quantitative questionnaire, they also extended beyond the skills-based administration of medicines to

the knowledge and understanding underpinning medicines management ready for the RN role. From the child branch interviews, Barbara had

> *"goals like medicines... the different types…what they were for"*
> (Barbara, Child Branch student)

And Francine commented:

> *"I needed to complete, my medicine managements for year three, because I hadn't had an opportunity really throughout the year to do much on it… I told my mentor this; it was a priority as far as she was concerned…… I just thought my skills were ... ...not to the standard I thought they should have been, being about to qualify"* (Francine, Child Branch student)

Personal time management needs were exemplified by Grace:

> *"…having my own patients and getting that experience back up because ... it had been a while since I'd been out in practice to a hospital, I'd been out on community placements a few times, just to gain my, that experience back up and gain my confidence back up at having my own patients and running my own kind of caseload, and prioritising care, so that was my, my plans before I went out ... delegating as well"* (Grace, Child Branch student)

Leadership and ward management included the need for developing delegation skills and managing the real changing situation of the ward, rather than talking about it. Grace explained that she started by asking other students to do small tasks *with* her and then as her confidence grew, asking them to do something *for* her. Diane, on the other hand, wanted to

> *"...prioritise and ... do all your time management and ... deal with everything that a nurse would do in a normal shift, things like time management and organising yourself through the shift and things; you can talk about how you would do it, but doing it's completely different, because you have something else that happens, and things don't go to plan"* (Diane, Child Branch student)

1.2. Knowledge and caring skills

Eight of the caring skills learning achievements were seen to be less important after placement, shown by a statistically significant change over time in a negative direction. Four changes were across the entire cohort and the remainder seen only in adult or child

branch, with some small significance of change in perception within the programmes; there were no significant changes for the Mental Health branch responses (Table 9).

Table 9. Learning achievements statistically less important after final placement

Wilcoxon Signed Ranks Test Significance at $p \leq 0.01$ $z \geq 1.96$ **Learning Achievement Statement** ↓	**All sample Based on positive ranks**	**Adult branch Based on positive ranks**	**Child branch Based on positive ranks Except * which is based on negative ranks**	**BSc (Hons) Based on Positive ranks**	**Diploma /BSc Based on positiv e ranks**
Administering medication by injections			*p*= 0.010 z-2.579		
Following procedures for protection of vulnerable children/adults	*p*= 0.006 z-2.772				
Performing effective basic life support	*p*= 0.000 z -4.485	*p*= 0.000 z -3.514	*p*= 0.007 z -2.694	*p*= 0.000 z -3.676	*p*= 0.007 z -2.696
Being involved in advanced life support	*p*= 0.000 z -4.223	*p*= 0.000 z -3.745		*p*= 0.000 z -3.517	
Caring for people with tracheostomies	*p*= 0.000 z -4.020	*p*= 0.001 z -3.364			*p*= 0.001 z -3.392
Insertion and testing of naso-gastric tubes		*p*= 0.000 z -3.619			
Feeding patients/clients using a naso-gastric tube			*p*= 0.002* z -3.052		
Teaching patients			*p*= 0.010 z -2.562		

The most significant changes, across the entire sample, were in perceptions of the importance of performing basic life support, being involved in advanced life support and caring for people with tracheostomies (Table 9). However, the means and standard

deviations on these changes indicated that after placement, only ‘caring for people with tracheostomies’ was deemed ‘neither important nor unimportant’ in final placement, the remaining three variables retaining a mean of ‘a little important’ (Appendix 20).

None of the learning achievements listed were perceived to be ‘not important’ either before or after the final placement (Appendix 19). As well as prioritising the need for certain achievements, the results may reflect the fact that students may also have rehearsed and practiced their skills at other times and other places during the programme, so their perceptions of the importance of these achievements is focussed only on what they want to concentrate on in the final transition time before taking on the RN role, as instructed in the questionnaire.

Six additional learning achievements were listed by six separate respondents, which were not explicitly mentioned elsewhere (Appendix 19), except that two interviewees also mentioning about wanting to care for the deceased.

Several respondents mentioned the need to learn about a range of general and specialist conditions. Two examples from the child branch interviews are from Grace and Hazel.

> *“I just basically wanted, a whole general knowledge prior to me qualifying, and that’s why I was glad when I got a District General just to get an overview rather than it being specialised, to get an overview of different, different conditions or, different things that I might have to come across “*
>
> (Grace, Child Branch student)

When asked about personal development plan goals Hazel explained what she had written:

> *“…one of them was definitely to expand my knowledge around ‘Safeguarding’, issues, because I, I knew I was applying for a job at (named Trust) before my placements started and I knew that on the medical ward that a lot of the issues that you come across day to day are ‘Safeguarding’; so, I wanted to really to expand my knowledge around that subject”*
>
> (Hazel, Child Branch student)

The qualitative sub-theme of 'Patient care' contained the largest number of categories of all the sub-themes within the theme of fulfilling personal learning needs. The nineteen categories reflected elements of management in prioritising patient care as well as rehearsing a range of specific and non-specific clinical skills, patient education and therapeutic relationships as questioned in the survey.

A contrast of views illustrated the need to learn transferable patient care skills, learn patient care as specific preparation for their first RN post or to learn patient care skills to extend an existing repertoire rather than focusing on any particular first RN post. Being a part of the team was an important part of patient care.

To be able to manage patient care independently, under supervision, was important to students, in order to build confidence. However, those who were not afforded the independence expressed opposite feelings:

> *"I hope in the last placement that students should be treated as staff with only little supervision, not always picking on bad aspects but also on good aspects. To be able to manage independently not being followed all the time. Because this can boost or lower someone confidence"* (786, Adult branch student)

> *"I really wanted to, in my final placement, act as a part of the team and I wanted my own case load"* (Hazel, Child Branch student)

> *"I did want to … look after a patient who required high dependency nursing. I felt it would be useful because I was like going to be a qualified staff nurse in a couple of months …… like diabetic patients that we get in, can sometimes like really do need high dependency, if they've never, they're newly diagnosed, if they didn't know they had diabetes; and if I'm a staff nurse in six months time, and I haven't had any experience of caring for a child that just comes in and I'm probably one of the more senior ones on, you know, if we've got a couple of new ones, it will be like, well, "You can do it", and if I can't do it, I'll be stuck"* (Carol, Child Branch student)

1.3. Fulfilling programme requirements

Undertaking outstanding community care experience was not an issue for most students as it is usual for students to have completed this programme requirement before final placement. However, for those who had not completed their community nursing experience, this was a concern to them as it added another dimension of unfinished business on the journey to Registration. The need for community experience also removed any element of choice for the final placement, limiting students' rehearsal for first post if they did not want to work in the community.

1.4. Passing assessments

Whilst all students were required to pass their final assessment of practice by the end of the first six weeks in placement, they also had one final piece of theoretical work due for completion during the first few weeks of placement. Some respondents were also undertaking re-submission work of failed assignments and this added to their workload.

> *"I was working on nights … and trying to do assignments during the day and oh, the first six weeks, it was hard, really, really hard"*
> (Francine, Child Branch student)

Hazel explained that she had written the re-submission into her PDP as a way of ensuring its importance was noticed, because she needed time, space and support to concentrate on this, rather than trying to learn other things initially. Hazel explained how raising the mentors' awareness ensured their interest and assistance:

> *"I was re-submitting, that's why that was on there, it…was just getting a bit of feedback on that before I re-submitted it… from day one they knew I had a re-submission, they were like, "Well make sure you bring it in and we'll go through it on nights"* (Hazel, Child Branch student)

However, support for Alicia was not so forthcoming:

"I had... quite a lot of resubmissions, I was always quite down and my mentor didn't help at all, she just kept stressing me out even more"
(Alicia, Child Branch student)

Summary

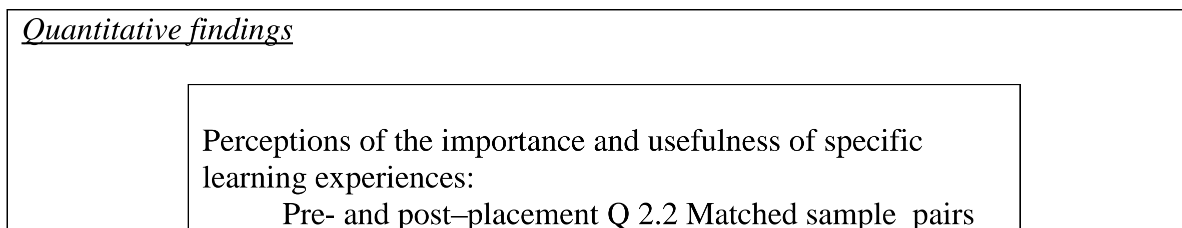
Overall, as well as confirming the importance of the 25 items listed as 'very important' learning achievements in final placement, respondents added six further desired learning achievements to the management and patient care sections of the questionnaire. Qualitative findings confirm the importance to respondents of learning management of their own workload, patient care and the ward. Respondents understood the need for team working, leadership development and delegation skills. There was an expectation that mentors would appreciate the theoretical underpinnings of students' learning, both for providing an evidence base and considering students' academic needs when preparing work for submission or re-submission.

Findings Theme 2.
Learning experiences and personal qualities for learning during final placement

Overview

Data for the learning experiences and personal qualities which influenced student learning in final placement are presented as five integrated sub-themes which were obtained from six of the quantitative survey questions and two emerged qualitative themes (Figure 9).

Figure 9. The construction of integrated sub-themes for presentation of data at Theme 2.



Availability of learning experiences:
Post-placement Q2.2 frequencies

Levels of satisfaction that placement provided learning experiences to meet student learning needs:
Post-placement Q 3.2 descriptives

Reasons for satisfaction:
Cross tabulation of post-placement Q3.4 to Q3.3 levels of satisfaction

Recommendation of placement:
Post-placement Q3.4 - frequencies by branch

Recommendation of placement by specialty group:
Cross tabulation of post-placement Q2.2 availability of experiences and post-placement Q3.4

Qualitative findings

Learning experiences
- Personal expectations of final placement
- Opinions of others
- Learning opportunities
- Learning influenced by placement specialty
- How staff made a difference to the learning environment for students

Personal learning qualities
- I can manage my own learning
- I have relevant and transferrable knowledge and skills
- I am a good communicator

Integrated sub-themes for presentation of Theme 2.

1. Importance and usefulness of students' learning experiences
2. Availability of learning experiences
3. Satisfaction with provision of learning experiences
4. Recommendation of placement and influence of placement specialty
5. Personal qualities for learning in final placement

2.1. Importance and usefulness of students' learning experiences

Percentage returns for the perceived importance and usefulness of the learning experiences demonstrate, without exception, that all of the listed experiences are valued mostly as 'very important' and 'very useful' (Appendix 21). Pre- and post-placement comparisons of means and standard deviations, as well as repeated measures inferential testing, have not been possible due to a production error of the post-placement survey which has only three rather than the intended four matched response options across the importance and usefulness of the experiences. The post-placement questionnaire also has two additional response options of 'available but not offered' and 'unavailable' which have diluted the percentage returns of usefulness in the post-placement responses. However, within these limitations, there is a definite trend for the post-placement perceptions of usefulness to corroborate the pre-placement perceptions of the importance of these fifteen experiences for final placement learning and development. There were five further learning experiences suggested by individual pre-placement students; four of which relate to having spoke experiences with experts and the final desired experience was listed as 'teaching sessions' (Appendix 21).

Before reaching placement, students were already viewing placement as positive when they had found out prior information about the placement, and from the placement staff. Welcoming staff, ready for students, with a positive attitude from mentors who discussed learning needs in advance, or sent information to students, were highly praised and reflected in the students pre-placement confidence ratings.

> *"Been to the ward and had an introduction to staff - very friendly and welcoming"* (916 'Very confident', Adult Branch student)
>
> *"Sent a welcome pack to my home"* (803 'Confident', Child Branch student)

> *"Looked at the information on Blackboard under placement for detail of learning and skills that may be undertaken"*
> (808 'Very confident', Child Branch student)

> *"Have been allocated a mentor and associate mentor"*
> (864 'Very confident', Child Branch student)

> *Unit is aware this is final placement and know what I have to achieve*"
> (866 'Very confident', Child Branch student)

> *"I have spoken to my allocated mentor in advance and discussed my goals for the placement"* (878 'Confident', Child Branch student)

Positive aspects of learning included being in a busy placement, with a variety of patients, who required a variety of skills. Students were interested in learning the specific skills which a placement had to offer, and were disappointed when this was not facilitated for them.

> *"Ward (name) provided a lot of support and encouragement; all the staff were friendly and welcoming. There was a lot of things to learn and you were always treated as part of the team by managing own patients and taking responsibility of them patients while supervised"* (868, Child Branch student)

> *"...because I had my own workload it wasn't feasible to swap over....to experience some of the things that were coming onto the ward"*
> (Hazel, Child Branch student)

In addition to wanting the general and specific learning opportunities of hospital or community care placements, students expressed several aspects of transition learning of importance to them. Students wanted to gain increased confidence and independence through opportunities to undertake minimally supervised rehearsal of patient care decisions, ward management and leadership.

> *"I did (have appropriate experiences), particularly in relation to pain management, we did have a lot of surgical patients that required good pain assessment and management and I did have patients of my own to look after and actually managed the whole of their care"* (Carol, Child Branch student)

"*You're not really supernumerary in your third year, I think because of staffing shortages on the ward, but I appreciated that, there was always people if you needed support ...I appreciated that, as a third year…If I'd not had the opportunity to have my own case load and have the responsibility…If I hadn't had the experience, which I don't think you get everywhere, I think I would have been more shocked as a newly qualified because it's been hard enough really"* (Hazel, Child Branch student)

Registered Nurses were viewed very much as a resource for learning and students wanted occasions to work alongside their mentors and other members of the multi-disciplinary team staff as supernumerary, especially when their mentors were busy with their own patient care:

"Working under supervision. I'd say, 'Can I work with you with it and we'll work together', and that way I could learn how to do things best and then go on from there; and if I'd seen it again, I think I'd be quite happy to do it" (Francine, Child Branch student)

"I did want to look after a patient who required high dependency nursing and I didn't get to do that, it was like ' No we're busy on the ward today, so you'll be needed on the ward' I did expect to have a little more tuition in CPR, I was promised we would use some dolls … My mentor went out of her way… when we were on nights … we got the crash trolley out and she told me the names of all the equipment and where they went and things like that…just ask a member of staff and they'd say, "Yeah, it's such and such a thing" or, "Ooh gosh I'm not sure" and then we'd go through it together and sort of like cross it off, "No it's not that, it's not that one"" Then after I did it by myself…" (Carol, Child Branch student)

"Nursing staff were welcoming and eager to teach, however, not being able to work alongside my mentors regularly made it more difficult to meet my learning need" (878, Child Branch student)

Students did not like being prevented or excluded from learning, especially when they were given unsupervised work, or expected to help out the staffing shortage rather than working with a mentor

"Poor supervision, had to work alone, little time to fulfil personal learning needs or read around applicable areas" (913, Adult Branch student)

> *"I started my placement feeling optimistic that as a final placement student I would be treated as a nearly qualified nurse. Being referred to as 'student' and being expected to do the CSW role (Clinical Support Worker) when one (CSW) was not on shift has made me disappointed with my final placement"* (871, Child Branch student)

> *"We didn't have a lot of patients in. I think the Swine 'flu' has kept a lot of patients away. We didn't feel like we were supernumerary, we were asked several times to go and work in another department, we were students but it was because they were short-staffed. We felt like we were making up the numbers of Health Care Assistants, doing the sort of work Health Care Assistants would do. When it came to the second visit, I said I was happy to go, but if it was going to be a regular occurrence then they'd have to put some teaching on…it wasn't conducive to my learning to just go and feed babies and change babies' nappies...I was well and truly competent at that. I wanted… more experience …of nursing a sick child. But, I wouldn't have been able to do that because we were going because they were short in numbers so they didn't have the staff to like be one to one with us which would have been required"* (Carol, Child Branch student)

However, Hazel had a purposeful transition experience, which entailed extra tuition in preparation for the newly Registered role. Hazel explained how the Trust had developed a learning programme of professional issues to address previously identified needs of newly Registered Nurses. Hazel related how the programme consolidated her learning:

> *"We got put on a pre-preceptorship programme when we started placement …I think they've been building on this for a couple of years and they've picked out areas of weakness really... ... for newly qualifieds… … There's drug workshops, infection control sessions, induction into the Trust and the Trust's goals …… within 'Making it Better' and the funding and resources they've got within that document, ... there was everything to consolidate your learning really* " (Hazel, Child Branch student)

2.2. Availability of learning experiences

In anticipation of their placement, students' were influenced by the opinions of other students as to whether the placement could provide suitable learning experiences to meet their needs. Of the 40 comments in this sub-theme, 37 were positive, including 8 comments about mentors, the particular ward and anticipated teaching:

"Heard from others that mentors are welcoming"
(705 'Confident', Mental Health Branch student)

"A number of my peers have been on the ward and had a good learning experience" (911 'Confident', Adult Branch student)

"Positive feedback about level of teaching on ward from other students"
(824 'Very confident', Child Branch student)

Twenty nine respondents made general comments regarding why they were confident that it would be a good placement, as opposed to only three brief, non-specific comments about other students' negative opinions which gave students no confidence that the forthcoming placement could provide suitable learning experiences. The range of responses centred on being welcomed, valued and encouraged, which helped to build confidence:

"Staff were keen and fantastic – this has developed confidence prior to qualifying. I had an outstanding placement" (766, Adult Branch student)

"Placement was a very busy ...ward, not always conducive to learning. However, staff on the ward were friendly and welcoming and made me feel part of the team. This gave me confidence to manage my own patients while asking for help when needed" (779, Adult Branch student)

"I hadn't had a ward placement for over a year, but the ward staff were encouraging, teaching, helped me undertake spoke placements and gain confidence and independence" (876, Child Branch student)

"This placement gave me so much more than I thought it would. The staff on the ward never missed an opportunity to teach me something new. I was also pushed to think and behave like a staff nurse which gave me the opportunity to consider accountability issues and also made me more positive about my abilities and my transition to a staff nurse. All the staff including the ward manager were extremely welcoming and I felt valued and appreciated on the ward even when they had up to 16 students" (869, Child Branch student)

Feeling part of the team enhanced transition. Students acknowledged the central role of their mentors in most cases, with the ward manager singled out from the milieu of 'other qualified staff' as having particular influence on the students' learning:

"The ward manager, she was really good, she were quite strict, but I think that's sometimes what you need in the running of a ward and, she wasn't that she weren't nice, cos she was lovely, but she was dead stern ... even though she were quite strict, I still found her approachable and could still ask her things, so, she asked me to do jobs and, you know, little things and I'd be happy to do them as well, so, I felt respected as well off her, which is a good thing as well" (Grace, Child Branch student)

In contrast, some mentors did not welcome and coach students:

"My mentor was the invisible man. I had to sort myself out and work with other team members for whole 3 months. Had no interest whatsoever in my day to day work or learning needs" (695, Mental Health Branch student)

As seen above, being considered as a valuable member of the team provided confidence for students to be more independent. Being addressed by their name and having their opinions sought made students feel welcome and considered, but they also expected to take on responsibility in return for being given adequate teaching and being kept informed.

"I was extremely apprehensive about (names placement) but my preconceptions changed as staff were willing to teach and inform me. Excellent placement, I am considering working there in the future"
(936, Adult Branch student)

"Every effort was made to get me as ready as possible for qualifying. I was welcomed and given lots of responsibility, which has helped me to grow in confidence. My learning and development were always seen as a priority"
(911, Adult Branch student)

"I seemed to fit into the team quite well. I think if I didn't, I might have been quite put off and maybe not learned as much as I did. They was approachable, I did feel I could ask them anything I didn't know, nothing felt like a stupid question. Helped a lot with me settling in, built my confidence up" (Grace, Child Branch student)

Esther explained her experience of gradual, structured learning within the team and how humanistic caring helped her to feel part of the team:

"I'd work alongside her (mentor) when she was doing things and she'd have a list of the jobs to do and she'd allocate me things that needed to be sorted

out during the shift that she knew that I could do: sort of like ringing around things and sorting like porters out and stuff like that… … which was good because she'd seen that that was my goal, but she'd also seen the problems and she didn't just throw me in and go, "There you go, you have a go", she'd looked at it and structured it, more like so to help me develop, but in a sort of a controlled way ……it wasn't necessarily always about learning things, they'd be interested in me as a person, like, they'd ask me what I did over the weekend, or something, which was nice, it makes you feel a bit more of the team I suppose" (Esther, Child Branch student)

General comments from the survey also included how staff supported, valued and appreciated students, giving them responsibility and inclusion (818, Child Branch student; 855, Child Branch student; 856, Child Branch student). However, there were those for whom their learning did not seem to be given priority.

(Despite colleagues' comments) *"I went in open-minded. I was treated as a HCA (Health Care Assistant) – doing beds, washes and HCA jobs …… my confidence has dropped I feel like a first year and not prepared for my job"* (896, Adult Branch student)

Students' confidence remained low when they were neither welcomed nor included,

"It's even simple things like making a conversation with me, on my first day, in the clinical room and she wouldn't say a single word to me, I'd just be stood there. That sort of puts you off... (thinking) "am I doing something wrong or should I be doing something else?" (Alicia, Child Branch student)

"Some staff were unfriendly and made me feel incompetent... which affected my learning" (819, Child Branch student)

For some students, they were either not afforded learning opportunities or staff expectations were too high.

"S*ome nurses assume you know everything when you are on your final placement and do not involve you in teaching/learning"* (776, Adult Branch student)

"My confidence wasn't there and I was also a bit nervous because it's my final placement. Everyone was assuming cos I'm a third year, I all of a sudden knew every specialty. "Oh it's OK we've got a third year." I'm like, "No third year can't do everything, it's only my first day!" (Alicia, Child Branch student)

"Staff didn't include me in discussion or decisions about patient care"
(977, Adult Branch student)

Whilst students appreciated the extra load that students placed on mentors' workloads, they had simple advice which would make students feel welcome and make learning available to them:

"I think it's just listen and talk to your students. To still remember that I was still a student" (Alicia, Child Branch student)

"Feel that mentor need to be more understanding towards student in the way they speak to student. Being supportive/positive in the way they discuss your weaknesses" (837, Mental Health Branch student)

"Remember that students aren't as experienced as staff, include them as a member of the team, get to know them and use their name. Give trust and responsibility" (Esther, Child Branch student)

2.3. Satisfaction with provision of learning experiences

Across the fifteen learning experience variables, all had some degree of unavailability in final placement. The variable which demonstrated least availability to students was 'Managing the ward under supervision'. Across the entire sample, for 23.1% (n=48) of the respondents, this experience was either 'not available' (7.7% n= 16) or 'available but not offered' (15.4% n=32). The highest unavailability by branch was for 33.4% (n= 16) of the child branch respondents. The second most unavailable experience was 'Being able to access up to date learning resources', for 16% of child branch respondents (n=8) from a total of 10.4 % (n=22) of all respondents. Mental Health students were in the majority of 'Not being actively involved in medicine administration' at 14.3% (n =7) of the branch students from a total of 7.5% (n=16) across the entire sample (Appendix 22). Therefore, despite all of these learning experiences being 'very important' to respondents, there is a

noticeable shortfall in provision of three essential elements of transition learning for the Registered Nurse role.

Despite the shortfall in some experiences, the descriptive statistics for satisfaction responses show that overall, students were satisfied that their learning experiences had met their learning needs, with a majority score of 4 ('very satisfied') (*Mean 3 SD1*) within and across all of the branches (Table 10).

Table 10. Satisfaction that placement learning experiences met students' learning needs

	Adult branch		Child Branch		Mental Health branch		Totals	
Very satisfied	69	60.5%	32	62.7%	31	63.3%	132	61.7%
Satisfied	31	27.2%	12	23.5%	12	24.5%	55	25.7%
Not very satisfied	10	8.8%	5	9.8%	4	8.2%	19	8.9%
Not at all satisfied	4	3.5%	2	3.9%	2	4.1%	8	3.7%
Totals	114	100%	51	100%	49	100%	214	100%
Mean	3		3		3		3	
SD	1		1		1		1	

Using Pearson's correlation, statistical inference of correlation between the levels of satisfaction and the reasons for satisfaction, have not provided reliable results due to low numbers of counts in each cell, below the minimum threshold count, in a Chi^2 of 4X2. Therefore reporting of trends by descriptive cross tabulation is necessary.

Cross tabulation of the satisfaction levels to the reasons for satisfaction has been undertaken on 16 of the 35 reasons for satisfaction (Appendix 23). The remaining variables were void; reasons for this are discussed within the reflections at Chapter 6.

Satisfaction was positive for all of the reasons for satisfaction with the exception of good learning resources, where 72.9% (n=156) of respondents felt that there were not good teaching and learning resources in their placement and there is a trend for the overall placement satisfaction level to decrease as the percentage of negative responses to the provision of good learning resources increases. Especially positive was that only 5.6% (n=12) of respondents felt that provision for their learning was hindered by having no prior discussion of their learning needs (Appendix 23).

The overwhelming message from within all of the qualitative data regarding placement experiences is that students viewed the final placement as a transition, expecting to emerge from final placement feeling ready to undertake the Registered Nurse role; this had a strong influence on their levels of satisfaction with the provision of final placement learning experiences. Rather than just consolidating previous learning, students expected to be expected to perform at a high level of skill. For many this was realised, but for a few, they still doubted their readiness at the end of the experience due to poor learning experiences such as poor team work, feeling ignored, not being treated as supernumerary and having no recognised professional role development status within the team. For some respondents the learning experience in final placement was so influential as to encourage them to apply for their first Registered Nurse post there, despite no such aspirations at the beginning of the placement:

> *"Final placements are very important and make a big difference as to how you see yourself as a nurse"* (883, Child Branch student).

2.4. Recommendation of placement and influence of placement specialty

Across the entire sample, 84.5% of respondents (n=163) would recommend their placement to others, whilst 15.5% (n=30) would not (Table 11).

<u>Table 11. Recommendation of placement by branch</u>

	Would recommend placement to other students		
	Yes	**No**	**Total**
Adult	86 82.7%	18 17.3%	104 100%
Child	40 85.1%	7 14.9%	47 100%
Mental Health	37 88.1%	5 11.9%	42 100%
Total	163 84.5%	30 15.5%	193 100%

Within the community nursing experiences, 15 adult branch respondents voiced their reasons for recommendation as being allowed independence in decision-making and caseload management:

> *"I was able to visit patients in their own homes alone, which pushed me to take the lead and provide all care"* (773, Adult Branch student)
>
> *"Taking my own caseload working independently was invaluable"* (789, Adult Branch student)
>
> *"Gives you more independence with your own visits"* (925, Adult Branch student)
>
> *"Good learning experience in gaining own assertiveness and decision-making skills"* (897, Adult Branch student)

A mental health branch respondent would recommend their placement because they were:

> *"Managing crisis on a daily basis - working alongside CPN (Community Psychiatric/ Mental Health Nurse)"* (854, Mental Health Branch student)

In general, respondents appreciated nursing more from the patients' perspectives and felt that visiting on their own increased their confidence in caseload management, relating to patients with a range of cultural needs:

> *"Able to build on confidence of above (making decisions about changing treatment) also building nurse-patient relationships also with family"*
> (961, Adult Branch student)

> *"Learning about caring from patients view"*
> (725, Mental Health Branch student)

> *"Massive range of clients needs including cultural and religious considerations"* (711, Mental Health Branch student)

General recommendations of community placements mentioned that:

> *"I was encouraged to seek out diverse learning opportunities. I was encouraged to set personal and professional goals and opportunities to fulfil them. I was able to demonstrate management competencies, e.g. taking the lead in treatment clinics with supervision of Registered Nurses"*
> (956, Adult Branch student)

> *"Staff were extremely supportive and encouraged me to try new techniques/develop skills"* (773, Adult Branch student)

> *"Staff willing to assist student reach goals"* (901, Adult Branch student)

> *"The staff welcomed students and helped them feel part of the team and that they were important"* (914, Adult Branch student)

> *"You learn skills that you cannot in a hospital"* (863, Child Branch student)

From a total of 41 comments from 27 respondents as to why they would, or would not recommend their final placement community experience to others, there were only six negative comments, which related to a lack of opportunity to rehearse medicines administration and an initial difficulty fitting into the team:

> *"I found it hard to 'fit in' for the first few weeks as the team did not communicate with me often"* (776, Adult Branch student)

As can be seen from the high number of positive recommendations and comments regarding community placement, being able to choose this specialty for final placement fulfilled most respondents' learning needs. All of the adult and child branch students who were placed in community had requested the placement and only two of the respondents were dissatisfied because a child branch placement with the Health Visitor had not enabled case load management (808, Child Branch student) and an adult student had not been permitted to care for diabetic patients, give injections or give palliative care on their own (921, Adult Branch student).

Of those mental health students who had been placed in community, one respondent would recommend their placement if students had no previous experience of community mental health (702, Mental Health Branch student). Respondents placed in the specialty of substance misuse commented that this was a long placement in one specialty if you really didn't want to go into that field (705, Mental Health Branch student; 836, Mental Health Branch student), as it was

> *"...very specialised and OK if you wanted to be a drug worker, but you only saw a small amount of patients diagnosed with mental health needs"*
> (835, Mental Health Branch student)

However, other students found that *"Community detox was interesting"*
(836, Mental Health Branch student)

Within the hospital placements, the influence of placement specialty specifically was rarely commented on as a reason to recommend the placement to others. Reasons for not recommending a specialty included a lack of opportunities when the nature of the clients required a restricted range of clinical skills. This respondent thought that:

> *"…final placements should be a busy medical or surgical ward where students can take on the staff nurse role under supervision to its fullest extent, including clinical skills, admissions, discharges etc"*
>
> (782, Mental Health Branch student)

Similarly, another respondent appreciated that their placement specialty was useful for their learning because of the steady pace of changing patients:

> *"Busy enough to enhance time management skill and other skills, but not too busy, with a fast turn over of patients giving good admission and discharge experience"* (942, Adult Branch student)

However, the students also realised that because it was a very specialised ward there may be *"wasted skills if not going into the specialty"* (942, Adult Branch student).

Placements which delivered predominantly intensive care or accident and emergency care were viewed positively for providing emergency experience, but negatively if not gong there as a first post, as they provided no opportunity to be involved in care decisions or for being in charge (814, Child Branch student; 819, Child Branch student) and that, as most intensive care medicines were intravenous, students were unable to participate in medicines management (871, Child Branch student).

A mental health branch student would not recommend their specialist placement away from adult mental health care because of a loss of skills across a long placement not of their professional interest

> *"I felt as though I lost my skills in adult mental health as no Care Planning, Risk Management and Medications were carried out…*
> *… the placement was too long for the last placement, especially when you are looking for a job in a particular field"* (721, Mental Health Branch student)

Qualitative data from the child branch interviews added that learning was enhanced by the placement specialty due to the opportunity to be involved in giving specific care to children with specific conditions, especially the administration and management of

medicines. The influence of placement specialty was sufficient for four of the eight child branch interviewees to apply for their first post where they had undertaken their final placement, despite this not being considered before they went to that placement. Specialty influenced interviewees' learning in the following ways.

Esther was able to learn about the usage of intravenous medication management for a specific specialist treatment, but generally used the experience to learn complex calculations, capitalising on her night duty as a quieter time away from the fast pace of the daytime when staff had less time to explain:

> *"…when we were on nights, she was able to spend time with me and work with me to do things that I wanted to learn and do. She was able to sit down and like talk to me about (the specialty) as well, which was really useful. (On days) they're like, "Oh it's just cos of this, this and this, it starts at nought and times zero and times zero", and stuff, I was like, it just needed someone to just go, "Right, this is how you work it out", and I suppose that's why, like I said on nights, … it was nice because it was a lot slower pace"*
> (Esther, Child Branch student)

Similarly, Francine learned to calculate "tiny amounts" of medication, but the specialty made some staff wary of involving students:

> *"…the sisters were all really good, some of the staff nurses were a bit, cautious of me, helping them, cos I think they, they're using such tiny amounts of drugs, I think, they wanted somebody else more senior to oversee them, if that sounds right…"* (Francine, Child Branch student)

Having early hands on experiences and observing the "life-saving" work of others inspired Barbara to apply for her first post there, as opposed to following her initial career plans. Barbara was surprised to be involved in carrying out care so soon into her placement. The encouragement and role examples of the staff to research the care they were giving helped Barbara to feel motivated to learn. Although this ward unit hadn't

been her choice of first post before undertaking the placement, Barbara was soon extremely interested in being a part of that team

> **"***I didn't think I'd actually be doing the hands on in the way that I was doing……*
> *I really enjoyed it, it encouraged me to research I think, cos if I hadn't have enjoyed it I don't think I would have been as passionate on the research side of it, whereas cos I really enjoyed it I was getting books out of the library, looking up on the computer, using the books that they had on the unit, …… all the nursing staff on there inspired me to learn as well, which was really good, they're dead encouraging*
> *… you could see that they actually loved what they were doing you could tell that it was, they actually enjoyed the job which is a good thing, there's not much point going to work if you don't enjoy it; you could tell they were passionate about what they were doing by how they treated patients, the family, how they worked as team as well, which was good*
> *……I was thinking of more like (names place) … so I'd applied already for there, but as soon as I'd started working on (this placement) I changed my mind completely"* (Barbara, Child Branch student)

Diane had her placement in a specialised unit where staff worked as a team to manage students' needs, everyone being aware of learning needs and opportunities, such that when interesting cases were admitted, it was immediately seen as appropriate for Diane to be included, and, again, Diane applied for her first post there, against her initial career ideas:

> **"***I was very fortunate that the area I was in, if we were quiet, the staff would set up scenarios so although we weren't necessarily with a patient, we were planning what we would do if this happened…*
> *The staff in general, they were very help… if they knew there was something that we wanted to do and the situation arose, then they would, ask us if we wanted to be involved in the situation … even if we weren't their student that day they'd say, "Oo I'm just doing this and I know you wanted to get exposure to this, do you want to come with me?"*
> *…Prior to the placement, I didn't want to work in that area……*
> *while I was there, there was three new starters and I saw the induction process that they got, the support that they got and just that the teaching and the, everything that's thrown at them and I just thought because of the support systems they've got and the teaching they've got, as a first post it would be a great advantage to me to have all that and a lot of the other wards were quite busy and they weren't necessarily getting that support, I did find*

> *the area quite challenging but enjoyable as well… it does have a lot of different patients at different standards of care, we do have intensive care beds, we have HDU beds and a normal ward as well.*
> *So, I was thinking to myself, "This as a first post could be quite a good post for exposure and support and things""* (Diane, Child Branch student)

Carol and Alicia were not so fortunate as to gain from the placement specialty.

Carol was denied the opportunity to be supernumerary in order to observe the high dependency care which she had planned, which was available within the placement area.

Alicia had a specialist placement were she eventually learned the skills which she anticipated, but was not sufficiently involved in specialist aspects of the placement care which were available, as they were not promoted to her. Alicia's placement had many specialties due to a recent merge of several wards. Staff didn't think ahead and either didn't include her or forgot when she had asked for something specific:

> *"They were very nice people, but not for helping me to learn"*
> (Alicia, Child Branch student)

Grace and Hazel had their final placements in separate District General Hospitals. Hazel also felt that the placement specialties were not promoted, as well as her having a case load which prevented supernumerary status to allow the freedom to learn about caring for any unusual or specialist cases.

In contrast, Grace had variety and flexibility in a general children's ward, which received all specialties. Grace could attach herself to any member of the mentoring team and learn at her own pace. The general nature of the medical specialty brought a high number of admissions for 'Swine 'flu'', providing Grace with the opportunity to improve her teaching skill whilst educating children and parents about cross infection:

> *"I'd, I say, "Well, I'm not confident in doing it, do you mind if I watch you do it?" And they'd talk me through it as they did it, and then said like, "Would*

you be happy to do it again or, or would you want to see another one before you did it again?" And, just, just talking through it really.
…while I was there, there was a lot of this Swine Flu, so we learnt a lot there that, you know, having to teach parents as well about health promotion and, and then I learnt more, from, you know, through doing that and through actually being there, and as things come up, then dealing with them and then learn which way's best to go with them" (Grace, Child Branch student)

Similarly, but in a more specialist placement, Esther had freedom to learn about unusual cases by being assigned team mentorship:

"I found that on that ward they seemed to have like the same sort of little team on a shift and then so if I worked with one of my mentors it would be the same people…but If I worked with my other mentor, it would be the same people but with her group, which was nice because you, you got familiar with them and they knew your name and they got familiar with you and they felt able to, like call on you to help them or …
if they found something of interest that they thought that I would be interested in they'd say "do you want to come and do this with us?" and like ask my mentor if I could go and see them, and see what they were doing, like if they went down to radiology for scanning, like a brain tumour or something and they thought I'd think it was interesting, they'd bring me along … which was nice" (Esther, Child Branch student)

Overall, the placement specialty was promoted more often than not for the interviewees and provided specific and transferrable transition skills through a variety of experiences and supervision.

Whilst the respondents' examples of the influence of placement specialty refer to their own individual placement, in order to reduce the number of categories for analysis, when examining the influence of placement specialty on the availability of the entire survey list of learning experiences, individual placements have been grouped into specialties using the terms provided by respondents in the questionnaire and researcher professional judgement.

The non-availability of learning experiences can be seen to relate clearly to certain placement specialties (Appendix 24). Across the different branches of nursing students,

the opportunity to ‘manage the ward under supervision’ within the child branch was reported by 14.6% (n=7) respondents as ‘available but not offered’, noticeably higher than within either of the other two branches (adult 6.2% (n=7), mental health 4.3% (n=2)) (Appendix 22). In the ‘not available in this placement’ responses, the relative percentages changed with child branch still having the highest non-availability of managing the ward at 18.8% (n=9), mental health with 14.9% (n=7) and adult with 13.2% (n=16). When availability of managing the ward was cross-tabulated to placement specialties, the largest group of responses of ‘not available’ came from those students placed in adult community (33.3% n=10), children’s community (60% n=3) and the various mental health community placements (Appendix 24). Whilst ‘managing the ward under supervision’ is obviously not a feasible option for this kind of placement, it may not be important to the community placed child branch students as they had all chosen to have a placement in community, which may be their intended Registered Nurse career. Had community been a given placement, this lack of experience for first RN post in a hospital may have caused dissatisfaction, as seen in previous mental health branch responses. However, there are also hospital-based placement specialties where ‘managing the ward under supervision’ is not available to students. The highest non- availability was within children’s specialist surgery, where 36.6% of respondents (n=4) stated this experience as being not available and 9.1% (n=1) stating that it was available but not offered (Appendix 24). Hence, a total of 45.5% (5 out of 11) students were unable to experience managing the ward under supervision across three different ward units from a total of seven within the children’s specialist surgery group.

The cross tabulation of learning experiences to placement specialty groups shows that only one placement specialty can offer the full range of listed placement learning experiences which are considered by respondents as ‘very important’ and ‘very useful’ and that for three placement specialty groups, there were at least 11 of the 15 learning experiences not available or not offered to respondents (Appendix 24). Of the responses to the question of which ward or placement specialty respondents were allocated to, 7.5% (n=16) were imprecise, hence a small amount of data has been lost.

Because specific placement types have been grouped together into placement specialties as denoted by the respondents and using researcher experience, this may have inadvertently produced an incorrect projection of experience availability whilst being mindful to maintain anonymity of placements. A more accurate picture would be to take this work further, as a deliberate, separate study, to log a full inventory of final-placement-specific learning experiences available in every individual placement.

Despite the range of unavailable experiences, there were only three placement specialties which had more negative than positive recommendations (Appendix 25). Throughout the findings, it is apparent that the availability of learning experiences is not the only determinant of satisfaction, and hence recommendation of a placement. There are many examples of how the input of mentoring staff plays a large part in making students feel positive about themselves and recognise the usefulness of their learning experiences.

2.5. Personal qualities for learning in final placement

As well as the responsibilities of the mentoring team in placement, students recognised that they too had obligations to manage their own learning. Students also had several already well-developed personal qualities which they saw as enabling them to learn and

they expected to be able to use these qualities during their final placement in partnership with what was provided by the mentoring staff, possibly offsetting some of the shortfalls of placement provision:

> *"I am well prepared and know what I want to achieve"* (887, Child Branch student)

> *"I am pro-active towards my learning and believe that you get out of placements what you put in"* (869, Child Branch student)

> *"I am a self-directed learner so I will make the most of it"* (818, Child Branch student)

Respondents described themselves as pro-active, self aware, self directed, resourceful, motivated and able to drive the process of learning through use of Personal Development Plans and their own assertiveness:

> *"If that placement isn't meeting my needs, I will arrange spoke placements that will"* (974, Adult Branch student)

> *"I will reflect on my learning needs and ensure I have the supervision and opportunity to gain these needs"* (837, Mental Health Branch student)

> *"I'm always keen to learn and be involved"* (932, Adult Branch student)

> *"I just generally become excited about starting each placement and the opportunity to learn more and to provide patients with best quality of care"* (950, Adult Branch student)

> *"I will seek guidance from others if I do not understand, until I am confident with answers in relation to best practice"* (837, Mental Health Branch student)

Being confident that final placement could fulfil their learning needs, several respondents were quite self assured that they were bringing learning with them to final placement on which they were going to build:

> *"My own capabilities from experiences at different placement areas from the past 2 years. I feel I am capable to do other things but still need supervision from mentors"* (842, Mental Health Branch student)

As well as being assertive, confidence and motivation were part of being a good communicator:

> *"I am more confident and able to direct my learning and express my goals to achieve"* (972, Adult Branch student)

> *"I am a motivated and confident communicator - this will help me achieve my learning needs"* (790, Adult Branch student)

There was also advice from the interviewees to other students about personal qualities and preparations which would help them to manage their own learning:

> *"..look at the challenges and plan ahead"* (Alicia, Child Branch student)

> *"Try to keep it simple for the first six weeks (until the practice assessment is completed) then maybe add to it (the PDP) later on"*
> (Francine, Child Branch student)

> *"Try to get the best out of practice…every day is a chance to learn"*
> (Barbara, Child Branch student)

> *"Be enthusiastic, be interested in them and what they are doing, even if you don't want to be there, and they'll be interested in you"*
> (Carol, Child Branch student)

> *"Go with an open mind and be positive and try to gain what you can"*
> (Hazel, Child Branch student)

> *" …or like saying when how they weren't my own patients, saying to my mentor, or whoever I was working with, "Can I work them calculations out? Can I do those medicines?". Asking, instead of waiting to be …"Do you want to do these?", sort of thing like some people do sort of go, "Do you want to do these medicines?", which is really nice, but some don't, and just sort of carry on with the job, cos that's what they're used to and then, when you're there, they just carry on as well, and you sort of need to go, "Hello, I'm here, can I do something?", and I suppose that's how you help yourself"*
> (Esther, Child Branch student)

Summary

Overall, more students were satisfied with their learning experiences than dissatisfied, with many respondents reporting excellent learning opportunities, facilitated by

interested, helpful staff, who discussed their learning needs and provision for their learning in advance of them undertaking their clinical experience. Within their learning experiences to meet their learning needs achievements, students voiced the holistic nature of where and how these learning achievements were accomplished, within societal and placement practicum cultural diversity. Positive learning experiences outweighed negative learning experiences. However, some negative experiences need addressing in order to provide the same level of availability across all of these perceived as 'very important' learning experiences to meet the 'very important' learning needs, such as managing the ward under supervision, providing up to date learning resources and involving students in medicines administration. Students were dissatisfied with learning experiences when they did not have prior discussion of their needs to organise provision for their learning and when they were not made to feel part of the team, or given supernumerary status to explore their learning with a legitimate, professional role-development focus.

Personal qualities, which complemented the mentoring and staff organisation of learning experiences, included the need to be assertive and manage one's own learning, to ask and show interest, so as to be included and valued.

Findings Theme 3.
Final placement allocation satisfaction

Overview

In respect of students' satisfaction with the allocation of final placement, five quantitative survey questions and two qualitative themes contributed to the integrated sub-themes for presentation of data, summarised at Figure 10.

Figure 10. The construction of integrated sub-themes for presentation of data at Theme 3

Quantitative findings

Equity of placement allocation :
Yes/No frequencies from pre-placement Q 3.4

Would students like a greater choice?
Yes/No frequencies from pre-placement Q 3.5

Range of placements to choose from
Descriptive frequencies – pre-placement Q3.6

Issues which would influence a choice of final placement
Descriptive frequencies - pre-placement Q 3.7

Spoke placements undertaken and why - any relation to satisfaction of placement allocation
Post-placement Q3.5

Qualitative findings

Fulfilling personal learning needs
-Management
-Leadership
-Knowledge
-Patient care
-Fulfilling programme requirements
-Passing assessments

Placement allocation satisfaction
- Choice
- Preparation for first RN post
- Equity of allocation system

Integrated findings for presentation

1. *Equity of placement allocation*
2. *Choice of placement*
3. *Range of placement choice*
4. *Issues which would influence a choice of final placement*
5. *Spoke placements undertaken*

Within the target cohort, adult and child branch students were given a choice of having a hospital or community placement, with no choice of specialty or ward unit. Those who requested a community placement were allocated such, and the remainder had hospital placements, hence, all students from adult and child branch who were in community placements had elected to be there. This choice could not be extended to the mental health branch students due to restrictions within the availability of placements; they were allocated across the entire branch placement circuit of institutional and community mental health placements. Some placements, such as operating theatres, are excluded from final placement allocations, due to the lack of continuity of caring for patients.

Some students had been allocated to a specialty where they have been before, but not usually the same ward. Some students had 'chosen' their placement ward unit by swapping with another student in a similar specialty, with placement officer permission.

3.1. Equity of placement allocation

Quantitative responses demonstrate an overall dissatisfaction with the equity of placement allocation (Table 12).

Table 12. Respondents' views of equity of allocation

	Equitable Allocation		
	Yes	**No**	**Total**
Adult	25 (29.1%)	61 (70.9%)	86 (100%)
Child	17 (39.5%)	26 (60.5%)	43 (100%)
Mental Health	4 (26.7%)	11 (73.3%)	15 (100%)
Total	46 (31.9%)	98 (68.1%)	144 (100%)

However, when the qualitative data were examined, most of the responses do not relate to fairness of allocation, i.e. equity. The responses were concerned with having a choice (69 responses), how an elective placement would provide the opportunity to be placed in the

specialty where the respondents intended working (41 responses) and general issues about the system of final placement allocation which did not take account of personal learning needs, travelling distances to placement or the appropriateness of the placement to fulfil final placement needs (84 responses). Whilst these general issues are acknowledged as important to students for their professional role development, the fact that they are applied equally across all students makes them equitable rather than inequitable. Those responses which dealt specifically with inequity relate to the uneven distribution of placement specialties across the student group, for example:

Being able to change placements or being allocated to an experience where students had already been, when other students were not allowed to go back to places they had been, or students had not had a very diverse range of experiences (6 responses). There were also responses within other free-text boxes across the surveys which related to equity:

> *"There seems to be no system to ensure everybody gets a mixture of wards"*
> (937, Adult Branch student)

> *"I've had 3 critical care placements, others have had 1. My placements have been similar"* (871, Child Branch student)

> *"Some students have a group of placements in one specialty e.g. ICU+HDU+Critical care whereas others have limited critical care"*
> (920, Adult Branch student)

> *"My placements have been mostly Neuro based I have HCU (High Care Unit) for final placement"* (945, Adult Branch student)

> *"Some students have had community more than three times"*
> (826, Mental Health Branch student)

> *"Some students get to change placement as it suits them, others don't"*
> (896, Adult Branch student)

Others stated that a small number of students per ward would benefit final placement students as too many students minimises managerial experience opportunities (942, Adult

Branch student; 749, Adult Branch student; 834, Mental Health Branch student; 697, Mental Health Branch student). During the interview, Francine's view about numbers of students in the placement was as follows:

> "*… it's hard when there's a lot of students, I know, on my first placement at (names ward) there was a girl on her final placement, and I think there was, fifteen students, and I think she struggled to get the attention because she was a third year in final placement it was a busy unit, I think they expected a lot of her, .. she was sort of put in charge of bays and things like that, she got really upset cos she was not getting her paperwork done, achieving things that she wanted to set out; so, I think it does depend on how many students are there, and how busy the place is. I was lucky like I say, I achieved everything and more. But, mm… I only had these other two students, but they were there sort of in the middle of my placement, so I was there on my own at the beginning, there on my own at the end, and these two came in the middle; and they were good, they put us all on opposite shifts and things like that, but I think, some places, they have so many students, you just can't split them up, and I think if you're on a third, final placement, with too many other students, ...from my experience with that one girl, I'd say it'd be hard to achieve everything if there's too many students*" (Francine, Child Branch student)

3.2. Choice of placement

The question regarding the wish for a choice of final placement returned a 95.5% (n=149) positive response (Table 13).

<u>Table 13. Would students like a greater choice of placement?</u>

	Yes (n =)	**No (n =)**	**Total n =**
Adult	95.3% (81)	4.7% (4)	85
Child	93.0% (40)	7.0% (3)	43
Mental Health	100% (28)	0 (0)	28
Totals	95.5% (149)	4.5% (7)	156

3.3. Range of placement choice

A fixed response option was given for the range of placement choices from which students would like to be able to choose (Appendix 26).

The lower number of Mental Health branch responses is due to this response not being present on the pilot questionnaire. However, these findings show that the majority of respondents would like to choose a specific ward or unit from the entire range for their own branch.

3.4. Issues which would influence a choice of final placement

Respondents were asked what would influence their choice of placement, from a list of eleven items (Appendix 27). Again, the smaller sample size of Mental Health branch is due to their pilot version containing a less sophisticated version of these options, which could not be included in the analysis. However, it can be seen that, without exception, the Mental Health branch responses are following the same trend as the other two branch responses.

Results show that respondents would like to be near to their home, in a placement which does not have large amounts of students and can provide learning to consolidate and extend their skills and knowledge. Respondents would prefer to choose a placement with clients related to their first post and would be influenced in their choice by the type of clients as well as by the reputation of specific mentors in the placement.

Within the qualitative data, respondents had the following complementary reasons for why they would want to choose their final placement (Box 9).

Box 9. Reasons for wanting a choice of final placement

- Fulfil personal learning needs
- Learn in an area of interest
- Learn in an area where they feel confident rather than stressed
- Learn in the same field as their first RN post as preparation
- Learn in a placement which can be reached without difficult or unsafe travelling

In respect of fulfilling their personal learning needs (40 responses); these respondents' comments reflect their perception that they have been allocated a placement which, having not chosen it, will not meet, or has not met, their learning needs:

> *"Patients are likely to be self-caring and not requiring clinical interventions"* (782, Adult Branch student)
>
> *"I have never wanted to work in elderly medicine therefore my learning goals have had to be changed"* (960, Adult Branch student)
>
> *"I feel that this ward provides basic care only and is not specialised enough to learn new skills on"* (960, Adult Branch student)
>
> *"Long turnover of patients; therefore may be repeating skills & not exploring new ones"* (802, Child Branch student)
>
> *"It is an area of mental health nursing that I have no interest in pursuing- it is too stressful an environment to effectively learn"*
> (850, Mental Health Branch student)
>
> *"Patients are likely to be self-medicating with topical treatments so administration of medicines cannot be practiced"*
> (782, Adult Branch student)

Many respondents felt that there should be some element of choice of final placement; some wanted to choose so that they could pursue an area of interest, for others, their choice would be a match to the specialty of their first RN post. Being placed in Intensive Care or with community Health Visitors, without choice, was stated as being unhelpful in transition as the students could not have their own case load and make patient care decisions, however, one respondent who did want an Intensive Care placement echoed the sentiment of several who wanted a placement which matched their first post:

> *"Should be able to choose, I have a job on ICU but didn't get chance to learn any of the biggest skills required for ICU on my placement"*
> (931, Adult Branch student)

"Chance to work in a particular field to aid transition into first post rather than final placement being a completely different specialty"
(812, Child Branch student)

Respondents stated that they would be more motivated and eager to learn if they could choose the area they might want to work in, as students often know by last placement where they want their first RN post (875, Child Branch student; 866, Child Branch student; 842, Mental Health Branch student).

In wishing to choose a placement as preparation for the RN role this response typifies others (25 responses):

"Final placement should be allocated with consideration as to first post – my first job is in ICU; a quiet elective surgery ward has not prepared me for ICU or even as a newly qualified, the unit was too quiet"
(916, Adult Branch student)

Others agreed that a placement matched to the intended field would

"... have improved skills, confidence and job appeal"
(907, Adult Branch student)

"... help greatly to gain experience in the area they are interested in"
(863, Child Branch student)

"....enable us to have more experience with the type of job you want to do in the future" (853, Mental Health Branch student)

A matched placement would also make students

"feel better prepared for qualifying as a staff nurse"
(857, Child Branch student)

However, others would want to choose:

"Placements which are intense, informative and busy to allow development of skills" (932, Adult Branch student)

Several respondents were able to recognise transferability of skills from a given placement to their first RN post:

"I did enjoy this surgical placement and have learnt lots of transferrable skills. I feel confident taking a job in ICU even though I haven't spent my final placement there" (920, Adult Branch student)

Placements unmatched to the first RN post were not appreciated where transferrable skills were not apparent:

"I have been lucky enough to get a post in neonates and therefore found this placement good for the transition I will shortly face. However, I do feel that because this area is so specialised and I may not have got a job in neonates, it may not have been as suitable if I was to have got a job in general children's nursing" (857, Child Branch student)

"Overall, an excellent and enjoyable learning experience. But: I was placed on a medical ward and my first role is in the surgical field. Leaving me in some ways unprepared for the transition" (907, Adult Branch student)

"Work in a particular field to aid transition to first post rather than final placement being a completely different specialty"
(812, Child Branch student)

Esther explained about the contrast between her own experiences and those of her peers, in so much as a general ward had helped her to learn transferrable skills, rather than learning specialist skills which are not transferrable to a different specialist placement:

"… a lot of my friends are saying to me now because my job that I've got and I'm waiting to start is on a general ward, they're saying like, they've gone into a speciality ward that they find it really difficult and maybe that's what the last placement, something more general should be because you develop a range of skills, whereas sometimes you're a bit too focussed… like a lot of my friends, like now, they're in their jobs and they're in the children's hospital, and they're very specialised wards and they're finding it hard, because they're saying they've got so much to learn and they feel like they're learning all, they're being a student all again because they have to learn so much…it's good to see all the specialities, but when you've had thirteen weeks focussed on one, if you're going to a job like they have that's different, they're finding it hard because it, they learned all that and then it, it seems a bit useless for them, do you know, not useless, but they've got to learn all over again " (Esther, Child Branch student)

Whilst Carol's view was that a choice of placement would ease transition if it were a place of direct relevance to the first Registered Nurse post:

"I do think that we should be able to choose our own placement area… I think if you've got an area in mind that you've either been to before or really interests you and you know that's where you want to work, it could be really helpful for your transition. Or if there's an area that you've always wanted to work in but you've never had the opportunity to and you do go to that, that could either sway it, "I definitely don't want to work there" and your career can go off in another angle or, "Yes, I definitely want to work there, that's where I belong", and your transition's easier.
I suppose I did know that I wanted to work there… …when I speak to other nurses who've qualified at the same time as me, their transition has not been as easy as mine, because I'm familiar with the staff, the ward, the doctors and who comes round at what time...other members of the MDT get to know you … and they do treat you differently... in contrast to a couple of colleagues who've worked in areas that they have worked in before, but it's been a while since they've been there, so things have changed and they don't know the staff or where things are kept, or the doctors or the routines and I think that's quite difficult really" (Carol, Child Branch student)

Learning in a placement which can be reached without difficult or unsafe travelling, respondents were appreciative of good placements, but some were genuinely inconvenienced by the long journey and expense:

"The placement is travelling distance and I have no transport this has not been taken into consideration. I will be very tired getting 2 buses to placement and back this will affect my learning" (896, Adult Branch student)

For some students, placement allocation became less of an issue once they were there, because of the interest and support of the staff:

"*Despite low expectations, long journey on public transport, poor previous experience on an adjacent ward and client group that didn't interest me; the team were excellent, the client group interesting and challenging. I was expected to work as a qualified member of staff under supervision-thus- my learning outcomes were far greater than expected, all in all transferrable to my preferred client group. I think the staff made the difference and therefore, the client group was less important than I originally considered"*
(850, Mental Health Branch student)

"Despite being a very long drive every day from home, a very good placement. Great team. Had chance to work at my pace. I felt valued and that I had done a good job. I gained confidence. I couldn't consider this for RN post due to travelling distance" (968, Adult Branch student)

Diane voiced a different perspective on choosing a final placement, which was in contrast to the majority of views, but a realistic professional insight:

> *"I always thought that for final placement it would be nice for us to choose the area we're going to, but then at the same time, if you choose, if you end up choosing an area then you might not have an exposure to a new area that you've not seen, so at the same time it can have its advantages and its disadvantages. I think that the way that the placements are structured over the three years, you do have exposure to every area, so, in itself, the final placement, does kind of …bring it all together and it does work well. So I have changed, cos I think if you'd asked me a year ago I would have wanted to have chosen my last placement, but then now, looking back, I think it didn't make a huge difference I don't think…*
> *I think it was just that I wanted to choose an area that I would be happy with and that I would want to work in, but then at the same time, if you've got exposure to a new area, …it's a new area of learning, it's a new … new target to aim for, it's a new thing to do; so I do think in a way, if you end up choosing an area that you want, you could end up doing a placement that you've already done before……so you've not had the advantage of a new area and a new exposure, whereas if you are given the placement, you never get given the same placement twice so you do have the area, the chance of learning a new skill or having exposure to a new area that you've not been exposed to before"* (Diane, Child Branch student)

Overall, an element of choice is desired by most respondents, so that they can either

- Choose a placement which matches their first post specialty,
- Choose a general placement to consolidate many skills if they don't know where their first post will be, which will extend their learning or give them transferrable, rather than specialist skills
- Choose a placement which will extend their professional interests, knowledge and skills
- Ameliorate personal circumstances

If not choosing their own final placement, respondents would like a placement which will extend, but not constrain, their professional learning

3.5. Spoke placements undertaken

'Spoke' placements'[1] undertaken were examined to see the reasons why students were choosing to step outside of their allocated placement setting (Appendix 28). The majority (83.3% n=70) of the 84 reasons were to extend relevant learning, however, there were three reported cases (3.6%) of students moving to wards which were short-staffed, one occasion of a student moving to another ward with her mentor, three occasions (3.6%) where the move was due to unsuitable or unavailable learning experiences in the hub placement, and one 'golden spoke' placement to the intensive care unit for six weeks as specific preparation for the first RN post.

Hence, given that within the current system of allocation, changes of placement are only permitted where the allocation cannot fulfil NMC requirements for pre-registration programmes (NMC 2004a), it can be seen that, on the whole, respondents were keen to use spoke placements to extend their learning related to the final placement, but use of spoke placements due to inability of placement to meet their individual learning needs in relation to programme requirements were minimal. This data does not capture moves to explicitly address personal learning needs, except for the one student who stated that they were placed in ICU as a spoke with the specific purpose of gaining that experience for their first post.

[1] The term 'spoke placement' is used in this context as a representation of a 'Hub & Spoke' model of placement experiences, where the spoke represents short term placement to another specialty linked to the main placement which is denoted as the 'Hub'.

Summary

- The current final placement allocation system lacks choice, and may lack some equity as seen in the few responses regarding placement allocations which actually refer to perceived unfairness, such as repeating placements or having hardship as a result of an allocated placement, which others did not have to experience.

- Aspects of allocation disliked by respondents included having a placement which did not take into account their first RN post or desired learning experiences.

- Those respondents who had specialist placements which did not match their first post reported a lack of transferable skills from one specialty to another.

- Those respondents who wished to begin professional socialisation ready to function immediately upon Registration wished to have been placed in their first post ward or unit.

- There remain specific placements which are not suitable for providing the range of final placement learning experiences expected by students.

Summary of findings

A range of learning achievement needs and experiences of final placement students have been described through integration of the quantitative and qualitative data. The personal importance of the learning achievements and experiences has been explained by students in the context of a constant undercurrent of their contribution to preparing for the Registered Nurse role, rather than only as consolidation of previous learning. The findings highlight the positive and negative differences which mentoring and supervisory staff make through their affordance of learning through themselves as a resource and provision of learning opportunities. Findings show that students bring a wealth of personal qualities to the learning environment to complement the learning experiences available, in order to fulfil their personal learning needs. The findings suggest that students have a desired skills set of clinical, managerial and interpersonal abilities interwoven with the need for evidence-based knowledge and a legitimate place of value within the team towards personal professional role identity development. There is an expectation of provision of general and particular learning experiences, which some placements are less able than others to provide. Findings show an expectation of the

upholding of supernumerary status to provide freedom to learn within the team mentoring system which is used to support the 1:1 mentor:student pairs. The influence of placement specialty and placement allocation on professional role development has also been examined, determining that a preferred model of placement allocation is to extend the choice of final placement beyond that which is currently available, so that students could choose an area of interest or a match of specialty to their first post, recognising the strong perception of final placement as specific preparation for the first RN post.

These findings will be explored further in relation to the research objectives through discussion of their relationship to the existing evidence base of final placement learning achievement needs and facilitation experiences.

CHAPTER 6

DISCUSSION

The aims of this research are to explore student needs, experiences and preferences for learning in final placement; to examine whether the current methods of facilitating final placement learning meet the needs of student nurses and to generate an evidence base, from the students' perspective, which directs and informs final placement learning-facilitation best practice.

Findings suggest that students' perceptions of their learning needs, experiences and placement allocation satisfaction are held together by a constant awareness that the final practice experience is their time for development of an independent professional role identity in preparation for their first Registered Nurse post. Hence there is a sense of urgency to pass through sufficiently meaningful experiences so as to arrive at the end of final placement having achieved this independent role identity, which encompasses Fitness for Practice and Fitness for Purpose (NMC 2004a). Students perceive the need for consolidation of previous learning and achievement towards the Fitness for Practice assessment proficiencies for entry to the Professional Register, as well as achieving the professional socialisation necessary to enable them to be specifically Fit for Purpose to function effectively in the placement specialty of their first RN post.

Three main themes were contained within the data:

- Learning achievements and fulfilment of personal learning needs
- Learning experiences and personal qualities for learning
- Final placement allocation satisfaction

The themes will be discussed in relation to the research objectives. Limitations of the study will be acknowledged through reflection on the study method, including researcher reflexivity and limitations. Personal learning concludes the chapter.

Objective 1.
To explore and understand the learning needs, experiences and preferences of students before and after their final practice placement

Presenting students' learning needs and achievements in isolation from their experiences risks the appearance of achievements being considered to be context–free, however, without first defining what the students wish to learn, an exploration of their experiences would be meaningless.

Learning Achievements and fulfilment of personal learning needs

From a cohort of 278 students, a sample of 228 respondents variously confirmed a synthesised final placement learning achievement needs inventory of 46 items of importance to them. Within the reliability of non-parametric testing, the paired sample t-tests have provided a measure that 24 of the original listed learning achievement needs remained important after placement, confirming that students' pre-placement perceptions of what they needed to learn were realistic and hence corroborating the fact that students were able to realistically recognise their learning achievement needs in advance of final placement. The usefulness of the inventory as a guide from which all students can direct their learning achievement is based on a high percentage sample and thus represents the needs of many rather than few students. There may have been an element of prioritising learning needs after the placement experience, as seen in the example of the perceived importance of learning to care for people with tracheostomies. Although this is an advanced, and sometimes life-saving, skill, caring for people with tracheostomies is

needed relatively less often than some of the more fundamental skills, returning a mean rating during repeated measures testing of 'neither important nor unimportant' in final placement, hence 'caring for people with tracheostomies' is not included in the Learning Achievement Needs Inventory which was generated from the findings (Table 14).

Table 14. Learning Achievement Needs Inventory for final-placement-specific learning

Learning achievement needs confirmed by students as important or very important	
Management	**Specific caring skills**
Management of patients' needs and patient care	Insertion and testing of naso-gastric tubes
Prioritising care	Feeding patients/clients using a naso-gastric tube
Management of the ward/unit/clinic ward	Participating in psychosocial interventions
Management of my own workload	Administering medication by injections
Management of my own learning	Administering medication by nebulisers
General Administrative duties	Administering medication by inhalers
Management of Medicines	Administering oral medicines
Time management	Administering medicines – completing the required competencies
Team management	Administering medicines – consolidating what I know
Clinical Governance	Care of Dying/deceased patients
Audit in the community	Blood therapy
Leadership	Clinical skills dressings
General	High dependency
Leading a team of HCAs	Emergency care/acute illness
Knowledge	Pain assessment
Conditions	**Teaching**
Core caring skills	Teaching students
Improving my moving and handling techniques (Hoist training)	Teaching parents, carers or relatives
Performing effective basic life support (CPR training)	Teaching patients
Being involved in advanced life support (CPR training)	**Personal Professional development**
Provision of holistic care (total patient care) for patients	Building confidence
Interaction with parents, relatives or carers of child/adult/mental health patients/clients	Prep for RN role

The ability to advocate for patients/clients within the MDT	Fulfil programme requirements
Following procedures for protection of vulnerable children/adults Safeguarding (Children)	Fulfil academic and practice assessment requirements
Measuring, recording, interpreting and reporting vital signs	
Assisting patients	
Continuous care	

From the reviewed literature, there are no studies which have specifically listed students' learning needs in final placement, although the recommendation that the student portfolio should be developed to reflect the needs of final year students, including "*the skills necessary to become a staff nurse*" (Ross & Clifford 2002: p549) has now been extended by the introduction of 'Essential Skills Clusters' (NMC 2007a), within which the expressed needs of the students in this study are contained. In a study by Edwards et al. (2004) students' perceptions of their competence before and after final placement were measured, but there is no detail of the variables against which competence was measured. The items which are discussed within their paper relate only to the clinical learning experience rather than to the skills performance (Edwards et al. 2004). The 'Preparedness for Graduate Practice' scale which Nash et al. (2009) adapted from Hill et al. (1998) is not a precise match in terms of the specific management, clinical caring, leadership, knowledge and teaching skills obtained from this MPhil study. However, the Nash et al. (2009) study provides a useful approach to self assessment through humanistic principles of considering the affective domain in asking about feelings rather than just performance of a particular skill (Nash et al. 2009) (Appendix 29). The students in this MPhil study also expressed the complexity of performing skills through their expressions of needing interpersonal skills, knowledge and attitudes for interaction with staff and family

members, as well as feelings of confidence; demonstrating that competence is more than the mere performance of an isolated skill (Girot 1993; Clifford 1994; While 1994; Girot 2000; Robb et al. 2002). An earlier example of a comparative list of essential and desirable clinical skills for paediatric nurses, in the wake of the early Project 2000 curricula which had left students unprepared for their practice, is provided by Lawrence (1998). The clinical skills listed are to be achieved throughout the programme, similar to the list provided for the research sample student nurses in their 'Clinical Skills Evidence of Development' record (University of Salford 2006b). Many of the general clinical skills from both of these sources feature in the MPhil study findings as important for final placement learning achievement, with many subsumed within the survey category of 'providing holistic patient care'. However, the study findings also represent the students' discrimination of particular clinical skills to improve or consolidate in final placement, along with skills in management, leadership, and teaching, rather than general skills to begin to learn. As the students in the study sample commenced their programme in 2006, the compulsory testing of 'Essential Skills Clusters' (NMC 2007a) had not been introduced during their programme of learning. However, the programme requirements for Registration were already sufficiently well-developed to have included compulsory completion of learning outcomes related to the administration of medicines. Concurring with reported literature, students in the sample were genuinely interested in, and felt the need for, completion of medicines management to a high standard, including pharmacological knowledge, calculations of correct dosages and their administration (Honey & Lim 2008).

Therefore, the findings, in relation to learning needs, confirm the need to address specific final placement learning achievements as preparation for Registered Nurse practice. The students' perceptions of final placement learning needs are confirmed through their mapping to the NMC (2007) Essential Skills Clusters as competencies that the public can expect of a Registered Nurse (NMC 2007c) (Appendix 30). This study has raised awareness of what is important to students in their final placement rather than competence achievement required over the entire programme. Hence, although the proposed inventory of desired final placement learning achievements is subsumed within the Essential Skills Clusters, this inventory has a place in providing guidance for placement providers, personal tutors and students from which to consider priorities of final placement learning as recent, active rehearsal of specific skills and roles to carry students through a transition from student to Registered Nurse. This final placement learning desire is acknowledged by students as a part of the professional body assessment of competence requirements which must be fulfilled over the length of the programme. The reductionist nature of the practice competence assessment (Phillips et al. 1994) is enhanced by the use of students' individual Personal Development Plans to extend their application of knowledge to practice and provide the scope for recording their needs, desired experiences and achievements in relation to the higher order thinking and application of thinking to their work (Biggs 2003). The twenty seven proficiencies for entry to the Register determine the minimum Fitness for Practice threshold, but students want to define the accompanying actions and applications of these to their own specific practice context which forms the basis of their own Fitness for Purpose.

It is apparent within the findings from this study that students expect to be expected to function purposefully and independently in their first post and are asking for experience of management, interprofessional communication and specific clinical skills so as not to be as sheltered from the staff nurse role as in previous years (Walker 1986; Maben & Macleod Clark 1998; Charnley 1999; Gerrish 1990; Gerrish 2000). The practice-base of the profession of nursing requires that many elements have to be experienced and contextualised in the practice context, rather than only being taught theoretically (Murray & Williamson 2009). Bick (2000) had previously concluded that managerial skills are certainly best learned in the practice situation as they are difficult to teach in theory. Hence the importance of the mentor's education for their role in coaching and providing the required experiences for helping the students to realise the skills required for contemporary practice; to recognise students' 'zones of proximal development' and lead them to the higher order critical thinking envisaged of the Project 2000 and Making a Difference 'knowledgeable doers' (UKCC 1986; Spouse 1998b; DH NHS Executive 1999; Allal & Pelgrims Ducrey 2000; O'Shea & Kelly 2007; Billett 2009).

Literature confirms the findings that the more motivated students tended to put themselves forward for more challenging learning experiences and plan ahead to ensure that their needs were communicated to their mentors, whilst the less motivated students tended not to opt for enhanced learning and were not as well organised in identifying and managing their learning (Nash et al. 2009). To maximise the chances of all students being able to communicate essential learning for transition to RN, all students could be given the opportunity to self assess against a list of priorities which students themselves have devised as being pre-requisites to rehearse during final placement. By writing their needs

into a Personal Development Plan, the overall learning experiences and level of preparedness for Registered practice could be increased. For those students who may not be as pro-active in being able to identify learning needs to negotiate learning experiences with their mentors, an inventory of final placement learning needs could promote pre-placement identification of personal needs through a pre-prepared Personal Professional Development Plan, to reduce such disparity as seen between Grace, who was allowed to direct her own learning pace from a starting point behind some of her peers because she had been away from the hospital environment for some time, and Alicia whose needs were not negotiated and was expected to perform at nearly Registered level without adequate consideration of her prior learning. Whilst students already have the facility to use Personal Development Planning alongside practice assessment and Essential Skills Clusters competencies as a guide, a final placement inventory of learning needs would provide a focus and a developmental framework for more structured learning (Ross and Clifford 2002; Carlson et al. 2005). Within the findings, Hazel provided an example of how students use their Personal Development Plans to ensure that their personal purpose, professional practice and academic fitness were considered. Personal Development Planning is not a new concept for the existing curriculum, but one which requires more widespread, consistent use for its specific final placement purpose. Findings have minimally addressed any differences in learning needs for the different branches of nursing, but, similarly, the NMC Essential Skills Clusters, as an integral part of the forthcoming Standards for pre-registration nursing education, are inclusive to all fields of nursing practice (NMC 2010a).

For those students who emphasised the importance of completing and passing the practice assessment, there was a constant tension between wanting to put oneself forward to learn, yet risk irritating a supervisor who might be undertaking the competence based assessment (Phillips et al. 1994; Woodrow 1994; Cahill 1996; Nolan 1998; Callaghan et al. 2009). Such a situation was exemplified by those students such as Alicia, who wanted to learn but always had to ask to be included, however, Esther found that contrary to this, her mentors actually enjoyed having a student with them as a way of confirming their own abilities rather than being irritated by a student's presence:

> " *I thought, as a student, following them round, being stuck to them like glue, like shadowing them and like "What are you doing?" is really irritating, but, for them, a lot of them, they find it a breath of fresh air and they like it cos they're able to, I suppose in a way for some of them, re-affirm what they're doing and it's like, thinking about it, it might boost their confidence and affect the way that they feel if someone's interested in what they're doing"*
>
> (Esther, Child branch student)

This endorses earlier findings that being a practice mentor/preceptor

> *"enhances the nurse's sense of responsibility and provides opportunity to demonstrate competence as a nurse and a teacher"*
>
> (Chickerella & Lutz 1981: p109).

If a learning agreement such as a focussed Personal Development Plan were common place for all final placement students, mentors would be aware from the outset of placement which experiences and achievements individual students required, rather than expecting the same performance straight away from all students and becoming irritated when students asked to learn.

Learning experiences

Quantitative and qualitative findings produced an inventory of 84 final-placement learning experiences against which respondents judged the quality of the learning environment for its key aspects of a successful final placement experience (Table 15).

Table 15. Learning Experiences Inventory for final-placement-specific learning.

Final placement learning experiences identified as 'very important' from the quantitative findings	
Managing care	**Learning resources and strategies**
Managing the ward under supervision	Directing my own learning
Being given responsibility for a group of patients	Being able to access up to date resources for learning
Team work	Experiencing evidence-based practice
Being encouraged to participate in decisions about care	Being actively involved in the administration of medicines
Working alongside my mentor	Providing holistic care (total patient care) for patients under supervision
Attending MDT meetings	Talking with parents, carers or relatives of child/adult/mental health patients/clients
Teaching	
Teaching students	
Teaching parents	
Teaching patients	
Attending trained staff mandatory lectures and professional development sessions	
Final placement learning experiences identified from the qualitative findings	
Positive learning environment	**Learning influenced by placement specialty**
Welcomed	Positive influence of placement specialty
Good communication	Learning specific care and conditions
Positive mentor attitude to teaching & learning	***Community learning opportunities***
Prior discussion of needs	Community nursing skills
Good resources, staff as a resource	Involvement/ Independence in decision-making
Good teamwork	Caseload management

Good teaching	Visiting on my own pushed me to take the lead
Learning is seen as important	Confidence relating to patients
Learning opportunities	Wide range of cultural & religious needs
Variety of patients	Learning care from patient perspective
Variety of skills needed	Working with CPN
Could ask staff anything	Managing crisis
The assessment process helped learning	**Negative influence of placement specialty**
Transition Learning opportunities	Too stressful, too busy to teach and learn
Rehearse first post	Too complex as many specialties on one ward
Have own workload	Pace too fast to explain complex drugs
More responsibility	Can't have own caseload
Less supervision	All decisions made by RNs
Supernumerary	**Expectations of final placement**
Working alongside mentor / mentoring team	Transfer from feeling like a student to feeling like a staff nurse
Appropriate staff expectations	Expectations of performing a 'nearly qualified role' from staff
Low student numbers rather than high student numbers	Supernumerary to focus on my needs not those of the service
Freedom in the team (independence)	Exceeded expectations… When staff helped prepare for interviews
Negative learning experiences	**Who helps with learning**
Not using my skills	Mentor
Lack of time with mentor	Ward manager
Insufficient supervision	Other Registered nursing staff
Too stressful to learn	Self
Long stay repetitive skills	***How they help***
No flexible working	Called me by my name
Didn't feel part of the team	Asked my needs
Staff ignored me	Asked what I wanted to join in with
'You're just a student'	Included me (in the team)
Given menial tasks / HCA/CSW work	Allocated appropriate caring
Not introducing themselves or me to others	Were approachable
The direct way staff speak to others	Gave me responsibility
Staff being stuck in their ways	Emotional support
They expected too much from me – "oh good, we've got a third year!"	Shared experiences

	Specialist skills
	Used my personal qualities – assertiveness, managing own learning, communication

Findings add to the wealth of literature which confirms the importance of a positive learning environment for helping a student to flourish, being one where students are welcomed and orientated by staff who are expecting them and have prepared for their learning, can belong to a team, within which their skills and knowledge are constructively improved and thus gain the confidence required for independent practice (Dunn & Hansford 1997; Reutter et al. 1997; Gray & Smith 2000; DH-ENB 2001; Papp et al. 2003; Hartigan-Rogers et al. 2007; RCN 2007; Worrall 2007; Nash et al. 2009).

The three main areas of influence on students' perceptions of their final placement learning experience revolved around the positive and negative opinions of other students during their preparations for placement, positive and negative aspects of the learning environment once there, and particularly the difference staff made both in students' preparations and their learning experience.

Positive and negative opinions of others

The reputation of a placement through the positive and negative opinions of others influenced students' perceptions of whether or not the placement could provide suitable learning experiences to meet their learning needs. However, within the current placement allocation model, students could not choose not to go to a placement if it had been poorly recommended to them. The findings showed that for some, being allocated to a placement that they did not particularly want to go to provided unexpected value from staff who made the difference to their learning by encouraging, expecting and supporting their learning. As well as recommendation by word of mouth, the ward learning profile is such

an important advertisement for placements, that an accurate written profile to serve as a selection tool for final placement students really is paramount in the current NHS climate. Needing to recruit future professionals to post, such an attraction as a list of experiences specifically to develop final placement students would serve as the basis for preparing students to be Fit for Purpose, as they may be more likely to stay in that placement for their first RN post if well supported (Edwards et al. 2004). Only one respondent mentioned that they had looked at the ward learning profile for information prior to commencing placement. Placements need to be able to attract final placement students in order to nurture them towards Registered practice within that area; capitalising on their own investment of time and effort, demonstrated in those programmes which specifically prepared students for the transition to Registered practice in under-recruited areas (Iipinge & Malan 2000; Edwards et al. 2004; Shih & Chuang 2008). Hence, the final-placement-specific learning experiences inventory could serve as the framework against which to evaluate the quality of the final placement learning environment, leading to the construction of similarly focussed final placement learning-experiences profiles which would aid student selection and allocation of a suitable final placement learning experience.

Positive and negative aspects of the learning environment

Affordance of learning to achieve transition to the Registered Nurse role included the honouring of supernumerary status so that students were free to learn and their learning was given the priority that student status bestows (Beckett 1984; Gray 1997).

> "*Student status embraces the development of the person enabling her to be supernumerary to the workforce (i.e. not part of the recognized establishment figures), but not necessarily preventing her from being a member of the team. ... An essential part of the learner's education is professional development demanding more than that which supernumerary status offers with its limiting opportunities*."
>
> (Becket 1984: p364)

Respondents listed their enabling learning opportunities as having access to a variety of patients, who needed a variety of skills, some of them specific to the ward and some of them transferrable to any area of care.

The staff as a resource featured strongly. Mentors used their agency as the student's sponsor to promote learning opportunities for the student across the mentoring team (Eraut 2007). Sharing knowledge of the students' learning needs and expected achievements within Diane's clinical placement, prompted other members of the mentoring team to take Diane with them at any time that opportunities were available.

Being able to work alongside the mentor was cited as particularly useful; learning from her specialist skills and shared experiences provided the situated learning which helps students to attach meaning immediately and aids recall later when the situational cues and the discussions which underlie tacit knowledge scaffold the new learning (Eraut 2007). Being included in the process of engagement with patients to perform their general and specific caring skills provides the opportunity for students to learn the interpersonal skills which will help them to anticipate and encounter interactions with others. Coetzee (2003) describes each encounter with a patient as "*puzzling out a connection*" in four phases, "*Anticipation, Encounter, Connection and Engaging (the child) and or Getting the job done*" (Coetzee 2003: p642). Such patient encounters provide a transferrable, affective component for managing the interactions that students will encounter with senior management and other members of the multi-disciplinary team when integrating their

patient care into the work of other members of the team. Professional role identity can therefore be increased through the self-confidence that fulfilling learning experiences and achievements gives to students.

Being given responsibility whilst supervised and being able to approach staff for guidance, but with freedom in the team to learn, were valued as promoting confidence and competence by respondents. Such experience exemplifies the legitimate peripheral participation and gradual engagement in increasingly complex learning described by Lave & Wenger (1991) as more beneficial than observation, where students learn the language in context, and develop the relationships which will eventually enable them to challenging and change the dynamic of their relationship within the team.

Social co-participation is the premise of Lave & Wenger's (1991) situated learning theory, where the students learn by participating in the actual practice of an expert during proximal guidance (Billett 2009); hence the importance of students being engaged with staff rather than being given patients by staff. Treating students as collaborators in care was recognised by respondents as a hallmark of quality teaching, engaging students in the professional dialogue of nursing as an essential part of their socialisation, whilst providing opportunity for contextual exploration of ethical issues related to health care (Spouse 1998a; Spouse 1998b; Spouse 2001a; Spouse 2001b; Ralph et al. 2009). Gradually being able to engage themselves meaningfully in co-operative patient care, eventually challenging and changing the relationship between themselves and their mentor signifies a student's readiness to be an independent member of the ward team and results in co-learning by the mentor as well as by the student (Lave & Wenger 1991). In her shadowing then expected participation in the ward round under supervision, Francine

eventually assumed responsibility for disseminating doctors' orders and nursing care to Registered Nurses. Francine, Grace, Diane, Esther and Barbara were all nurtured towards their first RN post, valued for their contributions to care, also exemplified in the survey data by students whose mentors 'could not do enough for them, getting them as ready as possible for registration'. In contrast, those students who were asked to do only basic Health Care Support Worker jobs wanted so much to work closely with their mentors, so as to emerge as professionals rather than remaining as just workers. Without the experience of supervised management, clinical skills and interpersonal skills, students in Carlson et al. (2005) study also reported their un-readiness for the RN role.

In contrast, findings within this MPhil study show that where responsibility and trust were engendered, particularly in the Adult branch community placement settings, students gained increased independence in decision-making and case-load management whilst gaining confidence in communicating with patients and seeing care from the patients' perspective. Similarly, the value of learning problem-solving skills through being the first point of contact with clients and having to make one's own decisions was recognised as a growth factor for independence and confidence-building in line with Iipinge & Malan's (2000) findings from students in peri-urban areas where their professional development became a resource to the community caring team. Within this MPhil study, those students who were not directly supervised in the community placements had undergone the same principles of peripheral participation as the well-guided hospital-based students. Using University guidance of observing, learning and then practicing under direct supervision before undertaking their minimally supervised experiences, with unlimited access to their supervisors during their practice was provided

to promote student safety as well as increase their independence in learning (Appendix 31). Providing confirmation of student decisions led to greater feelings of security, in contrast to too little support or its unavailability creating insecurity for students in the Iipinge & Malan (2000) study. Within the findings, for those students whose mentors did not take time to know them, students reported feeling undervalued and that the mentor would not rely on them; interviewees advised mentors to get to know their students and find out what they want to learn, so as to be able to help them to learn.

A strong sense of belonging, in a team which understood their needs and where staff worked consistently with them, was a main finding of Nash et al. (2009). Similarly Edwards et al. (2004) found that staff took extra care to nurture students who were away from home; socialising with the students out of hours so as to welcome them into a new community. Staff viewed the time and effort spent as a social and professional investment as the purpose of the placement was to promote the uptake of RN posts within the rural areas to which the students had been assigned (Edwards et al. 2004). Francine recounted similar feelings of belonging to the team when staff took the time to ask about her social interests as well as her professional learning progress.

Several authors within the literature review have researched the enabling and blocking behaviours of staff, described by Brammer (2006) as 'gatekeepers' to learning experiences (Dunn et al. 2000; Gray & Smith 2000; Iipinge & Malan 2000; Lofmark and Wikblad 2001; McLeland & Williams 2002; Ross & Clifford 2002; Edwards et al. 2004; Carlson et al. 2005; Myrick et al. 2006; Price 2006; Anderson & Kiger 2008; Nash et al. 2009; Ralph et al. 2009; Sedgewick & Yong 2009). Negative views of placement facilitation were reported in the data when there was poor teamwork, lack of time with

mentors or not being able to rehearse skills due to a limited, repetitive type of caring. Whilst affordance and agency can help to promote learning, Brammer (2006) reminds that blocking student learning will affect the quality of future recruits to the profession. Within some of the learning environments, students recognised that staff unavailability was not always due to staff unwillingness, they just had no further capacity beyond patient care and organisation, in wards which were short-staffed, recognising that students themselves were an added stress to staff who were already experiencing great demands on their time and workload:

> *"RN too stressed to work effectively with students"*
> (799, Child Branch student)

> *"What made it complex… was… it was a new hospital, all the staff had to get used to being on a new ward and looking after different patients and then on top they had us students there as well"* (Alicia, Child Branch student)

Poor experiences and poor recommendations will reduce the quality and numbers of prospective RNs who will want to work in these areas. Hence the importance of evaluating the currently available experiences for the transition to Registered Nurse, so that awareness can be raised and developmental work begun to promote final placement learning transition, being mindful that:

> *"Students must be allowed to demonstrate their ability to work as autonomous practitioners by the point of registration"* (NMC 2010a: p76)

If more staff resources can be realised, for their contribution to the quality of the future workforce, benefits to the employing Health Authority will be seen when students start to recommend and want to choose under-recruited placements as much as others, eventually aiding recruitment and improving the quality of their future staff.

How staff made a difference for students

Contextual influence of staff included their readiness to receive and assist the students in their learning, knowing the curriculum rather than having to ask the student. Neary (2000) reported that mentors and assessors who did not know the paperwork, felt foolish about this, so didn't mention it to the student and avoided it. In contrast, Alicia's mentor who also didn't know the paperwork, rather than find out discretely, asked down the ward about the paperwork in front of the student, reducing Alicia's confidence in the mentor's abilities to teach and assess her. Endorsing Gray's (1997) findings of students avoiding poor mentors, Alicia was reluctant to approach her mentor for guidance and would approach other staff in preference.

The findings show that the priority to students was being called by their name and being included as a valued person within the nursing team; being asked their needs and learning desires on a daily basis, discussing available learning each day. Approachable staff, giving trust and responsibility within a reciprocal relationship were appreciated, whilst students recognised their role in the reciprocity:

> *"...show enthusiasm. A lot of staff nurses and nurses have said that to me, that they like the fact that, I'm enthusiastic and that I want to learn and they say it's really disheartening for them when there's a student and they just sit at the nurses' station on Google or on the internet, or, not really interested, not really bothered"* (Esther, Child Branch student)

Mentors who ignored students or expected them to carry out HCA work, especially when the mentor was busy with patients, speaking to students in demeaning tones, such as 'you're just a student' or expecting too much from them without any rehearsal were all exemplified within the findings, undermining students' confidence through criticism as a form of horizontal violence (Myrick et al. 2006). Similarly, McLeland & Williams (2002) explained the indignity of the approach used by some staff, particularly towards the

indigenous students in their study, whilst Myrick et al. (2006) relate how conflict between oppressive staff and students who are forced into silence, prevented learning, through a mounting emotional, cognitive and behavioural decline. Ralph et al. (2009) propose that being able to discuss issues which arise within nursing practice as a normal part of human interaction, should be expected, treating such events as "*routine challenges that need to be handled deliberately, seriously and respectfully*" (Ralph et al. 2009: p 436). Within a progressive community of practice, where students are included as a part of the care-giving team, learning through discussion is for mentors as well as for the students (Lave & Wenger 1998).

Working alongside mentors reduced the need for post-shift reflective discussions in order to improve practice (McLeland & Williams 2002; Ross & Clifford 2002; Grealish & Trevitt 2005; Cooper et al. 2005; Carlson et al. 2005). Adjusting to the emotional challenges of practice can be difficult and require sensitivity and recognition of a student's potential or impending distress (Sharples 2007). It was apparent within the specialist placements of the interviewees that as students worked closely with their mentors they discussed issues as they arose; one example touched on excellent staff support and de-briefing after a traumatic admission. Other emotional support included encouragement and suggestions during students' preparations for assignments and job applications; even as far as providing mock interviews.

Personal qualities for learning

Within the learning situations experienced by students, as well as the agency of their mentors to put them forward into learning opportunities, many commented on how their own personal qualities strengthened their learning (Table 16).

Table 16. The Personal Qualities which students identified as helpful in managing their own final placement learning

I am
Pro active
Self aware
Self-directed
Resourceful
Motivated
Able to drive the process
A good communicator
I
Prepare my PDPs before & during placement
Read to find an evidence base
Ask to be involved
Inform others of my needs
I have
Relevant skills
Transferrable skills
Relevant knowledge
Assertiveness

Putting themselves forward and negotiating learning experiences with and through their mentors, students used their own personal agency for negotiating access to learning (Eraut 2008). As Grace mentioned, in her advice to students:

> *"Have the confidence to say to the staff on the ward that's what you want to do, or that's what you want to learn"* (Grace, Child Branch student)

Alicia also recounted how she knew which staff would be willing to help, so she approached them rather than her mentor. It was clear that respondents in this MPhil study started to gain a sense of the nuances of the field, beginning to read the community of practice from the periphery and gradually making a move to within. Several students knew what skills they needed and found the best ways of accessing the learning required, such as using spoke placements to augment the ward placement learning. Others overcame the reluctance of staff marginalisation and reluctance to teach them and direct their learning by organising themselves, echoing the behaviours of students who were

accepting of the situation and comforted themselves by their own self-organisation in Sedgwick & Yong's (2009) study.

Whilst personal agency worked well for some students, even with a strong sense of personal purpose and organisation, without the affordance of learning, Carol found her mentor a true 'gatekeeper'. Because her supernumerary role was not seen as legitimate in learning high dependency care when the service demanded pairs of hands, Carol's learning was blocked, thus stifling her intentions of being ready for the eventuality of a child needing urgent high dependency care when she was a Registered Nurse. Such behaviours confirm the compromising influence of mentors on the quality of future RNs and do not contribute to the 'Modernising Nursing Careers' agenda of preparing nurses to work in situations which will have more high dependency patients (Brammer 2006; DH 2010b).

Summary

The findings have confirmed the synthesised inventories of final placement learning achievement needs, experiences and personal qualities against which students, academic and practice staff can assess individual students' requirements. The skills required align with the NMC (2007) Essential Skills Clusters (NMC 2007a, 2007b, 2007c). There was some recognition of the need to achieve practice assessment proficiency for Fitness for Practice for registration, although the practice assessment proficiencies did not feature as centrally as the need to prepare for one's own specific first-post Fitness for Purpose.

Students prefer to work alongside their mentors to gain independence gradually, to learn from their mentor, rather than being pushed aside when the mentor is busy. The notions of situated learning and proximal guidance are strong within the findings, emphasising

the advantages of legitimate peripheral participation in order to allow professional growth toward students taking their place at the heart of the nursing community through negotiated change in their professional status. Within supernumerary status this legitimate peripheral participation and supervised growth towards independence nurtures and builds on students' own personal qualities, however, several students identified the restriction on their supernumerary learning status and exploitation as 'pairs of hands' when service demands were high.

Objective 2.
To investigate the ways in which students perceive their final placement learning needs and experiences to be influenced by the placement to which they were allocated

The most noticeable differences in the qualitative comments were between hospital placements and community placements rather than between specific specialties within the hospital. In accordance with the literature, greater affordance of learning to make decisions and be an independent problem-solver is available to students who undertake an unsupervised caseload (Anderson & Kiger 2008; Iipinge & Malan 2000). However, those students who were well-mentored within the hospital environment benefitted from the proximal guidance as explained above (Billett 2009). The range of available learning in different specialties was noticeable in the quantitative findings, with three learning experiences (managing the ward under supervision, being involved in the administration of medicines and access to up to date learning resources) being particularly lacking in some placement specialties (Appendix 24). Of most importance to students was that the specialty should be matched to their first RN post (Ross & Clifford 2002; Shih & Chuang 2008). For some students, the specialty was not important as they learned transferable skills; this was particularly seen to be beneficial when students had their final placement

in a general ward which received many specialties of patients, which provided opportunity to rehearse many caring skills and management skills which were transferrable to any RN post. However, undertaking final placement in a specialty not matched to the first RN post was reported as creating a long period of time learning specialist skills which would be 'wasted' in their first post and also created a situation where students then had to learn a whole new set of skills when taking up their first post, rather than being able to settle quickly into their new role. Undertaking a placement in the same specialty as first post was reported as hastening the settling in process due to familiarity with routine, staff and orientation to the ward and Trust.

Findings show that for some students the specialty prevented teaching due to being too busy or there were too many complex specialties on one ward to be able to learn. Some students reported that a fast pace prevented learning about complex drugs.

The opportunity to rehearse patient care brings the inextricable need to solve problems and make decisions, hence the importance of planning to learn or develop those skills whilst still a student (Iipinge & Malan 2000; Anderson & Kiger 2008). For the students in this MPhil study, developing therapeutic relationships extended beyond the discourse between students and their patients. Interactions with relatives were important as partners in the patient's care, as was being able to explain one's patient care decisions to a mentor. To contextualise their practice, students from hospital and community placements spoke of understanding the culture of the patients' social situations, concurring with Iipinge & Malan (2000), that clinical caring skills cannot be performed in isolation from the various factors which affect clients' health. A two way process of dialogue, exchange and negotiation between students and their patients shaped development of the professional

role identity, rather than students retaining an uncritical "*embodiment of practice work*" (Grealish & Trevitt 2005: p145).

Learning to manage care with responsibility for decision-making under supervision, whilst developing a therapeutic relationship, was seen as a relevant achievement for those students based in adult community placements. For those community-based students where the specialty restricted their learning for their first post, such as health visiting where the student could not have an independent case load, or some specialist mental health placements because they were not matched to first post, students were dissatisfied with their placement and would not recommend it to others unless they wanted to go into that field after registration.

Of particular interest from the qualitative data were three specific issues related to placement location or specialty; learning to care for dying patients, specific promotion of specialty learning for first RN post in an intensive care unit and the use of a pre-preceptorship programme in one Trust:

An addition to the survey list of skills and from two child branch interviewees mentioned the need to care for a dying patient and their relatives. Due to the mortality by age differences between the client groups, final placement child branch students are less likely to have encountered death during their clinical placements than the other branch students, yet the client group has a right to the same high standard of care which must be learned somehow (Whittle 2002). Students have personal expectations that they should know what to do in this situation, before taking on the RN role. Despite inclusion within the taught curriculum, placement specialty had an influence on the availability of practical experience to the child branch interviewees, being limited within the placements

where the students were nursing infants at the threshold of viability or sick children with acute injury or disease.

There were many comments regarding preparations to work in an intensive care situation, which reflected the range of comments regarding other specialist final placements, depending on whether a student wished to work there as a first post. However, one respondent mentioned the existence of a ‘golden spoke’ placement, specifically designed to allow the movement of a student into the Intensive Care Unit for six weeks as preparation for a post there upon registration. Whilst there are no details given as to the selection or preparation programme, this is an example of a specific experience which was highly valued both by the student and by the employers to have devised it. However, since students did not have a choice of final placement, the success of this programme relied on the students allocated to the Intensive Care Unit wanting to work there after Registration.

As regards the pre-preceptorship programme in one Trust, the respondent outlined a series of study sessions related to learning about Trust policies and procedures. The programme appeared to be specifically aimed at orientating prospective newly Registered Nurses. so as to reduce their settling in time and belongingness to the Trust, as well as providing re-enforcement of essential Registered Nurse roles such as the administration of medicines.

The initiatives of specifically preparing students for their first post relates well to the respondents’ identified desirable learning experiences. Such experiences are worthy of further investigation for their transferability to other placements which currently lack the learning facilitation which respondents have identified as important to them and which

could potentially aid recruitment of students as staff to the providing Trust (Shih & Chuang 2008).

To summarise, placement specialty influenced learning in four ways (Box 10).

Box 10. The four ways in which placement specialty influences final placement learning

Positively	Negatively
1. Influencing the acquisition of transferrable caring and management skills from a generalist placement to first RN post 2. Influencing learning if the specialty was the same or similar to the first post, reducing settling in time and increasing confidence due to familiarity with care, orientation, routine and staff	1. Unavailability of management experience, good learning resources and involvement in medicines administration within some specialty areas. 2. Providing specialist skills not transferrable to first RN post and creating a need to learn a different set of specialist skills in the first RN post

The learning achievement needs and experiences inventories have potential utility as a tool to assess the availability of and direct the development of more evenly available and afforded learning achievements and experiences during final practice placements as the culminating preparation for the RN role, whether they be specialist or general placements.

Objective 3.
To identify key aspects of a successful final placement learning experience from the student perspective

Within the findings, five key aspects of a successful final placement experience are identifiable (Box 11).

Box 11. Five key aspects of a successful final placement experience

A successful final placement is one which provides:

1. A direct match to a student's first RN post, or provides directly transferrable skills; preferably being a placement of the student's choice

2. Up-to date learning resources

3. The opportunity to rehearse recognised transitional skills in management, patient care and teaching (especially being included in medicines management), relevant to their first post, whilst completing the programme requirements and professional competencies for registration

4. Placement staff who are prepared for students' arrival and show interest in their personal professional development by working with them and valuing their personal learning qualities; whilst providing structured and transition-focussed learning experiences.

5. Supernumerary, student status, with freedom to learn and increasing independence of decision-making under supervision; working alongside mentors as a legitimate, valued, developing team member. Students do not want to be given health care support work as a convenience to the service or to relieve staff from teaching responsibilities.

These key aspects will be discussed in further detail as follows.

Key Aspect 1. A direct match to a student's first RN post, or provides directly transferrable skills; preferably being a placement of the student's choice

The findings relate to students undertaking programmes of study grounded in the NMC 2004 Standards of proficiency for pre-registration nursing education, with a view to curriculum design for forthcoming cohorts bound by the NMC 2010 Standards for pre-registration nursing education. As a part of the Department of Health's initiative to modernise nursing careers (DH 2006), the Nursing and Midwifery Council 2010 Standards for pre-registration nursing education are explicit in the range of abilities

required at Registration (NMC 2010a). The current NMC definition of competence recognises the need for readiness in a range of technical-procedural, critical thinking, interpersonal, interprofessional and caring skills (NMC 2010a). The NMC (2010a) competence statement endorses previous propositions for graduate status at first Registration and strengthens the need for career paths for advanced nursing practice beyond Registration (DH 2006; RCN Policy Unit 2007a).

> *"The term **competence** refers to the overarching set of knowledge, skills and attitudes required to practise safely and effectively without direct supervision. It has been defined as 'the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions'"* (NMC 2010a: Definition of terms)

Although nurses must be able to meet al.l NMC requirements to Register and then maintain their knowledge and skills,

> "*Newly qualified nurses cannot be expected to have extensive clinical experience, specialist expertise, or highly developed supervision and leadership skills*. O*pportunities will be needed to develop these through preceptorship and ongoing professional development".* (NMC 2010a: Background and context)

However, with an urgency to develop and keep apace of the new demands of contemporary health care, recognising that previous models of nurse education have not provided the necessary experiences towards a Fitness for Practice and Purpose (Charnley 1999; UKCC 1999; Kenny 2004), a final placement matched to first post has inherent value in providing a smoother initial transition. For example, increasing the community nursing capacity of the health service requires innovation in the provision of adequate learning experiences and support to translate theory into practice through real life experiences (Baglin & Rugg 2010). In a small community nursing study, consolidating students' pre-registration learning in a relevant, closely mentored practice context has added value to the students' Fitness for Purpose in their immediate Registered Nurse role

and reduced some of the anxieties associated with the many demands of their new post, as well as confirming their career choice (Watkinson et al. 2009; McKenna et al. 2010). These sentiments were echoed in many of the findings of this MPhil study, with students wanting to choose a final placement which matched their first post or had inherent transferable value.

Key Aspect 2. Up-to date learning resources

Poor educational resources were the most often cited dissatisfaction reason for the final placement students. There are no details given by the students about material resources, but there are many examples given of staff behaviours and attitudes as good and not so good learning resources. The difference that staff made included being able to work alongside the mentor, having staff who took the time to know the student and listening to their needs in contrast to mentors who ignored students, did not understand the curriculum or the practice assessment documents, did not give the student responsibility and did not invite the student to join in with interesting cases. This is all recognisable in the earlier work of Pembrey (1980), Orton (1981) and Fretwell (1982) who recognised the pivotal role of the ward Sister in managing student learning and in providing suitable experiences for learning, in an anti-hierarchical system of inclusion of the students, as well as hands on care-giving by the Registered Nurses in a role-modelling fashion. These recommendations were echoed later in the recommendations of the 'Project 2000' and 'Making a Difference' curricula which advocated the newly Registered nurse as a 'knowledgeable doer' of hands on nursing care rather than directing and managing alone (DH NHS Executive 1999; UKCC 1999). The expectations of students to be ready for their first post requires their mentors to also be up to date with the changes which are

required for the challenges of nursing within a changing health care system which includes the patient as the central partner in their care, involves the voice of users and carers, promotes health in all settings and works across multi-professional boundaries as well as increasingly within the community, towards achievement of evidence-based outcomes measures based on quality standards (RCN 2007b; DH 2010a).

Key Aspects 3, 4 and 5. The opportunity to rehearse recognised transitional skills, with placement staff who are prepared for students' arrival and show interest in their development, during supernumerary, student status, with freedom to learn and increasing independence of decision-making under supervision

From the students' learning experience desires, to be ready for their first post with their interpersonal, interprofessional, management and caring skills so as to fit in and concentrate on the Registered Nurse role, it would appear that it is actually pre-registration preceptorship that students are really seeking so as to be ready to function as soon as they begin their first post. Findings show that the students who benefited most in final placement were those who did have the 1:1 working with their mentors, gaining an intense reality-based experience within a placement of direct relevance to their first post as a working transition from student to staff nurse roles (Francine, Grace, Diane, Esther and Barbara). Those who were left with ineffective individual mentorship were less confident and less positive about their preparedness for first post (Alicia, Carol). This desire for pre-independent practice preceptorship has similarity to an experimental curriculum within the London hospitals in the early 1970s. A '2+1 model' where students completed the registration requirements within a two year period, after which another year was spent as an intern staff nurse to rehearse the new role (Pomeranz 1973). Within the Pomeranz (1973) study, both the experimental group and the control group stated a preference for the 2+1 model of learning rather than having to undergo three years as a

student and then embark upon a new role as an independent practitioner. Whilst the internship period in Pomeranz's study has similarities to the Nursing and Midwifery Council post-registration concept of preceptorship, perhaps an element of pre-independence preceptorship is a model to consider for contemporary nursing students. Various pre-registration RN preparation for practice modules and experiences exist within the literature. For example, Queensland University of Technology offer a final year duration mentorship scheme outside of the assessed clinical placement scheme, whereby students work with the mentor in a self-directed way to focus on their own learning needs in preparation for their RN role. Mentor and mentee are matched for professional interests. Limitations of the scheme are reported as having only a small pool of approximately 50 mentors for 340 students, so that only 50 pairs can undertake this experience in any one cohort. Also, students are only available for a few hours each week alongside their studies, placement, employment and personal lives, hence the need for the lengthy period of practice (Theobold & Mitchell 2002).

In contrast, an innovative clinical management experience in the USA, devised for senior students to manage junior colleagues, has evaluated well from both the juniors' perspective and the view of the senior students. The former feeling prepared for the experience as they encountered the scheme in several placements along the journey of their own programme before taking up the management experience in their final year. (Isaacson & Stacey 2004). Five functions of management form the core objectives of the experience. The peer hierarchy closely resembles the make-up of a real clinical practice environment for the purposes of performing the management function, with assistance from clinical instructors and Faculty.

Dundee Final Year adult students undertake a new staff induction programme and enrol on the nurse bank prior to registration so that as soon as their registration is confirmed they are employed on the nurse bank, gaining valuable experience and engaging in the National Health Service Education for Scotland (NES) 'Flying Start' professional development programme (Burns 2009; NES 2010).

An eclectic approach, within the University and its partner NHS Trusts, could entail using the final placements as internship for students' first posts, whilst benefitting from the continued 1:1 learning situation of supernumerary student status. This focussed learning would possibly stop the irrelevant use of students as pairs of hands as their learning to care was legitimised and seen as important in preparing for their staff nurse role within that placement team. Giving all students an opportunity for the increased clinical competence, confidence and professional autonomy which mark an increasing Fitness for Purpose (RCN 1998). The internship would reduce the required orientation time and promote earlier contributions to patient care as Registered Nurses (McGregor 1999). This is not to detract from the recognised existing frameworks of post-registration preceptorship with their emphasis on

> "*…assisting (the practitioner) through a period of transition until they feel fully confident and capable in their new role",* preceptors being *"a role model, motivator and source of professional knowledge"* (NHS 2010: opening page),

as the need for ongoing professional development has long been recognised as a requirement of any evolving practitioner and health care system (DH 1999b; UKCC 1999; DH 2006; NMC 2010a). As nurses take on new roles and work across new boundaries, they will continue to require ongoing education to improve the quality of their caring practice, leadership and management. Within a developing health care service

which anticipates the need for more nurses to work at advanced practice level and an increase in community placements forming the central learning of students' practice, the introduction of 'Flying Start England', as a part of preceptorship for Modernising Nursing Careers, will also provide greater support for preceptors and newly Registered Nurses (DH 2006; RCN Policy Unit 2007b; DH 2009; DH 2010b; NHS 2010).

Objective 4.
To evaluate whether the way in which students are currently allocated to their final practice placements meets the needs of students and, if not, to identify ways in which the service could be improved and developed to best meet the students' needs.

Three main elements emerged regarding how final placement allocation addresses the learning needs of students. These were students' overall satisfaction with their learning experience, having a choice for final placement and the usefulness of final placement as a transition to the Registered Nurse role

Satisfaction with final placement

From the data findings, the majority of respondents were satisfied with their placement and would recommend it to others. However, 12.6% (n=27) of respondents were not very satisfied or not at all satisfied and 15.5% (n=30) of respondents would not recommend their placement to others. Most respondents (68.1%, n=98) stated that placement allocation was inequitable, although there were few examples of inequity in practice in the allocation of placements, but there was overwhelming voice for a greater choice of final placement (95.5%, n=149), being able to choose the ward or unit (55.2%, n=74) from the entire range for their branch (62.6%, n=92)(Tables 10, 11, 12, 13; Appendix 26).

Having a choice of final placement

Having a choice of final placement can foster independence and personal responsibility for own learning, by taking the focus of placement learning away from being a teacher-

centred 'given' experience to student-directed learning (McDougall 1996). Placing the responsibility for choice with students requires them to make the necessary pre-placement investigations for choosing a placement to suit their learning needs and to use and develop the assertiveness, negotiation, problem-solving and self-direction skills which are essential qualities for any Registered Nurse. Within the study site, an element of self-organisation requires that students plan in advance what they wish to learn and organise a Personal Development Plan as a tripartite learning agreement between themselves, their personal tutors and their practice mentors. Thus, as well as meeting their immediate overt learning needs as regards knowledge, clinical skills and management; during their engagement with practice, students are using the subtle meta-cognition of interpersonal skills, negotiation and problem-solving which develop team working, a professional work ethos, attitudes and values for their new RN post. As "*essential for professional practice*", these meta-skills are the vital connection between thoughts and actions which develop decision–making during effective clinical experiences (Oermann & Lukomski 2001: p65).

Placement as transition

In light of the high emphasis placed by students on the final placement being a transition from student to the Registered Nurse role, it is timely to re-focus the purpose of final placement into current nursing practice, which recognises that transition is more than learning to manage the ward, it involves the psycho-social dimensions of legitimate role development within an ethos of team-work and belonging (White 2010). Hence, a refocusing of the clinical placement evaluation tool specifically towards transition learning would focus the importance of the specific learning achievements and

experiences in final placement which the findings have presented. The inventory of desirable final placement learning experiences (Table 15) can provide a measure against which to develop the final placement learning profile and against which students might wish to choose their final placement. Such a profile of available learning opportunities in a placement can help to reduce students' anxieties before reaching placement by taking away some of the unknown elements of the placement experience and providing a focus for their first discussions with their mentor (Hutchings & Sanders 2001; Worrall 2007). Comparison of the findings from this study, across several learning environment evaluation tools confirms that, although there are several distinguished, validated learning environment evaluation tools, their utility is limited when evaluating the final placement transition learning requirements as defined by the students in this study (Appendix 32: Table 17; Dunn & Hansford 1997; Sand-Jecklin 2000; Chan 2001; Saarikoski et al. 2002; Hosoda 2006). Sand-Jecklin's (2000) inventory, whilst still not designed specifically for final placement transition, contains the most applicability of any of the tools as it addresses specific aspects of teaching and learning opportunities and support, communication and feedback as well as the department atmosphere. However, each of these tools is designed to measure the conditions of the learning environment in their own specific geographical location, each with their own unique curriculum focus and clinical placement arrangements for student support, which differ from the study site. The current clinical placement evaluation tool, used at the study site, whilst containing elements from several of the other tools and reflecting more of the general learning needs described in the findings than the other tools, is equally short of specific final placement desired achievements and experiences when mapped to the study findings (Appendix 32: Tables

17 to 23). Hence, some adaptation of the current, local evaluation tool, to include the transition learning experiences of knowledge, skills, attitudes and facilitation behaviours from the findings, will make it specifically suitable for final placement students' evaluations. Such a revised evaluation tool should serve as a developmental audit for the final transition placement areas of a socio-cultural, rather than an instructional climate, commensurate with the contemporary demands of a becoming Registered Nurse. Quality enhancement, as well as quality assurance, is a required part of standards for health care education, taking into account the learners' viewpoint of the quality of placement learning as well as classroom learning (Skills for Health 2007). In accordance with the desire by students to choose their final placement allocation by specific ward or specialty, in time, a quality final placement learning experience to match their first post will influence the recruitment and retention of students as newly Registered Nurses to first posts. Such final-placement matching extends the notion of providing a sense of belonging and association, first purported in the 'Home Trust' proposals almost twenty years ago (Chickerella & Lutz 1981; DH NHS Executive 1999; NHS North West 2008).

Reflection

Reflection encompasses decisions and developments within the research process and research method, followed by reflexivity, limitations and personal learning.

Decision and development points within the research process

There were two unplanned decision points within the research process which provided the opportunity for added insight into the research process. Both events related to being denied access to one sub-group of the target sample cohort.

Development and decision point 1.

The intended sample was incomplete due in large part to being denied access to one group of students at the pre-placement phase. There was no way of following up this group on another occasion as they were not in school again before going to practice. Although this access was denied by a class teacher who was advocating on the students' behalf that they had been targeted too much for other research within the School, later reflection brought the realisation that those students had been denied the opportunity to represent their views, and the researcher should have advocated for them to do so. In the ethical interests of justice and autonomy, the students had an equal right to represent their own views, as all the other students had (Beauchamp & Childress 2009). Future challenge could be overcome by suggesting that whilst the advocacy of the 'gatekeeper' was understood, the students are of sufficient age and capacity as to decide for themselves whether they would like to participate, giving them the same opportunities as everyone else to have their views represented. Ralph et al. (2009) advise about treating conflict as an everyday challenge; this has applied as much to the research process as to the students' learning in practice. Permission from the module leader had been sought to access the specific groups and colleague co-operation was assumed. However, in future projects, earlier preparation of the field would give time to resolve any possible conflicts and possibly find alternative opportune timetable time to access groups. Learning to read the field and using unblocking tactics has been a strong learning feature, in future being more purposefully discerning as to whom and when to approach for access permission (Brammer 2006).

Development and decision point 2.
The need to recruit at phase 2 was unanticipated, expecting to have gained consent from all students at the outset of phase 1. However, the sub-group which had not been accessed at phase 1 was available for phase 2, but they had not been given the study information, nor had their consent to participate been obtained. Similarly, other students who were absent at phase 1 were present at the phase 2 data collection session.

In the interests of allowing all students to have their views represented, staged process consent was used to inform and gain inclusion of those who wanted to participate at phase 2 but who had not given consent at phase 1 (Streubert-Speziale & Carpenter 2007; Stutchbury & Fox 2009). Whilst collection of consent in the same meeting as distributing questionnaires is not ideal, practicality to enable representation within a limited opportunity sometimes has to be undertaken, balancing the potential for harm with the potential for good (Johnson 2007). On this occasion non-maleficence provided an opportunity to redress some of the inequity of under-representation for the previously excluded adult branch group.

Research method related to questionnaire design

Elements of questionnaire design which required consideration as possibly influencing the data collection and analysis were the grouping of items, applicability of response options across all branches, use of the Likert scale, additional learning needs identified by respondents pre-placement, unmatched response options for repeated measures testing on one question and the construction of post-placement Question 3.3

Grouping of items
Despite the best intentions of designing a well-constructed, logical questionnaire (Rattray & Jones 1997; The OU 2001), the sequencing of sections was good, but the grouping of

items could have been better. Within the questionnaires, for learning needs and learning experiences, a grouping as seen in the findings reports might have been more logical for respondents to follow (Appendices 19 & 21).

Applicability of response options

The initial student informants were from the child branch and the pilot study involved the mental health branch students, hence some of the questions on the questionnaire did not take account of the fact that some may not be as applicable to adult branch students, such as teaching parents. However, the same is true for those child branch students working in neonates who could not teach patients. Where using forced response options, the questionnaire design would have benefitted from an option such as ‘not applicable to my branch’ or ‘not applicable to my placement’ as the latter would have also allowed for differences between community and hospital placements.

Use of the Likert scale

The Likert scale used for Q2.1 and Q2.2 was not evenly balanced, having more positive than negative response options each side of the neutral point. This scale may have caused some bias in responses due to not providing an equal amount of negative options for respondents, but perceptions were so overwhelmingly positive for most variables as to consider this unlikely. Without previous experience of statistical analysis, this was overlooked until data analysis was undertaken. However, because the same scale was used for the pre- and post-placement comparisons for Q 2.1, changes are comparable in that question.

Additional learning needs identified by respondents pre-placement

Although the additional learning achievements identified at pre-placement Q2.1 could not be tested for repeated measures because there was only 1 response for each pre-placement variable, they could have been added to the post-placement questionnaire to see general

opinion of the importance of these items since they had been suggested by students and would have strengthened the decision to include them in an inventory of needs.

Unmatched response options for repeated measures testing

Production error resulted in an unmatched number of response options for pre- and post-placement Q 2.2, which precluded the planned repeated measures testing. However, the data were still useful when results were reported descriptively. Piloting of a complete set of pre- and post-placement questionnaires for data collection and analysis would have detected this if a sufficiently large sample of thirty responses could have been obtained for statistical testing (Greasley 2008). To perform the pilot test would have required all survey instruments to have been ready six months previously for use with a previous cohort, which was not feasible in the time frame. Piloting could not be undertaken on a paired sample with the target cohort due to the short post-placement time frame of one week between finishing placement and the end of the programme, in which to collect post-placement data from across all of the groups.

Post-placement Question 3.3

The use of the free-text reasons for confidence that placement could provide suitable learning experiences provided useful data to influence the forced choice responses of reasons for satisfaction after placement. However, poor expression of the questions at post-placement Q 3.3 (Appendix 11) resulted in the loss of several questions from analysis as they were too ambiguous, being conditional without any opportunity to determine the conditions before asking the question, for example:

'*Large number of students hindered learning*' - Yes or No

The questioning could easily have been resolved if the questions had been worded as two part responses, such as:

'The ward had a large number of students' - Yes or No

'If yes, did this large number of students hinder your learning?' - Yes or No

Piloting of the post-placement questionnaire and its analysis would have foreseen this problem, but, as above, this was not possible during only one week of post-placement availability for students to participate.

Research method related to interviewing

Research method evolved as the study progressed, to accommodate interview sampling requirements, the students' choice in the use of Personal Professional Development Plans and the researcher's progressive focussing of the interviews.

Sampling

The recruitment phase lasted from the middle of September to the end of November, by which time the potential for positive responses was falling (Figures 2-5), and perhaps with preparations for Christmas celebrations taking up their time, people were less inclined to want to participate at that time of year (Cohen et al. 2000). With hindsight, rather than keep drawing from the over-subscribed categories in a staged process, contacting all 34 volunteers in a once-only process and stipulating a two week reply date to the invitation from the outset would have shortened the process and given a known pool of volunteers from which to select the sample (Carlson et al. 2005). Using e-mail from the outset, where e-mail addresses were given, would have also hastened the process.

Use of Personal Professional Development Plans

Only one of the four BSc (Hons) students and none of the four Diploma/BSc students chose to bring their Personal Development Plans to their interview as a focus for discussion. However, all interviewees were asked about what they wrote on their

Personal Development Plans and the interviewees tried to recall their identified learning needs and the facilitation experiences that they wanted. The written Personal Development Plans would have verified the quality of preparation which students had undertaken to identify learning needs and the resources and strategies they deemed useful for their learning. The extent to which mentors used the students' initial thoughts to develop further learning experiences could have been seen by the annotations which one would expect to see within a working document such as a Personal Development Plan. The PDPs were obviously not a public feature for these students, whereas they should have been a strong contract of learning between themselves and their mentors (Billett 2001; Billett 2009). This is not to overlook the personal tutor role within Personal Development Plan writing, as students are expected to prepare and discuss the PDPs with their personal tutor before going to placement, and again, annotations might have indicated pre-placement support given to direct learning. However, from personal experience, students will often bring draft Personal Development Plans to tutorial and amend them into final 'smart' copy before taking them to placement. The end-of-placement annotations on the PDPs, as regards progress towards students meeting their goals, could have corroborated and verified the achievement or not of their desired learning, which is how the one student who brought her Personal Development Plans had identified her disappointments and achievements. It would seem from this experience that PDPs are under-utilised as a confident expression of self-assertiveness in directing student learning. Students either hadn't written Personal Development Plans, or did not see them as significant in their learning, or perhaps did not feel confident enough in their construction to bring them to the interview. Researcher bias has to be considered here in

so much as the BSc (Hons) child branch students will all have been taught by the researcher in a module which uses Personal Development Planning as a focus of an assessed piece of work, but not specifically for the final placement PDPs, and perhaps feelings of inadequate construction could be seen as a potential for their shyness in bringing them to interview. However, the same cannot be said for the Diploma/BSc students as their Personal Development Plan writing has not been a part of any of the researcher's teaching modules and none of the Diploma/BSc students brought their PDPs to interview. It had been stressed in the written and verbal information to research participants that this was not an exercise in PDP writing, they were to serve as a focus for interview. Having conducted the interviews with the students, the original research design was right to propose the use of Personal Development Plans as a focus for the conversations. As several of the students voiced, a Personal Development Plan used as a working document did guide their learning. Rather than being a mere paper record for the student to follow to talk about their learning needs and their desired facilitation strategies and achievements, a PDP at interview could have told so much more about the ethos of the learning environment from its additions and re-formulations, being a powerful instrument to direct learning when agreed as a tripartite contract. There is strong potential for Personal Development Plans to provide a framework for data collection, which could have provided a greater insight into the ethos of the nursing practicum which each of the students experienced. The students' words and those of their mentors and tutors would have provided more breadth to complement the interview conversation, the topic guide having been formulated around the basis of the PDP headings by asking 'what did you

want to learn' (goals) and 'how did you want to learn it' (resources and strategies) (Appendix 14).

Progressive focussing of the interviews

Progressive focussing was undertaken, assisted by the use of field-notes-to-self immediately after each interview and during later reflection.

As a novice interviewer, there was a lot of progression in interview technique and confidence to use the pre-prepared prompts as a topic guide only, when needed, if the conversation was meandering away from the intended focus. Self awareness is also apparent in keeping in mind Spradley (1979) and Kvale's (1996) interviewing advice to make the conversation an interchange of ideas. The transcripts demonstrated the effort to allow more interviewee speech and less interviewer speech; listening rather than talking. The formal tones of interview two gave way to use of more affirmative phrases such as 'mh' and personal stabilisers, such as 'OK' as interviewing technique became more confident. Reflective notes made after the interviews indicated progression from a focus on the procedural to the contextual nature of the interview:

Interview 1.

> *"Pleased that I conducted the interview without mentioning the participant's name. When writing up- take care to describe in a way that interviewees can't be simply recognised by themselves"*

Interview 2.

> *"Initially I felt quite guarded because of my links with neonatal units, but then I realised that if I didn't make a contribution to the conversation, it was going to lose its purpose (Spradley- conversations with a purpose) It was becoming questions and answers from a script rather than inter – views (Kvale)*
>
> *Is it the placement or is it the people regardless of the placement? Because staff & student interest → motivation. Explore this with interview 3."*

Interview 3.

"Elaborated interview technique by developing the questions, but we were talking over each other. More prompts answered in general conversation than having to specifically ask them. Exploring motivation - interviewee 3 wanted to be on this ward, but didn't have such a good experience, ask again for interviewee 4"

Interview 4.

"Easy conversation."

Interview 5.

"The final discussion has elicited the added values of a placement where staff and students are interested in each other's endeavours"

Interview 6.

"Confidence = speaking up for yourself. Confidence= patient advocacy. Confidence to challenge practice as a third year from having an evidence base for that practice and being put in a position of trust and responsibility

PDPs – I asked about <u>what</u> on them but not the '<u>how</u>' written on them → interview 8"

Interview 7.

"This felt very 'pedestrian' as the interviewee seemed to be answering the prompts before I even asked them. However, I did still ask them in order to ask if any more or any further examples. At the final question I asked about planning in advance of placement to prepare for jobs as a part of final placement goals so as to build on what was said by interviewee 5."

Interview 8.

"Built on previous interviews."

The interviews progressed primarily to clarify points made from one interview to another as themes and categories were emerging, but also to accommodate relevant issues which students raised in addition to the topic guide.

Reflexivity

In reporting a study from the students' perspective, it is the researcher's privilege and responsibility to report the findings as true representations of the data provided by the students. Conducting interviews with students from within one's own teaching groups

has required mutual collaboration and reliance; the students to provide the information accurately and the researcher to collect and report it accurately without being too detached or too imposing, with fair and transparent interactions (Coetzee 2003). Survey was conducted with the overall purpose of improving the learning experiences for final placement students and it was explained that those completing the survey would not directly benefit from the findings, nor would it have any effect on their education or assessments, upholding the belief that subjects should be informed of the benefits or otherwise of the study to them (Maor 1997). Students' contributions are valued by those wishing to improve the service, the researcher's own particular interest having stemmed from an altruistic need to clarify the purpose and effectiveness of final placement in a clinical link area where provision of appropriate, high quality learning is the ultimate goal. The value of the information to the researcher, towards completion of a study for academic award, was explained, such that students were fully informed of the researcher's intentions and could decide whether or not to contribute, and some chose not to, confirming their freedom of choice (Johnson 2007). Basic utilitarian ethics of informed consent, avoidance of harm and confidentiality have been followed within an ethos of preserving the professional respectful relationship that exists between students and researcher as their teacher (Flinders 1992; Maor 1997; Roberts 2007; Stutchbury & Fox 2009). Informed consent was obtained in a staged, progressive approach so that students had an explanation of all three phases of the study at the beginning, and at phases two and three, and were able to participate in stages as the study progressed (Coetzee 2003). As regards the ethics of undertaking research with one's own students, understanding the context of study is important and Coetzee (2003) reminds of Lincoln

& Guba's (1985) principle of neutrality of data, rather than neutrality of researcher during the confirmation stage. Whilst this study has not involved the interpretation of observations, the truth of the interview data has been confirmed by recording all conversations and returning all transcripts to interviewees for their confirmation prior to use of any data, without any subsequent challenge to its content. Qualitative data from the surveys has been reported with the students' voice, rather than the researcher's lone interpretation, and thematic analysis verified by an independent researcher.

In future, allowing students to choose their own pseudonyms as a name by which they would like to be represented would demonstrate more fully the commitment to preserving their individuality (McLeland & Williams 2002). As a novice researcher this tribute was overlooked when using the deontology of attributing a pseudonym to the interviewees so as to protect their identity.

Limitations

The research findings should be interpreted in the context in which they were obtained; from one School of Nursing & Midwifery within the UK, with one cohort of Diploma/BSc and BSc (Hons) final placement students. A longitudinal study could have captured trends and aberrations of final placement experiences and provision, but was beyond the time frame for this study.

The curriculum to which this research relates was devised to follow the NMC 2004 Standards of proficiency for pre-registration nursing education (NMC 2004a), which has been superseded in autumn 2010 (NMC 2010a). However, principles of facilitation for transition to the Registered Nurse role are transferrable to the new curriculum design, which will continue to use the existing, and ever developing, placement circuit.

The convenience sample was limited to 52% of the cohort for matched pairs analysis and questionnaire design has limited some of the statistical testing, but quantitative findings so limited have been triangulated with a wide range of qualitative responses from adult, child and mental health branch students.

The interview sample did not capture the views of students at the extremes of the satisfaction range, but interviews did yield data to corroborate the survey responses of key issues which make a final placement successful or unsuccessful from the students' point of view.

There is a possibility that the study has been limited by researching one's own students. By the very nature of diversity within a group, and the educational function of the researcher's relationship with the students, some students may not have felt comfortable enough to volunteer to talk about their experiences. Hence the interview sample may not be as representative as if an independent researcher had been employed to undertake the interviews, although use of an independent researcher could compromise the depth of insight gained through their lack of contextual knowledge.

The study was designed to capture student perspectives and hence does not represent the views of academic, service and administrative staff who are involved in creating the final placement learning experiences for students.

Personal learning

This research project has been a journey to enlightened educational practice, gaining the ability to undertake research of value to the world of nurse education whilst encountering first hand the reality of philosophical and ethical "*land mines in the field*" (Thorne & Darbyshire 2005: p1105). Whilst each part of the research process has brought its own

learning experiences, being able to manage those parts into the context of a complete study has culminated in greater understanding of research design and the connections of researcher experiences, findings and teaching role to the evolving professional practicum within which students learn to nurse. Findings have addressed the original research problem of identifying the purpose and effectiveness of a specialist placement for final transition learning, enabling sharing of an evidence base of desired achievements and experiences with practitioners in the originating clinical placement link area who wish to nurture students towards the RN role. The influence of this research work extends beyond the particular originating placement area into other placements to which the researcher links. The study is already influencing curriculum planning for an 18-week final placement, in preparation to meet the NMC 2010 Standards for pre-registration nursing education. Student voices have been listened to regarding the possibility of choosing their final placement and the feasibility of this within the practice placement circuit is being considered.

Extended personal learning has been achieved by the use of a wide range of resources to locate and examine literature across many locations. The process has developed literature searching skills to a level of discerning, tenacious retrieval, piecing together many detailed facets to underpin everyday working knowledge, providing the potential for a greater range and discrimination of the quality of evidence to be used henceforth.

Contact with authors and presenting this work at an international conference has extended the perspective of this study worldwide and brought a greater appreciation of the similarities and differences which exist for academics serving different commissioners and different health care agendas.

There has been development of personal agency, having to forge relationships where they previously did not exist, and renewing relationships which had become stale. Negotiated team-working and smarter working methods have become strong features, whilst sharing this journey with colleagues' support, through prioritising, rather than prevaricating.

An increased empathy for the students' journey and the role of the practice-based Registered Nurse as teacher, guide, coach and assessor has strengthened the belief in the importance of the complementary personal tutor role and the link lecturer role. In nurturing and enabling, working in partnership with students and practitioners to be agentic in their learning and practice development will continue to reinforce the central importance of education to nursing. Students' observations of practitioners' high workload reflect the change in teacher status since the introduction of the Project 2000 programmes reduced the number of expert nurse educators available for teaching and supporting students in their clinical placements. Valued for their professional expertise in planning and delivering educationally sound learning experiences with a caring and professional commitment, the removal of clinical teachers resulted in a reduction of the quality of feedback and planned learning activities for students in placements (Hsu 2006). Organisational assumption that teaching would be picked up by the qualified staff has created an excessive burden in some clinical areas. Although the clinical nursing staff realise their educational responsibilities, and the growth of practice education facilitators is beginning, the support required by mentors may be more than has been delivered from the higher education sector. The findings endorse earlier work that some practitioners are unprepared to deliver the reflective, problem-solving, critical-thinking teaching methodologies recommended as a move away from the behaviourist models of learning

inherent in the apprenticeship training programmes (Clare 1993; National Association of Educators in Practice 2007) and hence need continued academic support and partnership in managing student learning.

Summary

This discussion has demonstrated achievement of the aims and objectives of the study, with new insight into requirements of final placement learning facilitation best practice from the student perspective and an enhanced synthesis of the many facets of student learning. Significant creative outputs from this study are:

- An inventory of final placement learning achievement needs identified as necessary for role transition to Registered Nurse, which concur with national requirements of the Essential Skills Clusters (NMC 2007a) (Table 14).
- An inventory of desirable learning experiences to be facilitated in final placement as specific immediate rehearsal for the RN role (Table 15).
- An inventory of personal qualities which assist the achievement of final placement learning needs (Table 16).
- A list of five key aspects of a successful final placement experience from the student perspective (Box 11).
- Proposals to improve the placement allocation model, built on strong evidence of student desire for choice of placement as preparatory rehearsal to increase individual Fitness for Purpose
- Identification of the need to adapt the placement evaluation tool and quality audit as developmental tools to improve the final placement learning environment in line with the identified learning achievement needs and desired experiences. This would provide some quality criteria to aid development of final-placement-specific learning profiles and students' choice of final placements as a potential recruitment and retention initiative.

This research study will close with its conclusions and recommendation.

CHAPTER 7

CONCLUSIONS and RECOMMENDATION

Interested in discovering the regularities and irregularities of final placement student learning achievement needs and experiences, this mixed methods, exploratory, interpretive study has provided insight into the perceptions of 228 pre-registration students across Adult, Child and Mental Health Branches of nursing. The students from a combined Diploma/BSc and BSc (Hons) cohort of 278 students were undertaking their final placements within the clinical placement allocation circuit of a large University School of Nursing & Midwifery in the U.K. The findings contribute to enhancement of the student learning experience by influencing the development of an imminent new curriculum governed by the Nursing and Midwifery Council 2010 Standards for pre-registration nursing education (NMC 2010a).

This chapter makes conclusions regarding the scientific rigour of the study and how it was confirmed in the literature. The nuances of specific local investments in final placement transition learning are re-capitulated, as well as how these and the more regular findings extend the evidence base of final placement learning needs and experiences. The thesis synthesises a recommended model for final placement learning-facilitation best practice.

Scientific rigour across quantitative and qualitative findings

The establishment of rigour through truth value, validity, objectivity and reliability will be addressed.

Truth value

The truth value of this study lies in the rigour with which data have been systematically collected and analysed, and their findings reported and synthesised. The study is applicable to the context in which it was undertaken and is fit for its intended purpose of creating an evidence base to inform final placement learning-facilitation best practice within the local review of pre-registration nursing curricula. Consistency of method has been undertaken within the confines of real world research and its constraints such as gaining access, and there has been realistic reduction, but possibly not exclusion of researcher bias, so as to attempt neutrality of data and its reporting (Lincoln & Guba 1985; Robson 1993; Anderson & Kiger 2008).

Internal validity

Internal validity of the questionnaire was established due to the subject being identified and described accurately from the available literary and expert human resources and from perceptions of those who were being represented, the final placement student body.

Credibility has been maintained through the construct validity of triangulation, using data from different sources (adult, child and mental health branch students) and from different data collection methods (survey and interview) and different analysis methods (descriptive and inferential testing, thematic analysis) to arrive at overall integrated findings.

External validity (generalisability)

The study is context bound to the time and place where it was undertaken, acknowledging the individuality of the placement circuit and the curriculum, hence its purpose is not to generalise to those without, but to explain the experiences of the students within the study

population for the local purpose of curriculum review and re-design. Internal limitations are the restriction of the study to only one cohort, albeit, the largest possible target population was sampled within the available time-frame.

External applicability of placement allocation systems may be interpretable across similar curricula, but the placement circuit, its combination of specialties, staff and students are unique.

Reliability

The quantitative data findings have been reliably reported from the descriptive and inferential tests used, abiding by statistical conventions when using the analysis tool through acknowledging the effect of sample size and by adjustment of *alpha* values, where applicable, in order to report effect.

The reported data from interviews have been verified by 'member-checking' by interviewees who verified the transcript for their own interview. Peer de-briefing and expert opinion from research colleagues and supervisors have been used throughout the collection, analysis and synthesis of data.

Objectivity and confirmability

Within this report is a clear audit trail from instrument development to presentation of new evidence. The trail moves through piloting of instruments and their use in the field, illustrating the flow of the data into collection and analysis, moving through field notes, decisions, development points and quantitative analysis issues as well as clear synthesis of themes from a qualitative analysis matrix, in order to confirm the objectivity of the reported research process and findings.

Confirming the literature

There are three major elements of concurrence with the published final placement learning studies; students' preference to choose their final placement, use of research instruments devised from a range of reputable sources and the complexity of final placement learning.

Students' preference to choose their final placement

Students demonstrated a strong preference to be able to choose their final placement from the entire range for their branch of nursing. The choice for final placement is preferred to be a match to students' first Registered Nurse post, or to provide transferrable skills to the first post through being an area of professional interest. The findings extend the recommendations of Ross & Clifford (2002) from their small-scale study which scored low on the research quality ratings (Appendix 3) and such a choice has also been seen to be effective in two of the more-recent studies (Edwards et al. 2004; Shih & Chuang 2008).

Use of research instruments devised from a range of reputable sources

The study has provided evidence for its own local review of the curriculum and remedial curriculum design based on the perceptions of its own student body, with instruments designed from the valid sources of expert opinion and extant literature (Edwards et al. 2004). The usefulness of a pre- and post-placement questionnaire as an exploratory phase confirmed students' abilities to recognise their own learning needs and desired learning experiences of particular pertinence to the final practice placement. Consistency of findings before and after placement confirms the inventories as valid for their intended local student users (Edwards et al. 2004). Pre-placement recognition of learning needs is

relevant in students' Personal Professional Development Plan preparations for the final practice placement. Qualitative data confirmed that fulfilling the particular learning needs listed on the survey instruments builds students' competence, confidence and satisfaction.

The complexity of final placement learning

This study concurs with the reviewed literature in identifying the complexity of final placement transition learning. Findings have extended beyond the initial exploration and identification of learning achievement needs, facilitation and placement allocation satisfaction into key aspects of a successful final placement. The complexity of holistic learning which is needed to acquire the knowledge, skills and attitudes of a Registered Nurse has been illustrated through the positive and negative learning facilitation factors, aided by the personal qualities which drive, sustain and develop as a result of interpersonal growth within different placement locations, cultures and communities of practice.

Specific local practices and transitional learning opportunities

The irregularities of final placement learning were highlighted within those placements which provided experiences uncommon to others. There were examples of some placement specialties being unable to provide three experiences perceived by students to be very important – involvement in medicines management, ward management and up to date learning resources.

There were three positive irregularities: The provision of RN-specific preparation, apparent in one placement, coached specifically selected final placement students for taking up post there. One Trust provided Trust–wide orientation to the RN role for all of its commissioned students prior to completion of the final placement. Examples within

the qualitative data showed that students' expectations were exceeded when staff took an interest in helping them to prepare their job applications and provided rehearsal for their first interview.

These definite investments in final placement students' professional development were not widespread but have the potential to pay dividends for individual students, as well as for wards and units. To recruit students to Registered Nurse posts whose abilities they already know and who have had sufficient orientation to routines and staff will require less induction time upon beginning their first RN post with them. Although student numbers are commissioned from each Trust and currently students are allocated to their 'home Trust' for their final placement, there is no binding agreement for students to apply to work within that Trust at Registration. Hence, there is potential for greater efficiency of recruitment if students could choose to be allocated to a final placement specialty, or even the specific unit, across the entire branch placement circuit, where they are likely to want to work and the placement could prepare them accordingly.

Extending the evidence base

The findings extend the evidence base in two main ways; by synthesising inventories of needs, experiences and personal qualities which guide final placement learning, and by recognition of the need to develop a final-placement-specific learning-environment evaluation tool.

Inventories of needs, experiences and personal qualities which guide final placement learning

Findings within this study have established that students identify a core set of final placement learning achievement needs, which are reflected in the NMC (2007c) Essential Skills Clusters, as well as first-post specialty-specific learning needs.

Findings have identified a range of learning experiences which promote supervised independence for final placement students, whilst making an active transition to assuming the role identity of a Registered Nurse.

Respondents identified several personal qualities which enhanced their final placement learning experience.

Together, the identified learning achievement needs, final placement learning experiences and personal qualities for learning have synthesised three inventories which can guide students' learning in final practice placement (Tables 14, 15 & 16), albeit most of the identified learning achievement needs have since been subsumed within professional body requirements (NMC 2007a; 2007b; 2007c).

The need to develop a final-placement-specific learning-environment evaluation tool

The study has demonstrated that the existing clinical learning environment evaluation tools are not sufficiently specific or sufficiently wide as to capture the quality of a final placement in providing for the identified learning achievement and learning facilitation needs of final placement student nurses.

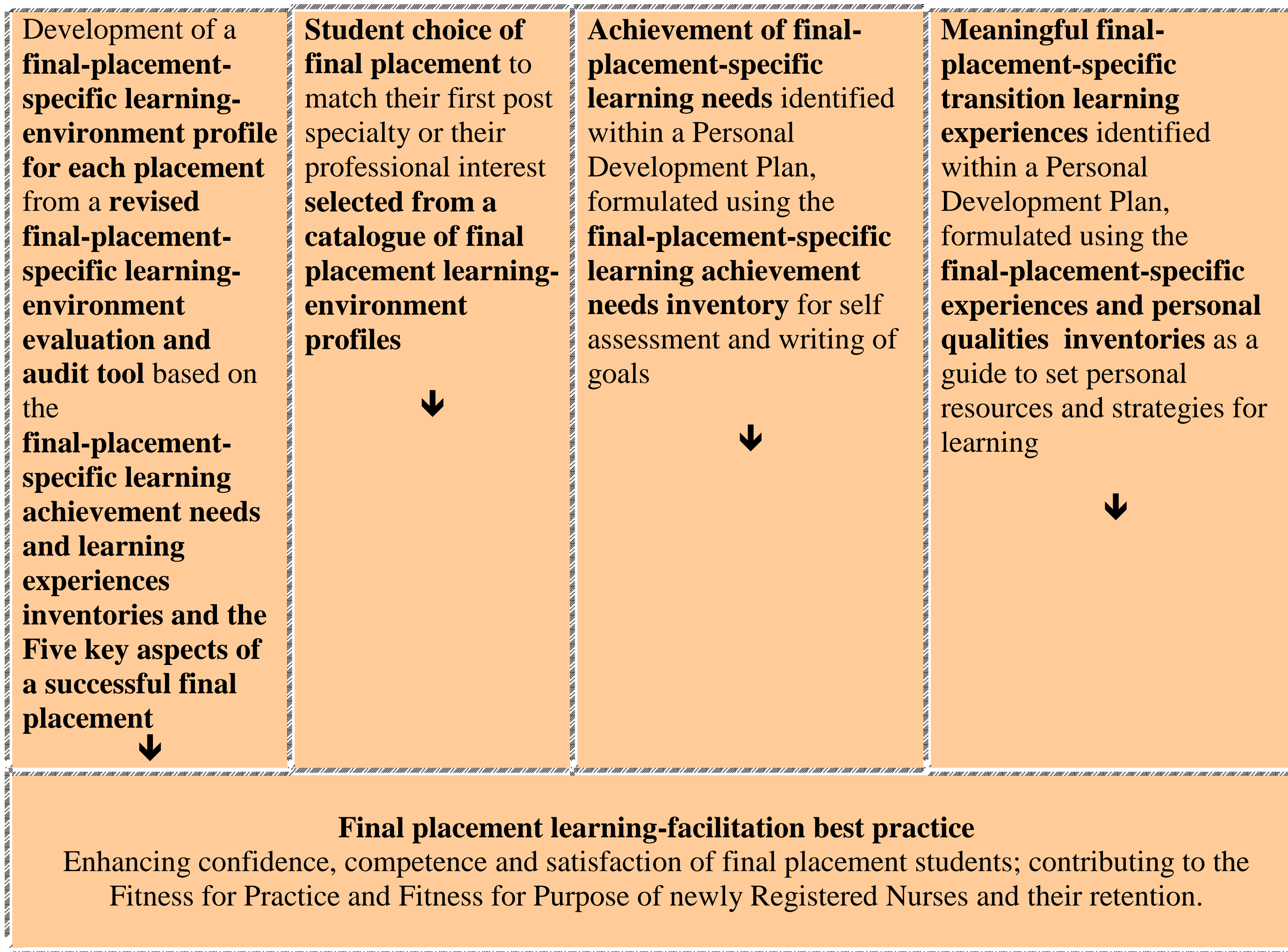
Recommendation

A model for final placement learning-facilitation best practice

The students have expressed specific Fitness for Purpose requirements through the learning achievements and experiences which they desire in a final placement. These desired needs and experiences consolidate elements of Fitness for Purpose as advocated by the Nursing & Midwifery Council Standards of proficiency for pre-registration education (NMC 2004a) for quality and excellence, a desire to be part of a learning team in a life-long learning culture, providing health education to patients and families and, of

most importance to the final placement students, being able to provide and manage care. The five key aspects of a successful final placement and recognition of the shortfalls in the final placement learning-environment evaluation tool extend the existing literature and the objectives of the study by generating a four part model for final placement learning-facilitation best practice (Figure 11).

Figure 11. A model for final placement learning-facilitation best practice



Incorporating this model into the pre-registration curriculum would provide every student with an individualised, specifically designed final placement transition learning experience, rather than few students having access to the irregular, good models which currently exist in certain placements but not in others, and for which, some students are more able to articulate their needs than others.

The final placement learning-facilitation best-practice model is recommended in order to address the overall thesis that the final placement is specifically seen by students as a transition to the Registered Nurse role, with expected rites of passage which incorporate fulfilment of particular learning needs during particularly helpful learning experiences, in pursuit of Fitness for Practice and Fitness for Purpose in a first post of particular specialty interest to each individual student. To this end the current local final-placement allocation system appears not be providing the most appropriate learning experiences for all students and the evaluation and audit tool appears not to be providing the necessary information of final placement learning-environment suitability as a measure for final placement development.

In reply to the original research problem of the suitability of a placement to facilitate final-placement students' learning needs, each placement must look to its own provision for its effectiveness against the recommended model and appraise and develop itself accordingly.

Appendix 1. Search strategy

Search terms	[(nurse* or nurs*) & (student* or learner* or pre-registration or undergraduate)] & [final & (education* environment or education* climate or education, clinical or placement or role transition or transition, or consolidation or management block or mentor* or precept* or field experience)]			
Databases	**CINAHL**	**Medline**	**British Nursing Index**	**ERIC**
Limits applied:	**Full research, English Language, Date 1999-2009** **2010 review: Date limit 1999- 2010 – no further relevant papers**			
Papers retrieved:	190	66	27	9
Total	**292**			
Inclusion/exclusion criteria applied (Box 2.)				
Selection	**31**			
	16	11	4	0
Duplicates	0	10	3	0
Final selection	**18**			
	16	**1**	**1**	**0**
	Nash, Lemcke & Sacre (2009)	* (Duplicate)	*	
	Honey & Lim (2008)	*		
	Anderson & Kiger (2008)		*	
	Price (2006)			
	Carlson, Kotze & van Rooyen (2005)			
	Cooper, Taft & Thelen (2005)	*		
	Grealish & Trevitt, (2005)			
	Edwards, Smith, Courtney, Finlayson & Chapman (2004)	*		
	Ross & Clifford (2002)	*		
	McLeland & Williams (2002)	*		
	Myrick, Sawa, Phelan, Rogers, Barlow & Hurlock (2006)	*		

	Ralph, Walker & Wimmer (2009)	*	*	
	Dunn, Ehrich, Mylonas & Hansford (2000)	*		
	Lofmark, Carlsson & Wikblad (2001)			
	Lofmark & Wikblad (2001)	*		
	Iipinge & Malan (2000)			
		Sedgwick & Yong (2009)		
			Shih & Chuang (2008)	

Appendix 2. Categorisation of literature by aspects of final placement learning

	Final year or final placement? Location.	**Aims of the study**	**Research Methodology/methods**
Aspect 1. Positive and negative experiences of practice learning and role socialisation in the final practice placement (9 papers)			
Carlson S., Kotze W.J., van Rooyen D. 2005 Experiences of final year nursing students in their preparedness to become registered nurses. Curationis **28**(4); 65-73	Final year Port Elizabeth South Africa	To explore and describe 1. Student experiences of final year student nurses in preparation for registered nurse role 2. experiences of novice registered nurses 3. generate a model to assist final year students in their preparation	Qualitative Theory generative, exploratory, descriptive, contextual design Unstructured interviews Direct observation in practice Written description of an event Content analysis
Cooper C., Taft L.B., Thelen M. 2005 Preparing for practice: students' reflections on their final clinical experience. Journal of Professional Nursing **21**(5); 293-302	Final placement Wisconsin USA	To explore the cognitive and emotional responses of baccalaureate nursing students during their final clinical experience.	Qualitative Naturalistic enquiry On-line narrative reflections on practice Content analysis using Seidel's (1998) categories
Dunn S.V., Ehrich L., Mylonas A., Hansford B.C. 2000 Students' perceptions of field experience in professional development: a comparative study. Journal of Nursing Education **39**(9): 393-400	Final placement Queensland Australia	To compare the perceptions of students undertaking three distinctly different undergraduate field experiences, adult & workplace education, secondary education and nursing, in respect of their field experience expectations and learning outcomes.	Qualitative Comparative study between 3 occupational groups Grounded theory Series of Focus group interviews Thematic analysis
			Ctd…

Grealish L., Trevitt C. 2005 Developing a professional identity: student nurses in the workplace. Contemporary Nurse: A Journal for the Australian Nursing Profession **19**(1-2): 137-150	Final placement Canberra Australia	To identify the ways that students from three occupational disciplines (nursing, education and engineering) developed professional knowledge to reveal the traditions or discourses of practical learning. This study reports the nursing component	Qualitative Constructivist Focus group Discourse thematic analysis - Analysis of academic and student discourse about learning
Honey M., Lim A.G. 2008 Application of pharmacology knowledge in medication management by final year undergraduate nursing students. Contemporary Nurse **30**(1): 12-9	Final placement Auckland New Zealand	To explore final year undergraduate nurses' perceptions of clinical practice situations where they applied, or were not able to apply, their pharmacology knowledge in medication management.	Qualitative Descriptive design Survey Content analysis
Lofmark A., Wikblad, K. 2001 Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. Journal of Advanced Nursing **34**(1): 43-50	Final placement Linkoping Sweden	To provide information on what final placement student nurses found to be facilitating and obstructing for their learning during clinical placement.	Qualitative Student diaries using Mulder's (1992) framework of concepts Content analysis
McLeland A., Williams A. 2002 An emancipatory praxis study of nursing students on clinical practicum in New Zealand: pushed to the peripheries. Contemporary Nurse: A Journal for the Australian Nursing Profession **12**(2): 185-193	Final year Taradale New Zealand	To gain a better understanding of experiences of students nurses on final year clinical placement. To identify possible ideological, cultural/political constraints which impinged on learning and create awareness for favourable change	Qualitative Critical theory (Habermas 1971) Individual interview Concept analysis for reflection to use in Group Interview Thematic analysis
			Ctd…

Myrick F., Phelan A., Barlow C., Sawa R., Rogers G., Hurlock D. 2006 Conflict in the preceptorship or field experience: a rippling tide of silence. International Journal of Nursing Education Scholarship **3**(1): 1-14	Final placement Alberta Canada	Explore the phenomenon of conflict within the context of field teaching in professional education.	Qualitative Stories &Focus groups Phenomenology Collective case study over 3 years
Ralph E., Walker K., Wimmer R. 2009 Practicum and clinical experiences: postpracticum students' views. Journal of Nursing Education **48**(8); 434-40	Final placement Saskatchewan/ Alberta Canada	Not specifically stated. Part of a larger multi-disciplinary project gathering data about the future state of the clinical phase of undergraduate professionals training.	Qualitative Survey Mixed quantitative and qualitative analysis methods Constant comparative analytical induction Quantification of themes and categories.
Aspect 2. Supervision models (4 papers)			
Anderson E.E., Kiger A.M. 2008 'I felt like a real nurse' - student nurses out on their own. Nurse Education Today **28**(4); 443-449	Final placement Aberdeen Scotland	To discover students' perceptions of the meaning of their final year community placement	Qualitative Semi-structured interviews Content analysis
Lofmark A., Carlsson M., Wikblad, K. 2001 Student nurses' perception of independence of supervision during clinical nursing practice. Journal of Clinical Nursing **10**(1): 86-93	Final placement Uppsala Sweden	To examine Swedish student nurses' perceptions of independence and to explore to what extent they had opportunities to practise different tasks during clinical practice	Quantitative longitudinal survey Mulder's (1992) concepts used. Paired t-tests
			Ctd…

Price P.J. 2006 Final year baccalaureate nursing students' perceptions of a preceptor model of clinical teaching. PhD Thesis. Canada; University of Toronto	Final placement Toronto Canada	To broaden the understanding of students' perceptions, and to develop a substantive theory about nursing students' experiences with learning in a preceptor model from the student perspective	Qualitative Symbolic interactionism to understand the phenomenon of learning Interviews Constant comparative method
Sedgwick M., Yonge O. 2009 Students' perception of faculty involvement in the rural hospital preceptorship experience. International Journal of Nursing Education Scholarship **6**(1): Article31	Final placement Lethbridge/ Alberta Canada	To explore the experience of undergraduate nursing students and rural hospital preceptors who were geographically dispersed and linked by their experiences during a rural hospital preceptorship To generate discussion of how Faculty involvement can enhance this experience	Qualitative Focused Ethnography Naturalistic enquiry Semi-structured interviews Ethnographic analysis (Spradley 1979)
Aspect 3. Specific student to RN preparation programmes (3 papers)			
Nash R., Lemcke P., Sacre, S. 2009 Enhancing transition: an enhanced model of clinical placement for final year nursing students. Nurse Education Today **29**(1): 48-56	Final year Queensland Australia	Evaluation of a transition programme. To explore students' perceptions and opinions in relation to the transition model of clinical placement that they had experienced.	Mixed Questionnaire adapted from medical students' "Preparedness for graduate nursing" (Hill et al. 1998) Paired t-tests Focus Group Thematic analysis
Ross H., Clifford K. 2002 Research as a catalyst for change: the transition from student to Registered Nurse Journal of Clinical Nursing **11**(4): 545-53	Final year Sheffield England	To examine the expectations of students in their final year and compare these to the reality of being a newly qualified nurse. To identify areas for discussion and development in education and service settings	Qualitative only reported in this paper (Mixed) Pre- and post-placement questionnaires No details of analysis Semi-structured interviews Transcription of categories
			Ctd…

Shih W.M., Chuang S.H. 2008 Factors influencing student nurses' career choices after preceptorship in a five year junior nursing college in Taiwan. Nurse Education Today **28;** 494-500	Final placement Taipei Taiwan	To explore influencing factors of a preceptorship in career choices following graduation	Quantitative Questionnaire Descriptive & inferential statistics Pearson's correlation
Aspect 4. Placement location (2 papers)			
Edwards H., Smith S., Courtney M., Finlayson K., Chapman H. 2004 The impact of clinical placement location on nursing students' competence and preparedness for practice. Nurse Education Today **24**(4): 248-55	Final year Queensland Australia	To examine the impact of clinical placement location (rural or metropolitan) on students' clinical experience 1. Examine changes in the students' satisfaction with and competence, confidence and organisation of clinical practice prior to and following a final year clinical practicum across time 2. Examine differences in satisfaction, competence, confidence and organisation between students who complete their clinical practicum in a rural area and those who completed the practicum in a metropolitan area 3. Identify factors that contribute to a positive clinical experience	Quantitative Pre- and Post-placement questionnaires Quasi –experimental Descriptive & inferential statistics Paired t-tests 2 way ANOVA
Iipinge S.N., Malan E. 2000 Experiences of final year diploma nursing students in a peri-urban placement programme - Windhoek. Africa Journal of Nursing & Midwifery **2**(2): 50-53	Final year Windhoek Namibia	Explore and describe the experiences of students as derived from the placement programme in peri-urban areas of Windhoek	Qualitative Descriptive exploratory design Open folio writing of experiences Thematic analysis

Appendix 3. Literature review critical appraisal summary using NICE (2007) methodology checklist for qualitative studies & adaptation of University of Salford HCPRDU (2003) evaluations for quantitative & mixed methods studies

Study	Aims		Design		Recruitment & data collection				Data analysis	Findings/ Interpretation		Implications		Overall assessment	
	1.1 A&O clear	1.2 Qual appr Appr	2.1 Q focus	2.2 Meth appr Appr	3.1 Recruit Sample Appr	3.2 Data Colle Adeq	3.3 Rese role Clear	3.4 Ethics	4.1 Data analysis rigorous?	5.1 Valid	5.2 Relev	6.1 Impli repor	6.2 Limit repor	How well conducted	Applicable to target student group?
Anderson & Kiger (2008)	Clear	Appr	Clear	Appr	Appr	Adeq	Clear	Adeq	Rigorous	Valid	Relev	Clear	Adeq	++ (all)	Yes
Carlson et al. (2005)	Clear	Appr	Clear	Appr	Appr	Adeq	NR	UC	Rigorous	Valid	Relev	Clear	Adeq	+	Yes
Cooper et al. (2005)	Clear	Appr	Clear	Appr	UC	Adeq	UC	Adeq	Rigorous	Valid	Relev	Clear	NR	+	Yes
Dunn et al. (2000)	Clear	Appr	Clear	Appr	UC	Adeq	UC	UC	UC	Valid	Relev	Clear	NR	+	Yes
Grealish et al. (2005)	Clear	Appr	Clear	Appr	UC	Adeq	Clear	Adeq	Rigorous	Valid	Relev	Clear	Adeq	++ (all)	Yes
Honey & Lim 2008)	Clear	Appr	Clear	Appr	Appr	Adeq	NR	Adeq	Rigorous	Valid	Relev	Clear	NR	+	Yes
Iipinge & Malan (2000)	Clear	Appr	Clear	Appr	Appr	Adeq	UC	UC	UC	Valid	Relev	Clear	NR	+	Yes
Lofmark & Wikblad (2001)	Clear	Appr	Clear	Appr	UC	Adeq	Clear	UC	Rigorous	Valid	Relev	Clear	Adeq	+	Yes
McLeland &Williams (2002)	Clear	Appr	Clear	Appr	Appr	Adeq	Clear	Adeq	Rigorous	Valid	Relev	Clear	NR	++	Yes
Myrick et al. (2006)	Clear	Appr	Clear	Appr	UC	Adeq	UC	UC	UC	Valid	Relev	Clear	NR	-	Yes
Price 2006	Clear	Appr	Clear	Appr	Appr	Adeq	Clear	UC	Rigorous	Valid	Relev	Clear	Adeq	++	Yes

Ross & Clifford (2002)	Clear	Appr	Clear	Appr	NAppr	Adeq	NR	Adeq	UC	Valid	Relev	Clear	Adeq	-	Yes
Sedgwick & Yong (2009)	Clear	Appr	Clear	Appr	Appr	Adeq	UC	Adeq	Rigorous	Valid	Relev	Clear	Adeq	++	Yes
Nash et al. (2009) *Mixed*	Clear	Appr	Clear	Appr	UC	Adeq	UC	Adeq	UC	Valid	Relev	Clear	Adeq	+	Yes
Ralph et al. (2009) *Mixed*	Clear	Appr	Clear	Appr	Appr	Adeq	UC	UC	Rigorous	Valid	Relev	Clear	Adeq	+	Yes
Edwards et al. (2004) *Quantitative*	Clear	quan appr	Clear	Appr valid	UC	Adeq	UC	Adeq	Rigorous	Valid	Relev	Clear	NR	+	Yes
Lofmark et al. (2001) *Quantitative*	Clear	quan appr	Clear	Appr valid	UC	Adeq	Clear	UC	Rigorous	Valid	Relev	Clear	Adeq	+	Yes
Shih & Chuang (2008) *Quantitative*	Clear	quan appr	Clear	Appr valid	UC	Adeq	UC	UC	Rigorous	Valid	Relev	Clear	Adeq	+	Yes

Legend:

Appr = Appropriate
Adeq = Adequate
Relev = Relevant
NAppr = Not Appropriate
NotRig = Not Rigorous
NR = Not Reported
UC = Unclear
quan appr = quantitative methods appropriate
Appr valid = Method appropriate and questionnaire validated

How well the study was conducted (NICE 2007:150)

++	All or most of the criteria have been fulfilled. Where they have not been fulfilled the conclusions of the study or review are thought **very unlikely** to alter.
+	Some of the criteria have been fulfilled. Those criteria that have not been fulfilled or not adequately described are thought **unlikely** to alter the conclusions.
–	Few or no criteria fulfilled. The conclusions of the study are thought **likely or very likely** to alter.

Appendix 4. Twenty items for clinical placement evaluation and audit at The University of Salford and its Partner Higher Education Institutions

UNIVERSITY OF SALFORD
SCHOOL OF NURSING/DIRECTORATE OF MIDWIFERY
in collaboration with
MANCHESTER METROPOLITAN UNIVERSITY
SCHOOL OF HEALTH, PSYCHOLOGY AND SOCIAL CARE
And
UNIVERSITY OF MANCHESTER
SCHOOL OF NURSING, MIDWIFERY AND SOCIAL WORK

Extract from: SELF ASSESSMENT (EDUCATIONAL AUDIT) DOCUMENT (University of Salford et al. 2004)

A TEACHING, LEARNING AND ASSESSING

A1 Teaching and learning are seen as important.
A2 Staff are willing to teach.
A3 All qualified staff are engaged in care delivery/service.
A4Students are actively encouraged to observe/undertake new activities commensurate with their stage of training.
A5 Students are encouraged (under supervision) to contribute to individual care plans.
A6 There are up to date learning resources (books, journals, articles, IT) available for student use.
A7 Students have opportunities to work with members of the multidisciplinary team.
A8 Students are given the opportunity to follow care via a variety of pathways.
A9 Evidence based care is practised.

B STUDENT PROGRESSION AND ACHIEVEMENT

B1 Student learning needs are recognised and help is given with the learning outcomes/action plans.
B2 Students work with their mentor/associate mentor at least two shifts per week.
B3 All students learning experiences with other members of the placement team are guided by their mentor.
B4 Assessment interviews are conducted at the appropriate times i.e. initial, intermediate and final.
B5 Students are given regular feedback on progress.
B6 Good communications exist to facilitate the delivery of care.

C STUDENT SUPPORT

C1 Students are encouraged to ask questions.
C2 Students are introduced to their mentor/associate mentor within the first 24 hours of being on placement.
C3Helpful orientation is provided for the students at the start of the placement/within the first 24 hours.
C4 Students remain supernumerary.
C5 Students are made to feel welcome and part of the team

Appendix 5. Research study information sheet

Research study (Postgraduate Project REP 09/012):
The effectiveness of final placement in meeting student nurses' learning needs.

Researcher: Denise Major Lecturer, Postgraduate student
Supervisors: Dr Paula Ormandy & Ms Lillian Neville, Senior Lecturer

Denise Major, Lecturer
University of Salford, School of Nursing & Midwifery
Mary Seacole Building
Frederick Road Campus
Salford
M6 6PU

Dear Student Nurse,
As a part of my Master of Philosophy (MPhil) studies, I am undertaking a research study to help the School of Nursing find out whether the current way in which we allocate student nurses to their final placement is meeting their learning needs.
This will enable us to decide whether we need to make any changes and what those changes could be.

How you can help
It would be really helpful if you could contribute to the study by completing a satisfaction survey consisting of two questionnaires – one before you go to your final placement and one after your placement.

There will also be a follow up individual interview for invited participants after the questionnaires have been analysed. The interview will be conducted at a time and place convenient to you, after the final week of your nursing programme. It will therefore be necessary for you to supply an address where you can be contacted after the programme ends.

Your participation is entirely voluntary; you can decide whether to participate in the study and which parts you would like to be involved with.

You may withdraw your participation at any time without giving a reason.
Your participation or withdrawal will not have any effect on your education or assessments.

About the research
The project has obtained University of Salford research ethics panel approval and all information will be treated as confidential within the realms of the NMC Code (NMC 2008).

Anonymity will be maintained in any reporting and publication of findings. Questionnaires will be research coded so that they can be matched up pre and post placement. Your name will only be accessed if you are to be invited to take part in an individual interview.

The individual interview will be conducted by myself using a digital voice recorder and will last for no more than one hour. The focus of the interview will be the learning experiences that you identified for yourself on your Personal Development Plans (PDPs) and how these have been met in placement. It will be helpful to bring these PDPs with you to the interview. Refreshments will be provided.

A transcript of the interview will be made available to you for verification before any data analysis is undertaken.

Data will be protected by safe storage for the length of the study and the required Data Protection Act (OPSI 1998) retention period and will be destroyed afterwards.
Questionnaire coding information will be stored separately to the data collected by the questionnaires.

Findings from this study will be made available to participants.

If you would like to know more about the study,
I will be pleased to discuss it with you.
Please do not hesitate to contact myself or my supervisors.
Yours Sincerely,

Denise Major, Lecturer, postgraduate student
D.Major@salford.ac.uk
0161 295 2770

Supervisors:
Lillian Neville
L.Neville@salford.ac.uk
0161 295 2717

Paula Ormandy
P.Ormandy@salford.ac.uk
0161 295 0453

Appendix 6. Consent form for students to participate in a student satisfaction survey and to be contacted for interview.

Postgraduate Research Study – Denise Major, Lecturer, Postgraduate student.
The effectiveness of final placement in meeting student nurses' learning needs.
REP 09/012

Consent to participate

I (*Please complete your Name*)**……………………………………………**have had the opportunity to read the accompanying explanation and to discuss the intentions of the research and its data collection methods with the researcher.

I agree to participate in a satisfaction survey consisting of two questionnaires – one before final placement and one after placement.

I also agree to be contacted to participate in a follow up individual interview, if needed, after the final week of the nursing programme and to use my Professional Development Plans as a focus for the interview. I have supplied my contact details below.

I understand that all information will be treated as confidential within the realms of the NMC Code (NMC 2008) and anonymity will be maintained in any reporting and publication of findings.

I understand that questionnaires will be research coded so that they can be matched up pre and post placement and my name will only be accessed if I am to be invited to take part in an individual interview.

I understand that to conform with the Data protection Act (OPSI 1998), all data will be retained securely for 5-10 years after publication of results and destroyed after that time.

I understand that my participation or withdrawal will not have any effect on my education or assessments and I may withdraw my participation in this research study at any time without needing to give a reason.

My contact details after the end of the nursing programme are as follows:

Postal address
……………………………………………………………………………………………
…………………………………………………………………
e-mail address (optional)
Telephone (optional) …………………………..

Signature……………………………………Date……………………………
Researcher taking consent: Denise Major. Signature……………………….
Date…………………………….

Appendix 7. Consent form for students invited to participate in individual, focussed interviews

Research study (Postgraduate Project REP 09/012):
Researcher: Denise Major Lecturer, Postgraduate student
Supervisors: Dr Paula Ormandy & Ms Lillian Neville, Senior Lecturer

The effectiveness of final placement in meeting student nurses' learning needs.
Research approval No REP09/012

Consent to participate in an individual interview

I (*Please complete your Name*)**……………………………………………**have had the opportunity to read the accompanying explanation and to discuss the intentions of the research interview with the researcher.

I agree to the use of a digital voice recorder for the individual interview and will bring my final placement Professional Development Plans to the interview.

I understand that a transcript of the interview will be made available to me for verification before any data analysis is undertaken and findings from this study will be made available to participants.

I understand that all information will be treated as confidential within the realms of the NMC Code (NMC 2008) and anonymity will be maintained in any reporting and publication of findings.

I understand that to conform to the Data protection Act (OPSI 1998), all data will be retained securely for 5-10 years after publication of results and destroyed after that time.

I understand that I may withdraw my participation in this research study at any time without needing to give a reason.

Signature………………………………………Date……………………………

Researcher taking consent:

Denise Major, Lecturer, Postgraduate student
University of Salford School of Nursing & Midwifery
Mary Seacole Building
Frederick Road Campus
SalfordM6 6PU

Date:

Appendix 8. Pre-placement questionnaire – Pilot version 1.

Questionnaire - Satisfaction with allocation of final placement.

1. About your nursing programme.

Which branch of nursing are you a member of?
Please tick the relevant box

Adult ☐ Child ☐ Mental Health ☐

2. The purpose of your final placement

2.1 What learning achievements are important to you in your final placement?

Please place a tick in the column against the statements to show how important the following achievements are to you.

	Very important	***A little important***	***Neither important nor unimportant***	***Not important***
Management of patients' needs				
Management of the ward/unit				
Management of my own workload				
Management of my own learning				
Performance of new clinical skills or therapies *Please list those skills or therapies here*				
Improvement of specific clinical skills or therapies *Please list those skills or therapies here*				
Administering medicines – completing the required competencies				
Administering medicines – consolidating what I know				
Provision of holistic care (total patient care) for patients				
Interaction with parents or relatives of children/adult/mental health patients/clients				
The ability to advocate for patients/clients within the MDT				
Teaching students				
Teaching parents				
Teaching patients				
Others: Please specify				

2.2 How can you achieve this learning?

How important to you are each of the following learning experiences in helping you to achieve your learning needs?

Please place a tick in the relevant boxes

	Very important	*A little important*	*Neither important nor unimportant*	*Not important*
Working alongside my mentor				
Being given responsibility for a group of patients				
Managing the ward under supervision				
Directing my own learning				
Being able to access up to date resources for learning				
Being encouraged to participate in decisions about care				
Being actively involved in the administration of medicines				
Experiencing evidence-based practice				
Providing holistic care (total patient care) for patients under supervision				
Talking with parents or relatives of children / adult / mental health patients/ clients				
Attending MDT meetings				
Teaching students				
Teaching parents				
Teaching patients				
Attend trained staff mandatory lectures and professional development sessions				
Others: *Please specify*				

3. Placement allocation and satisfaction

3.1 Which ward or unit have you been allocated to for final placement?

Please state the ward or unit here

3.2 What specialty of nursing care does this ward/unit provide?

Please state the specialty here

3.3 How confident are you that this placement can provide the learning experiences which will help you to achieve your learning needs?

Please place a tick in the box which matches your confidence that the placement can provide experiences to achieve your learning needs.

Very confident	Confident	Not confident	Not at all confident
☐	☐	☐	☐

Please give up to 3 reasons

1.

2.

3.

3.4 Would you like to be given a greater choice of final placement?

Please tick the relevant box Yes ☐ No ☐

3.5 If yes, what would you like the choice to be?
*Please tick **one** box which most accurately matches the choice that you would like to have*

	*Please tick **one** box which most accurately matches the choice that you would like to have*
I would like to be able to choose a placement from the entire placement range across all branches	
I would like to be able to choose a placement from the whole range of placements for my branch of nursing	
I would like to be able to choose the Trust location, but not the specialty or ward/unit	
I would like to be able to choose the specialty, but not the Trust or ward	
I would like to be able to choose a specialty and Trust location, but not the specific ward/unit	

3.6 What would influence your choice of placement?
Please tick the relevant boxes, to show whether the issue would or would not have an influence on your choice of placement.

	Would influence my choice of final placement	**Would not influence my choice of final placement**
Number of students allocated to the placement		
The placement is somewhere that I feel I could consolidate my skills and knowledge		
The placement is somewhere that I have been before		
The placement is somewhere new to me to extend my range of placement experiences		
The placement is somewhere directly relevant to my first job		
The placement is somewhere different from my first job		
The placement is near to my home		
Shift patterns in the placement		
Types of patients/clients nursed in the placement		
Specific mentors in that placement		
Other issues significant to you: *Please specify here:*		

3.7 In your opinion, are there any further issues regarding the way in which final placements are allocated that are appropriate for us to know?

Please tick the relevant box Yes ☐ No ☐

Please explain your response

Thank you for completing this questionnaire.
It will be collected by Denise Major within the session.

Appendix 9. Pre-placement questionnaire Pilot version 2.

Questionnaire - Satisfaction with allocation of final placement.

1. About your nursing programme.

Which branch of nursing are you a member of?
Please tick the relevant box

Adult ☐ Child ☐ Mental Health ☐

2. The purpose of your final placement

2.1 What learning achievements are important to you in your final placement?

Please place a tick in the column against the statements to show how important the following achievements are to you.

	Very important	*A little important*	*Neither important nor unimportant*	*Not important*
Management of patients' needs				
Management of the ward/unit				
Management of my own workload				
Management of my own learning				
Performance of new clinical skills or therapies *Please list those skills or therapies here*				
Improvement of specific clinical skills or therapies *Please list those skills or therapies here*				
Administering medicines – completing the required competencies				
Administering medicines – consolidating what I know				
Provision of holistic care (total patient care) for patients				
Interaction with parents or relatives of children/adult/mental health patients /clients				
The ability to advocate for patients/clients within the MDT				
Teaching students				
Teaching parents				
Teaching patients				
Others: Please specify				

2.2 How can you achieve this learning?
How important to you are each of the following learning experiences in helping you to achieve your learning needs?
Please place a tick in the relevant boxes

	Very important	*A little important*	*Neither important nor unimportant*	*Not important*
Working alongside my mentor				
Being given responsibility for a group of patients				
Managing the ward under supervision				
Directing my own learning				
Being able to access up to date resources for learning				
Being encouraged to participate in decisions about care				
Being actively involved in the administration of medicines				
Experiencing evidence-based practice				
Providing holistic care (total patient care) for patients under supervision				
Talking with parents or relatives of children / adult / mental health patients/ clients				
Attending MDT meetings				
Teaching students				
Teaching parents				
Teaching patients				
Attend trained staff mandatory lectures and professional development sessions				
Others: *Please specify*				

3. Placement allocation and satisfaction

3.1 Which ward or unit have you been allocated to for final placement?

Please state the ward or unit here

3.2 What specialty of nursing care does this ward/unit provide?

Please state the specialty here

3.3 How confident are you that this placement can provide the learning experiences which will help you to achieve your learning needs?

Please place a tick in the box which matches your confidence that the placement can provide experiences to achieve your learning needs.

Very confident	Confident	Not confident	Not at all confident
☐	☐	☐	☐

Please give up to 3 reasons

1.

2.

3.

3.4 Would you like to be given a greater choice of final placement?

Please tick the relevant box Yes ☐ No ☐

3.5 If yes, what would you like the choice to be?
*Please tick **one** box which most accurately matches the choice that you would like to have*

	*Please tick **one** box which most accurately matches the choice that you would like to have*
I would like to be able to choose a final placement from the entire placement range across all branches	
I would like to be able to choose a final placement from the whole range of placements for my branch of nursing	
I would like to be able to choose the Trust location, but not the specialty or ward/unit	
I would like to be able to choose the specialty, but not the Trust or ward	
I would like to be able to choose a specialty and Trust location, but not the specific ward/unit	

3.6 What would influence your choice of placement?
Please tick the relevant boxes to show the influence that each of the following issues would have on your choice of placement.

	Positive influence on my choice of placement	**No influence on my choice of placement**	**Negative influence on my choice of placement**
Large number of students allocated to the placement			
Small number of students allocated to the placement			
The placement is somewhere that I feel I could consolidate my skills and knowledge			
The placement is somewhere that I have been before			
The placement is somewhere new to me to extend my range of placement experiences			
The placement cares for patients/clients within the same specialty as my first job			
The placement **does not** care for patients/clients within the same specialty as my first job			
The placement is near to my home			
Specific shift patterns in the placement			
Specific types of patients/clients nursed in the placement			
Specific mentors in that placement			

Other issues significant to you: *Please specify here:*	**Positive influence on my choice of placement**	**Negative influence on my choice of placement**

3.7 In your opinion, are there any further issues regarding the way in which final placements are allocated that are appropriate for us to know?

Please tick the relevant box Yes ☐ No ☐

Please explain your response

Thank you for completing this questionnaire.
It will be collected by Denise Major within the session.

Appendix 10. Pre-placement questionnaire - Final version

Questionnaire
Student Nurse Expectations of final placements:
Achievements, Experiences and Allocations.

1. About your nursing programme.

Which branch of nursing are you a member of?
Please tick the relevant box

Adult ☐ Child ☐ Mental Health ☐

2. The purpose of your final placement

2.1 What learning achievements are important to you in your final placement?

Please place a tick in the column against the statements to show how important the following achievements are ***to you.***

Learning Achievement Statement	***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***
Management of patients' needs				
Management of the ward/unit/clinic				
Management of my own workload				
Management of my own learning				
Participating in psychosocial interventions				
Improving my moving and handling techniques				
Administering medication by injections				
Administering medication by nebulisers				
Administering medication by inhalers				
Administering oral medicines				
Administering medicines – completing the required competencies				
Administering medicines – consolidating what I know				
Provision of holistic care (total patient care) for patients				
Interaction with parents, relatives or carers of child/adult/mental health patients/clients				

The ability to advocate for patients/clients within the MDT				
Measuring, recording, interpreting and reporting vital signs				
Following procedures for protection of vulnerable children/adults				
Performing effective basic life support				
Being involved in advanced life support				
Caring for people with tracheostomies				
Insertion and testing of naso-gastric tubes				
Feeding patients/clients using a naso-gastric tube				
Teaching students				
Teaching parents, carers or relatives				
Teaching patients				
Others: *please specify and tick level of importance*				

2.2 How can you achieve this learning?

How important **to you** are each of the following learning experiences in helping you to achieve your learning needs?
Please place a tick in the relevant boxes

Learning Experience Statement	***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***
Working alongside my mentor				
Being given responsibility for a group of patients				
Managing the ward under supervision				
Directing my own learning				
Being able to access up to date resources for learning				
Being encouraged to participate in decisions about care				
Being actively involved in the administration of medicines				
Experiencing evidence-based practice				

Providing holistic care (total patient care) for patients under supervision				
Talking with parents, carers or relatives of child/adult/mental health patients/clients				
Attending MDT meetings				
Teaching students				
Teaching parents				
Teaching patients				
Attending trained staff mandatory lectures and professional development sessions				
Others: *please specify and tick level of importance*				

3. Placement allocation and satisfaction

3.1 Which ward or unit have you been allocated to for final placement?

Please state the ward or unit here

3.2 What specialty of nursing care does this ward/unit provide?

Please state the specialty here

3.3 How confident are you that this placement can provide the learning experiences which will help you to achieve your learning needs?

Please place a tick in the box which matches your confidence that the placement can provide experiences to achieve your learning needs.

Very confident	***Confident***	***Not very confident***	***Not at all confident***
☐	☐	☐	☐

Give up to 3 reasons for your level of confidence in placement provision of learning experiences to help you achieve your learning needs

1.

2.

3.

3.4 Do you think that the current system of allocating final placements is equitable?

Please tick the relevant box Yes ☐ No ☐

If No, list up to 3 reasons why not. *1.* *2.* *3.*

3.5 Would you like to be given a greater choice of final placement?

Please tick the relevant box Yes ☐ No ☐

3.6 If yes, what are the key aspects from which you would like to make that choice?

Please tick the box(es) which most accurately reflect the key aspect(s) from which to make your choice

Aspect Statement	*Please tick the box(es) which most accurately reflect the key aspect(s) from which to make your choice*
I would like to make my choice of final placement **from** the **entire range** of placements **across all branches**	
I would like to make my choice of final placement **from** the **entire range** of placements **for my branch** of nursing	
I would like to be able to **choose the placement by Trust location**, but not choose the specialty or ward/unit	
I would like to be able to **choose the placement by specialty**, but not choose the Trust or ward	
I would like to be able to **choose the placement by specialty and Trust location**, but not choose the specific ward/unit	
I would like to be able to **choose the placement by specific ward/unit**	

3.7 What would influence your choice of placement?

Please tick the relevant boxes to show the influence that each of the following issues would have on your choice of placement.

	POSITIVE influence on my choice of placement	***NO influence on my choice of placement***	***NEGATIVE influence on my choice of placement***
Large number of students allocated to the placement			
Small number of students allocated to the placement			
The placement is somewhere that I feel I could consolidate my skills and knowledge			
The placement is somewhere that I have been before			
The placement is somewhere new to me to extend my range of placement experiences			
The placement cares for patients/clients within the same specialty as my first job			
The placement **does not** care for patients/clients within the same specialty as my first job			
The placement is near to my home			
Specific shift patterns in the placement			
Specific types of patients/clients nursed in the placement			
Specific mentors in that placement			
Other issues significant to you: *Please specify and tick whether positive or negative influence*			

3.8 Please add any further comments regarding the way in which final placements are allocated that will enhance your own learning achievements and experiences and improve student satisfaction.

Thank you for completing this questionnaire.
It will be collected by Denise Major within the session.

Appendix 11. Post-placement questionnaire

Questionnaire
Student Nurse Experiences of final placements

1. Which branch of nursing are you a member of?

Please tick the relevant box

Adult ☐ Child ☐ Mental Health ☐

2. Learning achievements in final placement

2.1 How important were the following learning achievements to you in your final placement?

Please place a tick in the column against the learning achievements to show how important they were ***to you in your final placement.***

Learning Achievement Statement	***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***
Management of patients' needs				
Management of the ward/unit/clinic				
Management of my own workload				
Management of my own learning				
Participating in psychosocial interventions				
Improving my moving and handling techniques				
Administering medication by injections				
Administering medication by nebulisers				
Administering medication by inhalers				
Administering oral medicines				
Administering medicines – completing the required competencies				
Administering medicines – consolidating what I know				
Provision of holistic care (total patient care) for patients				
Interaction with parents, relatives or carers of child/adult/mental health patients/clients				
The ability to advocate for patients/clients within the MDT				
Measuring, recording, interpreting and reporting vital signs				
Following procedures for protection of vulnerable children/adults				

Learning Achievement Statement	***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***
Performing effective basic life support				
Being involved in advanced life support				
Caring for people with tracheostomies				
Insertion and testing of naso-gastric tubes				
Feeding patients/clients using a naso-gastric tube				
Teaching students				
Teaching parents, carers or relatives				
Teaching patients				
Others: *please specify below and tick level of importance*				

2.2 How useful were your learning experiences?

How useful **to you** were each of the following learning experiences in helping you to achieve your learning needs?

Please place a tick in the relevant boxes to show how useful each experience was to you, or if it was not offered or not available

Learning Experience Statement	***Very useful***	***A little useful***	***Not useful***		***This experience was available, but not offered to me***	***This experience was not available in this placement***
Working alongside my mentor						
Being given responsibility for a group of patients						
Managing the ward under supervision						
Directing my own learning						
Being able to access up to date resources for learning						
Being encouraged to participate in decisions about care						
Being actively involved in the administration of medicines						
Experiencing evidence-based practice						

Learning Experience Statement	***Very useful***	***A little useful***	***Not useful***		***This experience was available, but not offered to me***	***This experience was not available in this placement***
Providing holistic care (total patient care) for patients under supervision						
Talking with parents, carers or relatives of child/adult/mental health patients/clients						
Attending MDT meetings						
Teaching students						
Teaching parents						
Teaching patients						
Attending trained staff mandatory lectures and professional development sessions						
Others: *please specify below and tick level of usefulness*						

3. Placement allocation and satisfaction

3.1 Which ward or unit were you allocated to for your final placement?

Ward/unit name ……………………………………………………………………………..

Specialty of nursing care
which this ward/unit provides………………………………………………………………

3.2 How satisfied are you with the learning experiences provided to help you achieve your learning needs in your allocated placement?

Please place a tick in the box which matches your satisfaction that the placement provided experiences to achieve your learning needs.

Satisfaction with learning experiences			
Very satisfied	***Satisfied***	***Not very satisfied***	***Not at all satisfied***

3.3 Reasons for your level of satisfaction with your learning experiences

Please place a tick in the boxes which match the reasons for your level of satisfaction in placement provision of learning experiences in your allocated placement.

High staff:patient ratio helped learning ☐	Good supervision ☐	Staff were committed to student learning ☐	Poor supervision ☐	Good educational resources/teaching ☐
Variety of patient conditions – positive for learning ☐	Placement fulfilled my personal learning needs ☐	Placement did not fulfil my personal learning needs ☐	I had opportunity to learn transferable skills ☐	Expectations of third years required me to perform at a high level of skill ☐
Given exposure to experiences relevant to RN role ☐	Given opportunity to perform RN role ☐	Busy environment – good for learning ☐	Busy environment – not good for learning ☐	Patients had lots of nursing needs – positive for learning ☐
I missed out on learning hospital skills ☐	Placement fulfilled my outstanding programme competence requirements ☐	Placement did not fulfil my outstanding programme competence requirements ☐	No prior discussions of learning needs– this hindered provisions for my learning ☐	I organised suitable learning experiences for myself ☐
Staff were welcoming ☐	Large number of students hindered learning ☐	Lack of time with mentor hindered learning ☐	I had more freedom in the team ☐	Low staff:patient ratio hindered learning ☐
I was a team player ☐	I was an effective communicator ☐	I was assertive ☐	I was self aware of my learning needs/knowledge ☐	I had a positive attitude ☐
Disappointed that placement did not match my first RN post ☐	Good that placement matched my first RN post ☐	Good that I had prior discussion of learning needs before starting ☐	Not good that placement matched my first RN post ☐	Good that placement did not match my first RN post ☐

3.4 Having experienced this placement, would you recommend it to other students as a final placement?

Please complete the table to show why you would or would not recommend this placement to other students as a final placement.

□ ***Yes, I would recommend this placement to other students because:***
1.
2.
3.
□ ***No, I would not recommend this placement to other students because:***
1.
2.
3.

3.5 During your allocation, if you went to any other wards or units, please complete the following table.

Name of ward or unit	Specialty of nursing care that this ward/unit provides	Reason for going there	Length of time spent there

3.6 The aim of this study is to understand the value of final placements to student nurses. If you have any final comments which will help us to understand your experiences, please enter them below.

Thank you for completing this questionnaire.
It will be collected by Denise Major within the session.

Appendix 12. Interview schedule

Denise Major, Lecturer, Postgraduate student
University of Salford
School of Nursing & Midwifery
Mary Seacole Building
Frederick Road Campus
Salford
M6 6PU

September/October 2009

Interview day procedure
Interviewee Research code

Date **Time** **Venue** **of Interview**

□ Welcome

□ **Thank you for coming to participate in this interview.**
As explained previously, I want to explore the views of people across the whole range of satisfied to dissatisfied with final placement

□Hospitality – offer drink snack □ Switch off telephones

Explain:
□Interview purpose MPhil written info □
What happens to transcripts → Participants for verification
Anonymity in publication and reporting
How the data will be used
Interview format – □Time
□Structured questions
□Time for any other comments briefly
□Use of Digital tape recorders x2

Entirely voluntary, can change mind at any time.
Has no effect on studies.
If at all uncomfortable or just want to stop, just say so.
□MPhil information and consent
□Use of PDPs Brought PDPs Yes □ No□

Turn on recorder
State
Interviewer name

Interviewee

Purpose of interview – Research study (Postgraduate Project REP 09/012):
Researcher: Denise Major Lecturer, Postgraduate student
Supervisors: Dr Paula Ormandy & Ms Lillian Neville, Senior Lecturer

□ The focus will be to:
1. Explore your learning expectations and achievements in relation to final placement
2. Explore the resources and strategies used in final placement to address the professional learning goals which you set for yourself during that placement.

I have examined the questionnaires and have invited you along because your answers show that you were

□ Confident or very confident before placement that the learning experiences would meet your learning needs, but dissatisfied or very dissatisfied after placement

Or

□Confident or very confident before placement that the learning experiences would meet your learning needs, and satisfied or very satisfied after placement

Or

□Not confident or not at all confident before placement that the learning experiences would meet your learning needs, and dissatisfied or very dissatisfied after placement

Or

□ Not confident or not at all confident before placement that the learning experiences would meet your learning needs, yet satisfied or very satisfied after placement

Appendix 13. Interview topic guide

□ **1. So, tell me a little about what you planned to learn and how you planned to learn it – your PDPs might be useful here.**

Prompts – issues to cover:

1.1 □ Why did you think these experiences would help your learning?

1.2 □ Did you get the experiences you wanted by being allocated to this placement?

□ **2. Let us explore what happened in placement that kept you confident and satisfied with the learning experiences / made you change your mind about being confident or satisfied with the learning experiences?**

Prompts – issues to cover:

2.1□ Who helped you to experience these things?

2.2 □ What did the 'people' do which helped you to gain these experiences?

2.3 □ Can you describe any practices which were unhelpful to facilitating your learning?

2.4 □ In what ways did the experiences help to meet your learning needs?

2.5 □ How did you help yourself to meet your learning needs?

□ **3. Do you think final placement is special in any way?**

Prompts – issues to cover:

3.1 □ Is there anything about final placement that makes it different from other placements?

□**4. Allocation of placements**

Prompts – issues to cover:

4.1 □ If we couldn't change the way in which we allocate students to final placement, what would be the one piece of advice that you would give to the mentors and supervisors in final placements?

4.2 □ If we couldn't change the way in which we allocate students to final placement, what would be the one piece of advice that you would give to the students who were going to final placements?

□ **5.** Do you have anything further to say with regard to the effect that the placement allocation has on achieving personal learning needs in the final placement?

□ That is the end of this interview, thank you for taking part.

Switch off recorder.

Appendix 14. Example of a Personal Professional Development Plan pro-forma

Student Name__________________________________ **Year and semester**__________________________________

Personal Professional Development Plan					
Self Assessment and Date	**Goals**	**Actions & Resources**	**Success Criteria (evidence of achievement)**	**Review Date**	**Results of Review**

Pre-placement Personal tutor signature &Date

……………………………………………………………………………

Post-placement review personal tutor signature & Date

…………………………………………………………………….

Preliminary Interview Mentor signature & Date

……………………………………………..…………………………..

End of placement mentor signature & Date

…………………………………………………………………….

Appendix 15. Data analysis strategy **Objective 1.**

Objective 1. To explore and understand the learning needs, experiences and preferences of students before and after their final practice placement				
Relevant data	**Quantitative or Qualitative**	**Reason for analysis** To ascertain: *Learning needs, achievements and Learning experiences*	**Analysis method**	**Reporting**
Q2.1 pre- & post-placement Importance of Learning achievements 25 matched pre- and post-placement variables using an ordinal scale from 'very important' to 'not important' Data from child branch interviews	Quantitative Qualitative	To see pre- & post-placement perceptions of required learning needs and achievements and whether perceptions changed after the experience, so as to give a measure of reliability in students being able to identify their own priorities for learning in advance of final placement so that they can be a partner in managing their own learning (PDP writing).	Descriptive statistics: **Frequencies by numbers and %** of responses in each importance category for each variable. **Descriptives:** means, SD **Inferentials:** non-parametric tests **Wilcoxon** sum of ranks By total **cohort** By **branch x3** By **programme** Thematic content analysis.	Tabulated Tabulate Those variables which showed a statistically significant difference between pre- and post-placement perceptions of importance (*alpha = 0.01* ; with Bonferroni adjustment for 5 tests used) Report by themes and sub-themes relevant to the objective
Q 2.2 Pre- and post-placement Importance of Learning experiences 15 matched pre- and post-placement variables	Quantitative	To compare whether opinions changed after having the experience, so as to provide an indication of how well prepared students are	Descriptive statistics: **Frequencies by Means & SD numbers and %** of responses in each importance category for each variable.	Tabulated numbers and % of responses to each variable

using an ordinal scale from ‘very useful’ to ‘not at all useful’		prior to final placement, to direct their own learning experiences (PDP writing).	Descriptive statistics: **Frequencies by Means SD, numbers and %** **Cross tabulations** of frequencies to branch **Inferentials:** non-parametric tests **Wilcoxon** sum of ranks By total **cohort** By **branch x3** By **programme**	Narrative description of tendencies and trends Tabulate Those variables which showed a statistically significant difference between pre- and post-placement perceptions of importance (*alpha = 0.01* ; with Bonferroni adjustment for 5 tests used)
Q 2.2 ‘experience available but not offered’ or ‘experience not available’.		To determine how often students were unable to access facilitation of learning practices within placements To determine the reality of availability of the suggested learning experiences	Descriptive statistics of Mean SD % and numbers Cross tabulation to branch and programme	Table of frequencies Descriptive statistics
Data from child branch interviews and survey Q 3.2 post-placement satisfaction that placement did provide learning experiences to meet needs	Qualitative	Contribute to an understanding of placement experiences	Thematic content analysis.	Report by themes and sub-themes relevant to the objective Quotations and narrative from interviews to illustrate themes

Appendix 15. Data analysis strategy **Objective 2.**

Objective 2. To investigate the ways in which students perceive their final placement learning needs and experiences to be influenced by the placement to which they were allocated				
Relevant data	**Quantitative or Qualitative**	**Reason for analysis** To ascertain: *Learning experiences* *Placement allocation and satisfaction*	**Analysis method**	**Reporting**
Q 2.2 post-placement Experiences 'Available but not offered' or ' Not available' in this placement **Q3.4 post-placement Would you recommend this placement to other final placement students?**	Quantitative Quantitative	To determine whether particular placements are more or less able than others to facilitate final placement learning	Definition of specialties **Cross tabulations** of frequencies of not available or not offered experiences to specialty Descriptive frequencies of Yes or No **Cross tabulation** Yes or No recommendation of placement by specialty.	Tabulated **Frequencies by numbers and %** of responses to each theme or category by specialty
Q3.4 post-placement Reasons for recommendation, or not. **Q3.6 post-placement Free-text related themes** **Semi-structured Interviews with child branch**	Qualitative	To determine ways in which students perceive their learning needs and experiences to be influenced by this specific placement	Thematic analysis for positive and negative categories, related specifically to any aspect of the placement specialty or venue	Report by themes and sub-themes relevant to the objective Quotations and narrative to illustrate themes and sub-themes

Appendix 15. Data analysis strategy **Objective 3.**

Objective 3. To identify key aspects of a successful final placement learning experience from the student perspective				
Relevant data	**Quantitative or Qualitative**	**Reason for analysis** To ascertain: *Learning needs* *Learning experiences* *Placement allocation and satisfaction*	**Analysis method**	**Reporting**
Q 3.3 Pre-placement reasons for levels of confidence Pre-placement asked for three free-text reasons Q 3.3 post-placement reasons for satisfaction	Qualitative Quantitative	To find the range of reasons why students were confident in forthcoming placement provision To elicit any further aspects of practice learning experiences over and above those given in the variables of Q 2.1 and 2.2 Provide statistical support for key aspects of a successful placement	Thematic content analysis by themes and categories. Frequencies of yes/No answers to responses cross-tabulated to levels of satisfaction	Narrative Identification of themes and categories Quotations Tabulated
Q 3.4 Post-placement. Reasons why students would or would not recommend the placement to others as a final placement. Asked for three free-text	Qualitative	To ascertain key aspects of desirable placement learning experiences and aspects of placement experiences which were not helpful in	Examination of themes for similarities to Q3.3 pre- and Q3.3 post-placement themes and any additional themes	Narrative Identification of themes and categories Quotations

reasons for ‘yes, they would recommend’ or ‘no, they would not recommend’		achieving their learning needs across all branches.		
Q 3.6 post placement. Free text box for any final comments regarding the value of final placements to students	Qualitative	To capture any further themes or add to existing themes regarding positive and negative placement experiences	Thematic content analysis by positive and negative themes and categories	Quotations and Narrative
Semi-structured Interviews with child branch	Qualitative	To add strength to qualitative data from the questionnaire. To triangulate quantitative data. To explore in detail child branch students’ learning experiences which had confirmed the status quo or changed their expectations so as to ascertain key aspects of desirable placement learning experiences and experiences which were not helpful.	Content analysis codes, categories, themes, sub-themes.	Quotations and narrative to illustrate themes

Appendix 15. Data analysis strategy **Objective 4.**

Objective 4. To evaluate whether the way in which students are currently allocated to their final practice placements meets the needs of students and, if not, to identify ways in which the service could be improved and developed to best meet the students' needs				
Relevant data	**Quantitative or Qualitative**	**Reason for analysis** *Placement allocation and satisfaction*	**Analysis method**	**Reporting**
Q 3.4 pre-placement Is system of placement allocation equitable? Yes or No response	Quantitative	To determine the balance of student opinion as users of the system	Descriptive statistics: **Frequencies by numbers and %** of responses to each option **Cross tabulations** of frequencies to branch	Tabulated
Q 3.4 pre-placement If placement allocation not equitable, Up to three reasons why not (Free text).	Qualitative	To ascertain aspects of placement allocation which are of concern to students	Thematic content analysis for elements directly related to this objective Descriptive statistics of frequencies where applicable	Narrative and quotations to illustrate themes, sub-themes and categories
Q 3.5 pre-placement Would students like a greater choice of placement? Yes or No response	Quantitative	Preliminary question to canvass general opinion from user perspective	Descriptive statistics: **Frequencies by numbers and %** of responses to each option	Tabulated
Q 3.6 Pre-placement Range of placement choice Forced response to select aspects from which to choose NB Be careful in reporting due to some differences in response	Quantitative	To ascertain suggestions for improvement in the system	Descriptive statistics: Means SD **Frequencies by numbers and %** of responses to each variable	Tabulated

categories between pilot and final questionnaire				
Q 3.7 pre-placement Degree to which particular aspects of a placement would influence choosing to go there 11 variables and 3 response categories plus an open option for more suggestions of variables NB Be careful in reporting due to some differences in response categories between pilot and final questionnaire	Quantitative	To understand the type of information which needs to be considered when placing final placement students in practice placements To provide discriminators from which students might wish to choose a final placement in order to see the feasibility of changing the system to giving a choice.	Descriptive statistics: **Frequencies by numbers and %** of responses to each variable	Tabulated
Q 3.8 pre-placement Final comments Free text box for comments regarding the way in which final placements are allocated that will enhance student learning achievements and experiences and improve student satisfaction.	Qualitative	To capture any other thoughts or suggestions which could influence a change or improvement in the final placement allocation system which have not been captured, or to add further detail to themes and categories in other restricted responses.	Thematic content analysis	Themes and sub themes which relate to this objective Quotations from responses to illustrate themes, sub-themes and categories

Q 3.5 post-placement ‘Spoke’ placements Where they went, how long for and why	Quantitative by specialty	To ascertain the usage of additional learning opportunities and how these were used to supplement the main allocation experience	Definition of specialties Frequency of use Reasons for use.	Tabulation of ‘spoke’ placements by specialty with common themes for making this move and time spent there.
Semi-structured Interviews with child branch Do you have anything further to say with regard to the effect that the placement allocation has on achieving personal learning needs in the final placement?	Qualitative	To capture any other thoughts or suggestions which could influence a change or improvement in the final placement allocation system which have not been captured, or to add further detail to themes and categories in other restricted responses.	Thematic analysis	Integration of themes with other qualitative and quantitative data Narrative and quotations to illustrate themes and sub-themes.

Appendix 16. University of Salford Research Ethics and Governance Committee Approval

Academic Audit and Governance Committee RECEIVED 13 JUL 2009

Research Ethics Panel

MEMORANDUM

To	Denise Major
cc:	Professor Tony Warne/Dr Paula Ormandy /Ms Lillian Neville
From	R. Flynn, Chair, Research Ethics Panel
Date	26th May 2009

Subject: **Chair's Action**

Project Title: **Does the placement allocation model have an affect on student learning in child branch final placements?**

REP Reference: **REP/012**

Having read the application I can confirm that the Research Ethics Panel have no objections on ethical grounds to your project, however, although most of the normal ethical safeguards have been met – I think the **Consent form/letter** should also make clear that *students' participation (or withdrawal) will not have any effect on their education or assessment.*

Regards,

Professor R.Flynn
Chair, Research Ethics Panel

For enquiries please contact
M U Pilotti, Contracts Officer
Contracts Office for Research and Enterprise
Enterprise & Development Division
Faraday Building
Telephone 0161 295 2654 Facsimile 0161 295 6951
E-mail m.u.pilotti@salford.ac.uk

Appendix 17. Matrix of child branch interview sampling

Interview	Confidence & Satisfaction rating categories																Programme		**Hospital Placement sites**						**Community**	Choice?		mfRNp		Verified By
	1:1	1:2	1:3 DI	1:4 NR	2:1	2:2	2:3	2:4	3:1 DI	3:2 NR	3:3 NR	3:4 NR	4:1 NR	4:2 NR	4:3 NR	4:4 NR	BSc (Hons)	Dip/ BSc	**1**	**2 NR**	**3**	**4**	**5**	**6**	**NR**	Y	N	Y	N	Reply or No Reply NRep
1								•									•		•							•			•	NRep
2	•																	•				•					•	•		NRep
3							•										•							•			•	•		Reply
4					•													•	•								•	•		NRep
5						•											•		•								•		•	Reply
6		•															•						•				•			NRep
7					•													•			•						•		•	Reply
8					•													•						•		•		•		Reply
	Ratings are denoted by 1&1 being Very Confident &Very Satisfied To 4&4 Not At all confident & Not at all Satisfied																													

Legend: DI = Declined Invitation. NR = Not Represented

mfRNp/ nmfRNp match or not match to first RN post

Appendix 18. Thematic analysis matrix: Coding, categories, themes and sub-themes across qualitative data from survey questionnaires and interviews

THEME: Learning Experiences

Personal expectations of final placement

Transfer from feeling like a student to feeling like a staff nurse
expectations of role from staff & self
supernumerary to focus on my needs not those of the service

Exceeded expectations:
when staff helped prepare for interviews
so applied for a job there

Opinions of others

Positive Opinions of Others	**Codes**
General issues	gen
Teaching	teach
Mentors	ment
Specific placement	hdu

Negative Opinions of Others	
General	Gen

Learning opportunities

Positive learning opportunities	
general	gen
busy ward	busy
variety of patients	varpat
variety of skills	varskill
Specific patients	specpat

THEME: Personal Learning Needs

Sub themes	**Categories**	**Codes**
Management (MAN)	general	mangen
	patient care	mpc
	ward	mw
	medicines	
	time	tm
	team-working	tw
Leadership (LEAD)	leadership	lead
Knowledge (KNOW)	conditions	
	safeguarding children	
Patient care (PC)	assisting patients	asspat
	caring for patients	cp
	Prioritising care	
	High dependency	
	Pain assessment	
	CPR training	
	Hoist training	
	holistic	holca
	continuous care	conca
	emergency/acute illness	emergacill
	specific patients	specpat
	Clinical skills dressings	dres
	undefined	clinskillgen
	Patient education	pated
	Therapeutic relations	therre

transferrable skills	transkill
undefined experiences	exp
Resources	res
staff as a resource	staffres
ECT procedure	ect
Risk assessment	riskass
PEG feeding	peg
Stress EWS	stress
Emergency care	emerg
Mandatory training	mantr
Spoke placements available	spoke
long placement	lp
Lack of learning opportunities	
Not using my skills	noskill
Travel	travel
No hospital skills	nhs
Too quiet	quiet
I know the staff	knowstaff
Too stressful to learn	stress
Long stay repetitive skills	lsrs
Hospital move	hospmove

Transition Learning opportunities

Rehearse first post

Have own workload
More responsibility
Less supervision
Supernumerary
Working alongside mentor
Parents' thanks
Staff expectations

Prep for RN role		transskills
	undefined	preprn
	match first post	pmfp
	not match first post	pnmfp
Fulfil Prog requirements (FPR)	undefined	progreq
	community	com
Pass assessments (PASSASS)		passass
	pass	
	resubmissions	resubs

<table>
<tr>
<td>
Trust –specific Pre-preceptorship programme
Low student numbers
Freedom in the team

Learning influenced by placement specialty

Positive influence of placement specialty
Learning specific care and conditions
IV medicines - oncology
Inspired by life-saving work SCBU
Not influenced by placement specialty, still learned everyday care

Community nursing learning opportunities
Community nursing skills
Independence in decision making
Caseload management
Visiting on my own pushed me to take the lead
Confidence relating to patients
Wide range of cultural & religious needs
Learning care from patient perspective
Substance misuse
Working with CPN
Managing crisis

Negative influence of placement specialty
Too busy to teach
Too complex as many specialties on one ward
Pace too fast to explain complex drugs
Community HV not suitable - can't have own caseload
Intensive care - decisions made by RNs no opp to be in charge
</td>
<td>
<u>THEME: Placement Allocation Satisfaction (PAS)</u>
<table>
<tr><th>Sub themes</th><th>Categories</th></tr>
<tr><td>Choice of placement (COP)
would help to:</td><td>
meet learning needs
set specific goals
promote interest
promote confidence
promote independent
make transition easier</td></tr>
<tr><td>Prep for RN post (PrepRN)</td><td>
gain experience in field
skills
confidence</td></tr>
<tr><td>The allocation system
is inequitable because: (INEQ)</td><td>
random
too far from home
unsafe travel
already experienced
can't go back
not meet personal needs
too little choice
inappropriate placement
too little variety
too many students
previous exp not considered
inequitable changes
split placement</td></tr>
</table>
</td>
</tr>
</table>

How staff made a difference Who helps with learning Mentor Ward manager Other staff Self How they help: Asked my needs Asked what I wanted to join in with Included me Allocated appropriate caring Were approachable Called me by my name Emotional support Shared experiences Specialist skills **How staff made a Positive Learning Environment** Information prior to placement — pip Welcome — wel Good communication — com Positive attitude mentor — pament Prior discussion of needs — pdn Good Blackboard info — bb Good teamwork — tw Good teaching — teach Staff expectations — exp Learning seen as important — limp **How staff made a Negative Learning Environment** Lack of time with mentor — ltm Poor mentors — ment Poor teamwork — tw Given HCA work — hca	**<u>THEME: Personal Qualities which assist learning (PQ)</u>** **Sub themes — Categories — Codes** **I can manage my own learning (MOL)** Pro active — pa Self aware — sa Self-directed — sd Resourceful — res Motivated — mot Drive the process PDPs before & during placement Reading - evidence base Asking to be involved Informing others of my needs **I have Knowledge & Skills** Relevant skills — relskill Have transferrable skills — transskill Knowledge — know **I am a good communicator (COMM)** Assertiveness — assert Advocacy **Advice to students** Try working things out, look at challenges and plan ahead Have your PDP ready in advance and take it to placement in advance Develop PDP further after passing practice assessment Get enough experience to be able to do the job - run the shift

No flexible working nfw Ignored me I didn't feel supernumerary You're just a student' Given menial tasks Not introducing themselves or me to others The direct way staff speak to others Staff being stuck in their ways They expected too much from me - oh good, we've got a third year! Insufficient supervision **Advice to mentors** Listen to students Talk to students, ask their needs, get to know them Know the curriculum and assessment Include students in the team Remember they are not as experienced as staff Give them trust & responsibility Treat as you'd like to be treated	Every day is an opportunity to learn - make the most of it Ask to do things, say what you want to learn Research the placement beforehand Even if you don't want to be there - Be interested in the staff and they will help you to learn, it affirms their ability Go in open-minded and positive

Appendix 19. Perceived importance of learning achievements across all respondents

	Pre-placement						**Post-placement**					
	Total sample	***Valid returns &% of total sample***	***Number and % of valid returns***				***Total sample***	***Valid returns &% of total sample***	***Number and % of valid returns***			
Learning Achievement Statement			***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***			***Very important***	***A little important***	***Neither important nor unimportant***	***Not important***
Management												
Management of patients' needs	159	158 99.4%	155 98.1%	3 1.9%	0	0	215	215 100%	206 95.8%	8 3.7%	1 0.5%	0
Management of the ward/unit/clinic	159	157 98.7%	124 79%	31 19.7%	1 0.6%	1 0.6%	215	214 99.5%	159 74.3%	44 20.6%	10 4.7%	1 0.5%
Management of my own workload	159	158 99.4%	154 97.5	4 2.5	0	0	215	214 99.5%	204 95.3%	10 4.7%	0	0
Management of my own learning	159	157 98.7%	138 87.9%	16 10.2%	3 1.9%	0	215	212 98.6%	188 88.7%	20 9.4%	3 1.4%	1 0.5%
Core caring skills												
Improving my moving and handling techniques	147	147 100%	61 41.5%	58 39.5%	22 15%	6 4.1%	215	214 99.5%	76 35.5%	77 36%	43 20.1%	18 8.4%
Performing effective basic life support	147	145 98.6%	120 82.8%	19 13.1%	4 2.8%	2 1.4%	215	211 98.1%	120 56.9%	56 26.5%	24 11.4%	11 5.2%

Being involved in advanced life support	147	143 98.6%	101 70.6%	31 21.7%	8 5.6%	3 2.1%	215	210 97.7%	100 47.6%	62 29.5%	30 14.3%	18 8.6%
Provision of holistic care (total patient care) for patients	159	158 99.4%	142 89.9%	15 9.5%	1 0.6%	0	215	214 99.5%	185 86.4%	24 11.2%	3 1.4%	2 0.9%
Interaction with parents, relatives or carers of child/adult/mental health patients/clients	159	159 100%	134 84.3%	22 13.8%	3 1.9%	0	215	215 100%	178 82.8%	34 15.8%	3 1.4%	0
The ability to advocate for patients/clients within the MDT	159	159 100%	140 88.1%	18 11.3%	1 0.6%	0	215	215 100%	183 85.1%	30 14.0%	2 0.9%	0
Following procedures for protection of vulnerable children/adults	147	147 100%	129 87.8%	16 10.9%	2 1.4%	0	215	215 100%	162 75.3%	39 18.1%	13 6.0%	1 0.5%
Measuring, recording, interpreting and reporting vital signs	147	147 100%	100 68%	33 22.4%	14 9.5%	0	215	213 99.1%	161 75.6%	35 16.4%	15 7.0%	2 0.9%
Specific caring skills												
Caring for people with tracheostomies	147	144 99.3%	69 48%	48 33.3%	19 13.1%	8 5.5%	215	200 93%	65 32.5%	50 25%	54 27%	31 15.5%

Insertion and testing of naso-gastric tubes	147	144 99.3%	81 56.2%	43 29.9%	14 9.7%	6 4.2%	215	204 94.9%	87 42.6%	52 25.5%	39 19.1%	26 12.7%
Feeding patients/clients using a naso-gastric tube	147	144 99.3%	75 52.0%	43 29.9%	19 13.2%	7 4.9%	215	203 94.4%	98 48.3%	50 24.6%	33 16.3%	22 10.8%
Participating in psychosocial interventions	147	139 94.5 %	77 55.4%	49 35.3%	10 7.2%	3 2.2%	215	212 98.6%	117 55.2%	82 38.7%	12 5.7%	1 0.5%
Administering medication by injections	147	147 100%	101 68.7%	36 24.5%	8 5.4%	2 1.4%	215	214 99.5%	135 63.1%	52 24.3%	19 8.9%	8 3.7%
Administering medication by nebulisers	147	146 99.3%	76 52.1%	50 34.2%	13 8.9%	7 4.8%	215	208 96.7%	94 45.2%	63 30.3%	34 16.3%	17 8.2%
Administering medication by inhalers	147	146 99.3%	73 50%	51 34.9%	15 10.3%	7 4.8%	215	209 97.2%	97 46.4%	63 30.1%	34 16.3%	15 7.2%
Administering oral medicines	147	147 100%	105 71.4%	35 23.8%	5 3.45	2 1.4%	215	211 98.1%	162 76.8%	31 14.7%	10 4.7%	8 3.8%
Administering medicines – completing the required competencies	159	158 99.4%	144 91.3%	10 6.3%	2 1.3%	2 1.3%	215	213 99.1%	180 84.5%	21 9.9%	6 2.8%	6 2.8%
Administering medicines – consolidating what I know	159	159 100%	147 92.5%	10 6.3%	2 1.3%	0	215	213 99.1%	183 85.9%	20 9.4%	5 2.3%	5 2.3%
Teaching												
Teaching students	159	157 98.7%	92 58.6%	50 31.8%	13 8.3%	2 1.3%	215	210 97.7%	118 56.2%	64 30.5%	24 11.4%	4 1.9%

Teaching parents, carers or relatives	159	157 98.7%	107 68.2%	39 24.8%	10 6.4%	1 0.6%	215	213 99.1%	142 66.7%	54 25.4%	14 6.6%	3 1.4%
Teaching patients	159	157 98.7%	124 79.0%	26 16.6%	7 4.5%	0	215	214 99.5%	159 74.3%	42 19.6%	11 5.1%	2 0.9%
Other learning achievement specified by student												
Care of Dying/deceased patients	159	1 0.6%	1 100%	0	0	0						
Blood therapy	159	1 0.6%	1 100%	0	0	0						
Administrative duties	159	1 0.6%	1 100%	0	0	0						
Clinical Governance	159	1 0.6%	1 100%	0	0	0						
Audit in the community	159	1 0.6%	1 100%	0	0	0						
Leading a team of HCAs	159	1 0.6%	1 100%	0	0	0						
Building Confidence							215	1 0.5%	1 100%	0	0	0

Appendix 20. Pre- and post-placement perceptions of importance of learning achievements across t-test matched pairs

	Pre-placement		Post-placement		Repeated measures t-test	
	Mean	*SD*	*Mean*	*SD*	*Pairs n =*	*Sig. (2-tailed) Wilcoxon Signed Ranks $p \leq 0.01$ $z \geq 1.96$*
Management						
Management of patients' needs	3.98	0.143	3.95	0.244	145	*p* = 0.317 z= -1.000
Management of the ward/unit/clinic	3.76	0.491	3.66	0.603	143	*p* = 0.061 z= -1.876
Management of my own workload	3.97	0.164	3.97	0.164	145	*p* =1.000 z= 0.000
Management of my own learning	3.85	0.415	3.87	0.414	142	*p* = 0.459 z= - 0.740
Core caring skills						
Improving my moving and handling techniques	3.15	0.836	2.95	0.920	134	*p* = 0.246 z= -1.160
Performing effective basic life support	3.77	0.578	3.30	0.886	131	*p* = 0.000 z= -4.485
Being involved in advanced life support	3.62	0.698	3.09	1.006	128	*p* = 0.000 z= -4.223
Provision of holistic care (total patient care) for patients	3.89	0.336	3.89	0.336	144	*p* = 0.843 z= -0.198
Interaction with parents, relatives or carers of child/adult/mental health patients/clients	3.82	0.439	3.81	0.412	146	*p* = 0.879 z= -0.152
The ability to advocate for patients/clients within the MDT	3.86	0.364	3.87	0.338	146	*p* = 0.862 z= -0.174
Following procedures for protection of vulnerable children/adults	3.86	0.391	3.69	0.594	134	*p* = 0.006 z= -2.772
Measuring, recording, interpreting and reporting vital signs	3.57	0.665	3.62	0.668	133	*p* = 0.219 z= -1.229
Specific caring skills						
Caring for people with tracheostomies	3.24	0.867	2.74	1.051	124	*p* = 0.000 z= -4.020
Insertion and testing of naso-gastric tubes	3.39	0.809	3.04	1.021	126	*p* = 0.013 z= -2.476
						Ctd….

Feeding patients/clients using a naso-gastric tube	3.30	0.857	3.17	0.978	126	$p = 0.914$ z= -0.109
Participating in psychosocial interventions	3.40	0.739	3.47	0.636	124	$p = 0.218$ z= -1.232
Administering medication by injections	3.59	0.663	3.41	0.837	134	$p = 0.037$ z= -2.081
Administering medication by nebulisers	3.31	0.845	3.10	0.951	130	$p = 0.137$ z= -1.487
Administering medication by inhalers	3.26	0.852	3.07	0.961	130	$p = 0.155$ z= -1.422
Administering oral medicines	3.64	0.618	3.62	0.759	131	$p = 0.878$ z= -0.153
Administering medicines – completing the required competencies	3.87	0.475	3.79	0.590	143	$p = 0.144$ z= -1.461
Administering medicines – consolidating what I know	3.90	0.339	3.81	0.554	144	$p = 0.064$ z= -1.865
Teaching						
Teaching students	3.46	0.708	3.39	0.788	141	$p = 0.294$ z= -1.050
Teaching parents, carers or relatives	3.6	0.650	3.64	0.573	143	$p = 0.548$ z= -0.601
Teaching patients	3.74	0.539	3.71	0.564	143	$p = 0.536$ z= -0.618

Appendix 21. Pre- and post-placement perceptions of the importance and usefulness of learning experiences at Q2.2

	Pre-placement						Post-placement						
	Total sample	Valid returns & % of total sample	Number and % of valid returns				Total sample	Valid returns & % of total sample	Number and % of valid returns				
Learning experience statement			Very important	A little important	Neither important nor unimportant	Not important			Very useful	A little useful	Not useful	This experience was available but not offered to me	This experience was not available in this placement
Managing care													
Managing the ward under supervision	159	155 97.5%	124 80.0%	28 18.1%	2 1.3%	1 0.7%	215	208 96.7%	132 63.5%	25 12.0%	3 1.4%	16 7.7%	32 15.4%
Being given responsibility for a group of patients	159	157 98.7%	152 96.8%	4 2.5%	1 0.6%	0	215	212 98.6%	196 92.5%	6 2.8%	2 0.9%	3 1.4%	5 2.4%
Team work													
Being encouraged to participate in decisions about care	159	159 100%	150 94.3%	9 5.7%	0	0	215	212 98.6%	185 87.3%	17 8.0%	3 1.4%	5 2.4%	2 0.9%
Working alongside my mentor	159	156 98.1%	136 87.1%	20 12.8%	0	0	215	213 99.1%	167 78.4%	32 15.0%	9 4.2%	1 0.5%	4 1.9%

Attending MDT meetings	159	157 98.7%	109 69.4%	43 27.4%	5 3.2%	0	215	214 99.5%	132 61.7%	42 19.6%	3 1.4%	20 9.3%	17 7.9%
Learning resources & strategies													
Directing my own learning	159	159 100%	132 83%	26 16.4%	1 0.6%	0	215	212 98.6%	176 83.0%	31 14.4%	1 0.5%	3 1.4%	1 0.5%
Being able to access up to date resources for learning	159	159 100%	125 78.6%	30 18.9%	4 2.5%	0	215	213 99.1%	129 60.6%	55 25.8%	7 3.3%	8 3.8%	14 6.6%
Experiencing evidence-based practice	159	159 100%	143 89.9%	16 10.1%	0	0	215	212 98.6%	180 84.9%	25 11.8%	2 0.9%	3 1.4%	2 0.9%
Being actively involved in the administration of medicines	159	159 100%	149 93.7%	9 5.7	1 0.6%	0	215	213 99.1	181 85%	13 6.1%	3 1.4%	3 1.4%	13 6.1%
Providing holistic care (total patient care) for patients under supervision	159	159 100%	142 89.3%	17 10.7%	0	0	215	213 99.1	180 84.5%	25 11.7%	2 0.9%	4 1.9%	2 0.9%
													Ctd…

Talking with parents, carers or relatives of child/adult/ mental health patients/ clients	159	158 99.4%	131 82.9%	23 14.6%	3 1.9%	1 0.6%	215	214 99.5%	182 85.0%	25 11.7%	2 0.9%	2 0.9%	3 1.4%
Teaching													
Teaching students	159	159 100%	93 58.5%	54 34.0%	10 6.3%	2 1.3%	215	213 99.1%	113 53.1%	63 29.6%	2 0.9%	6 2.8%	29 13.6%
Teaching parents	159	154 96.9%	96 62.3%	44 28.6%	10 6.5%	4 2.6%	215	208 96.7%	105 50.5%	41 19.7%	8 3.8%	9 4.3%	45 21.6%
Teaching patients	159	152 95.6%	119 78.3%	26 17.1%	6 3.9%	1 0.7%	215	212 98.6%	150 70.8%	45 21.2%	2 0.9%	5 2.4%	10 4.7%
Attending trained staff mandatory lectures and professional development sessions	159	157 98.7%	105 66.9%	41 26.1%	11 7.0%	0	215	214 99.5%	118 55.1%	34 15.9%	3 1.4%	21 9.8%	38 17.8%
Other learning experience specified by student(s):													
Placement with Pharmacy	159	1 0.6%	1 100%	0	0	0	215						
Placement with Tissue-viability Nurse	159	2 1.3%	2 100%	0	0	0	215						
													Ctd…

Placement with MacMillan Nurse	159	2 1.3%	2 100%	0	0	0	215						
Shadowing experts	159	1 0.6%	1 100%	0	0	0	215						
Teaching sessions	159	1 0.6%	1 100%	0	0	0	215						

Appendix 22. Frequency by branch of experiences 'available but not offered' or 'not available'

	This experience was available but not offered to me				***This experience was not available in this placement***			
		Number & % of valid branch returns				***Number & % of valid branch returns***		
Learning Experience Statement 🡻	***Number and % of total valid returns***	***Adult Branch***	***Child Branch***	***Mental Health Branch***	***Number and % of total valid returns***	***Adult Branch***	***Child Branch***	***Mental Health Branch***
Managing care								
Managing the ward under supervision	16 7.7%	7 6.2%	7 14.6%	2 4.3%	32 15.4%	16 13.2%	9 18.8%	7 14.9%
Being given responsibility for a group of patients	3	2 1.8%	0	1 2.1%	5	0	4 7.8%	1 2.1%
Team work								
Being encouraged to participate in decisions about care	5 2.4%	3 2.7%	1 2.0%	1 2.0%	2 0.9%	0	1 2.0%	1 2.0%
Working alongside my mentor	1 0.5%	1 0.9%	0	0	4 1.9%	2 1.8%	0	2 4.1%
Attending MDT meetings	20 9.3%	8 7.0%	12 23.5%	0	17 7.9%	13 11.4%	4 7.8%	0
Learning resources and strategies								
Directing my own learning	3 1.4%	2 1.8%	1 2.0%	0	1 0.5%	0	1 2.0%	0
Being able to access up to date resources for learning	8 3.8%	5 4.4%	1 2.0%	2 4.1%	14 6.6%	4 3.5%	7 14.0%	3 6.1%
Experiencing evidence-based practice	3 1.4%	1 0.9%	1 2.0%	1 2.0%	2 0.9%	1 0.9%	0	1 2.0%
Being actively involved in the administration of medicines	3 1.4%	2 1.8%	1 2.0%	0	13 6.1%	4 3.5%	2 3.9%	7 14.3%

Providing holistic care (total patient care) for patients under supervision	4 1.9%	1 0.9%	2 3.9%	1 2.1%	2 0.9%	1 0.9%	0	1 2.1%
Talking with parents, carers or relatives of child/adult/mental health patients/clients	2 0.9%	1 0.9%	1 2.0%	0	3 1.4%	2 1.8%	0	1 2.0%
Teaching								
Teaching students	6 2.8%	3 2.6%	2 3.9%	1 2.1%	29 13.6%	11 9.6%	7 13.7%	11 22.9%
Teaching parents	9 4.3%	5 4.6%	2 3.9%	2 4.2%	45 21.6%	29 26.66%	2 3.9%	14 29.2%
Teaching patients	5 2.4%	1 0.9%	3 5.9%	1 2.1%	10 4.7%	3 2.7%	6 11.8%	1 2.1%
Attending trained staff mandatory lectures and professional development sessions	21 9.8%	9 7.9%	9 17.6%	3 6.1%	38 17.8%	16 14.0%	17 33.3%	5 10.2%

Appendix 23. Reasons for satisfaction level with final placement experiences

	Very satisfied Respondents		Satisfied Respondents		Not very satisfied Respondents		Not at all satisfied Respondents		Total Respondents	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Professional relationships										
Staff were welcoming	124 58.2%	8 3.6%	45 21.1%	10 4.7%	6 2.8%	12 5.6%	1 0.5%	7 3.3%	176 82.6%	37 17.4%
I had more freedom in the team	72 33.6%	60 28.0%	22 10.3%	33 15.4%	4 1.9%	15 7.0%	0 0%	8 3.7%	98 45.8%	116 54.2%
Learning opportunities										
Staff were committed to student learning	100 46.7%	32 15%	27 12.6%	28 13.1%	3 1.4%	16 7.5%	0 0%	8 3.7%	130 60.7%	84 39.3%
No prior discussion of learning needs - this hindered provision for my learning	5 2.3%	127 59.3%	2 0.9%	53 24.8%	4 1.9%	15 7.0%	1 0.5%	7 3.35	12 5.6%	202 94.4%
Good educational resources/teaching	51 23.8%	81 37.9%	7 3.3%	48 22.4%	0 0%	19 8.9%	0 0%	8 3.7%	58 27.1%	156 72.9%
Variety of patient conditions – positive for learning	98 45.8%	34 15.9%	31 14.5%	24 11.2%	5 2.3%	14 6.5%	2 0.9%	6 2.8%	136 63.6%	78 36.4%
I had opportunity to learn transferrable skills	89 41.6%	43 20.1%	25 11.7%	30 14.0%	4 1.9%	15 7.0%	1 0.5%	7 3.3%	119 55.6%	85 44.4%
Expectations of third years required me to perform at a high level of skill	90 42.1%	42 19.6%	26 12.1%	29 13.6%	11 5.1%	8 3.7%	3 1.4%	5 2.3%	130 60.7%	84 39.3%
Given exposure to experiences relevant to RN role	95 44.4%	37 17.3%	31 14.5%	24 11.2%	7 3.3%	12 5.6%	2 0.9%	6 2.8%	135 63.1%	79 36.9%
Given opportunity to perform RN role	90 42.1%	42 19.6%	33 15.4%	22 10.3%	6 2.8%	13 6.1%	1 0.5%	7 3.3%	130 60.7%	84 39.3%
										Ctd…

Personal qualities										
I organised suitable learning experiences for myself	76 35.5%	56 26.2%	28 13.1%	27 12.6%	9 4.2%	10 4.7%	4 1.9%	4 1.9%	117 54.7%	97 45.3%
I was a team player	120 56.1%	12 5.6%	40 18.7%	15 7.0%	14 6.5%	5 2.3%	3 1.4%	5 2.3%	177 82.7%	37 17.3%
I was an effective communicator	105 49.1%	27 12.6%	41 19.2%	14 6.5%	14 6.5%	5 2.3%	3 1.4%	5 2.3%	163 76.2%	51 23.8%
I was assertive	89 41.6%	43 20.1%	30 14%	25 11.7%	10 4.7%	9 4.2%	4 1.9%	4 1.9%	133 62.1%	81 37.9%
I was self-aware of my learning needs or knowledge	104 48.6%	28 13.1%	41 19.2%	14 6.5%	15 7.0%	4 1.9%	5 2.3%	3 1.4%	165 77.1%	49 22.9%
I had a positive attitude	106 49.5%	26 12.1%	47 22.0%	8 3.7%	12 5.6%	7 3.3%	4 1.9%	4 1.9%	169 79%	45 21%

Appendix 24.

Availability of learning experiences by branch placement specialties – Adult Branch

Legend: A Learning experiences available but not offered B Learning experiences not available (as % of students attending specialty)

Learning experience ➔	Working alongside my mentor		Being given responsibility for a group of patients		Managing the ward under supervision		Directing my own learning		Being able to access up to date resources for learning		encouraged to participate in decisions about care		Being actively involved in the administration of medicines	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Placement specialty ➔														
Adult general medicine	0	0	0	0	1 25%	0	0	0	0	0	0	0	0	0
Adult general surgery	0	0	0	0	0	1 20%	0	0	0	0	0	0	0	0
Adult specialist medicine	0	1 7.1%	0	0	0	1 7.1%	0	0	0	1 7.1%	0	0	0	0
Adult specialist surgery	0	0	0	0	1 4.2%	1 4.2%	0	0	2 8.3%	2 8.3%	1 4.2%	0	1 4.2%	0
Adult orthopaedics	0	0	0	0	1 16.7%	0	0	0	0	1 16.7%	0	0	0	0
Elderly care	1 25%	0	1 25%	0	1 25%	0	1 25%	0	1 25%	0	1 25%	0	1 25%	0
GP Practice Nursing	0	0	0	0	0	1 100%	0	0	0	0	0	0	0	0
Adult Out-patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adult community care	0	0	0	0	1 3.3%	10 33.3%	0	0	1 3.2%	0	0	0	0	4 12.9%
Stroke rehabilitation	0	1 14.3%	0	0	1 14.3%	1 14.3%	0	0	0	0	0	0	0	0
Adult intensive care/coronary care	0	0	0	0	0	1 20%	0	0	0	0	0	0	0	0
Adult Accident & Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Learning experience ➔	Experiencing evidence-based practice		care (Total Patient Care) for patients, under supervision		parents,carers, or relatives of child/adult/mental health		Attending MDT meetings		Teaching students		Teaching parents		Teaching patients		trained staff mandatory lectures & professional	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Placement specialty ➔																
Adult general medicine	0	0	0	0	1 25%	0	1 25%	1 25%	0	0	0	1 25%	0	0	0	1 25%
Adult general surgery	0	0	0	0	0	0	0	2 40%	0	1 20%	0	2 40%	0	0	0	0
Adult specialist medicine	0	0	0	0	0	0	0	1 7.1%	0	0	0	2 16.7%	0	0	0	4 28.6%
Adult specialist surgery	0	1 4.2%	0	0	0	1 4.2%	4 16.7%	3 12.5%	2 8.3%	2 8.3%	1 4.5%	8 36.4%	1 4.2%	0	5 20.8%	4 16.7%
Adult orthopaedics	0	0	0	0	0	0	2 33.3%	0	1 16.7%	0	1 16.7%	1 16.7%	0	1 16.7%	1 16.7%	1 16.7%
Elderly care	1 25%	0	0	0	0	0	1 25%	0	0	0	0	1 25%	0	1 25%	0	1 25%
GP Practice Nursing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adult Out-patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adult community care	0	0	0	1 3.2%	0	1 3.2%	0	2 6.5%	0	6 19.4%	0	11 35.5%	0	0	0	2 6.5%
Stroke rehabilitation	0	0	0	0	0	0	0	0	0	0	1 14.3%	0	0	0	0	3 42.9%
Adult intensive care/coronary care	0	0	0	0	0	0	0	3 60%	0	1 20%	1 20%	1 20%	0	0	2 40%	0
Adult Accident & Emergency	0	0	0	0	0	0	0	1 50%	0	1 50%	0	0	0	0	0	0

Appendix 24.
Availability of learning experiences by branch placement specialties- Child Branch

Legend: A Learning experiences available but not offered B Learning experiences not available (as % of students attending specialty)

Learning experience →	Working alongside my mentor		Being given responsibility for a group of patients		Managing the ward under supervision		Directing my own learning		Being able to access up to date resources for learning		encouraged to participate in decisions about care		Being actively involved in the administration of medicines		Experiencing evidence-based practice		care (Total Patient Care) for patients, under supervision		parents,carers, or relatives of child/adult/mental health		Attending MDT meetings		Teaching students		Teaching parents		Teaching patients		trained staff mandatory lectures & professional	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Placement specialty ↓																														
Children's general medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 100%	0	0	0	0	0	0	0	0	1 100%
Children's general surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 25%	0	0	0	0	0	0	0	1 25%
Children's specialist medicine	0	0	0	0	1 33.3%	0	0	0	0	1 33.3%	1 33.3%	0	0	0	0	0	0	0	0	0	1 25%	0	1 25%	0	1 25%	0	1 25%	0	2 50%	2 50%
Children's specialist surgery	0	0	0	0	1 9.1%	4 36.4%	1 9.1%	0	1 8.3%	3 25%	0	0	1 8.3%	0	1 8.3%	0	0	0	0	0	4 33.3%	1 8.3%	1 8.3%	2 16.7%	0	1 8.3%	0	1 8.3%	2 16.7%	8 66.7%
Neonatal care	0	0	0	0	1 16.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 33.3%	0	0	1 16.7%	0	0	0	4 66.7%	2 33.3%	1 16.7%
Paediatric High Care - HDU/PICU/TCU	0	0	0	1 20%	1 20%	0	0	0	0	1 20%	0	0	0	0	0	0	1 20%	0	0	0	1 20%	0	0	1 20%	1 20%	0	1 20%	0	1 20%	1 20%
General Children's ward	0	0	0	0	1 12.5%	1 12.5%	0	0	0	0	0	0	0	0	0	0	1 12.5%	0	1 12.5%	0	2 25%	1 12.5%	0	1 12.5%	0	0	1 12.5%	0	1 12.5%	1 12.5%
Children's Burns Unit	0	0	0	0	2 50%	0	0	0	0	2 50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 25%
Children's Accident & Emergency care	0	0	0	1 100%	0	1 100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 100%	0	0	0	0	0	0	0	1 100%	0
Children's community care	0	0	0	2 33.3%	0	3 60%	0	1 16.7%	0	0	0	1 16.7%	0	2 33.3%	0	0	0	0	0	0	0	1 16.7%	0	2 33.3%	0	1 16.7%	0	1 16.7%	0	1 16.7%

Appendix 24. Availability of learning experiences by branch placement specialties – Mental Health branch

Legend: A Learning experiences available but not offered B Learning experiences not available (as % of students attending specialty)

Learning experience ➔	Working alongside my mentor		Being given responsibility for a group of patients		Managing the ward under supervision		Directing my own learning		Being able to access up to date resources for learning		encouraged to participate in decisions about care		Being actively involved in the administration of medicines		Experiencing evidence-based practice		care (Total Patient Care) for patients, under supervision		parents,carers, or relatives of child/adult/mental health		Attending MDT meetings		Teaching students		Teaching parents		Teaching patients		trained staff mandatory lectures & professional	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Placement specialty 🡻																														
Acute mental health care	0	0	0	0	0	1 11.1%	0	0	0	1 10%	0	0	0	2 20%	0	0	0	0	0	0	0	0	0	3 30%	0	2 22.2%	0	0	0	2 20%
Enduring mental health care - community	0	0	0	0	0	1 100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 100%
Forensic in-patient mental health care	0	0	0	0	0	0	0	0	1 33.3%	1 33.3%	0	0	0	0	0	0	0	0	0	1 33.3%	0	0	0	1 33.3%	0	3 100%	0	0	0	0
Elderly mental health care	0	0	0	0	1 14.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 14.3%	1 14.3%	0	2 28.6%	0	0	0	0
Psychiatric Intensive Care Unit	0	0	1 100%	0	1 100%	0	0	0	0	1 100%	1 100%	0	0	0	0	0	1 100%	0	0	0	0	0	0	1 100%	0	1 100%	1 100%	0	1 100%	0
Drug and alcohol misuse services. Substance misuse	0	1 16.7%	0	0	0	2 40%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2 40%	0	3 50%	0	1 16.7%	0	0
Organic, elderly mental health care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Organic Mental Health care	0	1 100%	0	1 100%	0	0	0	0	0	0	0	1 100%	0	1 100%	0	1 100%	0	0	0	0	0	0	0	0	0	1 100%	0	0	0	1 100%
Mental health community care	0	0	0	0	0	1 33.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 33.3%	0	0	0	0	0	0
Mental Health rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 33.3%	0	0	0	0
Mental Health Care for Deaf	0	0	0	0	0	0	0	0	1 33.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 33.3%	0	1 33.3%	0	0
Child & Adolescent Mental Health Services	0	0	0	0	0	2 66.7%	0	0	0	0	0	0	0	2 66.7%	0	0	0	1 33.3%	0	0	0	0	0	1 33.3%	0	1 33.3%	0	0	1 33.3%	1 33.3%
Admiral Nurses - MH Advice and help for carers	0	0	0	0	0	0	0	0	0	0	0	0	0	1 100%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Imprecise	0	0	1 6.2%	0	1 6.2%	0	1 6.2%	0	1 6.2%	0	1 6.2%	0	0	1 6.2%	1 6.2%	0	1 6.2%	0	0	0	0	0	0	1 6.2%	3 20%	1 6.2%	0	0	2 12.5%	0

Appendix 25. Recommendation of placement by specialty group

	Would recommend placement to other students		
Placement specialty	**Yes**	**No**	**No decision**
Adult general medicine	4 (100%)	0	
Adult general surgery	5 (100%)	0	
Adult specialist medicine	7 (63.6%	4 (36.4%)	
Adult specialist surgery	16 (72.7%)	6 (27.3%)	
Adult orthopaedics	4 (80%)	1 (20%)	
Adult out-patients	1 (100%)	0	
Elderly care	2 (66.7%)	1 (33.3%)	
GP Practice Nursing	1 (100%)	0	
Adult community care	26 (92.9%)	2 (7.1%)	
Stroke rehabilitation	6 (75%)	2 (25%)	
Adult intensive care/coronary care	4 (100%)	0	
Adult Accident & Emergency	2 (100%)	0	
Children's general medicine	0	0	1 (100%)
Children's general surgery	4 (100%)	0	
Children's specialist medicine	1 (25%)	3 (75%)	
Children's specialist surgery	8 (80%)	2 (20%)	
Neonatal care	6 (100%)	0	
Paediatric High Care - HDU/PICU/TCU	4 (80%)	1 (20%)	
General Children's ward	7 (100%)	0	
Children's Burns Unit	4 (100%)	0	
Children's Accident & Emergency care	1 (100%)	0	
Children's community care	5 (83.3%	1 (16.7%)	
Acute mental health care	10 (100%)	0	
Enduring mental health care -community	1 (100%)	0	
Forensic in-patient mental health care	2 (66.7%)	1 (33.3%)	
Elderly mental health care	7 (100%)	0	
Psychiatric Intensive Care Unit	0	1 (100%)	
Drug and alcohol misuse services. Substance misuse	5 (100%)	0	
Organic, elderly mental health care	1 (100%)	0	
Organic Mental Health care	0	1 (100%)	
Mental health community care	3 (100%)	0	
Mental Health rehabilitation	2 (100%)	0	
Mental Health Care for Deaf persons	2 (100%)	0	
Child & Adolescent Mental Health Services	2 (66.7%)	1 (33.3%)	
Admiral Nurses - MH Advice and help for carers	1 (100%)	0	
Imprecise	9 (56.3%)	3 (18.8%)	4 (25%)
Total	163	30	5

Appendix 26. Range of choice from which respondents would like to choose a placement

	Adult		**Child**		**Mental Health**		**Totals**	
	Number and % of branch responses to the item						**Number & % of total sample**	
I would like to choose ..	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
From the entire range, all branches	17 21.5%	62 78.5%	1 2.5%	39 97.5%	3 10.7%	25 89.3%	21 14.3%	126 85.7%
From the entire range my branch	45 57.0%	34 43.0%	28 70.0%	12 30.0%	19 68.0%	9 32.0%	92 62.6%	55 37.4%
The Trust	9 11.4%	70 88.6%	3 7.5%	37 92.5%	2 7.1%	26 92.9%	14 9.5%	133 90.5%
The Specialty	23 29.1%	56 70.9%	16 40.0%	24 60.0%	9 32.1%	19 67.9%	48 32.7%	99 67.3%
The Trust & Specialty	27 34.2%	52 65.8%	12 30.0%	28 70%	9 32.1%	19 67.9%	48 32.7%	99 67.3%
The Ward/Unit	42 53.8%	36 46.2%	23 57.5%	17 42.5%	9 56.3%	7 43.8%	74 55.2%	60 44.8%

Appendix 27. Issues which would impact on a choice of final placement

	Rating 1 = positive influence 2 = no influence 3 = negative influence		**Positive influence on my choice of placement**				**No influence on my choice of placement**				**Negative influence on my choice of placement**			
			N = % of branch			**% of sample**	**N = % of branch**			**% of sample**	**N = % of branch**			**N = % of sample**
	Mean	**SD**	**A**	**C**	**MH**	**Total**	**A**	**C**	**MH**	**Total**	**A**	**C**	**MH**	**Total**
Large number of students allocated to the placement	**2.58**	**0.653**	**8 10%**	**3 7.1%**	**2 9.1%**	**13 9.0%**	**21 26.3%**	**8 19%**	**5 22.7%**	**34 23.6%**	**51 64%**	**31 73.8%**	**15 68.2%**	**97 67.4%**
Small number of students allocated to the placement	**1.38**	**0.528**	**50 62.5%**	**28 65.1%**	**15 68.2%**	**93 64.1%**	**28 35.0%**	**14 32.6%**	**7 31.8%**	**49 33.8%**	**2 2.5%**	**1 2.3%**	**0 0%**	**3 2.1%**
The placement is somewhere that I feel I could consolidate my skills and knowledge	**1.43**	**1.953**	**78 95.1%**	**43 100%**	**21 95.4%**	**142 96.6%**	**3 3.7%**	**0 0%**	**1 4.5%**	**4 2.7%**	**1 1.2%**	**0 0%**	**0 0%**	**1 0.7%**
The placement is somewhere that I have been before	**2.3**	**2.055**	**25 31.3%**	**5 11.9%**	**4 19.0%**	**34 23.8%**	**43 53.8%**	**25 59.5%**	**10 47.6%**	**78 54.6%**	**12 15.0%**	**12 28.6%**	**7 30%**	**31 21.7%**
														Ctd…

The placement is somewhere new to me to extend my range of placement experiences	**1.6**	**2.027**	**66 80.5%**	**37 86%**	**18 81.1%**	**121 82.3%**	**13 15.9%**	**6 14%**	**3 13.6%**	**22 15.0%**	**3 3.6%**	**0 0%**	**1 4.5%**	**4 2.7%**
The placement cares for patients/clients within the same specialty as my first job	**1.89**	**2.025**	**44 56.4%**	**22 51.2%**	**11 52.4%**	**77 54.2%**	**30 38.5%**	**21 48.8%**	**10 47.6%**	**61 43.0%**	**4 5.1%**	**0 0%**	**0 0%**	**4 2.8%**
The placement does not care for patients/clients within the same specialty as my first job	**2.54**	**2.017**	**9 11.5%**	**3 7.1%**	**2 10.5%**	**14 10.0%**	**48 61.6%**	**32 76.2%**	**11 57.9%**	**91 65.5%**	**21 27.0%**	**7 16.7%**	**6 31.6%**	**34 24.5%**
The placement is near to my home	**1.75**	**2.142**	**57 70.4%**	**22 52.4%**	**18 81.8%**	**97 66.9%**	**24 29.6%**	**20 47.6%**	**4 18.2%**	**48 33.1%**	**0 0%**	**0 0%**	**0 0%**	**0 0%**
Specific shift patterns in the placement	**1.95**	**2.125**	**41 50.6%**	**17 40.5%**	**15 68.2%**	**73 50.3%**	**37 45.7%**	**23 54.8%**	**7 31.*%**	**67 46.2%**	**3 3.7%**	**2 4.8%**	**0 0%**	**5 3.4%**
Specific types of patients/clients nursed in the placement	**1.85**	**2.011**	**40 56.3%**	**26 61.9%**	**14 63.6%**	**80 55.6%**	**30 42.3%**	**16 38.1%**	**7 31.8%**	**62 43.0%**	**1 1.4%**	**0 0%**	**1 4.5%**	**2 1.4%**
Specific mentors in that placement	**1.93**	**2.097**	**43 53.8%**	**21 50%**	**8 36.4%**	**72 50%**	**36 45.0%**	**20 47.6%**	**13 59.0%**	**69 48.0%**	**1 1.3%**	**1 2.4%**	**1 4.5%**	**3 2.0%**

Appendix 28. Reasons why students undertook spoke placements

Yes, I went to other ward/unit as spoke placement			**Reason for going there**	**Length of time spent there**
Child Branch	Adult Branch	Mental Health Branch		
873; 798; 822; 805; 800; 875; 872; 859; 860; 823; 864; 869; 861 **N=13**	979; 979; 736; 733; 733; 733; 732; 783; 981; 776; 932; 932; 954; 903; 913; 900; 900; 908; 908; 908; 967; 967; 937; 956; 956; 956; 953; 946; 974; 974; 920; 907; 961; 911; 966; 916; 902; 768 **N= 38**	704; 706; 695; 700; 694; 707; 697; 710; 713; 725; 853; 847; 844; 846; 835; 851; 836; 826; 827; **N= 19**	Related to main placement and/or of personal interest	3 x 2hrs; 2 x 4 hours; 1 x ½ day; 49 x 1 day; 5 x 2 days; 1 x 2nights 4 x 3 days; 2 x 1 week; 2 x 2 weeks; 1 x 3 weeks;
810; 817; 887; **N=3**			Short staffed on the ward I went to (All same Trust)	
805 **N=1**			Mentor moved there	
803; 811; 884 **N=3**			Interim placement during CMMCH move	
867 **N=1**			Making up time	
870 **N=1**			Swapped with another student	
	740 **N=1**		Pandemic flu	5 weeks
	902 **N=1**		Golden spoke prior to RN post (ICU)	6 weeks
		702 **N=1**	A lot of learning	3 months
		847 **N=1**	Learning experience and as a break from my main placement	1week; 2days;
		827 **N=2**	Moved due to lack of learning experiences on allocated ward	1week
		854 **N=1**	To learn about medication (from community to acute in-patient assessment unit)	1 week

Appendix 29. Prepared for graduate practice questionnaire (Nash et al. 2009:p53) adapted from Hill et al. (1998)

I feel able to cope with practice
I feel able to carry out nursing procedures like those that will be expected of me as a registered nurse
I feel able to discuss health issues with patients
I feel that I could handle an emergency nursing situation
I feel able to recognise my own clinical limitations
I feel able to assess the health needs of a patient
I feel able to plan the nursing care required for an assigned patient or group of patients
I feel able to understand the application of basic sciences to clinical conditions
I feel able to understand and observe for the actions, interactions and adverse effects of prescribed drugs
I feel able to incorporate research and or other evidence within my clinical decision
I feel able to remain calm in difficult situations
I feel able to assist and counsel a distraught patient and or other family members
I feel able to record clinical data systematically
I feel able to reflect critically on my own practice
I feel able to be sensitive to the needs of other nursing staff
I feel able to treat the patient as a whole person
I feel able to co-ordinate patient management with medical and other allied health professionals
I feel able to confidently approach more senior staff for help
I feel able to continually evaluate my own clinical performance
I feel able to identify my own educational needs
I feel able to approach others in the ward regarding my learning needs
I feel eager to become a registered nurse
I feel confident in my clinical nursing skills and abilities

Appendix 30. Mapping of Desired final placement learning achievements to NMC (2007) Essential Skills Clusters

Students' desired final placement learning experiences from the research findings	Relevant NMC (2007) Essential Skills Clusters (and sub-parts) to which the desired learning experiences can be mapped
Management	
Management of patients' needs patient care	9, 10
Prioritising care	17
Management of the ward/unit/clinic ward	14,15,16
Management of my own workload	14, 17(8)
Management of my own learning	12, 15(5)
General Administrative duties	
Medicines	33-42
Time	16 (5), 17(7)
Team	14(8), 15(2)
Clinical Governance	18
Audit in the community	18(10)
Leadership	
General	14(8)
Leading a team of HCAs	15, 16
Knowledge	
Conditions	1(8), 15(5)
Core caring skills	
Improving my moving and handling techniques (Hoist training)	15(5), 20
Performing effective basic life support (CPR training)	9(20)
Being involved in advanced life support (CPR training)	9(20)
Provision of holistic care (total patient care) for patients	9(13), 13
Interaction with parents, relatives or carers of child/adult/mental health patients/clients	6,9,13
The ability to advocate for patients/clients within the MDT	4
Following procedures for protection of vulnerable children/adults Safeguarding (Children)	11
Measuring, recording, interpreting and reporting vital signs	9(16)
Assisting patients	1, 2, 5, 6, 9, 10,
Continuous care	13
Specific caring skills	
Insertion and testing of naso-gastric tubes	31
Feeding patients/clients using a naso-gastric tube	31

Participating in psychosocial interventions	9(20), 13, 19
Administering medication by injections	33
Administering medication by nebulisers	33
Administering medication by inhalers	33
Administering oral medicines	33
Administering medicines – completing the required competencies	33, 34, 35, 36, 37, 38, 39, 40, 41, 42
Administering medicines – consolidating what I know	
Care of Dying/deceased patients	9
Blood therapy	(IV therapy 32(1))
Clinical skills dressings	15(5)
High dependency	9(20)
Emergency care/acute illness	9(20)
Pain assessment	9
Teaching	
Teaching students	21(9), 25 26
Teaching parents, carers or relatives	9(16), 20(5), 21, 25, 26,
Teaching patients	9(16), 20(5), 21, 25, 26,
Personal Professional development	
Building confidence	
Prep for RN role	
Fulfil programme requirements	
Fulfil academic and practice assessment requirements	

Appendix 31. University of Salford (2009) Guidance for Student Nurses visiting clients in the community

Student Nurses Visiting Clients In The Community – Guidance For Students and Mentors

The Nursing & Midwifery Council provides the following guidance on student's practice (NMC 2002 Guide for Students of Nursing and Midwifery):

As far as the NMC is concerned it is registered practitioners who are accountable for student acts and omissions. Students are however responsible for their practice and can be called to account by University or the law.

The implications of this in clinical placements are:

- The registered practitioner has responsibility for client care delivered by a student.
- Pre registration nursing students should always work under the supervision of a registered practitioner.
- When delegating duties to students, registered practitioners must ensure that the student is competent to undertake the practice.
- Students must inform mentors if an aspect of care is beyond their present competency.

The NMC also states that the rights of patients supersede students learning needs.

The implications of this in practice placements are:

- Students must make it quite clear that they are not a registered practitioner when introducing themselves to clients or talking on the phone.
- Students should respect client wishes if they refuse or withdraw consent for their involvement in care.
- Confidentiality of client's private and personal information must be ensured.

The Universities of Salford, MMU & Manchester are preparing students to be a registered nurse both in hospital and community settings, therefore it is appropriate that 3rd year students are given the opportunity to experience the role they will be undertaking following registration. However, the guidance from the NMC must be adhered to.

Students may visit client's homes on their own to deliver care if the following process and criteria is adhered to:

- Normally only year three pre-registration students will be visiting clients on their own.
- Students should not be undertaking any activity independently that requires a registered practitioner, legally or because of local trust protocol.
- Before visiting any client independently students must be adequately prepared by a registered nurse.
- Following a visit to a client students must report to the registered nurse.

The following guideline stages are recommended to prepare students for independent visiting:

OBSERVE – first hand observation of care given to the client by the mentor / associate mentor.

LEARN - Student independent study of theory, principles & protocols, registered practitioner teaches new skills, adapts existing skills.

PRACTICE – Student delivers care, under direct supervision, until registered practitioner is assured that they have the knowledge, skills and attitude necessary to competently deliver the care.

Mentors will make the final decision to delegate patients to students based on the following considerations:

Suitability of clients

- Students must have been involved in the care of the client under the direct supervision of a registered nurse.
- Intervention or situation must be predictable.
- There are no legal or trust policy restrictions to students delivering care.
- There is an agreement between the student and mentor of the suitability of the client.
- The mentor must obtain the consent of the clients.

Risk management

- Students must be made aware of action to take in case of unforeseen events.
- Students must be made aware by the mentor of lone worker policies.
- Students must be aware of trust protocols relating to the aspect of care being delivered.
- Mentor assesses the household / neighbourhood as safe.
- Mentor assesses the safety issues of the client before delegating activities to the student.

Support

- Mentor / registered practitioner should ensure that students can be fully briefed prior to client visit.
- Students should have immediate access to a registered practitioner's mobile phone. (If the student does not have a mobile phone, visits should be restricted to houses with a phone).
- After the visit, on the same day the student should give a report / reflect upon care given to each registered nurse/s responsible for client care.
- Students must discuss their independent practice with their mentor in regular supervision sessions.

Transportation

Geographical location of visits must be considered – within 'safe' walking distance and students need to be made aware of the route(s). Students may use their own cars for visits if the student holds a full driving licence, the car is roadworthy and is appropriately insured. The policy must contain the words "in connection with the businesses of the policyholder," if the student is not the policyholder they should check with the insurance company that they are covered for travelling between client houses/clinics. Neither the University nor the Primary Care NHS Trust accepts any liability relating to, or from the use of student's vehicles.

The University of Manchester, Manchester Metropolitan University, University of Salford 30/9/04. Revised December 2008.

Appendix 32. Findings for final placement learning experiences compared to various clinical placement learning environment evaluation tools

Key to symbols used in Tables 17-23

● The learning experience is present in the research findings and in the University of Salford et al. (2004) clinical placement evaluation and educational audit tool

* The learning experience is present in the research findings and in Sand-Jecklin (2009) SECEE

♠ The learning experience is present in the research findings and in Hosoda (2006) CLEDI

♦ The learning experience is present in the research findings and in Saarikoski et al. (2002) CLES scale

■ The learning experience is present in the research findings and in Chan (2001) CLEI

▲ The learning experience is present in the research findings and in Dunn & Hansford (1997) CLES

Table 17. Inventory of final-placement-specific learning experiences from the findings mapped to the various placement evaluation tools

Symbol denotes which learning-environment evaluation tools the experience is measured in	Final placement Learning experience Items deemed 'very important' from the quantitative survey
●	Working alongside my mentor
*	Being given responsibility for a group of patients
	Managing the ward under supervision
	Directing my own learning
● ▲	Being able to access up to date resources for learning
♠	Being encouraged to participate in decisions about care
	Being actively involved in the administration of medicines
●♠	Experiencing evidence-based practice
	Providing holistic care (total patient care) for patients under supervision
	Talking with parents, carers or relatives of child/adult/mental health patients/clients
●	Attending MDT meetings
	Teaching students
	Teaching parents
	Teaching patients
	Attending trained staff mandatory lectures and professional development sessions
	Final placement learning experiences identified from the qualitative findings
	Positive learning environment
●	Welcomed
● * ♦ ■	Good communication
● * ♠ ■	Positive mentor attitude to teaching & learning
● * ♠	Prior discussion of needs
● ▲	Good resources, staff as a resource
♠	Good teamwork
●*	Good teaching
● ▲♦	Learning is seen as important

	Learning opportunities
*	Variety of patients
	Variety of skills needed
●♠▲♦■	Could ask staff anything
●	The process helped learning
	Transition Learning opportunities
	Rehearse first post
	Have own workload
	More responsibility
	Less supervision
●	Supernumerary
●	Working alongside mentor / mentoring team
	Appropriate staff expectations
	Low student numbers rather than high student numbers
	Freedom in the team (independence)
	Negative learning experiences
	Not using my skills
*	Lack of time with mentor
*	Insufficient supervision
	Too stressful to learn
	Long stay repetitive skills
	No flexible working
	Didn't feel part of the team
	Staff ignored me
	'You're just a student'
▲	Given menial tasks / HCA/CSW work
	Not introducing themselves or me to others
	The direct way staff speak to others
▲	Staff being stuck in their ways
*	They expected too much from me - oh good, we've got a third year!
	Learning influenced by placement specialty
	Positive influence of placement specialty
	Learning specific care and conditions
	Community learning opportunities
	Community nursing skills
	Involvement/ Independence in decision-making

	Caseload management
	Visiting on my own pushed me to take the lead
	Confidence relating to patients
	Wide range of cultural & religious needs
	Learning care from patient perspective
	Working with CPN
	Managing crisis
	Negative influence of placement specialty
*	Too stressful, too busy to teach and learn
	Too complex as many specialties on one ward
	Pace too fast to explain complex drugs
	Can't have own caseload
	All decisions made by RNs
	Expectations of final placement
	Transfer from feeling like a student to feeling like a staff nurse
	Expectations of performing a 'nearly qualified role' from staff
	Supernumerary to focus on my needs not those of the service
	Exceeded expectations… When staff helped prepare for interviews
	Who helps with learning
	Mentor
	Ward manager
	Other registered nursing staff
	Self
	How they help
	Called me by my name
●	Asked my needs
	Asked what I wanted to join in with
● ♠ ▲ ■	Included me (in the team)
	Allocated appropriate caring
●	Were approachable
	Gave me responsibility
	Emotional support
	Shared experiences
	Specialist skills
	Used my personal qualities – assertiveness, managing own learning, communication

Table 18. Sand-Jecklin (2009) SECEE matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**The Student Evaluation of Clinical Education Environment (SECEE) inventory (Sand-Jecklin 2000)**
	Communication/Feedback
*	Responsibilities clearly communicated
*	Preceptor/resource nurse communication re: pt. care
	Instructor provided constructive feedback
*	Nursing staff served as positive role models
*	Instructor served as positive role model
*	Nursing staff positive about serving as student resource
	Nursing staff provided constructive feedback
	Learning Opportunities
	Wide range of learning opportunities available at site
*	Encouraged to identify/pursue learning opportunities
*	Felt overwhelmed by demands of role (reverse coded)
*	Allowed more independence with increased skills
*	Nursing staff informed students of learning opportunities
	Atmosphere conducive to learning
*	Allowed hands on to level of abilities
	Was Successful in meeting most learning goals
	Learning Support/Assistance
*	Preceptor/resource nurse available
*	Instructor available
	Instructor provided adequate guidance with new skills
*	Nursing staff provided adequate guidance with new skills
	Felt supported in attempts at learning new skills
	Nursing students helped each other
*	Difficult to find help when needed (reverse coded)
	Instructor encouraged students to help each other
	Ctd…

	Department Atmosphere
	Adequately oriented to department
	RN maintained responsibility for student assigned pt.
*	High RN workload negatively impacted experience (reverse coded)
*	Adequate number and variety of patients available at agency
	Needed equipment, supplies and resources were available
*	Competing for skills and resources negatively impacted experience(reverse coded)

Table 19. Hosoda (2006) CLEDI matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**The Clinical Learning Environment Diagnostic Inventory (CLEDI) (Hosoda 2006)**
	Abbreviated items
♠	Friendly atmosphere of staff members
	Staff–student relationship based on respect and reliance
♠	Staff members' support learning activities
	Exchange of opinions on patients' care
♠	Recognition as a member of the team
	Presence of a manual for clinical practice
♠	Care provision by healthcare professions as a team
	Efforts to enhance the quality of healthcare
	Definite indication of the ideas and principles of the institution
	Differences in opinions between the staff and instructor
	Flow of work and the timing of learning activities
	Trials of students' new ideas and methods
♠	Answers to students' questions
	Utilization of previously learned knowledge and skills
	Area of students' experience
	Specification of problems in patient care
♠	Decision-making in learning supported by the instructor's feedback
♠	Clarification of learning outcomes and problems by presentation
♠	Opportunities to observe nursing practice
	The staff as nursing practice models
♠	Utilisation of study results and the latest information

Table 20. Saarikoski et al. (2002) CLES scale matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**The Clinical Learning Environment and Supervision scale (CLES scale) Saarikoski et al. (2002)**
	Ward Atmosphere
♦	The staff members were easy to approach
	There was a good spirit of solidarity among nursing staff on the ward
	During staff meetings (e.g. Before shifts), I felt comfortable taking part in the discussions
	I felt comfortable going to the ward at the start of the shift
	There was a positive atmosphere on the ward
	Leadership style of the WM
	The WM regarded the staff on his/her ward as a key resource
	The WM was a team member
	Feedback from the WM could easily be considered a learning situation
	The effort of individual employees was appreciated
	Premises of nursing care on the ward
	The ward's nursing philosophy was clearly defined
	Patients received individual nursing care
♦	There was no problem in the information flow related to patients' care
	Documentation of nursing (e.g. Nursing plans, daily recording of nursing procedures etc.) was clear
	Premises of learning on the ward
	Basic familiarisation was well organised
♦	The staff were generally interested in student supervision
♦	The staff knew the student by their personal name
	There was a sufficient number of meaningful learning situations on the ward
	The learning situations were multidimensional in terms of content
	The ward can be regarded as a good learning environment

Table 21. Chan (2001) CLEI matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**The Clinical Learning Environment Inventory (CLEI) (Chan 2001)**	
	Description (and Moos' category)	**Sample item**
	Individualization (S)	
■	Extent to which students are allowed to make decisions and are treated differently according to ability or interest	Students are generally allowed to work at their own pace (+)
	Innovation (S)	
■	Extent to which clinical teacher/clinician plans new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations	New ideas are seldom tried out on this ward (-)
	Satisfaction (R)	
	Extent of enjoyment of clinical placement	After the shift students have a sense of satisfaction(+)
	Involvement (R)	
■	Extent to which students participate actively and attentively in hospital ward activities	There are opportunities for students to express opinions in this ward (+)
	Personalization (R)	
■	Emphasis on opportunities for individual student to interact with clinical teacher/clinician and on concern for student's personal welfare	Preceptor/clinician considers student's feelings (+)
	Task orientation (P)	
■	Extent to which ward activities are clear and well organized	Ward assignments are clear so that students know what to do (+)

Categories used to formulate the inventory (Moos 1987)
(S) System maintenance and System change
(R) Relationships
(P) Personal Development

Table 22. Dunn & Hansford (1997) CLES matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**The Clinical Learning Environment Scale (CLES) Dunn and Hansford (1997)**
	Staff-student relationships
▲	All students on the ward, from the CNC to the newest student, feel part of a ward team
▲	In planning the shift, allowance is made for nursing students to gain the widest possible experience
	This was a happy ward for both patients and nurses
	I did not feel I was treated as an individual, but rather as 'just another student'
▲	We are generally able to ask as many questions as we want to.
	Our questions are usually answered satisfactorily.
	CNC commitment
	The CNC devotes a lot of her/his time to teaching students
	The CNC has a teaching programme for students on this ward
▲	The CNC attaches great importance to the learning needs of nursing students
	The CNC here was too busy with more important matters to be able to spend time with us.
	Patient relationships
	Patient allocation, rather than task allocation, is the practice on this ward
	Nursing care is individualized for each patient on this ward
	The patients' needs really are given first priority
▲	Learning aids such as books/articles are available to nursing students on this ward
	Student satisfaction
	This was a good ward for my learning
	The work I did was mostly very interesting
	I am happy with the experience I have had on this ward
	This experience has made me more eager to become a registered nurse
	Hierarchy and ritual
	The CNC does not usually explain instructions coming from a higher level to registered nurses

	Nursing students learn more from other students on the ward than from the nursing staff
	Nursing students are expected to obey registered nurses' instructions without asking questions
▲	There was too much ritual on this ward
▲	The CNC regards the nursing student as a worker rather than a learner.

Table 23. University of Salford et al. (2004) clinical placement evaluation and audit tool matched to the final-placement-specific learning needs findings

Symbol denotes this desired learning experience is present in the MPhil study findings	**University of Salford et al. (2004) clinical placement evaluation and audit tool**
	A *Teaching, learning and assessing*
●	Teaching and learning are seen as important
●	Staff are willing to teach
	All qualified staff are engaged in care delivery/service
●	Students are actively encouraged to observe/undertake new activities commensurate with their stage of training
	Students are encouraged (under supervision) to contribute to individual care plans
●	There are up to date learning resources (books, journals, articles, IT) available for student use
●	Students have opportunities to work with members of the multidisciplinary team
	Students are given the opportunity to follow care via a variety of pathways
●	Evidence based care is practiced
	B *Student progression and achievement*
●	Student learning needs are recognised and help is given with the learning outcomes/action plans
●	Students work with their mentor/associate mentor at least two shifts per week
●	All students learning experiences with other members of the placement team are guided by their mentor
●	Assessment interviews are conducted at the appropriate times i.e. initial, intermediate and final
	Students are given regular feedback on progress
●	Good communications exist to facilitate the delivery of care
	C Student support
●	Students are encouraged to ask questions
	Students are introduced to their mentor/associate mentor within the first 24 hours of being on placement
	Helpful orientation is provided for the students at the start of the placement/within the first 24 hours
●	Students remain supernumerary
●	Students are made to feel welcome & part of the team

List of References

Alinier G. 2003 Nursing students' and lecturers' perspectives of objective structured clinical examination incorporating simulation Nurse Education Today **23**(6):419-426

Allal L., Pelgrims Ducrey G. 2000 Assessment *of*—or *in*—the zone of proximal Development Learning and Instruction **10:** 137–15

Anderson E.E., Kiger A.M. 2008 'I felt like a real nurse' - student nurses out on their own. Nurse Education Today **28**(4): 443-449

Anderson J. R., Reder L. M., Simon H. A. 1996 Situated learning and education, Educational Researcher **25**(4):5–11

Andrews G.J., Brodie D.A., Andrews J.P., Wong J., Thomas B.G. 2005 Place(ment) matters: students' clinical experiences and their preferences for first employment International Nursing Review 52:142-153

Andrews M., Chilton F. 2000 Student and mentor perceptions of mentor effectiveness Nurse Education Today **20:** 555-562

Andrews M., Roberts D. 2003 Supporting student nurses learning in and through clinical practice: the role of the clinical guide Nurse Education Today **23:** 474-481

Andrews M., Wallis M. 1999 Mentorship in nursing: a literature review Journal of Advanced Nursing **29**(1):201-207

Armitage P., Burnard P. 1991 Mentors or Preceptors? Narrowing the theory-practice gap. Nurse Education Today **11:** 225-229

Baglin M.R., Rugg S. 2010 Student nurses' experiences of community-based practice placement learning: A qualitative exploration Nurse Education Today **10:** 144-152

Beauchamp T.L., Childress J.F. 2009 (4th edn) Principles of Biomedical Ethics New York; Oxford University Press

Beckett C. 1984 Student status in nursing – a discussion on the status of the student and how it affects training Journal of Advanced Nursing **9** (4): 363-374

Beckett D., Hager P. 2002 Life, work and learning: practice in post-modernity London; Routledge

Beckman T.J., Lee M.C. 2009 Proposal for a Collaborative Approach to Clinical Teaching Mayo Clinic Proceedings **84**(4): 339-344
Available from http://www.mayoclinicproceedings.com
Last accessed 1.11.10

Benner P. 1984 From Novice to Expert: Excellence and Power in Clinical Nursing Practice Menlo Park California; Addison-Wesley

Bentley H. 1996 The need for change in nurse education: a literature review
Nurse Education Today **16:** 131-136

Biggs J.B. 2003 (2nd edn) Teaching for quality learning at university Buckingham; Open University Press /Society for Research into Higher Education

Bick C. 2000 Please help! I'm newly qualified Nursing Standard 14 (6) 44-47

Billett S. 2001 Learning in The Workplace: Strategies for effective practice Sydney; Allen and Unwin

Billett S. 2009 Learning to be an agentic professional: Conceptions, curriculum, pedagogy and personal epistemologies
Presentation to the 2009 Conference *Learning to be professional through a Higher Education.* University of Surrey
Available from: http://learningtobeprofessional.pbworks.com/Stephen-Billett
Last Accessed 31.8.10

Bloom B.S. (Ed) et al. 1956 Taxonomy of Educational Objectives Handbook I: Cognitive Domain New York; McKay

Bowling A. 2001 (2nd edn) Measuring Disease Buckingham; Open University Press

Brammer J. 2006 RN as gatekeeper: Student understanding of the RN buddy role in clinical practice experience Nurse Education Today **26**: 697 - 704

Brettle A., Grant M.J. 2004 Finding the Evidence for Practice: A Workbook for Health Professionals Edinburgh; Churchill Livingstone

Bridges W. 2004 Transitions: Making Sense of Life's Changes
Cambridge Massachusetts; Da Capo Press

Buckenham M. 1992 Academic and organisational change
In: Slevin O. D'A., Buckenham M. A. (Eds) 1992 Project 2000: The Teachers Speak: Innovations in the Nursing Curriculum Edinburgh; Campion Press

Burke L.M. 1995 Political principles in action: a critical analysis of *Education and Training: Working Paper 10* and its implications for nurse education
Nurse Education Today **15:** 381-389

Burns I. 2009 Easing the transition: preparing students for practice
Nursing Management **16** (6): 20

Burns N., Grove S. 1997 The practice of nursing research Philadelphia; W.B. Saunders & Company

Cahill H.A. 1996 A qualitative analysis of student nurses' experiences of mentorship Journal of Advanced Nursing **24:**791-799

Caldwell J., Dodd K., Wilkes C. 2008 Developing a team mentoring model Nursing Standard **23**(7):35-39

Callaghan D., Watts W.E., McCullough D.L., Moreau J.T., Little M.A., Gamroth L.M., Durnford K.L. 2009 The experience of two practice education models: Collaborative learning unit and preceptorship Nurse Education in Practice **9**(4): 244-252

Carlson S., Kotze W.J., van Rooyen D. 2005 Experiences of final year nursing students in their preparedness to become registered nurses. Curationis **28**(4): 65-73

Center D. 2007 New Clinical Placement Database Holds Promise to Ease Bottlenecks Colorado Nurse September 2007: 11

Chan D. 2001Development of an innovative tool to assess hospital learning environments Nurse Education Today **21**(6): 624-631

Chapman C.M. 1985 Nurses' Education British Medical Journal **291**(6491): 295-296

Charnley E. 1999 Occupational stress in the newly qualified staff nurse Nursing Standard **13**(29): 33-36

Checkland P. 1981 Systems thinking, systems practice London; John Wiley

Chick N., Meleis A.I. 1986 Transitions: A nursing concern
In: Chinn P.L. (Ed) Nursing Research Methodology: Issues and Implementation
Rockville MD; Aspen

Chickerella B.G., Lutz W.J. 1981 Professional Nurturance: Preceptorship for Undergraduate Nursing Students American Journal of Nursing January 1981: 107-109

Clare J. 1993 Change the curriculum - or transform the conditions of practice? Nurse Education Today **13:** 282-286

Clifford C.1992 How we use Questionnaires for learner evaluation of clinical experiences Medical Teacher **14**(2/3): 139-148

Clifford C. 1994 Assessment of clinical practice and the role of the nurse teacher Nurse Education Today **14**: 272-279

Clifford C.M. 1995 The Clinical Role of the Nurse Teacher PhD Thesis
The University of Birmingham, Faculty of Education & Continuing Studies, School of Education

Coad J., Hardicre J., Devitt P. 2006 Searching for and using grey literature
Nursing Times **102**(50):35-36

Coates V.E., Gormley E. 1997 Learning the practice of nursing: views about preceptorship Nurse Education Today **17**(2):91-98

Coetzee M. 2003 Learning to nurse children: towards a model for nursing students Journal of Advanced Nursing **47** (6): 639-648

Cohen L., Manion L., Morrison K. 2000 (5th edn) Research Methods in Education London; Routledge Falmer

Cooper C., Taft L.B., Thelen M. 2005 Preparing for practice: students' reflections on their final clinical experience. Journal of Professional Nursing **21**(5): 293-302

Darling L.A.W. 1984 What do nurses want in a mentor?
Journal of Nursing Administration **14**(10):42-44

Darling L.A.W. 1986 What to do about toxic mentors Nurse Educator **11**(2): 29-30

Day C., Fraser D., Mallik M., Aston L., Cooper M., Hall C., Hallawell B., Narayanasamy A. 1998 The Role of the Teacher/Lecturer in Practice
ENB Research Highlights 31. London; English National Board for Nursing, Midwifery and Health Visiting

Denzin N.K. 1997 Interpretive Ethnography: Ethnographic Practices for the 21st Century London; Sage

Department of Health 1999a Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and health care London; Department of Health

Department of Health 1999b Modernising Health and Social Services: Developing the Workforce London; Department of Health
Department of Health 2006 Modernising nursing careers - setting the direction
London; Department of Health

Department of Health 2008 High quality care for all: NHS Next Stage Review final report London; Department of Health

Department of Health (DH) 2009 Preceptorship framework for nursing London; DH
Available from: http://www.dh.gov.uk/publications
Last accessed 11.8.10

Department of Health 2010a Equity and excellence: Liberating the NHS Command Paper 7881 London; The Stationery Office

Department of Health 2010b Chief Nursing Officer Bulletin 5th November 2010 Modernising Nursing Careers
Available from:
http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefnursingofficer/DH_108368
Last accessed 21.11.10

Department of Health - English National Board for Nursing, Midwifery and Health Visiting (DH-ENB) 2001 Placements in focus: guidance for education in practice for health care professions London; English National Board for Nursing, Midwifery and Health Visiting & Department of Health

Department of Health NHS Executive 1998 Health Service Circular HSC 1998/149 1.Changes in Pre-registration Nursing and Midwifery Degree commissions 2. Extension of Practice placements to all Pre-registration Nursing and Midwifery students London: Department of Health
Available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4002909
Last accessed 27.10.10

Department of Health NHS Executive 1999 Health Circular HSC 1999/219 Making a Difference to Nursing and Midwifery Pre-registration Education London: Department of Health
Available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004157
Last accessed 10.10.10

Department of Health NHS Executive and Committee of Vice Chancellors and Principals (CVCP) 1999 A Partnership statement London; DH

Department of Health NHS Management Executive 1989 Education and Training: Working Paper 10. London; Department of Health

Dolan G. 2003 Assessing student nurse clinical competency: will we ever get it right? Journal of Clinical Nursing. **12:**132-141

Drennan J. 2002 An evaluation of the role of the Clinical Placement Coordinator in student nurse support in the clinical area Journal of Advanced Nursing **40**(4): 475-483

Dreyfus H.L., Dreyfus S.E. 1986. Mind over Machine: The Power of Human Intuition and Expertise in the Era of the Computer Free Press

Duffy K. 2003 Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice Caledonian Nursing and Midwifery Research Centre, School of Nursing, Midwifery and Community Health Glasgow Caledonian University
Available from:
http://www.nmc-uk.org/Documents/Archived%20Publications/1Research%20papers/Kathleen_Duffy_Failing_Students2003.pdf
Last accessed 15.10.10

Duffy K., Hardicre J. 2007a Supporting failing students in practice 1: assessment. Nursing Times **103**(47): 28–29

Duffy K., Hardicre J. 2007b Supporting failing students in practice 2: management. Nursing Times **103**(48): 28–29

Duffy K., Scott A. 1998 Viewing an old issue through a new lens: a critical theory insight into the education-practice gap. Nurse Education Today. **18:** 183-189.

Dunn S.V., Burnett P. 1995 The development of a clinical learning environment scale Journal of Advanced Nursing **22**: 1166-1173

Dunn S.V., Ehrich L., Mylonas A., Hansford B.C. 2000 Students' perceptions of field experience in professional development: a comparative study
Journal of Nursing Education **39**(9): 393-400

Dunn S.V., Hansford B.1997 Undergraduate nursing students' perceptions of their clinical learning environment Journal of Advanced Nursing **25**: 1299-1306

Edwards H., Smith S., Courtney M., Finlayson K., Chapman H. 2004 The impact of clinical placement location on nursing students' competence and preparedness for practice Nurse Education Today **24**(4): 248-55

Elkan R., Robinson J. 1995 Project 2000: A review of published research
Journal of Advanced Nursing **22**: 386-392

Emerson R.M. 1976 Social exchange theory Annual Review of Sociology **2**: 335-363

English National Board for Nursing, Midwifery and Health Visiting 1985 Professional Education/Training Courses: Consultation Paper London; ENB

English National Board for Nursing, Midwifery and Health Visiting 1989 Preparation of teachers, practitioner teachers, mentors and supervisors in the context of P2000
London; ENB

English National Board for Nursing Midwifery and Health Visiting 1990 Regulations and Guidelines for the Approval of Institutions and Courses London; ENB

English National Board for Nursing Midwifery and Health Visiting 1991 Framework for continuing professional education and the Higher Award London; ENB

English National Board for Nursing Midwifery and Health Visiting 1993 Regulations and Guidelines for the Approval of Institutions and Courses London; ENB

English National Board for Nursing Midwifery and Health Visiting 1996 Regulations and Guidelines for the Approval of Institutions and Courses London; ENB

English National Board for Nursing Midwifery and Health Visiting 1997 Standards for approval of higher education institutions and programmes London; ENB

English National Board for Nursing, Midwifery and Health Visiting & Department of Health 2001 Preparation of Mentors and Teachers: A new framework of Guidance London; ENB

Eraut M. (2007) Learning from Other People in the Workplace
Oxford Review of Education 33 (4): 403-422

Eraut M. (2008) How professionals learn through work
In: Eraut M. Improving the quality of work placements
Available from: http://learningtobeprofessional.pbworks.com/Michael-Eraut
Last Accessed 31.8.10

Field A.P. 2009 (3rd edn) Discovering statistics using SPSS London; Sage

Field D.E. 2004 Moving from novice to expert – the value of learning in clinical practice: a review of the literature Nurse Education Today **24:** 560-565

Field P.A., Morse J. 1982 Nursing Research. The application of qualitative approaches Beckenham UK; Mackays of Chatham Ltd.

Flinders D.J.1992 In Search of ethical guidance: constructing a basis for dialogue Qualitative Studies in Education **5** (2): 101-116
In: Coetzee M. 2004 Learning to nurse children: towards a model for nursing students Journal of Advanced Nursing **47** (6): 639-648

Fothergill A., Barker J., Forrest S., O'Donnell H. (Undated) Nursing - Enhancing learning and teaching about mental health in higher education
The Higher Education Academy
Available from:
http://www.mhhe.heacademy.ac.uk/subject-areas/about-subject-areas/nursing-/

Fretwell J. 1982 Ward Teaching & Learning: Sister and the Learning Environment London; Royal College of Nursing

Fuller A., Unwin L. 2003 Fostering Workplace Learning: looking through the lens of apprenticeship European Educational Research Journal **2**(1): 41-55

Gay L.R., .Mills G., Arasian P.W. 2005 (8th edn) Educational research: Competencies for analysis and applications Upper Saddle River, NJ; Prentice Hall

Gerrish C. 1990 Fumbling Along Nursing Times **86**(30)**:** 35-37

Gerrish K. 2000 Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse
Journal of Advanced Nursing **32:** 473-480

Gerrish K., McManus M., Ashworth P. 1997 The assessment of practice at diploma, degree and postgraduate levels in nursing and midwifery education: literature review and documentary analysis ENB Research Highlights 25. London; English National Board for Nursing, Midwifery and Health Visiting

Girot E. 1993 Assessment of competence in clinical practice: a review of the literature Nurse Education Today **13**: 83-90

Girot E. 2000 Assessment of graduates and diplomats in practice in the UK – are we measuring the same level of competence? Journal of Clinical Nursing **9**:330-337

Glaser B., Strauss A. 1967 The discovery of grounded theory Chicago; Aldine Publishing

Gleeson M. 2008 Preceptorship: facilitating student nurse education in the Republic of Ireland British Journal of Nursing **17**(6): 376-380

Glesne C. 1999 (2nd edn) Becoming qualitative researchers: An introduction
New York; Longman

Gray M. A. 1997 The Professional Socialisation of Project 2000 Student Nurses: A longitudinal qualitative investigation into the effect(s) of supernumerary status and mentorship on student nurses. PhD Thesis
University of Glasgow, Faculty of Medicine, Department of Nursing and Midwifery Studies

Gray M., Smith L. 2000 The qualities of an effective mentor from the student nurse's perspective: Findings from a longitudinal qualitative study
Journal of Advanced Nursing **32:**1542-1594

Grealish L., Trevitt C. 2005 Developing a professional identity: student nurses in the workplace.
Contemporary Nurse: A Journal for the Australian Nursing Profession **19**(1-2): 137-150

Greasley P. 2008 Quantitative data analysis using SPSS an introduction for health and social science Maidenhead; Open University Press- McGraw Hill Education

Guba E.G., Lincoln Y.S. 1989 Fourth Generation Evaluation London; Sage

Habermas J. 1971 Knowledge and Human Interests Boston; Beacon Press

Hallin K., Danielson E. 2009 Being a personal preceptor for nursing students: Registered Nurses' experiences before and after introduction of a preceptor model
Journal of Advanced Nursing **65**(1): 161-174

Hammersley M., Atkinson P. 2007 (3rd edn) Ethnography: Principles in Practice London; Routledge

Harden R.M. 1990 Twelve tips for organizing an Objective Structured Clinical Examination (OSCE) Medical Teacher **12**(3/4): 259-264

Hartigan-Rogers J.A., Cobbett S.L., Amirault M.A., Muise-Davis M.E. 2007 Nursing graduates' perceptions of their undergraduate clinical placement
International Journal of Nursing Education Scholarship **4:** Article 9

Hill J., Rolfe I.E., Pearson S., Heathcote A. 1998 Do junior doctors feel they are prepared for hospital practice? A study of graduates from traditional and non-traditional medical schools Medical Education **32**:19-24

HMSO 1972 Report of the Committee on Nursing, Chairman Professor Asa Briggs. Command 5115. London; HMSO

HMSO 1979 Nurses, Midwives and Health Visitors Act London; HMSO

Hodkinson P., Biesta G., James D. 2007 Understanding learning cultures
Educational Review **59**(4): 415–427
Available from: http://dx.doi.org/10.1080/00131910701619316
Last accessed 7.10.10

Holland K.1999 A Journey to becoming: the student nurse in transition
Journal of Advanced Nursing **29**(1): 229-236

Holland K., Roxburgh M., Johnson M., Topping K., Watson R., Lauder W., Porter M. 2010 Fitness for practice in nursing and midwifery education in Scotland, United Kingdom Journal of Clinical Nursing **19**(3-4): 461- 469

Honey M., Lim A.G. 2008 Application of pharmacology knowledge in medication management by final year undergraduate nursing students
Contemporary Nurse **30**(1): 12-19

Hosoda Y. 2006 Development and testing of a Clinical Learning Environment Diagnostic Inventory for baccalaureate nursing students
Journal of Advanced Nursing **56**(5): 480-490

Hsu Li-Ling 2006 An analysis of clinical teacher behaviour in a nursing practicum in Taiwan Journal of Clinical Nursing **15:** 619-628

Hughes S. 2004 The mentoring role of the personal tutor in the 'Fitness for practice' curriculum: an all Wales approach Nurse Education in Practice **4**: 271-278

Hutchings A., Sanders L. 2001 Developing a learning pathway for student nurses
Nursing Standard **15**(40): 38-41

Hutchings A., Williamson G.R., Humphreys A. 2005 Supporting learners in clinical practice: capacity issues Journal of Clinical Nursing **14:** 945-955

IBM 2010 SPSS: An IBM Company
Originally: Nie N.H., Hull C.H. 1968 Statistical Package for the Social Sciences
USA; Stanford University

Iipinge S.N., Malan E. 2000 Experiences of final year diploma nursing students in a peri-urban placement programme -- Windhoek, Namibia
Africa Journal of Nursing & Midwifery **2**(2): 50-53

Isaacson J.J., Stacey A.S. 2004 Nursing Students in an Expanded Charge Nurse Role: A real clinical management experience Nursing Education Perspectives **25**(6):292-296

Jacka K., Lewin D. 1986 Elucidation and measurement of clinical learning opportunity
Journal of Advanced Nursing **11**: 573-582

Jacka K., Lewin D. 1987 The Clinical Learning of Student Nurses. Nurse Education Research Unit Report No. 6 London; Kings College, University of London

Johnson M. 2007 Criticising research from an ethical point of view
In Long T., Johnson M. (Eds) 2007 Research Ethics in the Real World: Issues and solutions for health and social care Edinburgh; Elsevier, Churchill Livingstone

Johnson M., Long T., White A. 2000 Arguments for 'British Pluralism' in qualitative health research Journal of Advanced Nursing **33**(2); 243-249

Johnson R.B., Onwuegbuzie A.J. 2004 Mixed Methods Research: A Research Paradigm Whose Time Has Come Educational Researcher **33** (7); 14-26

Jones K. 2002 Making the difference: developing clinical learning environments to meet the national agenda Nurse Education in Practice **2**: 63-69

Jowett S., Walton I., Payne S. 1992 Implementing Project 2000 – an interim report Slough UK; National Foundation for Educational Research (NFER)

Kenny G. 2004 The tensions between education and models of nurse preparation. British Journal of Nursing **13**(2): 94-100

Kralik D. 2002 The quest for ordinariness: transition experienced by mid-life women living with chronic illness Journal of Advanced Nursing **39**(2):146-154

Kralik D., Visentin K., van Loon A. 2006 Transition: a literature review Journal of Advanced Nursing **55**(3): 320-329

Kramer M. 1974 Reality Shock: Why Nurses Leave Nursing St Louis; Mosby

Kreuger R.A., Casey M.A. 2000 (3rd edn) Focus Groups: A practical guide for applied research London; Sage

Krippendorff K. 2004 (2nd edn) Content analysis: an introduction to its methodology London; Sage

Kupferman K. 2005 10 ways to help students grow Nursing **35**(4): 56-57

Kvale S. 1996 InterViews: An Introduction to Qualitative Research Interviewing London; Sage

Landmark B.T., Hansen G.S., Bjones I., Bohler A. 2003 Clinical supervision – factors defined by nurses as influential upon the development of competence and skills in supervision Journal of Clinical Nursing **12**(6): 834-841

Lauder W., Roxburgh M., Holland K., Johnson M., Watson R., Porter M., Topping K., Behr A. 2008 Nursing and Midwifery in Scotland: being fit for practice The report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project (September 2008) Edinburgh; NHS Education for Scotland
Available from: http://www.nes.scot.nhs.uk/media/6962/ffpfinalreportsept082.pdf
Last Accessed 6.12.10

Lave J., Wenger E. 1991 Situated Learning: Legitimate Peripheral Participation (Learning in Doing: Social, Cognitive and Computational Perspectives) Cambridge; Cambridge University Press

Lave J., Wenger E. 1998 Communities of Practice: Learning, Meaning, and Identity Cambridge; Cambridge University Press.

Lawrence C. 1998 Essential skills for paediatric nurses Paediatric Nursing **10**(8): 6-8

Lawrence S., Giles L. 1999 Accessibility of information on the web
Nature **400:** 6740: 107-9
Available from: http://clgiles.ist.psu.edu/papers/Nature-99.pdf
Last accessed 10.2.11

Leeds Metropolitan University & University of Leeds (Undated) Placement circuit
Available from: http://www.practiceplacements.leeds.ac.uk/index.htm
Last Accessed 17.10.10

Le Var R.M.H. 1997a Project 2000: a new preparation for practice – has policy been realized? Part 1 Nurse Education Today **17**(3): 171-177

Le Var R.M.H. 1997b Project 2000: a new preparation for practice – has policy been realized? Part 2 Nurse Education Today **17**(4): 263-273

Levett-Jones T., Lathlean J. 2008 Belongingness: A pre-requisite for nursing students' clinical learning Nurse Education in Practice **8**(2): 103-111

Levett-Jones T., Lathlean J. 2009 'Don't rock the boat': Nursing students' experiences of conformity and compliance Nurse Education Today **29:** 342-349

Lincoln Y.S., Guba E.G. 1985 Naturalistic Inquiry London; Sage

Lockwood-Rayermann S. 2003 Preceptors, leadership style and the student practicum experience Nurse Educator **28**: 247-249

Lofmark A., Carlsson M., Wikblad, K. 2001 Student nurses' perception of independence of supervision during clinical nursing practice Journal of Clinical Nursing **10**(1): 86-93

Lofmark A., Wikblad, K. 2001 Facilitating and obstructing factors for development of learning in clinical practice: a student perspective
Journal of Advanced Nursing **34**(1): 43-50

van Loon A., Kralik D. 2005 A Self-help Companion for the Healing Journey of Survivors of Child Sexual Abuse Royal District Nursing Service Foundation Research unit, Catherine House Inc., Centacare, Adelaide
In: Kralik D., Visentin K., van Loon A. 2006 Transition: a literature review
Journal of Advanced Nursing **55**(3): 320-329

Lord M. 2002 Making a Difference: The implications for nurse education
Nursing Times **98**(20): 38-41

Luker K., Carlisle C., Kirk S. 1995 The evolving role of the nurse teacher in light of educational reform ENB Research Highlights 11. London; English National Board for Nursing, Midwifery and Health Visiting

Maben J., Macleod Clark J. 1998 Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse
Journal of Clinical Nursing **7: 145-153**

Macleod Clark J., Maben J., Jones K. 1996 Project 2000: Perceptions of the Philosophy and Practice of Nursing ENB Research Highlights 17. London; English National Board for Nursing, Midwifery and Health Visiting

Major D.A. 2005 OSCEs – Seven years on the bandwagon: The progress of an objective structured clinical evaluation programme Nurse Education Today **25:** 442-454

Mamchur C., Myrick F. 2003 Preceptorship and interpersonal conflict: a multidisciplinary study Journal of Advanced Nursing **43**(2): 188-196

Maor D. 1997 Ethical Dilemmas in Interpretive Research
Paper presented at the Annual Meeting of the American Educational Research Association Chicago, Illinois 1997 March 24-28
Available from: http://www.eric.ed.gov/PDFS/ED412256.pdf Last Accessed 29.8.10

Mason J. 2002 (2nd edn) Qualitative researching London; Sage

McCabe J.L., Holmes D. 2009 Reflexivity, critical qualitative research and emancipation: a Foucauldian perspective Journal of Advanced Nursing **65**(7): 1518-1526

McDougall T. 1996 The elective experience: student choice in nurse education
British Journal of Nursing **5**(19): 1203-1205

McGregor R.J. 1999 A Precepted Experience for Senior Nursing students
Nurse Educator **24**(3): 13-16

McGregor L., Parker K., LeBlanc P., King K.M. 2010 Using social exchange theory to guide successful study recruitment and retention Nurse Researcher **17**(2); 74-82

McKenna L., McCall L., Wray N. 2010 Clinical placements and nursing students' career planning: A qualitative exploration International Journal of Nursing Practice **16:** 176-182

McLeland A., Williams A. 2002 An emancipatory praxis study of nursing students on clinical practicum in New Zealand: pushed to the peripheries
Contemporary Nurse: A Journal for the Australian Nursing Profession **12**(2): 185-193

McMillan J.H., Schumacher S. 2005 (6th edn) Research in education: Evidence-based enquiry Boston; Allyn & Bacon

Miles M.B. and Huberman A.M. 1994 (2nd edn) Qualitative Data Analysis: an expanded source book London; Sage

Moore D. 2005 Assuring Fitness for Practice: A policy review commissioned by the Nursing and Midwifery Council nursing task and finish group London; NMC

Moos R. 1987 The social climate scales: a user's guide Palo Alto California; Consulting Psychologist Press
In: Chan D. 2001 Development of an innovative tool to assess hospital learning environments Nurse Education Today **21**(6): 624-631

Morse J. M., Field P.A. 1996 2nd edn Nursing Research The application of qualitative approaches London; Chapman & Hall (1998 2nd edn reprint Cheltenham; Stanley Thornes)

Mulder M. 1992 A model for clinical evaluation Curationis **15**(4):16-21

Murray S.C., Williamson G.R. 2009 Managing capacity issues in clinical placements for pre-registration nurses Journal of Clinical Nursing **18:** 3146-3154

Myrick F., Phelan A., Barlow C., Sawa R., Rogers G., Hurlock D. 2006 Conflict in the preceptorship or field experience: a rippling tide of silence International Journal of Nursing Education Scholarship **3**(1): 1-14

Nash R., Lemcke P., Sacre, S. 2009 Enhancing transition: an enhanced model of clinical placement for final year nursing students Nurse Education Today **29**(1): 48-56

National Assembly for Wales (NAfW) 2002a Fitness for Practice: All Wales Initiative Cardiff; National Assembly for Wales

National Assembly for Wales (NAfW) 2002b Fitness for Practice Mentor Preparation: All Wales policy for Pre-registration Nursing and Midwifery Education
Cardiff; National Assembly for Wales

National Association of Educators in Practice 2007
Modernising nursing careers: Securing the future of nurse educator roles
Report of a National Stakeholder Event: Report from the hosts:
National Association of Educators in Practice: Event Date: 29 March 2007

National Audit Office 1992 Nursing Education: Implementation of Project 2000
London; HMSO

National Audit Office 2001 Educating and Training the Future Health Professional Workforce for England: Report by the comptroller and auditor general HC 277
London; The Stationery Office

National Health Service (NHS) 2010 Flying Start England
Available from: http://www.flyingstartengland.nhs.uk
Last accessed 21.11.10

National Health Service Education for Scotland (NES) (2007) National approach to mentorship preparation. Core curriculum framework
Edinburgh; NHS Education for Scotland

National Health Service Education for Scotland (NES) 2008 Quality Standards for practice placements Revised 2008
Available from: http://www.nes.scot.nhs.uk/media/7005/qspp_leaflet.pdf
Last accessed 14.10.10

National Health Service Education for Scotland (NES) 2010 Flying Start NHS
Available from: http://www.flyingstart.scot.nhs.uk/
Last accessed 21.11.10

National Health Service (NHS) Northwest 2008 The Workforce, Education Commissioning and Education and Learning Strategy: Enabling World Class Health Care Services within the Northwest
Available from:
http://www.northwest.nhs.uk/document_uploads/Publications/Annual_Report0607.pdf
Last accessed 22.7.10

National Institute for Health & Clinical Excellence (NICE) 2007 The guidelines manual Appendix H Methodology checklist: qualitative studies
Available from: www.**nice**.org.uk/**nice**Media/pdf/GuidelinesManualAppendixH.pdf
Last accessed 7.8.10

Neary M. 2000 Supporting students' learning and professional development through the process of continuous assessment and mentorship Nurse Education Today **20:** 463-474

New South Wales Government 2010 Clinical placements information for students Available from:
http://nursing.sesiahs.health.nsw.gov.au/Students_And_Graduates/ClinicalPlacements.asp Last accessed 18.10.10

Newton J.M., Jolly B.C., Ockerby C.M., Cross W.M. 2010 Clinical Learning Environment Inventory: factor analysis Journal of Advanced Nursing **66**(6): 1371-1381

Nichol M., Freeth S. 1998 Assessment of clinical skills: a new approach to an old problem Nurse Education Today **18:**601-609

Nicol M., Glen S. (Eds) 1999 Clinical Skills in Nursing: the Return of the Practical Room? London; Macmillan

Niglas K. 2001 Paradigms and Methodology in Educational Research. Paper presented at the European Conference on Educational Research, Lille September 2001 Available from: http://www.leeds.ac.uk/educol/documents/00001840.htm Last accessed 8.8.10

Nolan C.A. 1998 Learning in clinical placement: the experience of six Australian student nurses Nurse Education Today **18:**622-629

Norman I., Watson R., Calman L., Redfern S., Murrells T. 2000 Evaluation of the validity and reliability of methods to assess the competence to practise of pre-registration nursing and midwifery students in Scotland
Edinburgh, Scotland; National Board for Nursing, Midwifery and Health Visiting

Norman I., Watson R., Murrells T., Calman L., Redfern S. 2002 The validity and reliability of methods to assess the competence to practise of pre-registration nursing and midwifery students International Journal of Nursing Studies **39**(2): 133-145

Nursing and Midwifery Council 2004a Standards of Proficiency for pre-registration nursing education London; NMC

Nursing and Midwifery Council 2004b QA Fact sheet C/2004 NMC principles for practice learning for programmes leading to entry on the professional register London; NMC Available from:
http://www.nmc-uk.org/Educators/Quality-assurance-of-education/Factsheets/
Last accessed 21.7.10

Nursing and Midwifery Council 2004c The NMC Code of Professional Conduct: Standards for conduct, performance and ethics London; NMC

Nursing and Midwifery Council 2004d QA Fact sheet F/2004 Quality assurance framework for nursing and midwifery education - Statement of Compliance – England London; NMC
Available from:
http://www.nmc-uk.org/Educators/Quality-assurance-of-education/Factsheets/
Last accessed 21.7.10

Nursing and Midwifery Council 2006 Standards to support learning & assessment in practice: NMC Standards for mentors, practice teachers & teachers London; NMC

Nursing and Midwifery Council 2007a NMC Circular 07/2007 Introduction of Essential Skills Clusters for Pre-registration Nursing programmes London; NMC

Nursing and Midwifery Council 2007b Annexe 1 to NMC Circular 07/2007 Guidance for the introduction of the Essential Skills Clusters for Pre-registration Nursing programmes London; NMC

Nursing and Midwifery Council 2007c Annexe 2 to NMC Circular 07/2007 Essential Skills Clusters (ESCs) for Pre-registration Nursing Programmes London; NMC

Nursing and Midwifery Council 2007d NMC Circular 36/2007 Supporting direct care through simulated practice learning in the pre-registration nursing programme
London; NMC

Nursing and Midwifery Council 2007e Consultation of the Future of Pre-registration Nurse Education. London; NMC

Nursing and Midwifery Council 2008a (2nd edn) Standards to support learning & assessment in practice: Standards for mentors, practice teachers & teachers
London; NMC

Nursing & Midwifery Council, 2008b. NMC/08/70 Confirmed principles to support a new framework for pre-registration nursing education. London; NMC

Nursing and Midwifery Council 2008c The Code: Standards of conduct, performance and ethics for nurses and midwives London; NMC

Nursing and Midwifery Council 2009 NMC UK Wide Quality Assurance Framework Programme Monitoring Report - University of Salford. London; NMC
Summary available from:
http://www.nmc-uk.org/Documents/QualityAssurance/QAMonitoringReports/2008-2009/NMC%20monitoring%20report%202008-2009%20University%20of%20Salford.pdf Last accessed 21.7.10

Nursing and Midwifery Council 2010a Standards for pre-registration nursing education:
London; NMC

Nursing and Midwifery Council 2010b Reviewer programme monitoring report
London; NMC
Available from: http://www.nmc.mottmac.com/review/ Last accessed 4.8.10

Nursing and Midwifery Council 2010c NMC Circular 07/2010
Standards for pre-registration nursing education (2010) London; NMC

Oermann M.H., Lukomski A.P. 2001 Experiences of students in pediatric nursing clinical courses Journal of the Society of Pediatric Nurses **6**(2): 65-72

Office for Public Sector Information (OPSI) 1998 Data Protection Act
Available from: http://www.opsi.gov.uk/ Last accessed 26.9.10

Ogier M.E. 1982 An Ideal Sister? London; Royal College of Nursing

Ogier M.E.1989 Working & Learning: the learning environment in clinical nursing London; Scutari Press

Orton H.D. 1981 Ward Learning Climate: a study of the role of the ward sister in relation to student nurse learning on the ward London; Royal College of Nursing

Orton D., Prowse J., Millen C. 1993 Ward Learning Climate project Charting the way to Excellence: Indicators of a ward learning climate Sheffield North Trent College of Nursing & Midwifery. Sheffield; PAVIC Publications, Sheffield Hallam University

O'Shea M., Kelly B. 2007 The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland Journal of Clinical Nursing 1534–1542

Pallant J. 2001 SPSS survival manual: A step by step guide to data analysis using SPSS Buckingham; OU Press

Papp I., Markhanen M., von Bonsdorff M. 2003 Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning experiences Nurse Education Today **23:** 262-268

Parahoo K. 2006 (2nd edn) Nursing Research: Principles, process and Issues Basingstoke; Palgrave Macmillan

Paterson B. 2001 The shifting perspectives model of chronic illness Journal of Nursing Scholarship **33**(1): 21-26

Pembrey S. 1980 The Ward Sister- Key to nursing London; Royal College of Nursing

Perli S., Brugnolli A. 2009 Italian nursing students' perception of their clinical learning environment as measured with the CLEI tool Nurse Education Today **29**(8): 886-90

Phillips R.M. 1994 Providing student support systems in project 2000 nurse education programmes - the personal tutor role of nurse teachers Nurse Education Today **14** (3): 216-222

Phillips T., Bedford H., Robinson J., Schostak J. 1994 Education, dialogue and Assessment: creating partnership for improving practice London; English National Board for Nursing Midwifery and Health Visiting

Phillips T., Schostak J., Bedford H., Leamon J. 1996 The Evaluation of Pre-Registration Undergraduate Degrees in Nursing and Midwifery Programmes London; English National Board for Nursing Midwifery and Health Visiting

Pigott H. 2001 Facing Reality: The transition from student to graduate nurse Australian Nursing Journal **8**(7): 24-26

Pomeranz R. 1973 The lady apprentices: a study of transition in nurse training
Occasional papers on social administration; no.51 London: Bell

Porter S., Carter D.E. 2000 Common terms and concepts in research
In Cormack D.F.S. (Ed) 2000 (4th edn) The Research Process in Nursing
Oxford; Blackwell

Price P.J. 2006 Final year baccalaureate nursing students' perceptions of a preceptor model of clinical teaching. PhD Thesis Canada; University of Toronto

Price Waterhouse 1987 Project 2000 Report on the costs, benefits and manpower implications of Project 2000 London; UKCC

Quality Assurance Agency for Higher Education (QAA) 2001 Benchmark statement: Health Care programmes Phase 1. Nursing
Available from:
http://www.qaa.ac.uk/academicinfrastructure/benchmark/health/nursing.pdf
Last accessed 17.10.10

Quality Assurance Agency for Higher Education (QAA) 2007 Code of Practice for the assurance of academic quality and standards in higher education. Section 9 Work-based and placement learning
Available from: http://www.qaa.ac.uk/academicinfrastructure/codeofpractice/
Last accessed 17.10.10

Quality Assurance Agency for Higher Education (QAA) 2008 The Framework for Higher Education Qualifications in England, Wales & Northern Ireland
Available from: http://www.qaa.ac.uk/academicinfrastructure/fheq/
Last accessed 17.10.10

Ralph E., Walker K., Wimmer R. 2009 Practicum and clinical experiences: postpracticum students' views. Journal of Nursing Education **48**(8): 434-40

Rattray J., Jones M.C. 2007 Essential elements of questionnaire design and development Journal of Clinical Nursing **16**: 234-243

Reutter L., Field P.A., Campbell I.E., Day R. 1997 Socialization into nursing: Nursing students as learners Journal of Nursing Education **36:** 149-155

Robb Y., Flaming V., Dietert C. 2002 Measurement of clinical performance of nurses: a literature review Nurse Education Today **22:** 293-300

Roberts D. 2007 Ethnography and staying in your own nest
Nurse Researcher **14**(3); 15-24

Roberts I. 1994 The Health Care Assistant: Professional Supporter or Budget Necessity International Journal of Health Care Quality Assurance **7**(6); 20-25
Robson C. 1993 Real World Research: A Resource for Social Scientists and Practitioner–Researchers Oxford; Blackwell

Roff S., McAleer S., Harden R.M., Al-Qahtani M., Ahmed A.U., Deza H., Groenen G., Primparyon P. 1997 Development and validation of the Dundee Ready Education Environment Measure (DREEM) Medical Teacher **19** (4): 295-299

Rolfe G. 2006 Validity, trustworthiness and rigour: quality and the idea of qualitative research Journal of Advanced Nursing **53**(3): 304-310

Ross H., Clifford K. 2002 Research as a catalyst for change: the transition from student to Registered Nurse Journal of Clinical Nursing **11**(4): 545-53

Royal College of Nursing, Commission on Nursing Education 1985 The Education of Nurses: A New Dispensation (Judge Report) London; Royal College of Nursing

Royal College of Nursing 1992 The Role of the Support Worker Within the Professional Nursing Team:Issues in Nursing and Health London; Royal College of Nursing

Royal College of Nursing 1998 Review of the Nurses, Midwives and Health Visitors Act, 1997; The response of the RCN London; Royal College of Nursing

Royal College of Nursing 2004 Helping students get the best from their practice placements: An RcN tool kit London; Royal College of Nursing

Royal College of Nursing 2007 (2nd edn) Guidance for Mentors of nursing students and midwives: An RcN Tool kit London; Royal College of Nursing

Royal College of Nursing & National Council of Nurses of the United Kingdom 1964 A Reform of Nursing Education: First Report of a Special Committee on Nurse Education London; Royal College of Nursing

Royal College of Nursing Policy Unit 2007a Policy Briefing 06/2007 Modernising Nursing Careers London; Royal College of Nursing

Royal College of Nursing Policy Unit 2007b Policy Briefing 14/2007 Pre-registration Nurse Education. The NMC review and the issues London; Royal College of Nursing

Rushforth H.E. 2007 Objective structured clinical examination (OSCE): Review of literature and implications for nursing education Nurse Education Today **27**(5): 481-490

Saarikoski M., Leino-Kilpi H., Warne T. 2002 Clinical learning environment and supervision: testing a research instrument in an international comparative study
Nurse Education Today **22**: 340-349

Sandelowski M., Barroso J. 2002 Reading Qualitative Studies
International Journal of Qualitative Methods **1**(1) Winter, 2002 (47 pages)
Available from: http://www.ualberta.ca/~iiqm/backissues/1_1Final/pdf/sandeleng.pdf
Last accessed 8.2.11

Sand-Jecklin K. 2000 Evaluating the Student Clinical Learning Environment: Development and Validation of the SECEE Inventory
Southern Online Journal of Nursing Research **4** (1): 1-15
Available from: http://www.snrs.org/publications/SOJNR_articles/iss04vol01.pdf
Last Accessed 30.8.10

Sand-Jecklin K. 2009 Assessing nursing student perception of the clinical learning environment: refinement and testing of the SECEE inventory.
Journal of Nursing Measurement **17**(3): 232-246

Scholes J., Freeman M., Gray M., Wallis B., Robinson D., Matthews-Smith G., Miller C. 2004 Evaluation of Nurse Education Partnership Unpublished
Available from:
http://www.brighton.ac.uk/inam/research/projects/partnerships_report.pdf
Last accessed 19.7.10

Schumacher K.L., Meleis A.I. 1994 Transitions: a central Concept in Nursing
Journal of Nursing Scholarship **26**(2): 119-127

Sedgwick M., Yonge O. 2009 Students' perception of faculty involvement in the rural hospital preceptorship experience
International Journal of Nursing Education Scholarship **6**(1): Article31

Seidel J.V. 1998 Qualitative Data Analysis. The Ethnograph v5 Manual, Appendix E. Colorado Springs, Colorado: Qualis Research
Available from: http://www.qualisresearch.com/ Last accessed June 2010

Shanley E. 2001 Misplaced confidence in a profession's ability to safeguard the public?
Nurse Education Today **21:**136-142

Sharples K. 2007 An essential debriefing Nursing Standard **21**(21): 61

Sheffield Hallam University 2008 Programme Plan September 2007 intake
Available from: http://www.shu.ac.uk Last accessed 10.7.10.

Shih W.M., Chuang S.H. 2008 Factors influencing student nurses' career choices after preceptorship in a five year junior nursing college in Taiwan.
Nurse Education Today **28**: 494-500

Silverman D. 2001 (2nd edn) Interpreting Qualitative Data London; Sage

Skills for Health 2007 EQuIP Enhancing Quality in Partnership. Healthcare Education QA Framework Leeds; Skills for Health

Slevin O. 1992 Teaching and supervision in Project 2000
In: Slevin O. D'A., Buckenham M. A. (Eds) 1992 Project 2000: The Teachers Speak: Innovations in the Nursing Curriculum Edinburgh; Campion Press

Solnick A., Weiss S. 2007 High Fidelity Simulation in Nursing Education: A Review of the Literature Clinical Simulation in Nursing **3**(1):41-45
Available from:
http://www.nursingsimulation.org/article/S1876-1399(09)00470-8/abstract
Last accessed 6.12.10

Sorrell J.M., Redmond G.M. 1995 Interviews in qualitative nursing research: Differing approaches for ethnographic and phenomenological studies
Journal of Advanced Nursing **21**: 1117-1122

South Australia Health Board 2009 Letter from the chief allied and scientific health advisor public health and clinical coordination 08/09 re: multidisciplinary clinical placements database
Available from:
http://www.health.sa.gov.au/portals/0/mdcpdletter-ah-sahealth-090922.pdf
Last accessed 17.10.10

Sperhac A.M., Goodwin L.D. 2003 Using Multiple Data sources for Curriculum Revision Journal of Pediatric Health Care **17**: 169-175

Spouse J. 1990 An Ethos for Learning Royal College of Nursing Research Series Harrow; Scutari Press

Spouse J. 1998a Learning to nurse through legitimate peripheral participation
Nurse Education Today **18**(5): 345-351

Spouse J. 1998b Scaffolding student learning in clinical practice
Nurse Education Today **18**(4): 259-66

Spouse J. 2001a Bridging theory and practice in the supervisory relationship: a socio-cultural perspective Journal of Advanced Nursing **33**(4):512-522

Spouse J. 2001b Workplace learning: pre-registration nursing students' perspectives Nurse Education in Practice **1**(3):149-156

Spradley J. P. 1979 The Ethnographic Interview New York; Holt, Rinehart & Wilson

Statutory Instrument 1989 Nurses, Midwives and Heath Visitors: The Nurses Midwives & Health Visitors (Registered Fever Nurses Amendment Rules and Training amendment Rules) Approval Order No 1456
Schedule 2 The Nurses, Midwives and Health Visitors (Training) Amendment Rules 1989

Stutchbury K., Fox A. 2009 Ethics in educational research: introducing a methodological tool for effective ethical analysis Cambridge Journal of Education **39** (4): 489-504
Available from:
http://www.health.heacademy.ac.uk/themes/enquiryandevidencelt/eeltnews/ethicseduresearch201109.pdf Last Accessed 29.8.10

Streubert-Speziale H.J., Carpenter D.R. 2007 (4th edn) Qualitative Research in Nursing. Advancing the Humanistic Perspective London; Lippincott, Williams & Wilkins

Swain H., Dampier S., D'Cunha Y. 2005 Helping students to achieve: collaboration between placement and education staff Paediatric Nursing 17 (7): 26-8

Swanson-Kaufman K.M. 1986 A combined qualitative methodology for nursing research Advances in Nursing Science **8**(3): 58-69

Tesch R. 1990 Qualitative Research: analysis types and software tools London; Falmer

Theobold K., Mitchell M. 2002 Mentoring: Improving transition to practice
Australian Journal of Advanced Nursing **20**(1): 27-33

The Higher Education Academy 2010 National Student Survey
Available from: http://www.heacademy.ac.uk/ourwork/supportingresearch/nss
Last Accessed 4.11.10

The Open University 2001 Research Methods in Education Milton Keynes; The Open University

The Robert Gordon University 2009 Guidelines for completing work based & placement learning audit Aberdeen; The Robert Gordon University
Available from:
http://www4.rgu.ac.uk/files/PE%20Audit%20Tool%20Guidelines%20Jan%2009%20Final1.pdf Last accessed 3.8.10

The University of Edinburgh, Queen Margaret University, Edinburgh Napier University 2008 (3rd edn) Lothian & Borders Practice Placement Standards Handbook Edinburgh: Napier University
Available from:
http://staff.napier.ac.uk/faculties/fhlss/mentorcentre/Documents/PracticePlacementStandardsHandbookUpdatedv44.doc Last accessed 3.8.10

The University of the West of England 2010 Quality Assurance of Practice Placements Practice Learning Environment Self Assessment Audit Report- Allied Health Professions Available from:
http://hsc.uwe.ac.uk/practicesupport/Data/Sites/1/finalahpselfassessmentaudittoolmarch10v297-03example.doc Last accessed 17.10.10

Thorne S., Darbyshire P. 2005 Land Mines in the Field: A Modest Proposal for Improving the Craft of Qualitative Health Research
Qualitative Health Research **15**(8); 1105-1113

Thurmond V. A. 2001 The Point of Triangulation
Journal of Nursing Scholarship **33**(3); 253-258

Tradewell G. 1996 Rites of Passage: Adaptation of Nursing Graduates to a Hospital Setting Journal of Nursing Staff Development **12** (4): 183-198

Trice H., Morand D. 1989 Rites of Passage in work careers
In: Arthur M.B., Hall D.T., Lawrence B.S. (Eds) 1989 Handbook of Career Theory
New York; Cambridge University Press

Tyler R.W. 1949 Syllabus for education 360 Chicago, University of Chicago Press.
Re-Published as Tyler R.W. 1971 Basic Principles of Curriculum and Instruction Chicago; London: University of Chicago Press

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986 Project 2000: A new preparation for practice London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1987 Project 2000: The Final Proposals. Project Paper 9 London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1990 Report of the Post Registration Education and Practice Project London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1993 Registrar's Letter: The Council's Position Concerning a Period of Support and Preceptorship: Implementation of the Post Registration Education and Practice Project Proposals London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1994 The future of professional practice – the Council's standards for education and practice following registration London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1997 Framework of standards for the preparation of teachers of nursing, midwifery and health visiting. London: UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1999 Fitness for practice: The UKCC Commission for Nursing and Midwifery Education Chair - Sir Leonard Peach. London; UKCC

United Kingdom Central Council for Nursing, Midwifery and Health Visiting 2001 Fitness for practice and purpose: The report of the UKCC's Post-Commission Development Group London; UKCC

University of Cardiff Undated Quality Assurance of Clinical Placement Learning Available from: http://www.cardiff.ac.uk/regis/sfs/studyaway/clinical/index.html Last accessed 17.10.10

University of Nottingham 2008 Educational audit of Nursing, Midwifery and Physiotherapy practice placements
Available from:
http://www.nottingham.ac.uk/nursing/practice/audit/171108-practice-placements-audit-docs-a-b-ver12.pdf Last accessed 17.10.10

University of Salford 2005 School of Nursing, Faculty of Health and Social Care Curriculum document Certificate of Higher Education; Diploma of Higher Education (RN – Adult, Child, Mental Health); BSc Nursing (RN – Adult, Child, Mental Health) Unpublished

University of Salford 2006a School of Nursing, Faculty of Health and Social Care Curriculum document Certificate of Higher Education; Diploma of Higher Education; BSc (Hons) Children's nursing (RN child) / BSc (Hons) Adult nursing (RN Adult) / BSc (Hons) Mental Health Nursing (RN Mental Health) Unpublished

University of Salford 2006b (2nd edn) School of Nursing Clinical Skills: Evidence of Development (Student record booklet) Unpublished

University of Salford (Undated a) School of Nursing & Midwifery Clinical Placement Profiles Available from http://www.nursing.salford.ac.uk Last accessed 4.8.10

University of Salford (Undated b) Objectives of the clinical placement unit
Available from:
http://intranet.nursing.salford.ac.uk/geninfo/clinical%20practice/CPU%20Objectives.doc
Last accessed 17.10.10

University of Salford (Undated c) Year planner 2008-2009
Available from:
http://intranet.nursing.salford.ac.uk/geninfo/clinical%20practice/Year%20Planner%2008 09%206%2010%2008.xls Last accessed 17.10.10

University of Salford Health Care Practice Research Development Unit (HCPRDU) 2003a Evaluation Tool for Mixed Studies Available from:
http://www.fhsc.salford.ac.uk/hcprdu/tools/mixed.htm Last accessed 7.8.10

University of Salford Health Care Practice Research Development Unit (HCPRDU) 2003b Evaluation Tool for Qualitative Studies Available from:
http://www.fhsc.salford.ac.uk/hcprdu/tools/qualitative.htm Last accessed 7.8.10

University of Salford Health Care Practice Research Development Unit (HCPRDU) 2003c Evaluation Tool for Quantitative Studies Available from:
http://www.fhsc.salford.ac.uk/hcprdu/tools/quantitative.htm Last accessed 7.8.10

University of Salford School of Nursing/Directorate of Midwifery in collaboration with Manchester Metropolitan University School of Health, Psychology and Social Care and University of Manchester School of Nursing, Midwifery and Social work (2004)
Self Assessment (educational audit) Document Unpublished

University of Salford -School of Nursing & Midwifery, Manchester Metropolitan University-Faculty of Health, Psychology & Social Care, The University of Manchester-School of Nursing, Midwifery and Social Work. Higher Education Institutions in partnership with practice experience providers 2008a
Practice Placement Policy for Pre-Registration Diploma and Degree Nursing Undergraduate Programmes Unpublished

University of Salford -School of Nursing & Midwifery, Manchester Metropolitan University-Faculty of Health, Psychology & Social Care, The University of Manchester-School of Nursing, Midwifery and Social Work. Higher Education Institutions in partnership with practice experience providers 2008b
Protocol, Principles and Processes for the Identification, Selection, Monitoring and Removal of Practice Experience Unpublished

University of Southampton (undated) Supporting dyslexic students on practice placements: For the use of supervisors/mentors working with students on health and social care courses
University of Southampton School of Health Sciences Learning Differences Centre
Available from: http://www.southampton.ac.uk/studentsupport/ldc Last accessed 22.7.10

University of Surrey and Surrey & Western Sussex placement providers 2010
Practice Placement Audit Guidelines
Available from:
http://www.ashfordstpeters.nhs.uk/attachments/456_Practice%20Placement%20Audit%20Guidance.pdf Last accessed 17.10.10

Van Gennep A. 1960 The Rites of Passage London; Routledge & Kegan Paul

Walker C.A. 1986 The newly qualified nurses' perceptions of transition from student to trained nurse Unpublished MSc Thesis. University of Manchester
In: Gerrish K. 2000 Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse
Journal of Advanced Nursing **32:** 473-480

Walker J., Almond P. 2010 Interpreting Statistical Findings; A guide for health professionals and students Maidenhead; Open University Press, McGraw Hill Education,

Wang J., Zang S., Shan T.M. 2009 Dundee Ready Education Environment Measure: psychometric testing with Chinese nursing students
Journal of Advanced Nursing **65**(12): 2701-2709

Watkinson C., Doley B., Roberts S. 2009 Developing a pre-registration community learning programme Primary Health Care **19**(5): 36-38

Watson H.E., Harris B. 1999 Supporting Students in Practice Placements in Scotland. Glasgow Caledonian University: Department of Nursing and Community Health

Watson R. 2001 Clinical Competence: Starship Enterprise or Straitjacket?
Winifred Raphael Memorial Lecture, RCN Congress 23 May 2001. London; RCN

Watson R., Stimpson A., Topping A., Porock D. 2002 Clinical competence assessment in nursing: a systematic review of the literature
Journal of Advanced Nursing **39**(5): 421- 431

Weatherston L.A. 1981 Bridging the gap: liaison between nursing education and nursing service Journal of Advanced Nursing **6:** 147-152

Webster R. 1990 The role of the nurse teacher Senior Nurse **10**(8): 16-18

Wenger E., McDermott R., Snyder W.M. 2002 Cultivating Communities of Practice: A Guide to Managing Knowledge Boston, Massachusetts; Harvard Business School Press

While A. 1991 The problem of clinical evaluation: a review
Nurse Education Today **11**: 448-453

While A. 1994 Competence versus performance: which is more important?
Journal of Advanced Nursing **21:** 525-531

White C. 2010 A socio-cultural approach to learning in the practice setting
Nurse Education Today **30**(8): 794-7

White E., Davies S., Twinn S., Riley E. 1993 A detailed study of the relationships between teaching, support, supervision and role modelling for students in clinical areas, within the context of Project 2000 courses ENB Research Highlights 3. London; English National Board for Nursing, Midwifery and Health Visiting

Whittle M. 2002 Death education: what should student children's nurses be taught? Journal of Child Health Care **6**(3): 189-201

Wilson-Barnett J., Butterworth T., White E., Twinn S., Davies S., Riley L. 1995 Clinical Support and the Project 2000 Nursing Student: Factors influencing this process
Journal of Advanced Nursing **21:**1152-1158.

Woodrow P.1994 Mentorship: perceptions and pitfalls for practice
Journal of Advanced Nursing **19**(4): 812-818

Worrall K. 2007 Orientation to student placements: needs and benefits
Paediatric Nursing **19**(1): 31-33

Yonge O., Billay D., Myrick F., Luhanga F. 2007 Preceptorship and Mentorship: Not Merely a Matter of Semantics
International Journal of Nursing Education Scholarship **4**(1): Article 19 (14 pages)

Yorkshire and The Humber Strategic Health Authority, The University of Sheffield, Sheffield Hallam University, The Independent Sector, The Voluntary Sector, The Local Authority 2009 Practice placement Audit guidance notes
Available from:
http://www3.shu.ac.uk/hwb/placements/nursing/documents/AuditGuidelines2009.pdf
Last Accessed 17.10.10

Zwolski K. 1982 Preceptors for critical care FOCUS **10:** 7-11
In: Neary M. 2000 Supporting students' learning and professional development through the process of continuous assessment and mentorship
Nurse Education Today **20:** 463-474