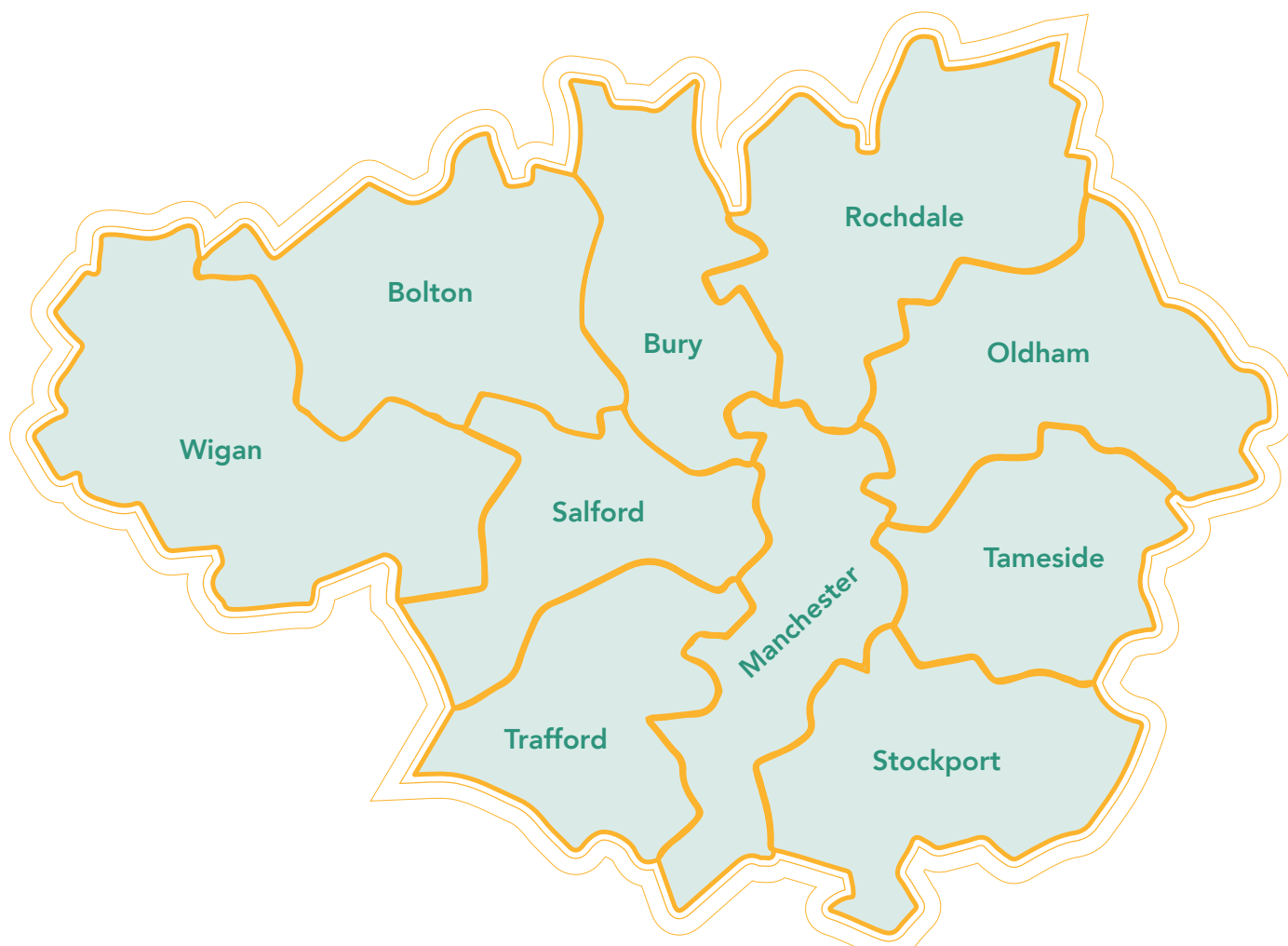


Greater Manchester Placement Learning Model

2022



University of
Salford
MANCHESTER

**Greater
Manchester**
Integrated Care
Partnership

Funding for the project was in response to Health Education England Northwest (HEE NW) investment award to Greater Manchester (GM) for use across all non-medical professions with the agreement to plan and deliver a system-wide approach to Enable Effective Learning Environments (EELE). The aim of enabling effective learning environments included ensuring sufficient capacity and future workforce supply with the knowledge, skills, values, and behaviours to deliver the highest quality care.

This resulted in the development of the Greater Manchester Health & Care Learning Environment Strategy 2021-2024 (GM HCLES). The GM H&CLES provides direction and aspiration to facilitate innovation and drive change, embracing the developments in health & care delivery across all sectors and enhance the quality of practice education. It identified the need to extend learning environment opportunities beyond healthcare, to include social care and other care sectors, and facilitate engagement with these sectors as a priority. Key to this moving of learning environments from predominantly secondary care organisations was to ensure the evidence base regarding the direction of travel and the methods to ensuring quality learning environments was researched and a model for practice learning for GM designed.

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Carol Le Blanc is a Senior Nurse Leader heading up the Greater Manchester Programme Management Office (GM PMO) for Nursing, Midwifery & AHP (NMAHP) workforce supply, retention, and development. The function is system facing and hosted at Manchester University NHS Foundation Trust and directed by GM Chief Nurses/ Directors of Nursing in partnership with GM Higher Education Institute (HEI) Deans of healthcare professional schools. Carol's vision for practice education and learning is to provide all learners on a healthcare professional programme with practice learning experiences across health and care services at system and/ or locality including social prescribing. Carol thrives of collaboration and partnership working and is focussed on improving people's journey across health and care services in GM through integration.

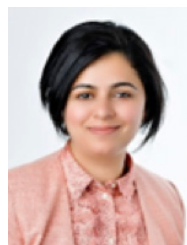


Dr Michelle Howarth is a Senior Engagement Fellow at Edge Hill University with a specialist interest in social prescribing and the use of nature based, person centred approaches to promote health and wellbeing. Michelle is passionate about promoting personalised care to support people with long term conditions and leads the National Social Prescribing Network Special Interest Group for Nursing and chairs the national PerCIE group, through which she is actively campaigning to raise awareness of social prescribing and salutogenic, personalised approaches amongst nurses, AHPs & medics through research, curriculum development and placement opportunities.



Jacqueline Leigh is a Registered General Nurse, Adult field. Having worked as a senior nurse in healthcare organisations across Greater Manchester, Jackie transitioned into higher education initially as a Lecturer Practitioner, progressing to lecturer, senior lecturer, Reader and in 2018 awarded a personal chair at the University of Salford via the Teaching and Learning/Student Success pathway.

Jackie left the role of Professor of Nurse Education Practice at the University of Salford to take up the role of Director of Nursing & Midwifery Education at Edge Hill University. An advocate for evidence-based education, she has significant experience in developing and evaluating innovative approaches to teaching and learning that meets workforce needs in nursing, health, and social care. Jackie is the co-founder of the national Personalised Care Interprofessional Education (PerCIE) Framework: A guide and support framework to enable health and social care students to learn about strengths-based approaches to health and wellbeing delivered by services that provide a social prescribing offer.



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Introduction

It is understood that practice learning takes place in partnership with patients/clients and the range of health and social care practitioners. Accountability for the provision and quality of practice learning is shared between the HEI and practice partners, adhering to professional regulatory requirements such as HCPC and NMC . Practice learning may also occur via alternative teaching and learning methodologies such as simulation and virtual learning. The Greater Manchester Programme Management Office (PMO), in collaboration with Health Education England, has worked towards the development of a Greater Manchester (GM) Practice Learning Model to enable the development of practice learning model that works on a system wide basis for pre-registration nursing programmes. It is intended that the findings from this project, will enable the transfer the evidence-based model to other healthcare professional programmes. This report provides insight into a project to explicate the evidence base relating to placement learning to understand the key attributes and challenges that influence successful learning in practice.



Aims & objectives



The project's overall aims were:

- 1. To provide a robust, evidence-based appraisal of practice learning models**
- 2. To explore stakeholders' perspectives and experiences of the practice learning environment to enable the development of a GM Practice Learning Model**

The project objectives were:

- = To Undertake a robust, review of the UK and international research literature for practice learning models, drawing out key themes and structures
- = Critically review existing GM and Enabling Effective Learning Environments (EELE) focused practice learning models and project outcomes, e.g., Place Based Pilot, Interprofessional Education (IPE), and Social Prescribing
- = Engage with key stakeholders across the system to identify the impact of the models and project outcomes on the wider practice learning system and on learner success/preparation for professional practice
- = Triangulate GM practice learning models and project outcomes data from the EELE projects, with review data and stakeholder findings, identifying barriers and enablers
- = Produce recommendations for the development of a GM Practice Learning Model to maximise opportunities for pre-registration nurses to experience the journeys of GM citizens who access health and care services across the GM system

We worked with key stakeholders and the GM PMO to develop an understanding of the evidence and the reality of practice learning through a collaborative, co-produced approach. This report describes our methodology, key findings from the evidence base and stakeholder feedback that led to the creation of an evidence-based GM Practice Learning model.

Methodology



We used a Realist evaluation based on Pawson & Tilley (1997) to highlight not just what worked, but how education interventions work, why they were implemented and how these differ from one organisation to another. Using a realistic evaluation framework approach enabled us to provide a robust understanding of education service provision, mechanisms, context, and the outcomes that will be used to inform wider application of the model to other learners. Our realistic evaluation framework is operationalised via our unique four staged project design, ensuring that the GM Practice Learning Model created is context specific and can be uplifted and applied to the range of GM health care learners, thus extending beyond nursing programmes.

We applied the following four key stages to enable us to develop an evidence-based model (see figure 1)

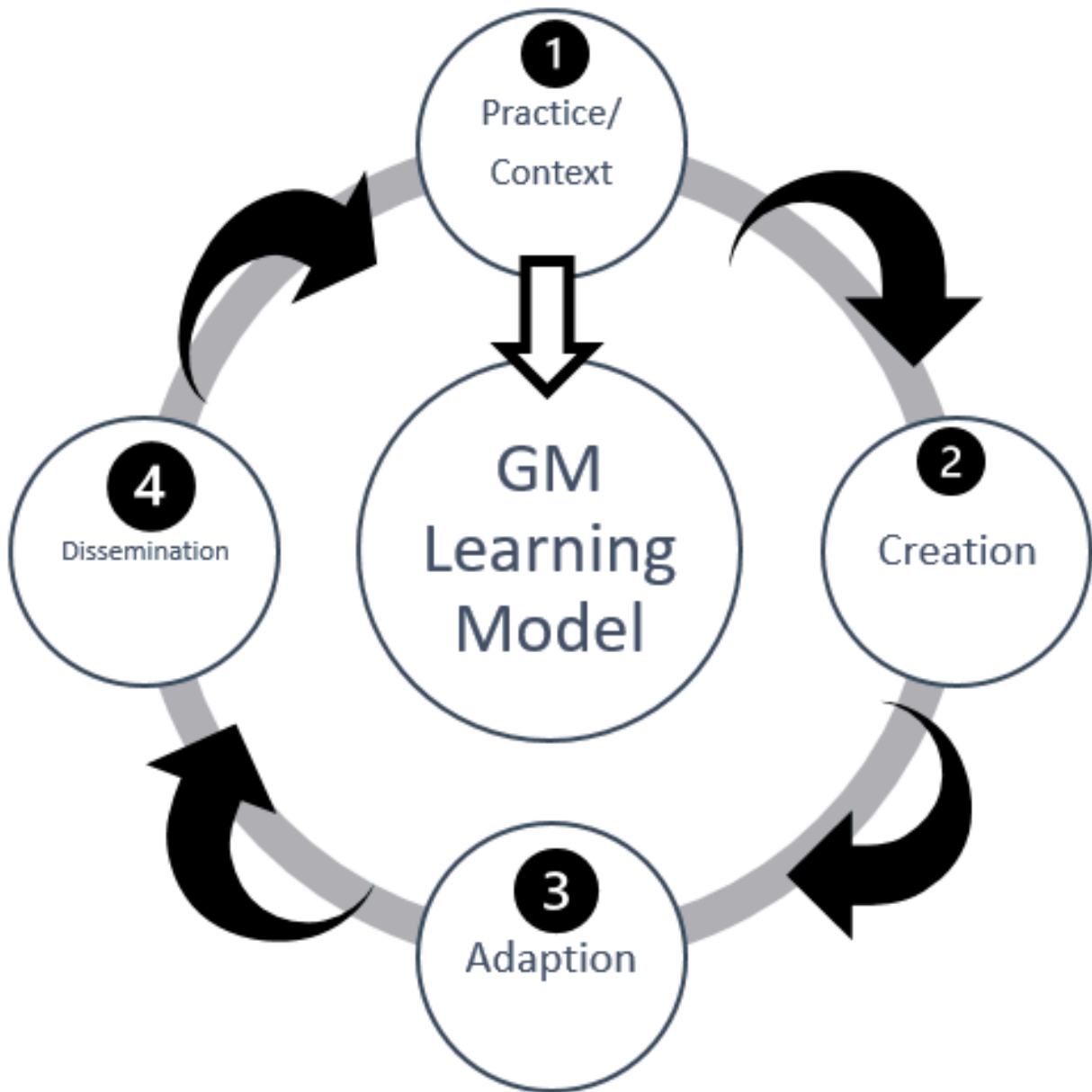


Figure 1: Four Stage Methodology

Stage 1: The practice/context

The first stage included a robust, review of the UK and international research literature for practice learning models, drawing out key themes/structures. We used a robust search strategy, based on Arksey & O'Malley's (2005) framework to help identify all the relevant papers in this field.

Stage 2: The creation of first draft GM Practice Learning Model

The second stage involved a critical review of the existing GM and EELE focused practice learning models and project outcomes that were used in examples such as place based pilots; Interprofessional Education (IPE) and Social Prescribing to explicate key features, commonalities, and differences in origins, intended purpose and current approaches to their implementation and evaluation, documenting lessons learned and successes along the way.

Stage 3: Adaption based on processes and challenging what works- the second draft GM Practice Learning Model

The intelligence from stages 1 and 2 was used to develop a draft GM Placement model which was then shared through stakeholder engagement activities (listening events and group discussions) with those educators across GM who are instrumental in creating the existing GM education structures and are leading on developing and implementing the GM Models and EELE focussed projects. This enabled the exploration of the findings from the robust literature review and to discuss what GM practice learning models, EELE focused projects and outcome measures are currently being used, their experience of them, and whether a GM Practice Learning Model is beneficial for GM.

Stage 4: Dissemination of outcomes within GM

In stage four, the findings from first stakeholder event were used to adapt the model, and then shared again with the same stakeholder group to ensure that the model was relevant for all the organisations involved. The final model is presented in the latter part of this report.

The four key stages have been used to structure this report and are each discussed in detail.

Stage 1: Practice context/background

We drew on key project reports from the EELE and RePAIR projects to help understand the background and contemporary context. We describe the reports here:

a. The influence of the Enabling Effective Learning Environments projects

The Greater Manchester Enabling Effective Learning Environments (EELE) project is a collaborative project funded by Health Education England. The project envisions to explore ways to improve practice education and learning in health and care across Greater Manchester. The primary aim is to improve the quality of the learning environments in which current and future allied health professionals, midwives and nurses undertake practice education and learning. The GM Health & Care Learning Environment Strategy for enabling effective learning environments is based on three pillars namely:

GET PREPARED

EMBRACE THE
EXPERIENCE

MODEL THE
FUTURE



Under these pillars various themes have been identified and various projects have been completed exploring the enabling and restraining factors for the themes. These projects include Preparation for Practice Learning Framework, Tariff scoping, Evaluation of the role of Practice Education Facilitators, Evaluation of Academic Support Roles, Social Prescribing, Third Sector Placement, Development of Practice Learning Framework, Role of Simulation, Place based pilot (student and staff experiences), scoping exercise carried out to review the models used across GM and detailed reports of these projects are available. Based on these reports the current project was developed to gather and evaluate evidence identified in the EELE reports.

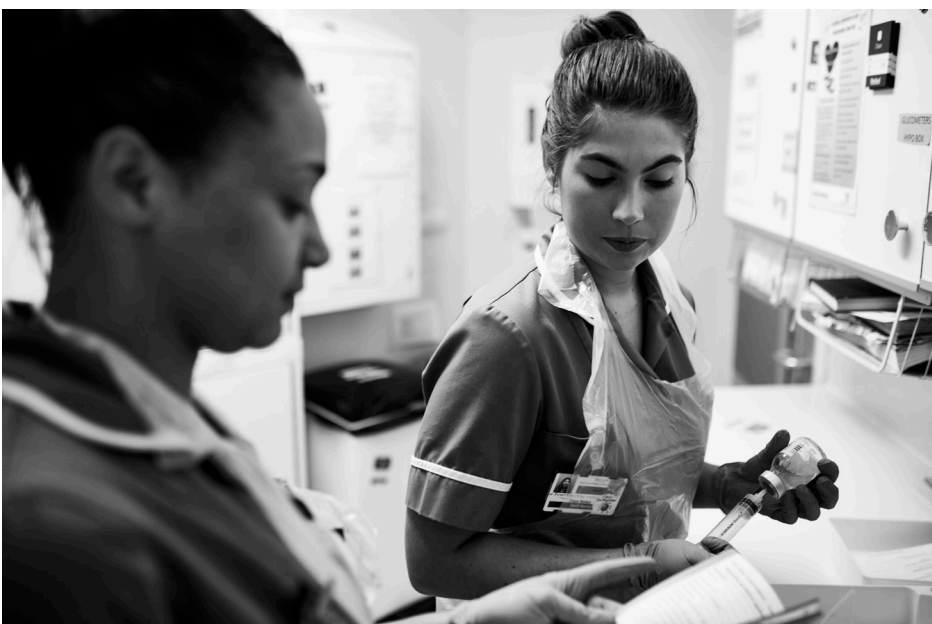
b. The Influence of the Reducing Pre-registration Attrition and Improving Retention (RePAIR) Project

It is understood that student attrition from pre-registration clinical education remains a key challenge. The determinants of student attrition are complex and emanate from institutional, political, societal, professional, and personal factors. Since 2015 the Reducing Pre-registration Attrition and Improving Retention (RePAIR) project has helped Health Education England understand the factors influencing healthcare student attrition and retention. This national level study has evaluated the insight from numerous stakeholders including nearly 3,500 pre-registration students, service and university representatives, regulators, and policy makers.

The RePAIR Report (2018) identified a range of determinants influencing attrition and retention, which need to be addressed to ensure continued supply of newly qualified practitioners. These determinants include financial pressures, student confidence levels and the importance of the clinical component of a course to students which is heavily influenced by the clinical supervisor (or mentor) and the culture in that clinical setting. Recommendations from the report identify certain crucial actions to improve retention. These include ensuring understanding of prospective students in terms of the career they have chosen and the requirements of the course, introduction of buddy schemes to provide support to students during their studies, standardisation of practice assessment documentation and the need of preceptorship schemes. The RePAIR project aimed to evaluate the determinants of attrition and retention in pre-registration students in view of the available evidence both nationally and internationally. This evidence is envisioned to feed into a practice placement model which addresses the factors promoting retention and preventing attrition.

Summary of the practice context:

The EELE and RePAIR projects provided some context of the current practice learning environment. Through these projects various enablers, gaps, and determinants were identified and explored. It is envisioned that building on these projects, our current work will gather robust evidence to improve upon the practice learning environment in Greater Manchester.



Stage 2: The creation of first draft GM Practice Learning Model

Search strategy

To ensure a robust approach, we based our scoping review on Arksey & O'Malleys (Arksey and O'Malley, 2005) methodology. The stepped framework helped us to systematically identify scientific and policy papers that reported on placement and development. It is acknowledged by Howarth, Brett, Hardman & Maden (2020) that Arksey & O'Malley, can help ensure breadth and depth that enables the curation and analysis of data within a defined context. To ensure relevance, we shared the search strategy with key stakeholders to ensure that the key terms, sources, and extraction enabled to capture the most relevant evidence.

We sought to locate evidence that demonstrated evaluation or descriptions of Placement learning. This included critically reviewing the existing GM and EELE focused practice learning models and project outcomes e.g., Place Based Pilot; IPE and Social Prescribing to explicate key features, commonalities, and differences in origins, intended purpose and current approaches to their implementation and evaluation, documenting lessons learned and successes along the way. We used the NMC (2018) operation definition of placement learning as:

'that which occurs in placements provided by practice partners, enabling real world experiential learning for the development of knowledge, skills and behaviours commensurate with entry on to a professional register'

We conducted a thorough search of nursing and social science data bases during February 2022 – May 2022 (see table 1). To maximise data capture, we searched specifically for databases that included research, systematic reviews that reported on the evaluation and or implementation of practice learning for undergraduate across a range of settings/contexts.

Table 1: Databases searched

Medline	Biomedical	• —
Cinahl	Nursing and allied health	• —
Psychinfo	Psychology/Mental Health	• —
SSCI (now Web of Knowledge/ Science)	Social Sciences	
Scopus	General	
Science Direct	General	
Cochrane Database of Promoting Health Effectiveness Reviews	Systematic Reviews	
Joanna Briggs Systematic Reviews	Systematic reviews	

We also searched for policy documents on the NMC and HEE sites, and indicative websites such as the GM PMO, HCPC and the NMC. In addition, we hand searched Journals that were considered relevant to the subject area – for example, nursing journals that focused on education in practice. We searched NET, Nurse Education in Practice and the Journal of Nursing Education. All three journals are international, peer reviewed journals providing insight into contemporary placement developments.

Search terms

We used a combination of search terms, alongside subject headings in each database (see table 2). These were adapted to ensure that we captured the most relevant data. We used generic terms and search techniques to advance the search. To refine and or broaden the search, we used Boolean operators coupled with truncation and wild cards. We tested the search terms with experts in the subject (JL) and worked with a health librarian to ensure that we yielded results for the most relevant papers. We applied truncation to the search terms listed below to ensure that we captured the breadth of relevant data.



Table 2: Search terms

PEF	nurses	midwives AHPs	learners
practice placement	frameworks	models	students support
practice education facilitation	digital support	place-based models	practice education facilitators simulation models
models of Support & supervision	Models of mvaluation and monitoring	reflective learning frameworks and models	pillars from the GM Learning Strategy
influence of the educational institution for preparedness (academic roles and perspectives)	use of tariff	assessment models	digital models
student preparedness	work based learning	coaching models	experimental learning
mentorship	virtual clinical environments		

Inclusion and exclusion criteria

Following consultation with key stakeholders and experts, we developed the inclusion and exclusion criteria. Evidence was met if it reflected the definition of placements learning, or represented policy directive and if it was part of the wider EELE project. We include English language papers and evidence that included a range of methodologies. We excluded papers that did not meet the definition, or which had focused on socio economic variables. We also exclude papers that described interventions but not the evaluation components, and studies that were not written in English.

Inclusion criteria

- = Studies (including systematic reviews) that assess the effects, value or impact of any placement-based learning that meets the operational definition
- = Evidence of how placements-based learning has supported the student experience
- = Evidence of how practice learning has improved capacity of the learning environment
- = Evidence of virtual clinical placements
- = Evidence of the determinants of key determinants that influence learning
- = All evidence (including experimental or observational evaluation studies with controlled or uncontrolled prospective design or controlled retrospective design, return on investment, cost analysis, correlational studies)
- = Studies in English, post -2000

Exclusion criteria

- = Research papers that don't meet the placements learning definition
- = Studies that explore socio-economic variables
- = Descriptions of interventions/services with no evaluation component that relate to the key determinants
- = Research undertaken by students
- = Studies in languages other than English
- = Studies pre-2000

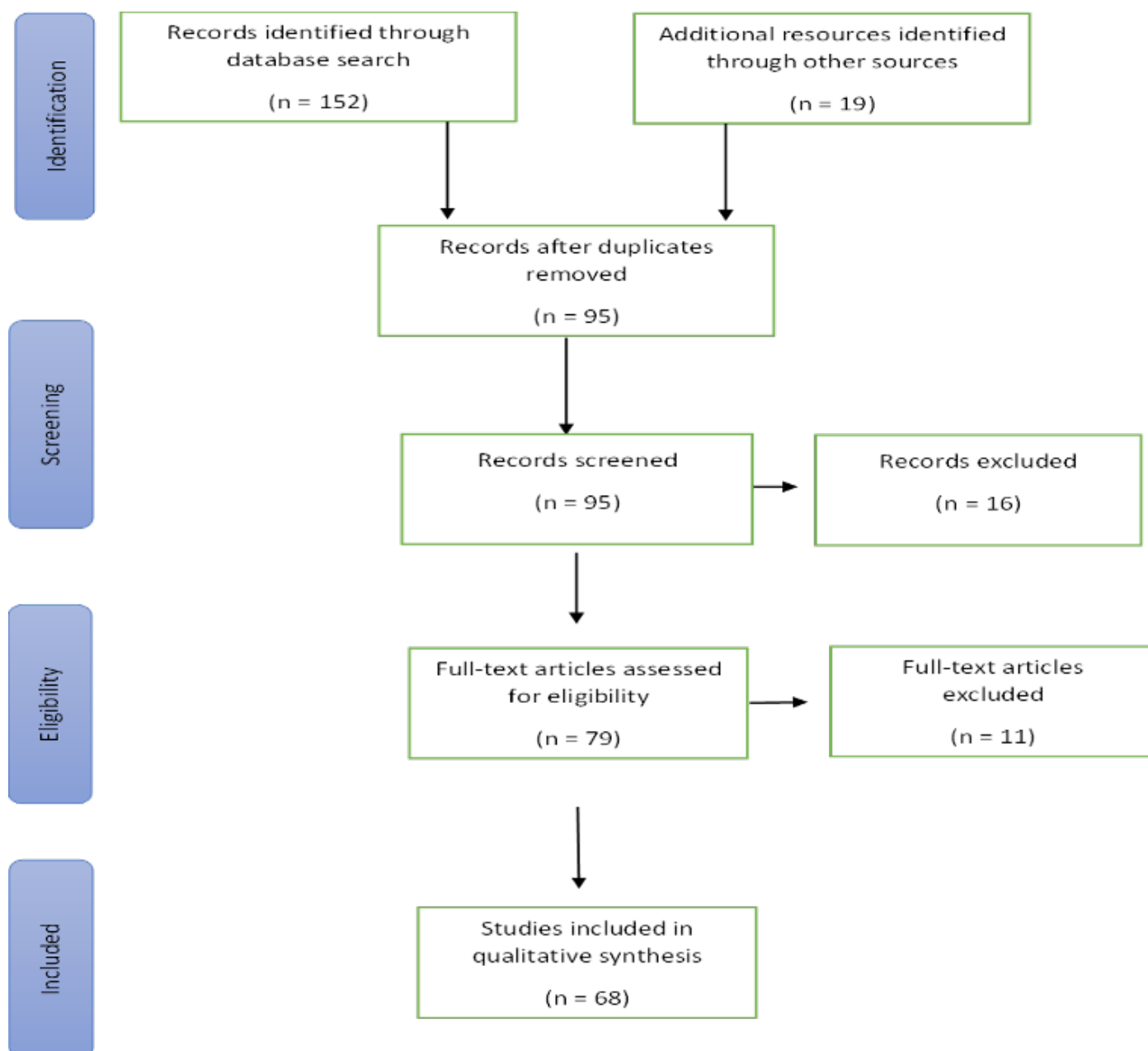
Data extraction

We extracted data on specific teaching and learning methods, outcomes and education roles used to support the practice learning environment. This included simulation models, digital, reflective learning frameworks and models, assessment methods, the use of tariff, and models of support and supervision. We also extracted data on models of evaluation and monitoring and the ways in which roles such as PEF's had facilitated the learning environment. To ensure that we contextualised GM, we included the Pillars from the GM Learning Strategy and extracted data on HEI influence for preparedness.

Screening & summarising the data

We stored all papers on Endnote Web and provided access to the team members to enable discussion about the screening. The team (MH, AK, JL) reviewed the papers and AK added papers to Endnote.

PRISMA flow diagram



Findings

The search yielded a total of 152 papers, from these 73 papers were selected for a review. However, only 52 studies meeting the eligibility criteria were included in the qualitative synthesis. Data was extracted from the papers into an excel sheet and the extraction sheet was reviewed by the team and stakeholders several times to identify and organise the data into seven themes. Following are the seven themes identified during the review process:



- 1. Preparedness for placements**
- 2. Placements setting (role emerging, third Sector)**
- 3. Interprofessional Education**
- 4. Simulation**
- 5. Student Voice**
- 6. Supervision & Assessment Approaches**
- 7. Employment and retention**

Preparedness for placement

The concept of preparedness of student nurses before practice placement is not new. Despite the importance of a student being prepared before embarking upon the placement, there is a dearth of evidence around the best practises for ensuring preparedness. The meagre evidence around the topic shows that students experience significant anxiety and fear when they start the practice placement. Therefore, there is a need to ensure that research is commissioned to address the dearth of evidence around preparedness for placement. Our review of the available literature regarding practice placement highlighted the gap in the evidence and is reported next.

Leonardsen's (2021) qualitative study employed conventional content analysis techniques revealed that there is a shared responsibility for preparation of students for practice placement with individual initiative and university/college facilitation. The study indicates that there is a gap between nursing supervisors' expectations and reality regarding students' preparedness for clinical placements. Moreover, nursing supervisors did not seem to focus on their own role in student preparedness.

Tal-Saban and Weintraub (2020) suggest that prior to practice placement the students feel unprepared giving rise to anxiety which culminates into poor performance. Evaluation of the Community-Academia Student Tutoring (CAST) showed that student competencies improved after going through the programme. The overall purpose of CAST was to prepare occupational

therapy students for their practice placement, and consequently to enhance their perception of readiness and reduce their feelings of anxiety. The programme included two components that occur in parallel to one another. In the first, students tutor diverse populations with special needs, at their homes. During these sessions, the students become acquainted with clients, including their occupational roles and performances, their routines, and their culture and environment. The second component includes weekly meetings with a faculty member, in which students engage in briefing and debriefing activities. They read literature and discuss how these concepts relate to their own tutoring experience. In addition, the students reflect on their feelings, behaviours, and activities during the tutoring experience.

Another such preparedness tool used for community-focused rural placement in Australia has been described (Hyde et al., 2021). The Three Rivers Placement Model (TRPM) was developed to leverage the role of community and stakeholder engagement across agencies to build a community-centred student placement where students learn together with their host site staff; this can include both professional and non-professional staff, health support workers, education assistants and those who are registered health providers. The model includes downloadable electronic resources relating to each type of placement (service learning, IPE, tele-health or shared placement), online meetings prior to placement to orient to the site, service and placement type with Q&A sessions, pre-placement meetings with the local clinical educator, fortnightly online student peer support via Zoom meetings, and site visits.

Parker and Grech (2018) suggest that the role of simulation in preparing students for practice placement is being recognised widely. A paper from Australia reports on the establishment of an entire on-campus simulated hospital and health service (SHHS) at the University of South Australia, School of Nursing and Midwifery. The model includes provision of course materials, tutorial sessions, lectures, e-resources and session in the simulation 'practice' rooms. The support from peers is also ensued thus giving a real-life clinical practice feel to placement which is free from the fear of making mistakes. The model also increased the perception of clinicians of the work readiness of students.

Placement settings

It is understood that placement setting has a huge impact on the learning and outcomes for the students. Due to shortage of available settings and dearth of clinical supervisors, attempts have been made to look elsewhere for identifying new opportunities in terms of settings for student placement. Studies have shown that positive experiences are related how valued and supported the student felt rather than the physical aspects of a placement (Taylor et al., 2019). Regardless of the setting, the actual experience and support that the students receive at placement determine their competence (Edwards et al., 2004). Moreover, positive experiences in primary care or rural placement settings have the potential for meeting staff shortages in these areas (Yeoh et al., 2022). These positive experiences at the placement influence the future career choice for the students as they get a chance to see and experience the work environment and can make informed decision about their future place of work (Hunt et al., 2020). Researchers have found a strong correlation between positive placement experiences and future choices to opt for rural/remote work environments. Therefore, it is imperative to facilitate a positive learning experience during placement to overcome workplace shortages in rural and remote locations (Fatima et al., 2018).

Role emerging

Role Emerging Placement typically involves students being placed into a setting where there is currently or has never been, a healthcare service or healthcare professional in situ (Thew et al., 2018). It develops skills in autonomous, self-directed learning, with minimal face-to-face supervision. It is reported (Thomas et al., 2007) that role emerging placements can foster a passion for occupation-focussed practice and builds students' confidence to promote both self and the profession. It also promotes acquisition of extra skills which offer added value for employability of the students in the future.

Despite the benefits offered by the role emerging placements, there had been some resistance to the role emerging placements. Some concerns have been raised (Thomas et al., 2007) that in role emerging placements do not offer the same quality of experience and necessary skills as compared to the 1:1 or apprenticeship models. Moreover, in the absence of a close role model (Rodger et al., 2007), the students fail to develop a strong sense of professional identity or the ability to adapt to alternative settings. However, research has established (Rodger et al., 2009) that the changes in health practice have rendered the traditional placement models unrealistic and the role emerging placements should be explored as an alternative model.

Third sector

There is a huge demand for placements in the private sector and more students are undertaking practice placements in the 3rd sector than previously reported. Evidence suggests that the placements in the private sector are both safe and beneficial. However, there had been concerns of consistency of quality of educational experiences. Moreover, (Peiris et al., 2022) there are time and financial implications both for the practice and universities. Time & resources to support private practitioners would reduce risks and overcome barriers to improve third sector placement quality and capacity.

Interprofessional education

During their career, healthcare professionals need to work both professionally and inter-professionally. This entails taking responsibility for their own role and have respect for other roles in the complex healthcare environment. Therefore, there is a need for interprofessional training for the future healthcare professionals. A study based in New Zealand (Wilson et al., 2017) highlighted that shared placement experiences between student speech language therapists and student teachers are an effective method for building participants' competencies. Moreover, it enhanced the competency for collaborative practice. A recent study (Stephens, 2022) highlighted care homes as an ideal environment for Interprofessional placements. The study also identified some complex student related issues which hampered student learning including emotional labour in working with aged persons and complex power dynamics. These issues require a student led approach to overcome such barriers. An evaluation of interprofessional placement in a palliative-care unit (Dando et al., 2012) reported that the students undergoing the placement demonstrated an increased understanding of their own role and the role of other members of the team in the workplace. It also concluded that the inpatient palliative hospice care provided a suitable setting for learning about interprofessional practice.

Simulation

Ongoing shortfalls in clinical placements, increasing complexity of contemporary practice, workforce constraints and recently the COVID-19 pandemic has compelled the academics to explore new avenues for professional clinical placement of students. One such avenue is the use of simulation technology for practice placement. An Australian study by Parker and Grech, (2018) reported on the evaluation of a practice-based learning model using a simulated, on campus hospital and health services arrangement. Their evaluation showed a positive influence on students' satisfaction and confidence with increased perception of clinicians of the work readiness of students. An evaluation of an immersive simulation model undertaken by Wright et al., (2018) also reported that students undergoing the simulated placement showed a significant improvement in confidence and competency. Similarly, an earlier systematic review (Larue et al., 2015) reported benefits of simulation as an adjunct to clinical placement as substituting clinical placement with simulation does not seem to have a significant impact on student competency, critical thinking, knowledge acquisition & confidence. Moreover, simulation-based clinical placements could be very beneficial during pandemics where access to healthcare environments is greatly restricted.

Student voices

To better understand the gaps in the current practice placement models it is important to have an insight into the thoughts and perceptions of students. Research conducted in the UK by Molloy et al., (2020) and in Japan by Miyamoto et al., (2019) reported that students perceived opportunities for self-reflection and feedback from supervisors as growth facilitating and students' passive attitudes towards requirements of practice placements as growth constraining. According to Miyamoto et al (2019) Japanese students perceived that preparatory study led to successfully treating clients during placement, and they tended to commit to placement assignments at the expense of time outside. Similarly, Molloy et al (2020) highlighted that UK students valued working independently with a sense of responsibility but considered time-management problems within their placement hours as growth constraining. An ethnographic analysis of student nurse's beliefs about their interactions with people who had a lived experience of mental illness during a non-traditional mental health clinical placement, Molloy et al., (2020) revealed that a non-traditional mental health clinical placement provided a new set of skills and experiences that may complement the scope of recovery-oriented care. The placement gave the student a chance to build a therapeutic relationship with people having a lived experience of mental illness. Student feedback was also captured by Gale et al. (2016), who conducted research in a university in London where student nurses were placed with the practicing nurses in GP practices. Gale's feedback highlighted that students were highly positive about the experience; the majority rated this placement as being as good as or better than previous placement experiences. It also reported a positive impact on students' knowledge and skills especially in health promotion. The students voiced their interest in future placements with practice nurses and that they would like to consider a career as a practice nurse.

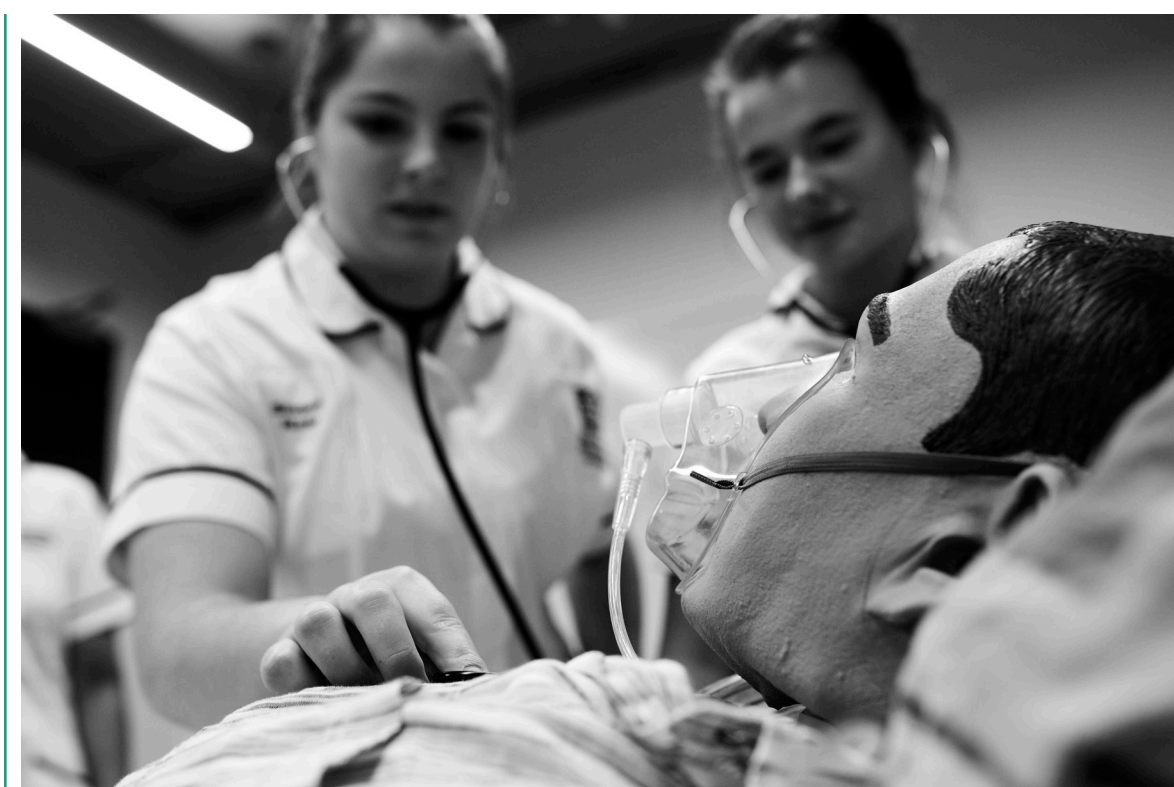
Supervision models and assessment approach

Supervision and assessment approaches have been researched, for example, Immonen et al., (2019) identified various models for clinical placement supervision models including collaborative learning in practice (CLiP), synergy model, long-arm practice supervision model, 2:1 or Dyad model, extended days model and TECS placement model. However, studies Immonen et al., (2019) also reported a need to adopt consistent and systematic approaches of students and use of valid and reliable instruments for assessment. Mentors report the assessment of students' competence criteria to be confusing and challenging with a need for clarity around the criteria.

A qualitative study using focus group discussions with clinical and academic supervisors, Brady et al., (2019) proposed establishment of collaborative support networks and combining expertise from clinical and academic staff for developing supportive placement environment. The study identified that significant stress is experienced by the students during placement and there is a need for a flexible approach from the academic and clinical staff to prevent this stress. Such strategies will be beneficial for the learning of the students and will give them a sense of belonging to the practice placement.

Employment and retention

Data from the Nursing Standard and Health Foundation reveals that the attrition rate for student nurses is about 25% in England which means that 1 in 4 nursing students are leaving or suspending their training. Health Education England through the Reducing Pre-registration Attrition and Improving Retention (RePAIR) Report, 2018 also identified various causes of attrition of pre-registration nursing students (HEE, 2018). These causes include financial pressure, placement culture, supervision experience, personal factors and employment. The report recommends development of leadership, improvement and strengthening of mentoring & supervision, academic progression, recognition & shared governance and provision of a career pathway for students to prevent attrition and improve retention of pre-registration nursing students.



Stage 3: Adaption based on processes and challenging what works - developing the initial GM Practice Learning Model

We used the evidence base from the scoping review to develop a draft GM model that best captured and illustrated the key aspects of the literature. Once drafted, we then facilitated an initial stakeholder event with key educationalist across GM, including PEFS, placement Directors, Training Hubs, HEI's and placement leads. The event was designed to share the context of practice learning, explore some of the key concepts, and discuss various modes of delivery such as digital and simulation. The initial model (figure 1) was presented to the stakeholders and facilitated discussion groups were held to identify the key thoughts about the model. Each discussion group were asked to highlight the areas for development, gaps and strengths of the model. The written feedback was curated, and a standard thematic analysis undertaken to identify common themes. The themes that emerged highlighted the need for learners to be empowered. This included the need to ensure that learners were fully prepared for practice. Specific approaches reported suggest that digital onboarding, managing expectations and insight into the context of practice learning could help to prepare the students. The stakeholders felt that partnership across the system was needed to help support this approach to student preparedness. The Menti feedback below illustrates some of the key take home messages (see figure 2).

Figure 1: Initial model

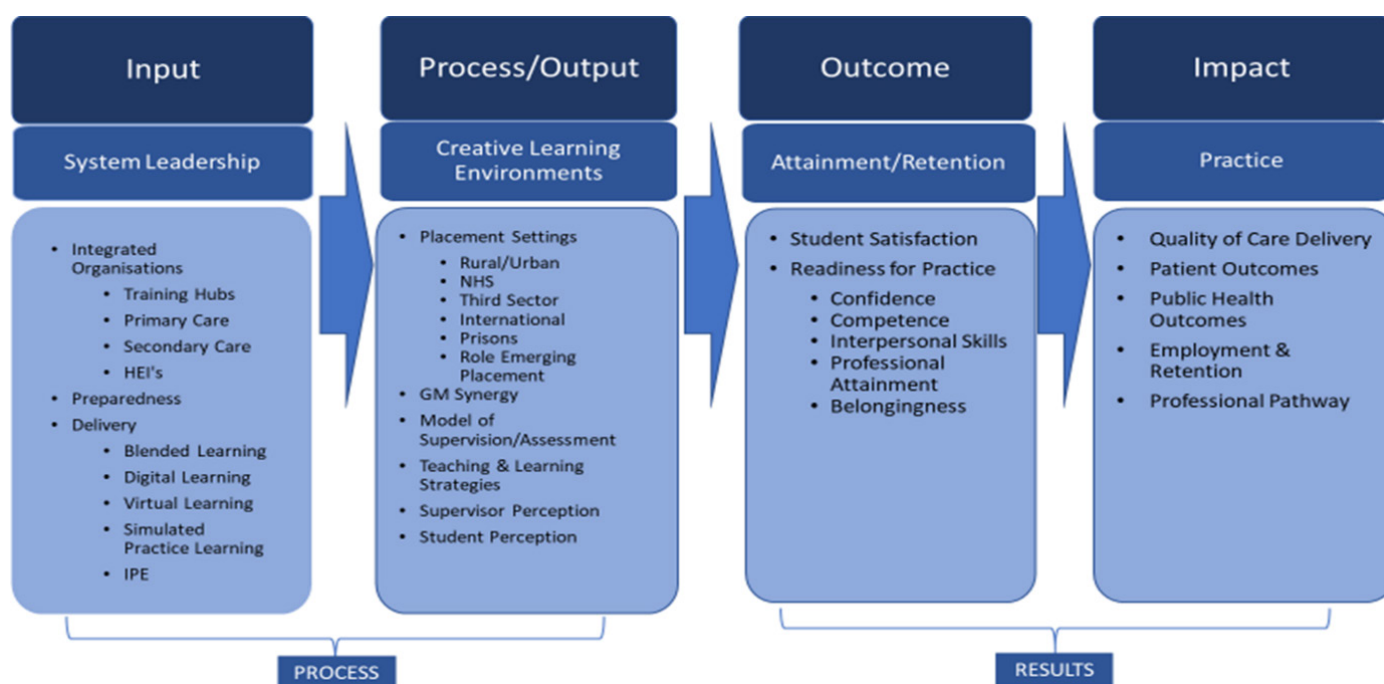
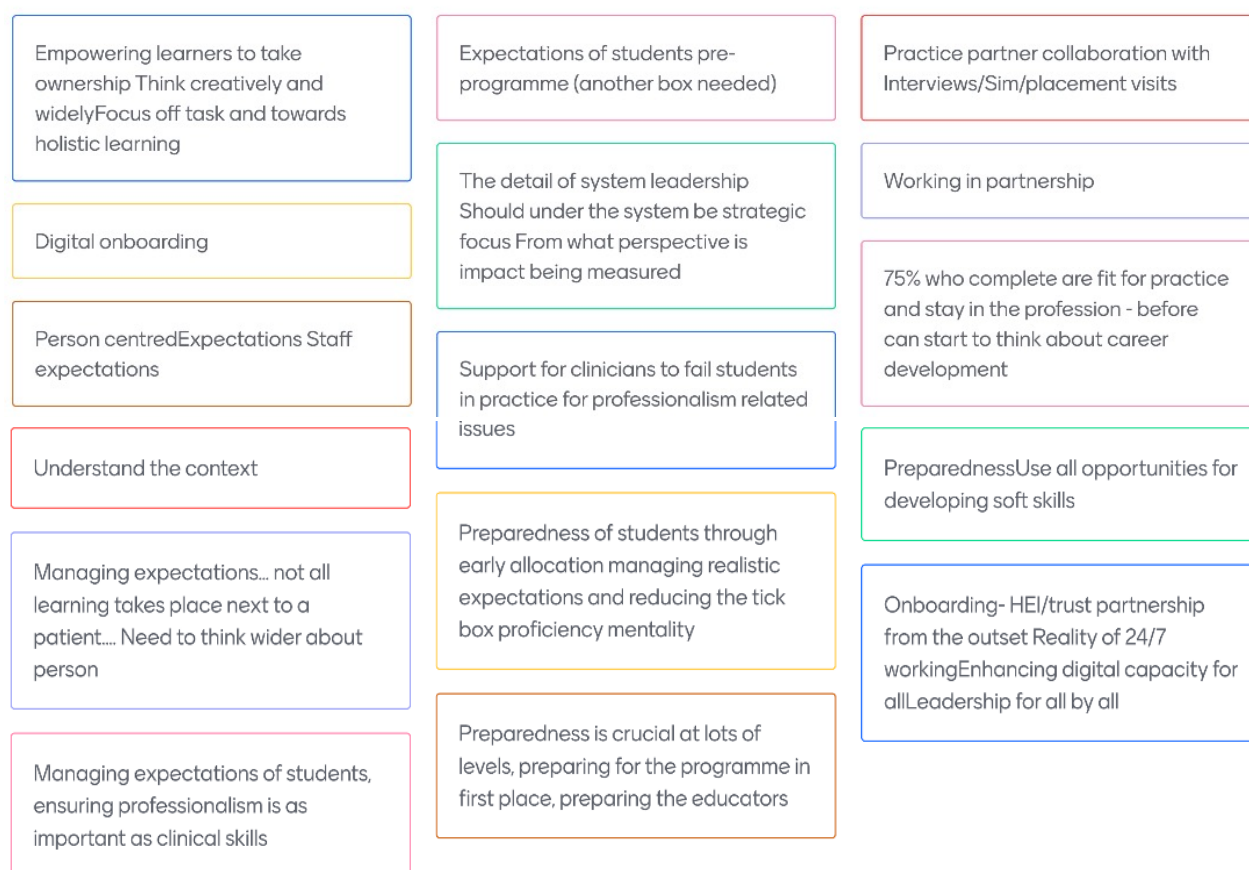


Figure 2: Menti feedback – take home messages

3 take home messages



Stakeholder feedback and Menti

In addition to the Menti stakeholders take home messages, we also asked stakeholders to write discuss and write down the main approaches needed to ensure that learners had a positive placement experience. Stakeholders commented on a range of areas for development that were also echoed in our scoping review. Table 3 provides the range of themes with supporting stakeholder feedback comments. We identified 8 common themes, which included suggestions about how best to prepare students, how to develop skills to enable completion of proficiencies, including the softer 'non-clinical' skills. Similar to the Menti Take home messages, the stakeholders suggested that students expectations need to be managed more effectively, in particular, highlighting that student need to feel part of the team. The quality and capacity of the placement settings were highlighted as a significant area for development and the need to maximise simulation hours within the pre-registration nursing curricula as part of the quality process in relation to preparing the students. The stakeholders suggested that strong partnerships across settings are needed to develop the placement learning and ensure a future workforce capable of working across a range of settings. This also related to the need to ensure a fully integrated system that could facilitate easier access to IT systems and digital learning opportunities. It was recognised that there is a need to ensure that the online practice assessment document (PARE) is fit for purpose particularly in relation to the development of placements in the third sector. Finally, the multi-professional opportunities that the GM model afforded was discussed and how the GM model could influence all health care students.

Table 3: Stakeholder feedback for the draft GM Placement Model**Preparedness**

- = Needs early allocation through CPU
- = Need to use more digital deliveries
- = Need an extra column for preparedness
- = How can we prevent the reality shock

Managing expectations

- = Student feeling like they belong
- = Developing pathways of learning that enable future workforce destination

Partnerships

- = Need to strengthen the partnerships between practice and academic settings. There needs to be visibility across both settings for example the university link lecturers need to be visible in placements and practise educators; LPs, practice staff visible in academic setting
- = We need to manage student expectations pre-placement, particularly around types of placements that students may be allocated to including placements in the private, independent, and voluntary organisations
- = We need to celebrate success i.e., the good news rather than focusing on problem areas. Communications across academic and practise settings could be improved; we often find that information is received too late
- = In relation to recruitment and selection, there needs to be joint interviews between practice and academic staff

**Proficiencies**

- = Need to include softer skills such as communication
- = PARE needs to change to be able to adapt to the softer skills
- = There is a need to lobby PSRBS to enable the Pare to be changed
- = Not all learning takes place next to a patient

Quality and capacity

- = Need to avoid compromising on quality and capacity due to increased numbers of students. Evidence indicates an increase in issues in practice, this could increase with higher student numbers, and less staff to supervise
- = We need to learn from areas where student numbers have been increased using blended learning approaches
- = 600 SIM hours - we need to be clear across both academic and practise settings how we refer to these hours whether they are practice learning and where the setting is. We need to be clear when, how, who and where training is delivered. We need to avoid double counting. There needs to be core common principles across Greater Manchester. Example given with the venepuncture and cannulation course and transferability of training and proficiency assessment accepted across different organisations in Greater Manchester

Systems and placements

- = There needs to be greater understanding of systems particularly new ways of working across integrated care systems
- = There needs to be improvements in access by students to digital health learning opportunities
- = In relation to IT licences there has been minimal uptake of students in relation to access to IT on placement sites. There is evidence that only 8% of students accessed IT in one trust. This is a concern as it highlights that students must be using the passwords of other people which is a risk
- = In relation to use of systems there needs to be greater access of students to system such as the EPMA (electronic patient medication administration) and electronic patient records

Multi-professional approach

- = How will the model be marketed? Are professions other than nursing also covered?
- = The participants were concerned that this model should not be restricted to the nursing profession only. Rather it should envision improving practice placement for other professions like midwifery, occupational therapy etc

PARE

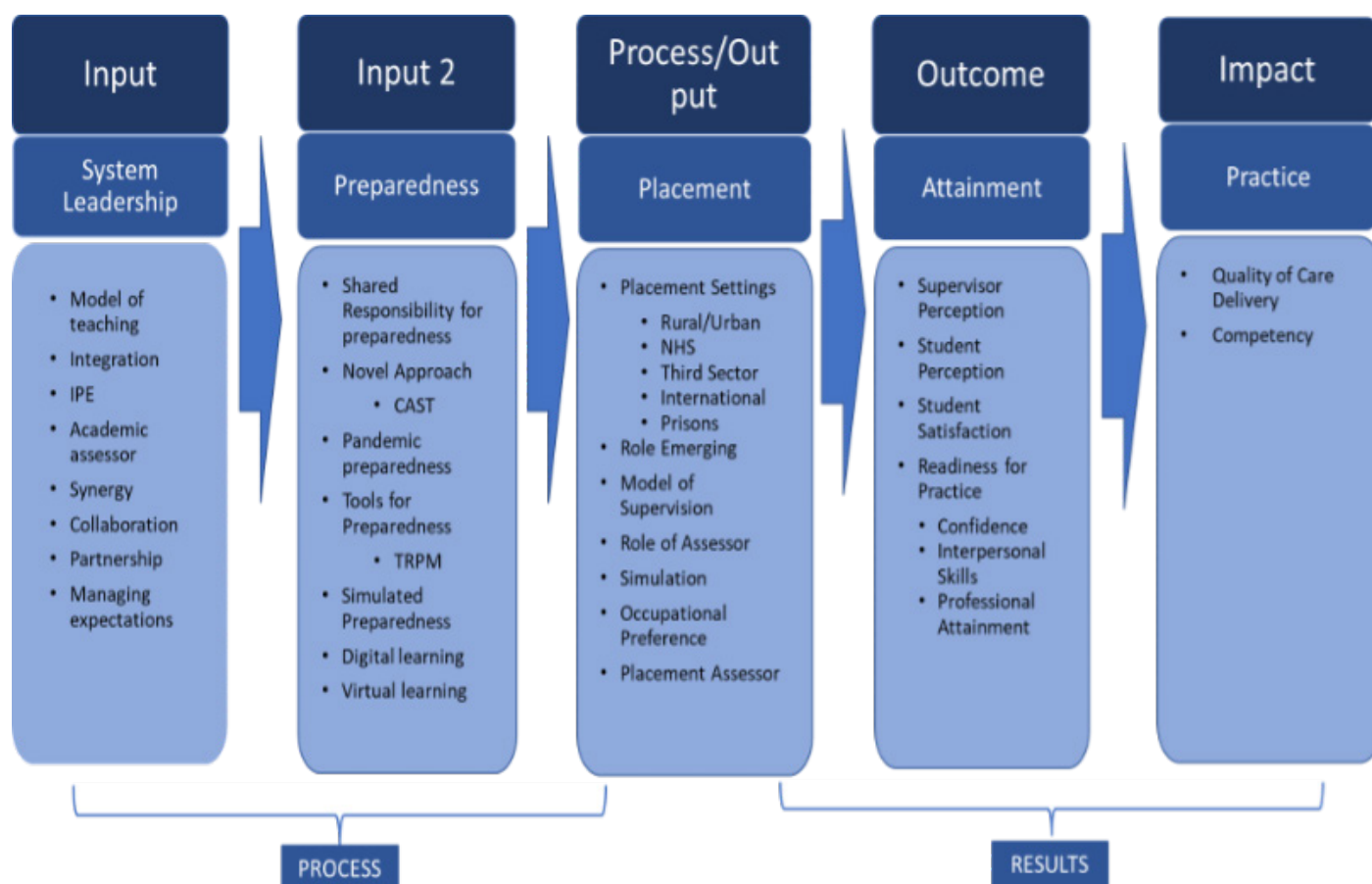
- = There needs to be a commitment to ensure that PARE is fit for purpose. In PARE we could have a function where there are notifications when signatures have not been captured on the electronic practise assessment document so that before practise assessors can sign off students, they are unable to progress with assessment until all signatures have been completed
- = The full functionality of PARE needs to be maximised, there is a need for further training
- = There needs to be more focus on demonstration of skills particularly around practise assessments
- = In celebrating success, we need to do more in relation to congratulating students for successes there needs to be positive reporting systems and these could feature within PARE



Stage 4: Dissemination of outcomes within Greater Manchester

The initial GM Learning Model was developed based on the feedback from the first stakeholder event (see figure 3). Following the event, we adapted the model to include a second 'input column' which focussed on preparedness. The stakeholders reported that the system leadership was essential to facilitate and support models of teaching, ensuring integration across contexts, and embedding the IPE agenda. The stakeholders suggested that strong collaborative partnerships were needed within the system to help manage expectations of all key stakeholders and ensure clear parameters of work. The stakeholders believed that this could help develop a shared responsibility for preparing students, staff, and organisations through a range of approaches. This included simulation, digital and virtual learning methods that could be adapted to the environmental context. Ensuring a systems leadership approach to help prepare organisations would likely result in high quality, relevant learning in a range of placement settings. This included the roles of the NMC Practice Assessor and Practice Supervisor and Academic Assessor in supporting students in a range of contexts. The perceived outcomes, as reported in the literature suggest that if systems are in place, there is a greater likelihood of student satisfaction, attainment, and confidence, ultimately influencing quality of care and supporting a competence, and prepared future workforce.

Figure 3: Revised GM Model.



A second stakeholder meeting was convened to get insight on the revised model. Four questions were shared with the stakeholders to get insight on implementation, perceived challenges, involvement of stakeholders and evaluation of the revised model. The key themes identified are depicted in Table 4.

Regarding implementation of the revised model communication and early engagement of the stakeholders including HEI, Trusts/organisations, learners, supervisors/assessors will need to be undertaken. Communication should include clear elaboration of how this model is different and what potential benefits are envisioned through its implementation. Understanding around the monitoring and evaluation processes must be developed. Identification of pilot areas followed by a pilot study was also recommended. Implementation of the revised model would require the champions to be enablers and leaders with refresher sessions regarding the revised model carried out for clinical educators and administrative staff. Understanding of the proficiencies needed to maximize opportunities using a creative approach. Active collaboration between practice and the academic staff will also be required.

Potential challenges to the implementation of the revised model were also discussed. Financial systems in place may need a change and that would pose a hurdle to the implementation of the model. We may have to face challenges from placement providers, administrative support and academic staff as they have to bring about a change in their processes and way of doing things. Standardised protocols may need to be changed and deviation from the norm could be a hurdle. The stakeholders highlighted the fact that significant advocacy and capacity building will be needed to make the people adopt the new approaches introduced by the revised model. Furthermore, as indicated by our review also, generating quality evidence around preparedness will be needed. Therefore, for successful implementation of the revised model strong partnerships will be required across the board.

The question regarding who do we need to involve to make the implementation of the revised model a success the following stakeholders were identified:

- = Communications team
- = Learners
- = Preceptors
- = All current providers including primary, secondary and tertiary care providers
- = Service users
- = GM PMO
- = Chief nurse/AHP
- = HEIs

Strong collaboration and coordination with all of the above stakeholders would be crucial. Advocacy and engagement of the stakeholders identified will help minimize challenges and promote success in implementation.

In terms of evaluation of the revised model it was discussed that there is a need to identify as to who should be responsible for the evaluation, practice staff, lecturers, leaders, PEFs, students, service users or should all be responsible for evaluation. CQC was identified as one of the possible fora. Preparedness was unanimously agreed upon as the key and should include induction, managing expectations, professionalism, and imparting life skills. Preparedness needs to start at the academic institution before enrolment. Longer term evaluation was also recommended after the implementation of the revised model. For evaluation an evidence-based monitoring and evaluation model/framework was recommended. A baseline of the current situation will be needed for such an approach. A qualitative/quantitative approach using a case-control design comparing an institution implementing the revised model versus an institution using the current processes could be used for evaluation. Another suggestion was using the National Education Training Survey (NETS) for evaluating the revised model. Collaboration with HEE would be key in such an undertaking.



Table 4: Second stakeholder feedback for the revised GM Placement Model**How to implement the model?**

- = Communication
- = Engagement of the key stakeholders
- = Engagement of the learners/students
- = Assessment of the current scenario
- = Highlight the potential benefits of the revised model
- = Across the board collaboration
- = Integration across disciplines
- = Involvement of service users
- = Define the monitoring and evaluation process

Who do we need to involve?

- = Communications team
- = Learners
- = Preceptors
- = All current providers including primary, secondary and tertiary care providers
- = Service users
- = GM PMO
- = Chief nurse/AHP
- = HEIs

**Challenges for implementation**

- = Resources
- = Financial, human, placement providers, admin support
- = Protected time
- = Standardised protocols
- = Advocacy
- = Capacity building
- = Adopting new approaches
- = Resistance to change (fatigue)
- = Requirement of strong partnerships across the board
- = Time scales

Monitoring and evaluation

- = Need to use evidence-based M&E model/framework
- = Consultative process
- = Baseline survey of the current situation
- = Qualitative or quantitative design
- = National Education Training Survey (NETS)

Discussion

This project aimed to enable the development of a Greater Manchester practice learning model, based on a robust, evidence-based appraisal of national and international practice learning models and exploration of stakeholders' perspectives and experiences of the practice learning environment.

Our review of the literature points to the fact that the students feel considerable anxiety and fear before starting and during the initial period of the placement. This emanates from poor orientation of the placement environment and unawareness of what would be expected out of them during the placement. To prevent and reduce such anxieties and fears, a joint effort is required from both the students and the HEI. The students must make a conscious endeavour to make themselves aware of the expectations in their new learning environment while at the same time the HEIs must do their best to facilitate the students by providing as much awareness as possible before they embark upon their placement journey. Studies have also suggested the use of various techniques and tools for the HEIs to prepare the students in the pre-placement period. As detailed in the results use of techniques such as downloadable e-resources, online orientation meeting with QA sessions, pre-placement meetings with the local clinical educators and simulation practice rooms can go a long way of preparing the students for the placement and reducing the associated anxiety and fear. An issue identified through the literature review was dearth of literature around practice placement. It is extremely necessary to commission research regarding the practice placement from student, academia, and clinical educators' perspective for gaining insights into the problems faced by all the stakeholders and to guide interventions for improvement.

Regulatory authorities across the UK have indicated a high rate of attrition of the pre-registration nurses (RePAIR 2018). This is proving to be a big problem in the backdrop of continuing work force shortages being faced by the healthcare system. Evidence has identified certain factors such as financial constraints, personal factors, placement culture, supervisions experience and future employment to be responsible for the attrition. It is also widely understood that positive experiences during placement have a huge impact on the competence and choices of the students regarding their future workplace. Hence ensuring a positive learning experience during placement has the potential of addressing workforce shortages in the rural and primary care sectors. The results also indicate to a shortage of available settings and clinical supervisors for student placements. Novel avenues such as role emerging placement and 3rd sector placement show a promising solution to this problem. Moreover, role emerging placements, despite facing some criticism regarding the quality of learning, helps the students to acquire some extra interpersonal and communication skills which could enhance their future employability. The 3rd sector placements however need some support and attention where provision of time and resources to private practitioners could ensure a robust and quality learning platform for the students along with opportunities to help students decide to take up primary care as their future area of work thereby addressing the staff shortages in primary care.

We analysed the available evidence on students' perception of the practice place to gain insights of how they feel and perceive the determinants of a good practice placement model. Students' beliefs showed that opportunities for self-reflection and feedback from their supervisors enhances their learning and growth in the placement environment. However passive attitudes of the students towards the requirements of the placement could be very detrimental to the learning and growth of the students. This again highlights the importance of ensuring a positive learning experience

for the students during the practice placement as it had a huge impact on the learning and competency of the students and their future choices about career pursuits. The perceptions of the clinical and academic supervisors and mentors were also analysed. The findings indicate that the current assessment criteria for gauging students' competence is confusing, challenging and lacks clarity. To ensure a continuous learning process for the students, improvement in language to describe competency of the students, feedback practises and opportunities for student reflection is required.

The use of simulated learning has proven to be very useful especially during the recent COVID-19 pandemic. Its use has particularly been advocated keeping in view the shortages in availability of placement settings and clinical supervisors as discussed earlier. As indicated in the results sectors simulated hospital and health services facilities can help alleviate the pre-placement stress and fear of the students as it provides a platform to practice clinical skills without the fear of inflicting harm to the patients. As pointed out in the results, to gain maximum benefits from simulation models, they have to be used in conjunction with placement and not as a replacement of practice placement. However, as we see advancements in simulation technology further research is required to unleash the full potential of simulation-based learning.

Modern day clinical practice demands an environment of collaborative working for maximum benefits for the end users i.e., the patients. This means that right from the training stage the students need to be aware of their role in the healthcare process and be aware and appreciate the role of other professionals involved in patient care. Therefore, interprofessional education and training should be ensured during placement as this is the most appropriate setting for the students to understand the whole process of patient care and the various roles needed for comprehensive care. Interprofessional education during placement provides an opportunity for the students to understand and appreciate the importance of the healthcare roles and helps the students develop respect for these roles. Our triangulated findings from the scoping review and the stakeholder event highlight the passion to ensure that placement learning empowers students to learn, and in doing so, enables a rich understanding of the patient journey and wider determinants of health. The systems approach suggested highlighted the need for an integrated approach to support future workforce development.

To improve the preparedness of the students the allocations need to be done earlier through CPU. For preparedness the use of digital technologies needs to be enhanced especially in the context of pandemic. There should be a column added to the practice learning model dedicated to preparedness and measures built in to prevent reality shock. The model should include softer skills such a communication. The Practice Assessment Record and Evaluation (PARE) should be changed to include the softer skills and for that change to happen lobbying with Professional Statutory Regulatory Boards (PSRBS) is needed. For comprehensive learning avenues other than those next to the patient should also be explored. The model needs to manage expectations and foster a sense of belonging in the students. Pathways of learning need to be developed which enable future destinations for the workforce. Evidence indicates increasing quality issues with increasing student numbers and blended approaches could be helpful in such scenarios. There needs to be clarity regarding the use of simulation hours, across both the academic and practice settings as to how these hours are referred to whether they are practice learning and where the setting is. Other avenues requiring clarity are when, how, who, and where training is delivered and avoiding double counting. There need to be core common principles whereby transferability of training and proficiency assessment is accepted across different organisations in Greater Manchester.

Partnership between the academic and placement settings need to be strengthened with visibility across both settings. This includes University link lecturers being visible in placements and practice educators visible in academic settings. With regards to recruitment and selection, there should be joint interviews between academic and practice staff. Pre-placement student expectations need to be managed around types of placements including placements in the private, independent, and voluntary organisations. There is need to celebrate success i.e., the good news rather than focusing on problem areas. Communications across academic and practise settings could be improved as often information is received too late. Understanding around new ways of using integrated systems needs to be improved. There was concern around the low proportions of students accessing the IT systems on placement sites which means lesser digital learning opportunities being utilised by the students. Moreover, the need for granting students greater access to Electronic Patient Medication Administration and Electronic Medical Records was also identified. Commitment to ensure that PARE is fit for purpose. Certain functions need to be added to the PARE system whereby there is a notification if signatures have not been captured on the practise assessment document and before practise assessors are able to sign off students, progress with assessment is halted unless all signatures have been completed. Another feature is in relation to congratulating students for successes. The full functionality of PARE needs to be maximised with further training and more focus is required on demonstration of skills particularly around practise assessments. Concerns around marketing the model only for nursing students was voiced. The system should envision to include other professions also such as midwifery and occupational therapy.

Our findings from the evidence base and the stakeholder event also suggest that effective partnerships between the academic and practice institutions are crucial to the learning of students. A systematic literature review on effective academic-practice partnership models by Pedregosa et al., (2020) suggests that close partnerships and collaborations between educational and clinical managers along with the clinical faculty and mentors go a long way in successfully facilitating students' clinical learning. Moreover, empowering the students during their placements has also shown to enhance learning of the students. A qualitative study from the United Kingdom undertaken by Bradbury-Jones et al., (2011) reported that being valued as a learner and team member promotes empowerment in student nurses during clinical learning. This in turn has a positive impact on their learning and progression in the clinical learning programme. Hence student empowerment can translate in addressing the issue of student attrition also. Embarking upon practice placement means transition from an academic environment to the clinical environment. Like all transitions, practice placement brings along an inherent set of anxieties and stress both for the students and the preceptors. Evidence (Kirkbakk-Fjær et al., 2015) suggests that clinical preceptors have the expectation that the students have received sufficient theoretical knowledge and assessment from the academic educators before entering the clinical field. Likewise, students also have some expectations from the clinical supervisors and mentors. Such expectations need to be managed through close collaboration and pre-placement preparedness of the students and clinical preceptors. Moreover, these issues could be prevented by providing the students with an enabling and empowering environment during clinical learning. As discussed earlier (Leonardsen et al., 2021) the responsibility for preparing the students is shared between the students, and the academic institution and the nursing supervisors/preceptors should focus more on their role in facilitating the students. Creative thinking and out of the box solutions need to be explored to tackle such issues in the modern-day learning environment.

Recommendations & next steps

Based on the evidence base, and feedback from key stakeholders, we have developed key recommendations to help develop the practice learning environment in GM. It is anticipated that the model can be used across professions and regions.

- 1. Pilot the model using a longitudinal, Plan, Do, Study, Act (PDSA) approach to understand how the model aligns with different practice contexts, professions and across the GM practice learning system**
- 2. Understand how the model will be implemented, and the key challenges and enablers to the successful implementation and for its sustainability**
- 3. Ensure that future evaluations takes account of the model's transferability to other professional contexts, the IPE agenda and other non-traditional, non-clinical settings**
- 4. Ensure that future direction and development aligns with a unified model**
- 5. Explore how we prepare students to help reduce reality shock, improve retention**
- 6. Capture the students voice about the experience of placement learning and the most effective approaches for preparation**

Implementation of the model will enable us to understand what practice needs to do to prepare students. Future collaboration to implement and develop the model will reduce duplication, enable the sharing of good practice and ensure a systems based approach to practice learning.

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