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Salford Centre for Nursing,
Midwifery & Collaborative
Research

Missed opportunities: Module design to meet the learning and access needs of practitioners - A work based learning pilot in the rehabilitation setting

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March 2007

The Pennine Acute Hospitals **NHS**
NHS Trust

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***Module design to meet the learning and
access needs of practitioners - A work
based learning pilot in the
rehabilitation setting***

FINAL REPORT

March 2007

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FOREWORD

It is with great pleasure that this report is presented as a result of an exciting project that truly exemplified partnership working. For a Higher Education Institution to come together with an NHS organisation to negotiate and tailor an education initiative in direct response to the needs of both the organisation and its staff is a very positive direction of travel. The project has been possible through the enthusiasm and commitment of its partners, their contribution of resources including time and funding, and the support of others who have played a part in enabling it to happen. The willingness of the students taking part in the pilot module should be recognised as much of what we have learnt from the process and the evaluation of it, will more directly benefit future students rather than the participating students themselves. As with any pilot, there are risks and where challenges have not been foreseen they have been addressed along the way, flexibly and promptly. Whilst a relatively small project, it has generated much interest from others interested in work based learning approaches and potential students from across the health care professions wanting to take part in future courses. On behalf of the Project Team, I hope you find the report useful and encourage you to make contact if you require further information, wish to explore work based learning opportunities (uni-discipline or multi-professional) here at the University or would like to discuss research or evaluation.

Dr Tracey Williamson

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Encouragement was gratefully received from Chris Mullen who supported a request to use twelve modules for the pilot from the existing Service Level Agreement module allocation with the former Greater Manchester Strategic Health Authority

Special thanks go those organisational leaders who have supported the project and evaluation study and played a key role in catalysing it to happen, especially Marian Carroll (Director of Nursing), Jill Wild (Head of School, School of Nursing), Lillian

Neville (Senior Lecturer, Strategic Lead Lifelong Learning), Steve Taylor (Associate Director of Nursing, Division of Medicine) and the Clinical Managers from the Trust rehabilitation settings

EXECUTIVE SUMMARY

INTRODUCTION

Flanagan *et al* (2000) describe work based learning (WBL) as a mechanism for integrating university-level learning with learning from experience in the workplace, the bringing together of self knowledge, expertise at work and formal knowledge. In September 2004, discussions between rehabilitation leaders in Pennine Acute Hospitals NHS Trust led to meetings with the University of Salford concerning professional development of rehabilitation nurses. It was believed that traditional approaches to professional development did not meet the needs of this group. Agreement was reached to develop and pilot a module tailored specifically to meet the needs of rehabilitation nurses.

A one-year WBL module was devised collaboratively by a highly committed Project Team comprising a range of lecturers/senior lecturers in nursing representing all branches and including the Flexible Learning Co-ordinator and strategic leads for lifelong learning and partnership and collaboration. Members also comprised an evaluator, a nurse consultant, a Clinical Lead for Stroke and a Practice Development Facilitator.

Twelve places on a WBL module were secured for the pilot from the existing Service Level Agreement module allocation with the former Greater Manchester Strategic Health Authority. The model comprises an elongated module of 20 credits at Level 2 (Diploma level), accredited by the University of Salford. The module was delivered over two semesters instead of one. The module was entitled 'Work Based Learning for Personal and Professional Development' and formed part of the post-qualifying Diploma in Nursing Studies.

Delivery was by face-to-face teaching and use of a virtual learning environment known as Blackboard. Orientation to the module was by two preparatory days at its outset. Support and guidance during the module was through student-selected clinical 'buddies' who were knowledgeable in the field being worked on by module

students, two Trust-based mentors (who were also members of the WBL Project Team), personal tutors and action learning sets.

Three Trust staff facilitated three-weekly action learning sets for the students once prepared for this role by the University's Flexible Learning Team. Their purpose was to enable support and exchange of ideas and to support the theoretical work that students were to undertake.

Students were required to maintain a reflective portfolio to aid personal reflection during the module process and to provide supplementary evidence during any *viva voce*.

A tripartite agreement was made between each student, the University and Trust rehabilitation managers so that an issue or problem would be identified within each student's practice to be used for his or her WBL project and that they would be supported to undertake this period of study. This step was to further promote tying in of the student's learning into the workplace.

In terms of student assessment, the Flexible Learning Team led development of an evidence-based, adapted criterion-referenced assessment grid based on the work of Price and Rust (2001). This grid gave students a choice of assessment methods for them to select from (e.g. written project report, teaching session + *viva voce*, poster + *viva voce*, patient journey, video). Careful development of the grid ensured equivalence of assessment methods. This element of choice was particularly innovative and expected to encourage future learners who may otherwise be deterred by traditional prescriptive assessment approaches.

The final component of the module was a presentation half day for the students who had selected this method of assessment. The module received University approval in January 2005.

EVALUATION AIMS

The aim of the evaluation study was to explore whether a bespoke WBL pilot module meets the needs and expectations of its stakeholders.

Objectives were to:

- Formatively and summatively evaluate the WBL pilot module to inform future WBL design and delivery/improve the student experience
- Establish the effectiveness of the WBL module at meeting the needs/expectations of the target practitioners and other stakeholders
- Compare learners' perceptions of study in a higher education setting pre and post pilot
- Establish whether study in higher education meets the needs of the students and their organisation
- Appraise the tripartite working arrangement
- Appraise the approach of practice/education and different academic departments working in equal partnership, and their impact on the student experience/quality of teaching and learning

EVALUATION APPROACH

A primarily qualitative evaluation was framed around elements proposed by Phillips and Stone (2002) for evaluation of training interventions:

Level 1 – Reaction and/or satisfaction and planned action

Level 2 – Learning

Level 3 – Job application and/or implementation

Level 4 – Business impact

Level 5 – a) Return on investment (ROI) and may include b) intangible benefits that add value in non-monetary terms

For this study, Levels 1-4 and 5b were addressed.

METHODS AND DATA COLLECTION

Face-to-face interviews were held individually or as groups with project participants. Secondary data such as minutes and module documents were also accessed.

All core stakeholders were targeted by means of purposive sampling to elicit their perceptions of the WBL module. Individuals included the practice-based project leads ($n=2$), action learning set facilitators ($n=2$), personal tutors ($n=3$), members of the module and Project Teams ($n=2$), Trust rehabilitation managers ($n=2$) and WBL students ($n=8$). Whilst twelve students commenced the module, two withdrew almost immediately and two left for personal reasons shortly after.

Invite letters, reply slips and stamped addressed envelopes were sent out inviting students for interview shortly after the start of the module, at its end and six-months on. Mentors, personal tutors, members of the Module Team, Project Team and rehabilitation managers were invited for interview shortly after the module start and several months after its end. Action learning set facilitators were interviewed once only, several months after the module end. An information sheet was included. Respondents were contacted to arrange a time and venue to suit them at their place of work.

An interview guide drawn from the literature and Project Team's insights was tailored for use with the different groups of stakeholders. Prior to each interview, written informed consent was gained and a tape-recorded interview commenced. Recorded interviews were transcribed by an employed transcriber. Participants were given copies of transcripts to check, amend and keep. Transcripts were coded with an identifier known only to the evaluator and stored securely on University premises.

ANALYSIS

The approach to analysis was informed by Miles and Huberman (1994). Each tape was listened to in its entirety. Interview transcripts were read in full and then examined line by line. Key chunks of text deemed important or significant were selected and given a label so that each could be traced back to its original place in the transcript. Each labelled segment of text was grouped under emerging headings or themes. As analysis progressed, these themes were merged or broken down into smaller categories to reach a best fit. Continued examination, reflection and sorting enabled more fine-tuned analysis of this condensed data, leading to an end product of major themes, sub-categories and labels.

FINDINGS

Seven out of eight submitting students passed their assessment.

Practice-based projects, with associated teaching and awareness-raising sessions, were undertaken through which the students can be expected to have impacted on practice and so patient care. Projects belonging to the seven students who took part in the evaluation are:

- A poster - fluid balance monitoring
- A poster - infection control system for maintaining clean commodes
- A poster - oral care
- A training video - use of TED stockings
- A patient journey - pressure sore care
- A patient journey - continence plus a poster
- A poster - mood in older people

Core design elements of the module including support roles, its duration over two semesters, the tri-partite agreement, action learning sets and focus in the work place, were very successful. Use of Blackboard was not successful with this group of students. A group of students who were not expected to have accessed higher education otherwise, successfully completed a Level 2 programme of study which had tangible impact on them and their practice.

CONCLUSIONS

Over all WBL was seen as the way forward in professional development of rehabilitation nurses. A number of challenges were faced due to the speed of implementation of the pilot and the students selected who had limited exposure to post-qualifying professional development.

Students who had reluctantly commenced the module, did not proceed with it whilst some were able to adapt better to a WBL approach than others. This raises the

question of whether some means of selection would have been helpful rather than just taking volunteers onto the module.

The module length was right for the majority of students although it was recognised that some means of guiding/directing students through the module, perhaps through having more face-to-face review days or formative assessment and feedback along the way, would have been fortuitous. The original expectation of several Project Team members that the students would move from being highly supported to independent learners was generally not the case.

The module assessment approach was found to require simplifying and greater explanation so that students could follow it. The portfolios maintained by the students were viewed as a possible part of future assessment strategies in view of the time spent on putting them together and the quality of material some of them contained.

The submission date for coursework just after the New Year was found to be unhelpful, especially to students who customarily travelled to their homelands over the Christmas period. The University practice of having a single day for collection of results was also unsatisfactory for practitioners working shifts and when several students originated from the same ward, making cover for their collective absence difficult.

Other students struggled with written assignments as their first language was not English, although the assessment process did permit alternatives such as a poster and *viva voce*.

Roles

There were a number of learning points concerning the structure and mechanisms needed to support future WBL initiatives. The approach used here was widely recognised as not being a cheap option. A number of roles were found to be useful and are advocated for future WBL initiatives.

Action learning sets were key to the success of the project and student progress. There were areas of confusion and overlap with other roles especially the personal

tutor role; however with more thorough preparation of action learning set facilitators, these difficulties could be overcome. Whilst manageable for this single pilot, the question of who will provide action learning set facilitation in any future WBL modules is an important one. The clinical buddy role was mostly valued by the students and is another support mechanism which would require more depth of preparation for those undertaking the role. Selection and appointment of both action learning facilitators and buddies is a further consideration which needs exploring.

Personal tutors were accessible but not always accessed. Students preferred the familiar face and accessibility of work based support mechanisms such as mentors and buddies. An increased presence of the personal tutors to provide academic support in the work place was indicated. One means of achieving this could be by piggy-backing occasional tutor visits onto action learning set meetings to deal with students' academic queries and administrative issues. The absence of a mechanism such as this hindered the ability of set facilitators to focus on the learning process.

Trust-based mentor roles were highly valued by the students and the fact that those undertaking the roles had managerial posts in the rehabilitation setting was not off-putting to students who preferred regular contact with a familiar face.

Technology

Preparation for use of Blackboard in one training session was inadequate for this group of learners who had variable and often limited computer skills, and further work place support with it was indicated. Fostering a virtual learning community was difficult with a group of students who did not identify themselves as a community as they came from across the four sites of the Trust. Variable attendance at action learning sets further hampered the fostering of a sense of peer support and teamwork amongst module participants, hence Blackboard was hardly used. Whilst Blackboard has great potential, it was not realised with this group.

A further challenge was limited student access to computers. Even where students had adequate skills to use computers, accessing of them in clinical areas was difficult and not all students had a home computer or one they could access easily due to use by other family members.

Time Factors

Available study time was under-utilised by several students which had a negative impact on some of their progress. In all reported cases it was the student's choice not to take it. It is important to recognise that for WBL to be successful, students need to take adequate time to study.

The impact on the workload of mentors and personal tutors was significant. A greater demand on time was presented by the nature of the project being a pilot as energies were invested to help make it a success. The degree of input was recognised as difficult, if not impossible to sustain in future WBL initiatives, especially for the mentor role. The activities of mentors, personal tutors and set facilitators would therefore have to be shared out amongst greater numbers of people with the requisite skills and time availability.

Outcomes for the Students

Impact on practice and students personally, has been considerable.

Students and other participants noticed significant changes in students' attitudes and approach to their practice and patient care. These included increased confidence, willingness to challenge practices of self and others, change management skills, assertiveness, communication skills, enhanced relationships with senior and specialist colleagues, awareness of learning resources, advocacy skills, evidence-based practice, motivation, presentation skills, willingness to ask for feedback, positive comments from patients and changes to clinical practices amongst colleagues. Furthermore students expressed interest and intention to pursue further professional development activities. These included becoming a diabetes link nurse, an associate mentor, an infection control resource, practice nurse, tissue viability link nurse, desire to undertake a masters degree and become a specialist nurse and attendance on further study days. One had already become a diabetes link nurse and commenced a diabetes course.

Students lacked confidence and motivation to disseminate their work beyond their immediate work areas and so student dissemination is an area in need of development.

It has not been possible to identify the longer-term impact on students and mechanisms may well need to be developed to ensure they are supported to reach their potential.

Outcomes for the University and Trust

For these partners, collaborative working relationships have been significantly enhanced. Opportunities for dialogue concerning future provision of professional development have been further opened up and a climate of innovation fostered. Collectively, these impacts present great potential for ensuring that future professional development activities for practitioners will be tailored to meet service need. Within those activities, WBL has potential to feature prominently.

At a personal level, participants highlighted increased access to clinical areas, greater insight into clinical practice, enjoyment, a sense of the Trust's needs being heard, increased knowledge and role enhancement amongst other factors.

The learning for both organisations has been considerable. The Trust has benefited by having a group of practitioners engage in personal development that has tangibly impacted on care. The University has already enhanced its portfolio of WBL provision and is taking steps to develop WBL approaches further.

Whilst potential for multi-professional WBL was recognised by participants, the need to not roll WBL approaches out in this way without careful planning and consideration was also recognised. Such WBL initiatives would need to be included in any future strategic direction from the Strategic Health Authority.

The evaluation study was widely recognised as having a positive impact on the Project Team's learning within the project. Dissemination of the project processes and study findings has been considerable and undertaken by several Project Team members at local, national and international conference level.

Summary of Impact

Almost all students completing the module went on to pass following assessment. All students, University and Trust staff participating in the pilot agreed it was a worthwhile venture that had presented a huge learning opportunity for them and

their organisations. Ultimately, a cohort of students had engaged in study that participants believed would not otherwise have been given the opportunity. The impact on practice has been tangible and significant as reported by the students and Project Team members.

RECOMMENDATIONS

A number of recommendations have been identified for consideration in future WBL provision:

1. Consider a recruitment and selection process for potential WBL students to establish their suitability, any pre-acceptance study skills in need of development e.g. writing skills and to apply flexible and supportive processes e.g. AP(E)L
2. Continue provision of elongated WBL modules for students who may benefit e.g. those who have not previously accessed higher education or part-time staff
3. Ensure an action learning component to WBL provision
4. Consider the merit of other support roles such as clinical buddies and mentors and academic support which may or may not be through the personal tutor role
5. Ensure appropriate selection and adequate preparation of support role holders e.g. action learning set facilitators and clinical buddies
6. Employ Blackboard with students who are already computer literate and have good computer access
7. Review module assessment procedures and consider assessment of student portfolios
8. Feed back negative impact of single results days and New Year submission dates for staff working in clinical practice to relevant University departments
9. Explore mechanisms to effectively identify and respond to participating students' future learning and development needs
10. Disseminate findings and learning from the project within the University and with other academic and practice partners locally and nationally
11. Explore within the Trust opportunities for further WBL activities amongst its staff groups

12. Explore opportunities for extending WBL provision locally and with other staff groups/inter-professional groups with the Strategic Health Authority

CHAPTER ONE

INTRODUCTION

In this chapter, a brief background is given to set the study in context. The overall evaluation aim and study objectives are given. An overview of the literature concerning work based learning (WBL) is provided.

Background

The settings for this evaluation study are Pennine Acute Hospitals NHS Trust and the University of Salford, both in Greater Manchester. The Trust is situated on five general hospital sites in Oldham, Rochdale, North Manchester and Bury and employs a staff of 10,000. Serving a population of approximately 800,000, the Trust is one of the largest in the country.

The University of Salford, School of Nursing is located in the heart of the City of Salford and is one of three schools in the Faculty of Health and Social Care. The School works in partnership with the NHS and different Independent and Voluntary health care organisations across the North West to provide education, training and ongoing staff development. It offers a wide portfolio of educational programmes for qualified nurses who wish to continue their education at Diploma, Degree, Masters or Doctoral level.

The impetus for a project to develop a pilot WBL module which is the focus of this evaluation study report, arose when a shared concern about the professional development of practitioners surfaced between academic and practice colleagues from the two organisations. Staff in the School of Nursing had been doing work around WBL for some time and were keen to pilot some of their ideas in a clinical practice area. At the same time, senior nurses working in the rehabilitation setting in the Trust had been considering WBL as one possible solution to some of the needs they had identified within the

rehabilitation workforce. As soon as this common interest was identified, development of a pilot module and associated evaluation study, quickly followed.

Trust Situation

Immediately prior to the pilot project, the Trust was settling down after a reconfiguration of local hospitals which resulted in a single, large trust comprising four former acute NHS trusts. Services were organised into Divisions and Clinical Area Teams (CATs). Rehabilitation services formed one CAT within the Division of Medicine and were managed by two Clinical Managers. As part of their goals to establish the new Rehabilitation CAT, and as a clinical governance requirement, CAT leaders supported the development of a CAT educational development plan. This served to appraise the way rehabilitation staff were professionally developed following professional registration and aimed to improve training and education to meet the needs of those staff and the rehabilitation service.

Such a plan was needed as previous professional development of rehabilitation nurses in particular was considered to have been *ad hoc* and often at an informal level, such as seminars run by fellow practitioners. The content and evidence base of what was taught in these seminars was unclear. Attendance was optional and no formal system of recording who had attended was maintained. There was no coherent programme of educational events specifically for rehabilitation nurses and few nurses had formal, academic preparation to work in the setting. Recently appointed CAT managers and the Divisional Associate Director of Nursing supported a proposal from the then Professional Development Facilitator and Nurse Consultant Older People (first author) to explore possibilities for working collaboratively with a local academic partner, the University of Salford.

There were a number of reasons why the rehabilitation service was selected as the focus for the pilot project. Anecdotal evidence gained from discussions between experienced clinical staff and managers identified a number of

cultural issues and traditional ways of doing things that had highlighted this service as most likely to benefit from investment in professional development. As well as a clear service need, there was much enthusiasm from amongst rehabilitation practitioners from the first mention of a WBL initiative. Rehabilitation was the setting where the Trust project leads worked and were most familiar with. It was known that the Trust mission highlighted that caring and skilled staff are vital to good patient care and the Trust will value, respect, train/educate and fairly reward its staff.

A number of reasons had been identified as to why rehabilitation staff did not access higher education which included:

- Difficulties getting study leave, funding, access to university campus, release on set days/times to fit with traditional university-based programmes, not being considered when Trust-allocated modules were distributed
- Some ward leaders were thought to under value professional development of their staff
- Potential student's lack of confidence/sense of being 'overlooked' - many in post a long time without accessing education programmes in higher education settings. Level 3 (Degree) modules viewed as 'beyond their reach'
- A tradition of providing in-house study sessions in an *ad-hoc* manner with no evaluation or appraisal of impact on practice

It was believed by the Trust project initiators that the above had culminated in a situation where predominately older, experienced nurses, were not actively developing their practice or participating in higher education activities and lacked the confidence and support to do so. These non-traditional learners tended to work in the same area of practice/ward for many years without experiencing other places of work. Little professional development was evident although experience suggested these staff had significant capability for development and progression with appropriate support. Some practices

had been identified as being based on tradition and lacking an evidence base.

It was recognised that WBL was only one approach to professional development and that much learning takes place informally at the bedside. A WBL approach was not a rejection of other learning techniques and instead was viewed as a flexible approach that had potential to make 'lifelong learning' a reality for this group of staff.

Once Trust support for a pilot module had been secured in principle, exploratory meetings with the University of Salford were arranged to discuss possibilities.

University Situation

The School of Nursing is situated under the umbrella of the Faculty for Health and Social Care. In the lead up to the pilot project, this Faculty had a large contract with the former Greater Manchester Strategic Health Authority to provide education for qualified health care professionals. The University project leads were aware that future commissioning would be dependent upon learning which had a demonstrable impact on the improvement of patient and service outcomes. WBL approaches were known to have significant potential to achieve such outcomes.

The School had invested in a Flexible Learning Team with expertise in a wide range of learning approaches and technologies.

National Drivers

Increasingly there is a growing concern with quality of services and care received by patients as reflected in documents such as the White Paper, A First Class Service – Quality in the New NHS (Department of Health - DH 1998). The need to address the training and education needs of staff working within rehabilitation settings/teams has never been more pressing. Ongoing

developments in intermediate care/rehabilitation provision and reconfigurations of local health and social care services are presenting exciting opportunities to review and change the way the workforce is currently prepared and deployed. Policy drivers are numerous including the requirements of the *National Service Framework (NSF) for Older People* (DH 2001a), whilst influential reports such as *The Way to Go Home. Rehabilitation and Remedial Services for Older People* (Audit Commission 2000) further the need to enhance standards of care. The emergence of clinical governance as a means of integrating quality improvement systems and professional development with the ultimate aim of increasing individuals' accountability for practice, further influences the drive for change (DH 1998).

Local Drivers

Trust

Locally, the Trust had received the *Better Services for Vulnerable Older People* (District Audit 2002) report recommendations that training needs should be identified and specialist skills developed amongst those working with clients in rehabilitative settings especially. Rehabilitation is not exclusive to older people although the majority of patients who use in-patient rehabilitation services in the Trust are older adults. The variety and complexity of needs presented by potential users of rehabilitation services demand a workforce that is highly skilled and adaptive to working in a range of situations. Staff therefore need clinical leadership, role modelling, adequate training and preparation to work with a predominately older client group (Standing Nursing and Midwifery Advisory Committee SNMAC 2001).

In the months prior to the pilot project, rehabilitation services were operating with a less than desirable number of workers due to shortages amongst key groups such as therapists and nurses. This situation was not unique to the Trust and reflected the national picture. A common response within the NHS has been to look to new job design and roles to meet the needs of patients whilst making best use of the available staffing resource (The Future Health Care Workforce Project Steering Group 2002). A number of initiatives were

set up to address such issues nationally including the Changing Workforce Programme. What transpired locally was various pilots to evaluate new ways of working such as the Assistant Practitioner role co-ordinated through the former Greater Manchester Workforce Development Confederation. Whilst such substantive initiatives showed considerable promise in addressing some of the issues around workforce development, a more immediate Trust-specific response around rehabilitation was required.

Rehabilitation was recognised as being at the core of development of intermediate care services which was high on the agenda of local leaders within the acute Trust and adjoining Primary Care Trusts. This meant that there was interest in developing a cross-health and social care approach to rehabilitation and intermediate care education. Rehabilitation was viewed as an ideal setting to pursue joint learning and working and to pool expertise. This notion was timely as joint preparation and education between disciplines may have paved the way for cross-boundary working to further develop a team approach throughout rehabilitation services, so aiding the introduction of the Single Assessment Process (DH 2001a). Thus WBL was recognised as having potential to be undertaken across professional groups, teams and acute and primary care settings.

University

There were a number of local drivers pertinent to the University. The School has a long history of successful partnership working with NHS colleagues. A number of initiatives had already been established aimed at promoting inclusiveness, equality and widening of access to higher education for groups who would not normally undertake study in this sector. The University was drafting its Widening Participation Strategy 2005-8 (University of Salford 2005) which comprised a number of tenets which any WBL pilot project could be expected to reflect. These included steps for accreditation of prior learning (APL) of students, promotion of virtual learning environments, introduction of student transition and support mechanisms, realisation of academic potential of non-traditional learners, encouragement of students to access further

professional development opportunities and evaluation research into widening participation.

Many of the objectives of the School of Nursing, as set out in the School of Nursing Key School Objectives 2004-5 (University of Salford 2004), were also supportive of a WBL pilot. The need for the School to work with health and social care partners to accredit WBL was a specified 2004/5 target. There was a further requirement to attract academic enterprise activity which was considered a real possibility, should a pilot project and evaluation study create learning to be shared with others, perhaps through events or consultancy. It was further recognised that evaluation of a pilot project would inform future decisions to shape WBL developments at Degree and Masters level in the School. The proposal to pilot a WBL project in a rehabilitation setting matched well with these University drivers.

Evaluation Aim and Objectives

The aim of the evaluation study was to explore whether a bespoke WBL pilot module meets the needs and expectations of its stakeholders

Objectives were to:

- Formatively and summatively evaluate the WBL pilot module to inform future WBL design and delivery/improve the student experience
- Establish the effectiveness of the WBL module at meeting the needs/expectations of the target practitioners and other stakeholders
- Compare learners' perceptions of study in a higher education setting pre and post pilot
- Establish whether study in higher education meets the needs of the students and their organisation
- Appraise the tri-partite working arrangement

- Appraise the approach of practice/education and different academic departments working in equal partnership, and their impact on the student experience/quality of teaching and learning

The remainder of this chapter provides an overview of the relevant literature concerning WBL.

Chapter 2 outlines the development of the WBL project and details the design features of the pilot module.

Chapter 3 describes the design of the evaluation study and sets out the study methods and data collection procedures. It outlines the analysis procedures used and concludes with an overview of data preparation, management and storage. It also addresses ethics and research governance approval processes.

Chapter 4 presents study findings. Findings are divided into three parts: expectations, realities and the future of WBL and each is sub-divided to illustrate the perspectives of the different stakeholders: University staff, Trust staff and WBL students.

Chapter 5 brings the report to a close with conclusions, key recommendations and suggestions for future research.

A glossary of terms, references and an appendix can be found at the back of the report.

Literature Overview

What is WBL?

WBL is a learning process rather than a teaching process, which encourages learners to take responsibility and develops attitudes and skills towards lifelong learning (Chapman and Howkins 2003). Flanagan *et al* (2000) describe WBL as a mechanism for integrating university-level learning with learning from experience in the workplace, the bringing together of self knowledge, expertise at work and formal knowledge. McKee and Burton (2005) identify three dimensions of WBL. WBL:

- As part of an academically accredited course
- Is part of a managed and structured occupational learning programme
- As an individual and/or collective responsibility within a work setting.

Recognition of the importance of the work place in learning is not new since 19th century technological change in the work place has driven educational policy and practice (Rounce and Workman 2005). Integration of theory and practice, which is fundamental to professional education, requires a combination of learning for work and learning both through work and in work (Seagraves *et al* 1996; Rounce and Workman 2005). Raelin (2000) maintains that elements of WBL include reflections on work practices, reviewing and learning from experience, problem-solving within a working environment and the acquisition of 'meta-competence' – learning to learn. Thus WBL is not a subject for study; it is a mechanism for learning. Ramage (2005) believes that WBL takes experience as the starting point for learning and therefore the learner takes on a central role in the construction of this type of learning. She found from her studies that WBL was valued by students as it taught them how to be flexible in the methods utilised in order to learn, a skill that would facilitate further engagement in lifelong learning.

Why WBL in Health Care?

The Health Service is undergoing rapid change and alongside this the workforce has to develop and evolve to meet new ways of service delivery. National initiatives in the NHS stress the need for flexible workers and the need to break down traditional job boundaries. The introduction of the Knowledge and Skills Framework (DH 2003) and other competency-based approaches to job evaluation, clearly set out skills required to move from one band of pay to another. The modernisation agenda of the NHS is challenging traditional ways of learning by promoting a move away from teacher-centred approaches to a learner-centred approach (DH 2001b). Gray (2001) identified WBL as a significant element in the UK government policy debates of professional development and lifelong learning. Moore (2005) maintains that partnerships should have a clear vision of the need for rigorous frameworks to be in place to support more independent learning, especially within teams working together to meet the needs of the patient and the organisation.

The NHS has a history of supporting learning in the workplace for both pre-registrant professionals and some continuing professional educational activities. In this respect WBL is not new but in the main continuing professional development provision has previously relied heavily on traditional theoretical delivery outside the workplace. Moore (2005) suggests that WBL with the advance of information technology could allow more opportunities for the workforce to learn whilst addressing the need for change in order to meet the changing demands of health care and the impacts of other external factors.

What is Known about WBL?

WBL models commonly involve partnership working between a higher education institute and practice partner e.g. NHS trust. Dearing (1997) highlights this need for Higher Education in collaboration with employers to recognise, assess and accredit learning from work thus extending

opportunities to adults who would not necessarily have engaged with further study and so contribute to widening participation. Birchenall (1999) suggests it is in the interests of both parties to work in partnership to facilitate the development of such initiatives. This approach can be expected to identify and meet the needs of each. For example, Price (2002) acknowledges the issue of providing learners credit or awards for their learning as having become increasingly important to organisations. Keeling *et al* (1998) highlight the commitment of the organisation to the education of its staff as a factor that has a significant impact on motivation and the success of WBL.

Use of a tri-partite agreement is not uncommon. Williams (2003) suggests that using a tri-partite arrangement between practice, student and tutor brings together the assessment of theory and practice and makes the assessment more transparent. Thorne and Hackwood (2002) identify that having a tri-partite agreement was a very advantageous approach in relation to WBL as it promotes a student-centred approach.

A personal tutor-type role is prevalent amongst WBL initiatives. Dewar and Walker (1999) emphasise the significance of on-going academic support in the implementation of WBL if the philosophical commitment to experiential learning and student-centred approaches are to be realised. They maintain that the philosophy of WBL respects students' ownership over their own learning process and their right to make decisions about the direction it takes. Dewar and Walker (1999) also identify that WBL provides a potentially powerful way for nurse educators to support nurses in experiential learning and the development of professional competence which is the individual's responsibility to maintain and increase by integrating learning into everyday practice. Essentially WBL is based on partnership and on negotiation therefore the role of the academic may be that of facilitator and guide rather than subject expert.

Some form of action learning is also a key feature of WBL initiatives. Edmondstone (2003) describes action learning as a method for individual and organisational development based upon small groups of colleagues

meeting over time to tackle real problems or issues in order to get things done; reflecting and learning from each other as they attempt to change things.

Despite the increasing prevalence of educational innovations, evaluations of WBL initiatives remain scant. WBL presents a significant investment that promises to reduce the practice-theory gap and balance open and distance learning with supervised practice (Birchenall 1999), yet little consideration has been given to its impact compared with other professional development approaches.

Most WBL articles identified make fleeting mention of evaluation. One example concerns a WBL project to develop clinical nurse leaders in an NHS Trust (Caldwell and MacPherson 2000). Techniques included reflective diaries, action learning sets, individual coaching and mentorship. The authors indicate a formal evaluation was undertaken with participants, their families, their colleagues, managers and Trust Board members. Findings suggest that there had been a positive impact of WBL pertaining to improved relationships with team members, learning about the self, networking and feeling valued.

WBL projects involving student nurses include a seven-day programme incorporated into a children's nursing practice module (Harding 2002). Students identified their learning needs and actions required to meet them, and maintained portfolios with variable use of reflective frameworks. The facilitators found the university-based WBL days to present time difficulties in getting around all the students on an individual basis and a missed opportunity to engage clinical experts. Students self-evaluated whether they had achieved their learning outcomes or not. An interactive evaluation involving scoring of students likes and dislikes was employed that raised such issues as students preferring more structure and being dissatisfied when colleagues did not attend without forwarding feedback on the task they had agreed to undertake. The author indicated that a large-scale evaluation was planned for the following three years.

Evaluation through reflection is a further approach and one adopted by Swallow and Coates (2003). In this article comparisons are made between the experiences of a lecturer in delivering three accredited WBL programmes and a student undertaking them. Positive outcomes identified centre on the students' learning meeting their needs and opportunities taken by most to use their credits towards further programmes of study. Outputs from the programme included development of a clinical assessment tool thus a positive impact on practice can be surmised. The impact of WBL as an approach is not discussed.

There has been limited research into WBL including Swallow *et al's* (2001) study that focused on two pilots of accredited WBL - one for minor injury nurses and one for nursing degree students. Methods included focus group and individual interviews. Findings indicated benefits such as learning on the job, practice development activity and some participants' promotion. These authors highlighted future plans to research the development of nurses' roles during and after WBL programmes.

A further qualitative study is that by Saggs (2003) that utilised focus groups and interviews to design the contents of a framework for post-graduate education for critical care. The specific research aims were to identify the content of an MSc Critical Care, preferred delivery methods and assessment techniques. The focus groups comprised 3-4 critical care lecturers with the first group focusing on identifying the taught element and the second group concentrating on developing Masters-level criteria. Semi-structured interviews were undertaken with one participant unable to join the focus groups. No part of the study examined the effectiveness of the WBL approach adopted as a result of the findings.

A further study utilised a phenomenological approach to explore student nurses' experiences of experiential teaching methods and WBL (Green and Holloway 1997). Nine BSc Nursing Studies and MSc Mental Health branch students were interviewed individually using a non-structured technique. Findings highlighted students' variable interpretation of the term 'experiential

learning' and valuing of reflection in practice. Problems were identified as lack of role models in the clinical area, inadequate supervision and tensions between theory and its application in practice. These findings are of limited value as they pertain to students' general experiences and do not attempt to establish any impact of the WBL technique on their practice.

Literature retrieved clearly focuses on the development of WBL approaches and reflections on the experience of using WBL. Research is very limited and small-scale where it exists, as its main aim is to inform local education practice. Whilst it is valuable to gain participants' perceptions of their development of WBL and involvement in it, there is a need to identify whether another education/training approach may have had a similar, or indeed different, impact. Further evidence is needed as to the effectiveness of WBL in meeting expectations of participants. To supplement primarily anecdotal reports on WBL projects and their outcomes, evaluative research is clearly needed.

Summary

This chapter has set out the background and context for the pilot WBL project and associated evaluation study. Local and national drivers have been described and the current knowledge base concerning WBL has been outlined.

CHAPTER TWO

PROJECT DESIGN

This chapter describes the design of the over all WBL project including details of the pilot module design itself.

The aims of the project were to:

- Facilitate professional development and reduce variability of skills and knowledge of rehabilitation nurses
- Conform to clinical governance requirements
- Promote a learning culture and initiate change and improvements in practice from within the service

The Module

Whilst a portfolio of WBL provision was already successfully established in the School of Nursing, the task was to devise a pilot module that was tailored to meet the specific needs of a staff population that had not previously accessed higher education. In response, a series of planning meetings over the space of a few months (September 2004 to February 2005) led to a one-year WBL module being collaboratively designed by a highly committed Project Team comprising a range of lecturers/senior lecturers in nursing representing all branches and including the Flexible Learning Co-ordinator and strategic leads for lifelong learning and partnership and collaboration. Members also comprised an evaluator, a nurse consultant, a Clinical Lead for Stroke and a Practice Development Facilitator.

During early discussions, agreement was reached to keep the pilot simple and focus only on rehabilitation nurses. Other single-discipline and multi-professional approaches to WBL were viewed as important future projects.

The project was identified as a priority by Trust education co-ordinators which led to agreement being reached to use twelve modules for the pilot from the existing Service Level Agreement module allocation with the former Greater Manchester Strategic Health Authority.

The model comprised an elongated module of 20 credits at Level 2 (Diploma level), accredited by the University of Salford. This could either act as a stand-alone module or form part of the Diploma in Nursing Studies. The module was to be delivered over two semesters instead of one (as is usual) as this was considered more manageable for this target group. This module was entitled 'WBL for Personal & Professional Development' and formed part of the post-qualifying Diploma in Nursing Studies. It was expected to be a learning experience that would have utility in practice and encourage participants to go on and complete a full Diploma or, if appropriate, study at Level 3 (Degree level).

Delivery was to be by face-to-face teaching and use of a virtual learning environment known as Blackboard. This is a computer-based resource that provided students and staff access to the Internet, discussion boards and course information as well as books and articles. Orientation to the module was to be by two preparatory days at its outset at which students would receive study skills teaching, be familiarised with the module handbook, appreciate the module components, negotiate appropriate topic areas, be introduced to the module assessment methods, be oriented to the Blackboard virtual learning environment and meet academic tutors and each other. Support and guidance during the module was to be through student-selected clinical 'buddies' who were knowledgeable in the field being worked on by module students, two Trust-based mentors (who were also members of the WBL Project Team), personal tutors and action learning sets.

Three Trust staff were identified to facilitate action learning sets for the students once prepared for this role by the University's Flexible Learning Team in the School of Nursing (who were also members of the WBL Project Team). It was anticipated that the action learning sets would take place on

differing Trust sites with some student learning taking place at the University, so that students would experience new sites of learning. Their purpose was to enable support and exchange of ideas and to support the theoretical work that students were to undertake. Action learning sets were scheduled to take place every third week during the lifetime of the module.

Students were required to maintain a reflective portfolio and guidance about this was given during the module induction days. As well as aiding personal reflection during the module process, a purpose of the portfolio was to provide supplementary evidence during any *viva voce*.

It was decided to have a tri-partite agreement between each student, the University and Trust rehabilitation managers so that an issue or problem would be identified within each student's practice to be used for his or her WBL project and that they would be supported to undertake this period of study. This step was to further promote tying in of the student's learning into the workplace.

In terms of student assessment, the Flexible Learning Team led development of an evidence-based, adapted criterion-referenced assessment grid (see Appendix) based on the work of Price and Rust (2001). This grid gave students a choice of assessment methods for them to select from (e.g. written project report, teaching session + *viva voce*, poster + *viva voce*, patient journey, video). Careful development of the grid ensured equivalence of assessment methods. Choices would then be agreed with their personal tutor and Trust mentor. This element of choice was particularly innovative and expected to encourage future learners who may otherwise be deterred by traditional prescriptive assessment approaches. That is, students were expected not to have undertaken formal study for some time and so options other than formal assignments were thought more likely to appeal to them. The Project Team were heavily guided by the Flexible Learning Team which has considerable experience and success in working with such students, for example nurses who had undertaken the Enrolled Nurse Conversion course to become Registered Nurses.

The final component of the module was a presentation half day for the students who had selected this method of assessment. Students were asked to bring their portfolios with them to provide supplementary evidence should it be required as opposed to it being part of the assessment process.

The module received University approval in January 2005.

Recruitment

As module design details were being developed, rehabilitation nurses were informed about an impending WBL module by way of a publicity flier developed by the Trust-based project leads. Following considerable expressions of interest, an informal discussion was held with potential applicants by the module project leads to provide further information. There was no formal admissions process. Twelve applicants were successful in securing a place on the module. There had been significant interest in the module from staff from other disciplines but who were not eligible for this nursing-specific pilot module.

The module commenced with twelve students in February 2005 with student projects due for submission in January 2006.

Summary

This chapter has described the detailed process of pilot module design and set out its key components. In the next chapter, the design of the evaluation study is presented.

CHAPTER THREE

EVALUATION STUDY DESIGN, METHODS AND DATA COLLECTION

This chapter describes the choices made about what to evaluate and how, and sets out the components of the evaluation design.

Study Design

A proposal for the design was presented by the evaluator, discussed and agreed with the Project Team. Prior to arriving at this agreement, a number of other factors influenced this proposal. As is often the case with funded evaluations, those funding the study had a degree of influence and in this study a request for deliverables and anticipated outcomes was made by the University funding partner. These were specified as:

Deliverables

- Improved nursing practice/patient experience as a result of students' evidence-based work based projects
- Increased cross-departmental working/WBL approaches being developed/delivered
- Increased uptake of WBL modules

Anticipated Outcomes

- Future WBL module design will be evidence-based to meet needs of students/practice organisations
- Health and social care staff will be encouraged to undertake study in higher education
- Relationships between academia and practice and between academic departments will be enhanced (e.g. Post Registration Nursing and WBL Team) through joint working and creation of new understandings

- All students will achieve Level 2 credit and the opportunity to use this towards the Diploma in Nursing Studies
- The limited evidence base for WBL will be enhanced by findings from a robust study
- Pilot will impact positively on the number of enquiries for new Level 3 WBL module (commencing February 2006)
- Impact on School of Nursing profile demonstrated by number of enquiries about WBL from other schools/faculties
- Evidence of WBL being included in all post-qualifying level programmes
- Evidence of WBL students going on to further study

Evaluation Approach

It was decided to use a qualitative approach to elicit perceptions concerning areas such as educational preparation, expectations of the WBL module, whether expectations were met, impact on personal practice and the wider rehabilitation service, longer-term impact and learning by the Project Team. To gain insight into these areas, a design was needed that would elicit multi-stakeholder perceptions. Some quantitative data in the form of module assessment pass or fails, frequency of Blackboard access etc, routinely collated by module leaders, were also required.

Therefore, the evaluation was framed around elements proposed by Phillips and Stone (2002) for evaluation of training interventions:

Level 1 – Reaction and/or satisfaction and planned action

Level 2 – Learning

Level 3 – Job application and/or implementation

Level 4 – Business impact

Level 5 – a) Return on investment (ROI) and may include b) intangible benefits that add value in non-monetary terms

For this study, Levels 1-4 and 5b were addressed.

Methods and Data Collection

Methods

The primary method was face-to-face interviews held individually or as groups as per participants' preference. Secondary data such as minutes and module documents were also accessed.

Sampling

This was purposive as all core stakeholders were to be targeted to elicit their perceptions of the WBL module. Individuals included the practice-based project leads ($n=2$), action learning set facilitators ($n=2$), personal tutors ($n=3$), members of the Module Team and Project Team ($n=2$), Trust rehabilitation managers ($n=2$) and WBL students ($n=8$). Whilst twelve students commenced the module, two withdrew almost immediately and two left for personal reasons shortly after.

Data Collection

Invite letters, reply slips and stamped addressed envelopes were sent out inviting students for interview shortly after the start of the module, at its end and six-months on. Mentors, personal tutors, members of the Module Team, Project Team and rehabilitation managers were invited for interview shortly after the module start and several months after its end. Action learning set facilitators were interviewed once only, several months after the module end. An information sheet was included. Respondents were contacted to arrange a time and venue to suit them at their place of work.

An interview guide drawn from the literature and Project Team's insights was tailored for use with the different groups of stakeholders. Prior to each interview, written informed consent was gained and a tape-recorded interview commenced. Recorded interviews were transcribed by an employed transcriber. Participants were given copies of transcripts to check, amend and keep. Transcripts were coded with an identifier known only to the evaluator and stored securely on University premises.

Analysis

The approach to analysis was informed by Miles and Huberman (1994). Each tape was listened to in its entirety. Interview transcripts were read in full and then examined line by line. Key chunks of text deemed important or significant were selected and given a label so that each could be traced back to its original place in the transcript. Each labelled segment of text was grouped under emerging headings or themes. As analysis progressed, these themes were merged or broken down into smaller categories to reach a best fit. Continued examination, reflection and sorting enabled more fine-tuned analysis of this condensed data, leading to an end product of major themes, sub-categories and labels.

Table 1. Overview of the Evaluation Work Plan

DATE	ACTIVITY
December 2004 – January 2005	Student recruitment process
February 2005	Ethics approval (LREC & University) and Trust R&D approval. Students attending induction days and receiving module handbooks
March 2005	Students to choose WBL project topics and assessment methods. Students briefed about proposed evaluation
April 2005 – January 2006	Module underway. Undertake baseline interviews with students and other stakeholders (Phase 1 April/May) and repeat at module end (Phase 2 January 2006). Undertake all other evaluation components e.g. secondary data collection. Ongoing dissemination of formative findings
February 2006 – July 2006	Six-month period following module end. Undertake follow up interviews (Phase 3 July/Aug 2006)
August – September 2006	Final analyses, commence draft final report & plan further dissemination

Ethical and Research Governance Arrangements

Prior to the study commencing, approvals were gained from the University of Salford Research Governance and Ethics Committee and Pennine Acute Hospitals NHS Trust Research and Development Department. An honorary contract was received from the Trust. An application to a Local Research Ethics Committee was made but the study was considered to be service development and no approval was required. A peer review process of the study proposal was undertaken with a range of peers in both participating organisations.

Interview transcripts were only accessible to the evaluator to protect anonymity and confidentiality. Agreement was reached to have publications from the study approved by the Trust Research and Development Manager where they identified the Trust and/or its staff. All members of the Project Team were content to have their organisations identifiable as a means of sharing learning and inviting future collaboration. Participants were notified that where anonymity was difficult in the final report or other presentation of findings, that they would be consulted. In the end, all participants were given opportunity to approve the findings prior to finalising this report.

The Project Team undertook many of the activities of a study advisory group and so such a group was not set up. The support gained from the Project Team far exceeded what was adequate.

Summary

This chapter has described the evaluation methods, data collection procedures and approach to data analysis. Insight into the ethical and research management issues considered and addressed as part of the study are outlined. In the next chapter, means of analysing the data collected and the findings are presented.

CHAPTER FOUR

FINDINGS

In this chapter, findings are presented from interviews with the project stakeholders. Findings are drawn primarily from interviews undertaken in Phase 1 (module outset), Phase 2 (module end) and Phase 3 (six months on).

The chapter is divided into three parts:

- PART 1. Expectations of the module
- PART 2. Realities of the module
- PART 3. Future of WBL

PART 1. Expectations of the Module

University Staff Perspectives

Views of Nurse Education

Participants shared a concern that traditional delivery of post-registration nurse education was not always meeting the need of nurses. There was recognition that more effective systems needed to be in place if organisations are to class themselves as 'learning organisations'. All too often, there was little evidence of application of learning back in practice and it was viewed that the approach to professional development needed to change:

"I think nurse education has perhaps been a bit stifled but we have got to change to meet the demands and the dynamics, it's dynamic now in that I don't think staff can come in and expect to sit once a week and learn. I think learning takes place all the time and I think we've got to change our methods of delivery in order to meet the need." 3-6

It was agreed that 'one size does not fit all' and that a variety of approaches were needed to meet the variable needs of students with some being provided in the Trust and others by the University:

"I think they should be divided in a variety of ways, both in-house and just providing different sorts of opportunities for staff to develop study days, short courses, flexible learning methods, open learning, distance learning, blended learning, WBL, because people learn in different ways and I think you've got to have the provision for people to learn in different ways."
3-15

The Trust was considered to be an important partner in the education of nurses:

"I think it's got a major role to play in relation to professional development as opposed to personal development. If they're going to fund people to go on some form of training or further education then it's about looking at what the needs of the service are and looking at where the service is going and looking at succession planning and what skills they need people to have for the future. So I think they've got a very important role to play." 13-57

There was a consensus that flexible approaches were the way forward:

"I think it's essential that as educators we explore all the flexible methodologies available because I think we've got a different population of nursing students from what we had in the past and people's lifestyles are very different and because of that I think the way people choose to learn is very different so we need to address that, we need to make sure that we understand how people want to learn and offer them programmes that are available so they can learn." 4-6

Participants expressed a strong view that education provision should marry up more closely with the needs of the service organisation:

"I suppose what we really should be looking at is service need; what is required in the workplace

because that surely has to be the driver. It's not about academics writing a programme and saying, this is what we're offering, buy it or don't, it's about saying, what is the need at the service end, whatever type of service that is... what's required at the bedside and then developing a programme of development around that."
4-37

There was a view that nurses themselves were responsible for their own development but that they shared that responsibility with others which meant that sometimes, responsibility was not taken:

"I think if people were working as independent practitioners and there was a moral obligation on them to keep themselves up to date, then that is the sort of approach they would be taking otherwise they wouldn't be up to date and get employed, but because of the way in which nurses are actually employed and because of the culture that has pertained for so many years, which is gradually changing, a lot of people see it as somebody else's responsibility, a) to identify what the need is and b) to provide it." 9-87

Some of the blame for a lack of cohesiveness in the approach to professional development was laid at the door of the professional bodies:

"I think we're in a very difficult phase at the moment, because we don't have a strong professional body that's taking a lead so I think a lot of initiatives are left down to individual universities and schools of nursing or where they are located. We are really in a difficult phase. Not only do we have a professional body that's unhelpful it's also obstructive and I don't see a lot of collaboration across health care professions either that will be helpful to lead education because that's the reality of practice, so I think it's very difficult to make sure that we keep pace with what's required by the NHS." 2-6

Views of WBL Approaches

All participants embraced the notion of WBL and felt it would play a big part in the future development of nurses. WBL was not seen as a panacea and it

was acknowledged that such approaches were not a cheap option, but required significant resources and structures for them to succeed including networking opportunities:

"I think it's really, really important for the Trust to understand that it's not a replacement for academic study and that the only difference with WBL is that the study leave perhaps becomes flexible rather than disappearing." 3-62

"I think it's a good way of delivering, so long as we've got the basic systems, if you like, in place, because otherwise I would see that the students see themselves out on their own without any support. Support is vital and also giving them time." 13-116

"I think they're great (WBL approaches) so long as students are meeting up with other students so they're not just insular in their own clinical area." 13-93

For WBL approaches to succeed, participants suggested there would need to be a change of culture to one that is more receptive to flexible ways of working:

"...so it doesn't fit in with any sort of pre-determined approach and I think that's very difficult because it means that everybody has got to be very, very flexible and it's a change of culture, culture from the University's point of view and I think, a change of culture from the sort of approach that nurses have experienced in the past." 9-173

One of the challenges that participants identified was the misunderstanding of what WBL was about. It was suggested that there was much preparation to be done if WBL approaches are to be embraced widely:

"I think there's something about an understanding about what this learning really is and the philosophy of WBL. Many people sort of look at WBL and say, 'Oh we've always done that, we've always had WBL, you know, we send students on placement and people come on a programme and there are assignments about where

they work and that's not what I understand as WBL." 2-115

Expected Impact on the University

It was believed that the undertaking of the project to pilot a WBL module would impact on the University in a number of ways. Participants felt it would impact on the business of the University:

"I think it will have a big impact in relation to how post registration modules are organised in the future. Obviously we've got to wait for the outcome of this evaluation." 13-263

"So in the pipeline, probably after another twelve months, is looking at WBL at Masters level, probably a module that articulates with current programmes that facilitators can do and get some academic credit." 2-285

"So hopefully this is something that can help us, that can raise credibility not just within the NHS but for other business partners, industry. Salford University's reputation is based on its links with industry and I think there are wider issues there, so if can work together and get over some of the barriers, that would be wonderful." 2-360

In terms of expected impact on the University staff personally, increased workload was highlighted especially if the pilot module evaluation was deemed positive and WBL took off on a larger scale:

"I think it will increase my workload significantly, WBL for the academic staff I don't think is an easy option because a student on an individual basis probably requires more support than a group of students would, and you would say something once to a group of students where you would probably say it six times to six individual students. So again for the academic it's not an easy option." 3 -133

Another view was that the work involved with the project would enable a legacy to be left to the School of Nursing should it make an impact on its post-qualifying business. Furthermore that the learning from the project would be useful internally and externally to help others develop WBL:

"It's also about raising, hopefully, the profile of the School; that this is an area where we put our money where our mouth is and do what we say we'll do and then that's something we can share with others as well. And hopefully that's one of the nice things that will come out of this, that as we get more experience and we gather the evidence, that's something we can share with others so that it can happen in other areas." 2-330

Expected Impact on the Trust

It was generally expected that the pilot module would meet the needs of both the students and service and be good value for money. It was thought that the pilot would enable the Trust to see a tangible impact from releasing somebody onto a course, which traditionally does not always happen.

An impact beyond the students' immediate area was anticipated:

"Because it's across the rehab CAT it hopefully won't just influence practice on their ward, it will influence it across the CAT. That's the dream anyway." 13-258

Whether there was an impact on practice was recognised in part as being dependent on the climate in the Trust as one which fosters change:

"Again, it depends on the environment that they work in. Hopefully they'll be enabled following this module that they do, to implement some of the things into practice." 13-255

Expected Impact on Students

There was much agreement as to the potential outcomes of the pilot module on the students themselves. At a personal level these commonly included

empowerment, motivation, confidence, awareness, increased self-worth and sense of being valued:

"It's them making a difference in their own clinical areas and feeling then very valued for doing that, hopefully." 13-163

"I think nurses have lost the ability to see in some instances what's going on around them and I think it might open their eyes so that they can see what's going on around them." 3-156

"I think it will make them more assertive with doctors if they have the confidence of some reading behind them." 3-158

One view was that the impact of involvement in the pilot module could be profound:

"It has the ability to change their lives." 3-160

It was expected that some tangible impact on students' own practice and that of their colleagues was a real possibility:

"Well I think the whole basis and philosophy behind the WBL is that it would improve patient care by improving the education of those giving the care so I think that ultimately the main emphasis perhaps is on the improving of patient care." 3-173

The relevance and local importance of the students' projects were considered key factors in any impact on practice:

"The students are actually looking at issues that exist within that workplace, finding solutions, which has got to have implications for people because they are going to be able to share those solutions and hopefully practice will change generally, so as far as patient care is concerned I think there's a lot of potential, just in the projects they're looking at and the way in which they will be able to use the projects." 9-382

Participants hoped that some students would continue on a pathway of professional development and perhaps gain a Diploma in due course:

"I think it will enable those not on a progression pathway to realise actually I can do this and get back in touch with that process and push on really and just not to see this as a one-off module but to tag it on." 4-219

Anticipated Challenges to the Module

As well as the many anticipated positives to the project, a number of risks, challenges and threats to its success were noted.

Concerns about the students included an early indication that not all students had willingly applied for the module:

"...the things I've picked up are that some students were told to come on it rather than, you know, this is my dream, this is what I want to do, so I think straight away that that's an obstacle that I'd say we've got to get over." 13-181

The skills and abilities of the particular group of students, who had not been overly engaged in continuing professional development activities previously, were viewed as representing a particular challenge compared with other potential students who may have studied more recently. It was considered that if WBL could work for this mixed-ability group, then it had potential to work with all other groups in need of development. One participant wondered whether students' study skills would be sufficient, especially for students who had not searched for literature on a computer before. Tied in with this was the view that student learning styles may not have been planned for adequately and that students may not have been sufficiently clear about what was expected from them:

"Learning style issues again need to be explored, so if we are offering open entry, we need to ensure that students completely understand what the process

involves and I don't think we did that adequately in the beginning of this programme." 4-181

A further issue evident from the project outset was students' apparent difficulty making sense of the module assessment grid.

Mentioned but little expanded on was that cultural issues in relation to students may need to be explored in greater depth.

As both mentors also had managerial responsibilities for the students, this was considered a potential conflict of interest:

"I think manager acting as mentor, not sure that that actually is the best thing. I think that we are looking at issues to do with role conflict where managers who are acting as mentors on the one hand are mentoring an educational process but on the other hand may have to conduct a disciplinary process and I think we need to look at the conflict that may arise from that, both for the supporter and for the student." 4-185

Time and infrastructure were commonly suggested as factors that could lead to students floundering:

"And perhaps what they do with that time, because, yeah, they could perhaps go to the library, it's what they do when they're in the library and if they're floundering then that just demotivates them doesn't it?" 13-184

One view was that the University was new to delivery of this kind of WBL module and that this was an issue to be mindful of. The risk of the pilot module failing in terms of the students not passing their assessments was a concern of another participant.

A further risk was the accessibility of technology (e.g. Blackboard via computers) in terms of availability and students' ability to use it. Such distance approaches also ran the risk of being perceived as impersonal which needed managing carefully, according to one participant.

Other tensions pertained to both the module and future WBL activities that this pilot might prompt, including having the right people involved, which could impact on the student experience:

“At the moment I think the pilot team is very motivated. I think as it disseminates down or up, other people who are asked to take part in the module might not be as motivated as the pilot team and that could add to its either failure or success.” 3-112

Factors Expected to Promote Success

Participants widely believed that the success of the pilot module rested largely on adequate support being in place. All partners were committed to its success and what remained was for it to run its course with appropriate support measures:

“In my experience I think that things like WBL, flexible learning and open learning only work if there is a skeleton support system, a clearly devised support system that the student might not see but is there.” 3-88

“I like the fact that we’ve got a selection of support for them so it isn’t a nursing tutor, it’s a selection of people who have got knowledge and expertise about the specific area in which they are working. Having said that it’s good that they have an objective tutor who can come in with these objective points of view about the way projects are being developed and designed and making sure the academic rigour is in there etc.” 4-117

Another notable factor was that the project was timely for Trust and University partners and actually arose from the practice partners:

“Right, the fact that the initiative came from yourselves in the Trust, I think it was appropriate to follow that through because there is nothing worse than trying to sell something to someone who doesn’t want to know about it and the fact that that’s where the initiative came from probably meant that it was the right thing to do, to work with those people because they wanted to work and they wanted to achieve.” 9-197

Trust Staff Perspectives

Views of Nurse Education

Participants generally considered education and training of health care staff to be a shared responsibility between a trust and an education provider.

Universities were viewed as providing the more academic courses such as Degrees and entry courses to the professions. An expectation that was not always fulfilled was that higher education providers would have courses to meet the specific needs of trusts. When asked how trusts and universities have worked together previously, one participant replied:

“A lot of that has been around SLAs (Service Level Agreements), about having so many courses and the availability of so many places and it’s really been about matching people up to courses rather than the other way around. If you are an individual or at a different level and you go to look at a Masters level course, you tend to go and look for the course you want to do if it fits the requirement. I think with the SLAs we have so many courses and these courses are available and luckily historically those have fitted into the workplace quite well. At Masters level people start to look at the courses they require for their job so we’ve got two different relationships in that way.” 7-61

The way education and development was ensured in the Trust was viewed as variable:

“Well I think some nurses need encouragement but I think they need to take some ownership around their development issues and opportunities. But I do feel that it needs somebody to help bring that out sometimes with certain nurses. Some nurses are very, very clear about their objectives and where they want to go to next and what opportunities they need, and some are not as clear and may need a bit of help in planning their development and professional development. They may not have had the opportunity in the past to do that. And it brings up some issues around the personal development plan, some nurses have them, some nurses don’t, very dependent on the leader.” 1-56

It was felt that what was needed was an approach that truly integrated theory and practice:

“...it’s about the University acknowledging what goes on in the workplace. Whilst people can go to university and learn x, y and z, we need to know that that x, y & z theory is then put into practice. So it’s important to have the academic rigour to what they’re doing but again it should be shifted into the workplace.” 1-70

Some rehabilitation nurses were viewed as not adequately having their needs met with regards to the speciality. It was suggested that this was perhaps because some of those nurses did not choose to work in the setting. Whereas others had embraced the specialism and educated themselves to Degree level and so their practice was well-informed. Most rehabilitation education for nurses had been delivered in-house.

A disparity was noted between education provision and the requirements of the Trust rehabilitation services. Whilst there was a firm belief that all staff should be able to access professional development activities according to their needs, this was viewed as not always being the case, often because of the influence of the different managers involved.

The Trust’s role in developing its rehabilitation nurses was viewed as one of providing opportunities for staff to develop.

Whilst the University was viewed as the source of higher education, opportunities for an increased presence of academic staff in the Trust was welcomed by one participant:

“There’s talk about academics in practice and things. My experience of those is that I haven’t seen any. Different areas have got them and from what I can gather the role would be quite good because you’ve got your academics coming from the University working with the people on the ward and things. I haven’t seen that in action so maybe that’s something that needs to

be picked up a little bit more from the University side.”
5-66

Views of WBL as an Approach

WBL was viewed positively as an approach to developing Trust staff. As one participant stated:

“It addresses an awful lot of the Trust’s requirements and objectives, it fits in with the corporate objectives, it fits in with clinical governance requirements and, for that individual who would be involved with WBL.” 1-176

WBL was seen as a way to impact positively on patient care in ways that traditional approaches to practice development had failed to achieve. The introduction of WBL was viewed as timely, as the climate in the rehabilitation setting was in need of change:

“I think they have lost the essence of what evidence based practice is and how you bring new ideas into a ward and how you do look at new practices and whether you can use them in your area so I think they’re a little bit lost in the ethos of how to introduce new ideas and what new practices are.” 7-102

Expected Impact on the Trust

The WBL module was expected to have a particular impact on patient care. Students were envisaged to become more analytical and questioning in their thinking and approach to care which in turn would promote a more progressive practice culture. A small change in attitudes was hoped for. Furthermore, clinical governance requirements, service objectives for rehabilitation, policies and procedures were expected to be positively influenced by WBL.

The impact of the module on personal workloads once in the role of mentor, was not expected to be too challenging. Involvement in the project for one participant was possibly going to change their current job role for the better,

through having a direct influence on practice. For another it was going to improve the quality of practice in the clinical areas they were responsible for.

The pilot project was expected to impact positively on the profile of the Trust for its part in the initiative and through its collaboration with the University.

Expected Impact on Students

A sharp rise in confidence within students was widely expected. Another expectation was that students' practice would be critically examined and findings shared with colleagues. Furthermore it was hoped other professional development opportunities would be accessed by the students and that this would have a knock-on effect with other staff.

It was anticipated that any impact on practice may be immediate:

"To somebody who's not done study particularly for a long time, if they're learning and they're trying to develop stuff, it's nice for them to be able to see kind of immediate results, if you like, there in the practice, and you know that there is a direct correlation between what they're learning and what they're doing in practice." 1-286

The bespoke and extensive support mechanisms - buddies, mentors, personal tutor and action learning sets - were expected to meet the students' needs. The length of the module was regarded as appropriate and expected to be welcomed by students. All these mechanisms together were thought likely to promote students to pass their end of module assessments.

In terms of how success of the module could be measured, one participant gave a view shared by others:

"I think even if we get half of the students we've got to complete the course and to submit the project and to change the practice areas, it will have been a success." 5-195

Anticipated Challenges to the Pilot Module

Participants shared concern that students would stick with the module and complete. There was a requirement for students to move from being highly supported, to being more self-directed and it was questioned how well this would happen.

How participants giving support to the students (mentors, action learning set facilitators) would manage the demands on their time, was a further concern.

The use of Blackboard technology was viewed as unlikely to be embraced by the students:

“From the outset of the project I had many reservations about using Blackboard because this group of nurses have not been used to using a computer. Many don’t have a computer at home and many struggle to use a computer in the clinical area.” 1-128

The self-directed approach of WBL was considered to be a likely challenge:

“Self-directed learning I think for this client group will be more difficult to take on board when their traditional learning will be in a taught environment in a classroom and then they go out and practice. Again it’s the ability to internalise information and then actually put that into working practice and that’s actually quite a skill. It’s more traditionally associated with post grad’ learning so I think this will be a whole new concept for them and until it’s evaluated I’ve no idea how they are taking it on board. I would suspect that the majority of them would feel more comfortable with sitting in a classroom and being taught.” 7-235

Student Perspectives

Module Students' Education Backgrounds

The students undertaking the module represented a wide group of learners with a diverse educational background. Post-school education qualifications had been sufficient to undertake Enrolled or Registered General Nurse training, but no more than that for most. Four students had been recruited from India and the Philippines to work in the UK. In one of those student's countries, the rehabilitation speciality was reported as being an unknown concept. Three former Enrolled Nurses converted to become Registered Nurses several years prior to the module and two had undertaken no formal study successfully since, only occasional in-house study days. One student had a City and Guilds Teaching Certificate. Reasons given by the students for lack of study frequently included family priorities, but also bad experience with course teachers' attitudes and part-time working were mentioned by two students respectively.

Updating of knowledge tended to be by way of Trust teaching sessions, especially mandatory training and workshops, reading publications such as the Nursing Standard. One participant reported literature reviewing as a means of keeping professionally updated.

Most students had worked in the rehabilitation setting for many years. Clinical backgrounds generally included medicine and care of older people with some surgical, emergency and paediatric experience in single cases. Only one student had a substantive, specialist background in rehabilitation. One student had worked on the same ward for nineteen years whilst others had moved around more. One had an in-house orientation course when first coming to work in the rehabilitation setting whilst others said they had received no specific rehabilitation education. The internationally recruited students had undergone adaptation programmes during which time their mentors gave some focus to rehabilitation nursing.

View of Professional Development Opportunities

The students were under no illusions about the many skills that rehabilitation nurses need:

“Number one, patience. Time. Multi-skilling really, because you’re not just a nurse, you’ve got your OT (Occupational Therapy) bits, you’ve got your physio, you’ve got to a certain point, counselling skills. You need to help people through things, but you do definitely need to be multi skilled because like washing and dressing, mobility, even feeding, swallowing problems, diet problems. It’s a big array of skills that you need. Understanding as well... And you need to be able to motivate others as well and knowledge and things you might pick up and learn, you need to come in and share because you find the majority in here are that mundane robot and have lost interest. I think that’s the biggest problem with rehab. So you need some skills in order to be a motivator, to go out and do it, go out there and find yourself and share. It is difficult.” 11-220

The professional development environment was viewed as being dependent in part on the ward leadership.

The Trust was seen as being good at providing training for mandatory topics. If courses were not considered interesting, students reportedly would not seek to go on them. Universities were also recognised as education providers but students had had little exposure to higher education to be able to comment further. Speaking of the Trust, one participant said:

“They have got a role because they do in-house training and they put different things on, they bring different people in from different areas for workshops, little sessions for this, that and the other. I don’t feel they encourage you very much. I don’t feel that they do encourage you enough. You’re afraid to ask for study time and when they don’t offer it you don’t ask for it. I think you’re entitled to it. That’s difficult because you’re doing it in your own time and you’ve got everything else to cope with. So I don’t think they encourage you that way.” 11-87

It was viewed that the Trust had a role to identify staff learning needs and that those staff were responsible for updating themselves.

Several participants were disappointed as they felt they had lost acute nursing skills since they had worked in the rehabilitation setting and thought that was a general problem for other nurses in their clinical areas:

"I think a lot of nurses don't have the basic... especially on a ward like mine, just the acute area, where you lose a lot of your skills, just general thing... A lot of nurses are frightened of asking and say, 'oh no I can't do this', because you've been qualified about twenty years and you daren't ask another nurse who's been qualified about three years, 'I don't know how to do that'." 12-36

Whilst some students said local updates and informal teaching sessions were available to them others said they were not.

Expected Impact on Students

Students had difficulty in articulating their expectations of the module and generally felt it would be good for them but were not sure how. At the time of interview, students were still grappling with what WBL was about and what they would be doing on the module.

One student expected to become more interesting to work with as she gained knowledge in her topic area and gathered other useful information along the way.

An impact on practice in the students' wards/departments was highlighted generally as an expectation. An impact on colleagues was also indicated:

"A big change really, because you're not just changing the way you work, you're teaching the people you work with." 12-183

Another expectation related to Agenda for Change:

"I just thought it would benefit the ward but also benefit myself for this new Agenda for Change and I thought it would help me hopefully. Plus if I did want to make a move, it would help having this course behind me." 12-177

One student felt the module would get her on the path to promotion.

PART 2. Realities of the Module

These findings pertain to follow-up interviews held with the Trust staff (mentors, managers) and students between 1 and 6 months after the module end. Action learning set facilitators were also interviewed once, 6 months after the end of the module. The purpose of these interviews was to identify immediate and longer-term impact of the module.

Seven out of eight students who completed the pilot module passed their assessments.

Projects belonging to the seven students who took part in the evaluation are:

- A poster - fluid balance monitoring
- A poster - infection control system for maintaining clean commodes
- A poster - oral care
- A training video - use of TED stockings
- A patient journey - pressure sore care
- A patient journey - continence plus a poster
- A poster - mood in older people

University Staff Perspectives

Views of WBL as an Approach

When asked to reflect back over the pilot module, all participants remained convinced as to the merits of WBL. The project was considered a great success bearing in mind that it had been a quickly devised pilot and had still been under development in places as it ran. The general view was captured by this participant:

“I’m inspired by it because what I really like is the link with practice. I really like the fact that the students were able to learn in the workplace. They were able to identify a project that was relevant and meaningful both to them and to the managers, service side. They were able to focus on really tangible benefits for the patients.”
4b-34

Views of Roles within the Module

The roles of the mentors were viewed very favourably. Despite a potential for conflict between mentor and manager roles, the participants did not report this as a problem.

The action learning sets were seen as key to the adequate support of students although their attendance at these was variable. The reasons for this were not clear to participants although one suggested the following:

“The difficulty was that the students, if they hadn’t prepared any work for the action learning sets, would use not being able to get away from the ward as an excuse whereas actually we knew that wasn’t a valid reason.” 4b-182

Poor attendance at action learning sets presented a significant problem to those who made it to sessions and received less opportunity for peer support and wide discussions. Poor attendance was also disappointing because the action learning set facilitators were known to have put a lot of personal energy into running them:

“I think it’s very commendable to the action learning set facilitators because they gave up their time, they weren’t going to get any kudos particularly for doing it so I think we’ve got to really commend them for that. That’s one of the reasons that I think... I don’t know how many people would do that and if they could be released and everything to do that. I thought it was very commendable.” 13b-170

The roles of personal tutors were considered to have been successful with the only question being around how those roles might have been interpreted and carried out differently by the individuals concerned e.g. degree of student contact initiated by the tutor.

Not all students reportedly had appointed buddies in the clinical areas yet where these had been utilised, they were believed to have worked well in giving students a better understanding of their topic area.

View of Blackboard

Despite high expectations of Blackboard, participants felt students did not make use of it which was supported by Blackboard records that showed minimal or complete absence of use:

“Initially, because I’m very familiar with Blackboard and I’m used to people using it actively, we set it all up ready to go but the students didn’t access it, which was a big disappointment and some of that I’m sure was due to the fact that they just didn’t have the skills and we didn’t address that earlier on. Whether or not one of the prerequisites for commencing on this type of programme is that you actually can use technology is something that we are going have to think about. Whether or not we would want them to do a small study skills programme or something before, because it wasn’t used and it could have been and so much of the gap if you like, throughout the programme in terms of the students accessing us, could have been filled by them accessing Blackboard.” 4b-408

“So I think it depends on where people are up to with it but I think... I don’t think my students particularly used it very much. But then they’d not switched computers on

much before. I think to get them searching and everything..." 13b-183

Challenges Experienced During the Module

In terms of structures and processes within the module, a number of challenges were thrown up.

It was noted that the development time for the module from idea to inception was particularly fast and challenging.

Open access was viewed as the right way forward and as a means of widening participation:

"So that was a very positive way of looking at open access. On the other side of that, these students were actually very, very difficult to engage because they didn't really have the study skills that were required. Whether if they had come on a taught programme it would have been easier, we will never know. But for example they didn't really know how to utilise the library. They certainly didn't know how to research on a computer. They really didn't understand their role as an independent learner. They were very dependent and if the information wasn't provided they didn't have independent thinking skills to be able to move on. Many of them assumed that it would be the mentor who would be ringing them and saying to them, we need to meet. So those issues really were very, very quickly recognised." 4b-219

With hindsight, initial preparation time for students was considered inadequate as many topics had been covered during the two orientation days including WBL, reflection and action learning theory, assessment methods, portfolio building, learning styles, support staff and support mechanisms:

"I didn't predict how much time we needed to prepare the students for the new process, we got that wrong and so I have learned that we would need an extra day to enable us to ensure that the students know what they are doing." 4-214

Time for preparation of staff was also highlighted as lacking, for example action learning set facilitators and Project Team members themselves. Blurred boundaries between roles added to this challenge:

“However, I think what I have learned is that the action learning sets were often being used in place of a personal tutorial with the University teacher and the action learning set facilitators are not qualified lecturers or tutors or teachers. So they were compromised in some way, so we would have to review that and ensure that roles and responsibilities are truly understood.” 4b-110

A need to develop a sense of team spirit amongst the students had not been addressed and was suggested as an area for improvement:

“It would be better if we could have more time to do things like team building. If action learning is going to underpin it, I think that needs to be a team of people who learn to trust one another and they might do that through some sort of outward bound exercise rather than doing it, you know, sat in a classroom. There are limitations because there are cost implications and all the rest of it but I think we do need to look at ways in which we can help those groups integrate.” 9-253

Participants reported that the requirement for students to make sense of and work with the assessment grid had proved challenging and more than one student ended up making several changes before finalising their choice (e.g. poster, patient journey). Furthermore, it had been the students' responsibility to complete the assessment grid paperwork and take these to the final assessment meeting, which most did not, suggesting the forms may have been too complicated.

Whilst an attempt had been made to group students by learning style for the action learning sets, the geographical arrangement of the Trust into four sites, miles apart, hampered the success of this strategy:

“One of the issues that we had, and it's a geographical issue, we did actually divide up the students by learning

style. Now I know there is a for and against for doing things like that but it was a crude way of identifying who was going to be active, who was going to be reflective, who was going to look for theory and all the rest of it and we did all that and it just got kyboshed because this person couldn't get the bus and that person couldn't get a taxi and so then it was done on a geographical basis to make it easier for people to get there. I haven't actually looked to see what the effect of that is on the groupings as far as learning styles are concerned but I suspect it hasn't helped." 9-243

The release time for students to get to the action learning sets was not considered a problem:

"The managers on the wards who were responsible for offering protected study time were great. They offered the protected study time for the students to get to the action learning sets. No problems at all." 4b-179

Inadequate preparation of action learning set facilitators was highlighted:

"...and there are issues around the skills of the action learning set advisers because apart from a sort of one day session that we were able to give them, they had no preparation at all. Because of the way in which the students have viewed learning, they have adopted, in my view, the role of teacher." 9-227

The separation of components of the assessment process was disliked by one participant:

"For me personally I'm not happy with the mentorship role and I would like to look at students producing something like a portfolio where we incorporate everything into one big document rather than having a learning agreement and then doing a portfolio, doing a project. I think it's all muddled." 4-237

The learning agreement process was highlighted by one participant as not very successful:

“The other thing about the mentor is that we introduced a learning agreement to try and activate the process elements of the project build. That didn’t work very well. A lot of that was completed retrospectively. The process just didn’t get underway well and we will re-think that. ”
4b-361

Whilst two participants expressed a particular view about the student portfolio primarily being for use at the *viva voce* as opposed to being marked:

“Even on that day, you know, I was seeing some of them with their portfolios that were great and were given no credit for that. No credit for the portfolio. Got to re-think that. Because some of them came in with wonderful portfolios and they’d photocopied stuff that was relevant and reference lists and they were giving them out to us. Others came in with, you know, what was a portfolio in theory, was about four or five pieces of paper and so we would have to re-think that.” 4b-473

As an alternative it was suggested that the portfolio be assessed and the module credits doubled from 20 to 40, which would have more appeal to some students investing a year of their time.

Several students were believed to be most active with their coursework in the latter few weeks of the module and even in the last month. Prior to the intermediate day set up two thirds of the way into the module, little progress at all was perceived to have been made by most students. However, rather than seeing this as a problem, it was viewed by one participant constructively:

“However, I suspect if I knew a little bit more about the theory of work based learners, I might see that that was probably not that unusual and that this, I called it a ‘lag’, I called it a learning lag because I couldn’t think of anything else to call it but I, you know, they were just laggards. The temptation was to keep going in and ringing them and... I just didn’t want to do that because I needed to see if they could be independent. They did become independent in the end but it just took that period of time and they were successful.” 4b-232

The submission of project date as immediately after the New Year was considered very inappropriate as was scheduling of a single day for students to collect their results:

“...we’ve lobbied the assessment department because they wanted them all to come in on one day to receive their results because it’s an interim process now. That’s very difficult if you’ve got four students coming from one clinical area, you know. So, funnily enough it’s all that sort of thing that we’ve learned, you know, all the little details to do with administration of the programme that we’ve learned. I have a long list.” 4b-555

Communication between Project Team members could have presented a challenge but did not due to a process of team action learning:

“Setting up the action learning sets for us as a team, I thought was a master stroke and although they didn’t necessarily function as well as action learning sets should, it was still a forum for us as a Project Team to discuss issues every time and that was extremely helpful. And we did stick rigidly to the timetable. We didn’t miss any of those and they were important. And I think it enabled us to really see it as a process and to keep our communication going and that was important, and to support each other.” 4b-268

Of concern was the view that cultural differences may have been a factor in some student’s progress, but such issues had not been explored in any detail within the project. A written assignment by one student whose first language was not English was questioned by a participant as perhaps unhelpful to the student. This participant went on to share experiences of other modules where students had particular cultural needs relating to differences in training, learning styles and writing ability.

Finally, whilst less of a challenge to this pilot module, a future challenge was highlighted repeatedly around sustainability:

"I think members from the Trust were extremely dedicated. I think they worked very hard. I wonder whether that will be sustained when it rolls out into a wider audience, because I know the people involved in the pilot were extremely committed." 3b-69

"I personally felt the Trust were very supportive but again it might be the cynic in me, I don't know how sustainable that would be in a long term venture. I'm particularly thinking about the action learning set facilitators." 13b-70

Realities of the Module for the University

Early challenges to the module approach, whilst not always helpful at the time, were later thought to have aided refinement of the module:

"There have already been lots of barriers that we've had to overcome. We have adopted a 'bottom up and a top down' approach and surprisingly the bottom up bit has been fine. We've not had much resistance from, if you like, grass roots staff. But there have been others who have been sceptical. Perhaps that's important because it makes you go back and think things through and put a more convincing argument together and that's quite a healthy thing really." 2-181

One impact upon the way the University would normally operate concerned the role of the personal tutor:

"Yeah, well we were personal tutors and... the only difference I think from sort of conventional personal tutoring was the fact that when we saw the students we wouldn't necessarily see them on their own. Nine times out of ten we had to see them in the clinical area and that for me raised the issue that they didn't see themselves as university students which was something else we would need to think about. They didn't really seem to think that the University was anything to do with their programme and when it was suggested that they come here to see me for a personal tutorial, that obviously seemed to be very, very difficult." 4b-298

The evaluation study was itself seen as advantageous to the pilot project:

“Yes, I think the significant thing about this is that for the first time we are collecting sound evidence about the impact of education in practice. I think it would be fair criticism levelled at us that we’ve changed things sometimes, sometimes radically and we’ve never evaluated it properly. If you are going to convince others that this is something that’s credible and worth working on, you’ve got to provide the evidence... So this is obviously something for the Faculty that, you know, we’ve got expertise in and we’ve very little education research to support that. So for me this is about, it’s a good thing to do for the Faculty, it’s setting standards for what we expect in terms of creating our own evidence but it’s no good doing things on a whim, so the evaluation to me is really important.” 2-315

On a personal level, individual participants reported enhancement of their role through increased access to clinical areas, a new remit to develop further WBL modules at Level 3, greater insight into clinical practice, increased knowledge of WBL and action learning theory and practice, focus for future WBL activities and spin-off projects relating to Blackboard and a mentorship programme.

Enjoyment and satisfaction was strongly evident amongst all participants who had found being involved in the project quite exciting.

The only negative point was to do with disappointment by one participant at not being contacted by their students, whilst being aware they were likely getting their support needs met in the Trust. In the end, this participant viewed this issue as a positive:

“In fact, I don’t remember one student ever saying, can I come and see you? Every time on the few times that I did see them it was, when can you come and see me? So they really saw the workplace as the place of learning, not the University. And that was ok. I’m not sure how that would work if you had large numbers but maybe we indulged them a little, I don’t know.” 4b-308

The wider impact of the module on the University is that it was expected to inform a review of the Academic in Practice role. Furthermore the module

has been said to have been instrumental in the development of a WBL Degree (Level 3) which is expected to commence in September 2007.

Realities of the Module for the Trust

One participant, who was not a personal tutor for the students, relied on the views of colleagues as to the impact of the pilot module:

"I can only base my opinions on the outcomes of their projects and this was a question that was asked again in the viva and the students who presented were quite clear that things were different. That was supported by the mentors who happened to be guests at the viva. They verified that things have changed. There is a difference." 4b-515

Those participants who had had significant contact with students perceived much impact on practice to have been achieved, whilst being aware that sustainability of any practice change was not guaranteed:

"...(the student) who was looking at commodes and cleaning of commodes, I think that had made a definite impact on patient care in that she'd actually managed to get the strips that you put over the loos when they were cleaned and the commodes and that was, so she said, happening on the wards and I believed her. Now whether it would be sustained I don't know, but it was something so simple and so realistic, you know, but from what she said that has made an impact and is working on the ward. Putting posters up and things like that, I'm not quite sure what the impact is on that, but that was a reality, the commodes." 3b-292

Realities of the Module for Students

The amount and quality of coursework that some students had done, regardless of whether they passed or not had hugely impressed participants. The student presentation and assessment day was viewed as the highlight of the pilot module. The degree of development witnessed in some of the students was viewed as particularly great.

On the presentation and assessment day, several students indicated that they may go on to do future development activities, which is an aspiration they did not have at the outset:

“A couple at the presentation said that this is the start and they had plans to go on, whereas when they started they had nothing, they had no plan, they didn’t see themselves in five years... and they have actually made change in practice.” 3b-235

Impacts were further identified as being on a personal level as well as the project area itself:

“I mean, obviously they (the projects) were fairly small scale if you like but I think, for the students, it was about recognising that they could make a change and, you know, they learned about change management, they learned about communication, they learned about assertiveness skills, you know, professional issues were raised that they hadn’t seen initially, so that’s good. They talked, a couple of them, about feeling as if they were better advocates for their patients because they weren’t allowing shoddy practice any more, they weren’t allowing people just all to do things differently. It was about getting a consensus of agreement and looking at the evidence to support practice.” 4b-520

Participants identified an increased awareness amongst some students that suggested they had developed a better grasp of issues around management of change:

“...what the students are realising now is that there is the pebble effect and so whilst they’ve identified that if I do that, that will change, what they are now beginning to realise is that actually if I do that and that changes, then that, that and that also has to change so I think they’ve realised that it is very much a shifting sands scenario for them.” 4-272

Participants got the firm impression that the pilot module had impacted positively on students for the longer term but that they needed guidance to progress beyond the module:

"I'm quite sure that they'll continue along the Diploma pathway. I'm quite sure that they will access a pathway. And I think, we discussed this actually as a team afterwards, that we've really now got to get in there and get the advice right and get them to focus on relevance because I think, even for those who really sort of overtook in the last month, I think the successful element of it, the thing that made it successful was the fact that they saw the relevance of what they were doing. So I think if they get the right advice and support they should be able to move on. Some of them were talking about management programmes, mentorship programmes, modules, you know, really relevant modules. But again, they were linking it also to moving up clinically." 4b-446

Trust Staff Perspectives

Views of Roles within the Module

The role of mentor was believed to have been well received by students despite mentors also having managerial roles with the students. Buddies were considered to play an important role initially but that subsequent support was mostly from the action learning sets facilitators and mentors. Over all, buddies were not felt to have been utilised as fully as was possible. Also, buddies were viewed as having being insufficiently prepared for their roles and so the best was not gained from them:

"I mean infection control nurses, stroke specialist nurses they picked as buddies. Some of the students really took this on board and used the buddies an awful lot and some didn't. I think what we missed out on was the education of the buddies. We didn't give them enough information. Maybe we should have prepared something to say 'this is this type of course, this is what the role of buddy is going to be expected for'. We didn't do that." 5b-599

Personal tutors were noted to be less accessed by the students within the module until toward its end when academic input was greatly wanted by the

students. Action learning sets were viewed as being vital to the success of the pilot module. The preparation of the action learning set facilitators was noted as being less than what they were actually perceived to need. The elements of the different roles and where they should and should not overlap, was highlighted as in need of clarity.

Worthy of note was one support mechanism the students benefited from within the Trust that was viewed as making a difference – Medical Illustration Department:

“When we put people into linking with Medical Illustration they produced professional looking posters and things. The motivation of the students just went right through the roof. They could say, ‘I’ve done this, I’ve produced this’. It was their work, but presented in a different way because that’s not where their skills are, their skills are on the clinical side. They have the clinical information we say exactly what we wanted, but when it linked with Medical Illustration, and they saw the finished work. You can see the change.” 5b-268

Views of Blackboard

Participants’ expectations that Blackboard would not be embraced by the students were borne out:

“My impression was initially I had massive reservations about Blackboard anyway. I think that’s because I knew the students and I knew they wouldn’t be comfortable using it. And I think that’s come out in practice, I don’t think they used it. They certainly didn’t surprise me and use it more than I thought they would do. It depends on the students you pick, if you have different students then maybe they would access it but with this group of students, I had a feeling it wouldn’t work.” 1b-272

Follow-up training on its use back in the Trust was advocated for the future, rather than a single, University-based training session. The potential for Blackboard to be useful for students to communicate with each other on different sites of the hospital was suggested as a reason why Blackboard

should have been less hurriedly implemented. In practice, Trust mentors offered informal support to try and encourage Blackboard use by the students but with little uptake.

Challenges Experienced During the Module

One challenge highlighted by participants concerned the lack of study skills the students brought to the module, particularly in relation to computer skills:

“Well they had absolutely minimal study skills, minimal. One girl didn’t even know where the library was on site, her computer skills were zero. This girl set off doing her work on a roll of wallpaper and now she’s done Excel and PowerPoint and Word so it’s been fantastic. I think they needed more at the beginning though, I think we underestimated that particularly in relation to Blackboard because Blackboard was going to be a pivotal point of this project. I know I had my reservations anyway to start with and they didn’t use it as much as they should have used it, whether that was the students we picked because a lot of them didn’t have computers at home as well and accessing computers on a ward is difficult at the best of times. So I do think they probably needed more input around that.”
1b-117

One participant noted that students applying for the module had not been interviewed as part of a recruitment process and felt that they should have been to assess motivation and ideas for their project topic.

Once participant thought students who did not have English as a first language may have been disadvantaged:

“...yes we had students where their English language wasn’t perfect so they may be disadvantaged from a language point of view and I think culturally as well... their education system is very different. To put them into a WBL scenario where you’re in charge of your learning might be have been a cultural shock for them.”
5b-950

Participants believed students did not take all of the study time available to them and thought this may have had a negative impact. It was further suggested that more structure should be given to study time rather than leaving it to the students to agree locally which was a tall order.

The time demanded from mentors was very high which was attributed to this particular WBL approach of high visible support, the nature of the students, the need to spend time promoting WBL to senior colleagues and the fact that it was a pilot module. One view was that the workload could have been more manageable if shared out more with the University partners:

“...at the beginning it was half of my working week was spent sorting this all out and sorting out the support because it was about getting them to engage with the project as well because of the type of people they were. But I think it’s essential to have somebody on site that they can just knock on the door or give a quick ring to. Plus they knew who... they put a name to a face at the Trust and they’re more likely to get in touch with somebody that way.” 1b-153

The detailed support needed by students from mentors was elaborated by one participant:

“‘How do I get to Salford University?’ would be one. ‘Where is the car parking meter?’ was another one, this is how bad it was initially. ‘Can you tell me how to get to Peel House?’ It ranged from that to ‘I need to get onto Blackboard, can you give me some advice how to get onto Blackboard? What sort of things are relevant to discuss? Who do I access at the library, which libraries are best for this book? Which magazine’s best, which articles etc’. So it was a whole range.” 1b-164

Action learning sets were viewed to have been key to the perceived success of the pilot module. Challenges presented however, when attendance of some students was poor:

“The action learning sets were one of the main keys to it. That was an area that pulled people together. We got

to a point halfway where the action learning sets diminished and we lost a lot of the attendance for one reason or another. We made the decision then to have one action learning set rather than the two and at that point, it resurrected things, it brought things back together.” 5b-230

The student assessment grids were considered problematic for them to understand and participants also had some difficulty with this document. One suggestion was that some students struggled when presented with a choice and attempted to choose the easiest method rather than the most fitting. Yet participants believed the assessment grid had been a very good idea as students would either not have undertaken a module with only a traditional written assignment or hit difficulties as submission of that assignment loomed.

Participants judged the non-inclusion of the students' portfolios in the assessment procedure to be a mistake:

“I think the portfolios should have been marked to a certain extent and I think the students felt that it should have been marked and they felt by producing this big piece of work that nobody was looking at it. And that it didn't count for anything.” 1b-517

A further concern was the exact mechanisms by which the students would be followed up after the project end to encourage them to publish or disseminate further and continue to develop generally. Trust mentors indicated they would take steps to try and address this issue but the mechanisms had not been part of the pilot project design.

Realities of the Module for the Trust

Patient care was viewed as having been impacted on in the majority of cases and so the pilot project was deemed a success for that reason alone. The changes witnessed in practice provided the evidence that participants needed to judge this perceived success:

“In relation to the people, who attended the WBL programme, I think that the changes that they’ve made have been amazing, not just with the project, I mean their professional and personal development has been amazing.” 1b-63

An example was given of a student who had examined oral care and changed oral care packs, changed toothbrushes and associated practice. The fact that posters were produced by some students meant that these were being used in practice:

“Looking particularly at the posters, I’m still seeing them in clinical areas so they are up and done. They’ve been laminated and put up in the sluice for example for infection control so they are much more useful than just doing the assignment if you like and they are there now as a visual aid for all staff.” 1b-478

One participant had heard that these posters were being noted by patients and relatives, which they thought gave them a positive impression of those areas.

Even after only a few months into the module students were noted to have been impacting on practice:

“...we are already seeing in certain areas a huge impact on patient care. There’s one student that’s doing something on TED stockings. She’s brought reps down from different areas, has got a manager involved, has put training sessions on, has produced an information sheet. The exciting thing about it for me was that she looked at TED stockings as a general area and found out where the ward was, found out that they didn’t know what they should be doing, how to apply them, when to take them off. So what the girl did was went away and found out what they should be doing and produced a training package so that the ward will change its practice. That for me embodies what the course should be and if we get a couple of students to do projects along that type of area where they do actually change practice, then I think it’s very worthwhile.” 5-344

There had also been a large number of expressions of interest about the module from potential students and managers within the Trust.

The partnership working and close communication with the Trust by the University was highlighted as a key factor in the module's success.

In terms of personal benefits, participants reported enjoyment at being involved in the project and catalysing some of the changes in practice as a result of that involvement. One participant valued presentation opportunities they had experienced. A sense of the Trust's needs being heard by the University was highlighted by one person.

Whilst the action learning sets began with three facilitators (including an occupational therapist), they ended up with two - a nurse and a physiotherapist. Both were interviewed for their view of the action learning sets. One unexpected benefit was that having facilitation by other disciplines in this way, helped students to have their thinking challenged. Set facilitators had an intense preparation day including theory of action learning and learning styles, yet had not facilitated action learning sets previously. The speed of implementation of the module meant that more preparation was not made available. Whilst very useful, there was a sense amongst the set facilitators that their preparation day had provided insufficient preparation:

“(Facilitator 1) It was most of the factual stuff we did on the one day, articles but nothing really sort of...”

(Facilitator 2) Yeah we never visited one or never role played one or anything like that... but we probably wouldn't have wanted to do at the time would we?

(Facilitator 1) Not but I think in retrospect it would have been good yeah. For me, I was in one at the same time so I sort of knew where I should be and I knew mine wasn't like how it should be but I couldn't change it on my own.” FG-1

More information and instruction on how to actually do facilitation would have been preferred by the set facilitators. To some extent the sets provided opportunity for a relay of information between the students and personal tutors via the set facilitators and it was thought that this may have contributed to under-utilisation of the personal tutors by the students. Whilst personal tutors attended as a one-off tactic, set facilitators perceived the students to prefer to ask *them* questions in relation to such issues as the assignment, indicating a degree of role blurring between the tutors and facilitators. This meant that at times, set meetings operated like student tutorial meetings. Whilst there were regular meetings between the set facilitators and the Project Team, it was thought that these could have had more emphasis on support for the facilitators rather than discussion of the students' progress.

Realities of the Module for Students

Personal changes seen within students to varying degrees were said to be increased confidence, responsibility, motivation, pride in personal achievements, more questioning, presentation skills and willingness to share ideas and ask for feedback. One participant reported that since the module completed, some students had been seen to access the internet and professional literature which was not something that would normally have been witnessed pre-module.

Students were viewed as having embraced the challenge to develop themselves even further and the examples of students who had gone on to become a diabetic link nurse, an Associate Mentor and a ward change agent were given.

The length of the module was considered to have been appropriate for this group of students although it was acknowledged that a couple of students could have completed it in a single semester and had lost some momentum towards the end because of its length. To aid them further, three induction days and two intermediate progress review days, plus some milestones, were suggested as ways of giving more structure and momentum.

Student Perspectives

Views of WBL as an Approach

WBL was valued as an approach by most students. As one student commented:

“I think it’s alright but I do think, like, it just needs a bit more structure. There was too much of this uncertainty on my part, facilitators’ parts, everybody. I felt it went from the top right the way down and perhaps... for people like my age who haven’t studied for some time and certainly not studied where you’re doing everything via a computer as this was, just a bit more guidance and a bit more advice.” 11b-389

Views of Roles within the Module

The roles of buddy and mentor were mostly highly valued by the students where they made use of them. The buddy role was not utilised by some students and minimally by others. Their utilisation was not helped by some students changing their project topic on more than one occasion so that buddies were repeatedly found, appointed and then were no longer required. The role of personal tutor was viewed as less important as the support from Trust-based staff was found to adequately meet students’ needs. For some, personal tutor roles did become more important towards the end of the module whilst others continued to get all of their needs met by their mentors and action learning set facilitators. Some students were reluctant to approach personal tutors simply because they preferred a familiar face. However, participants generally thought that a WBL module such as this needed to have all of these different roles.

Views of Blackboard

Blackboard was viewed by some as having potential, however because it was little used by the students, they recognised that this was not reached. Whilst some students felt Blackboard could have been used more fully,

others had showed no wish to embrace it or lacked computers to do so. As one student clarified:

"I think it's very good. You see, a lot of the others on the course haven't even got computers and a couple of girls I know are just frightened of even using them at all, so if you had a bunch of people that were constantly using it, you could communicate with the others. I mean, none of us have communicated and that's what it was meant for at the beginning. You know, chats, any problems you had you could chat to any other of the girls on the course but it's not been used that way at all." 12-219

One student did not have a home computer and so had to work at a friend's house. The need for home computers was explained as necessary because in work, a student would have to leave the main ward area to go and use the computer, which was not ideal and so may as well make a phone call when contacting a fellow student. Blackboard was mainly viewed as being for home use.

Not all students had a work email address and use of the general ward email address was considered impersonal. Two said they had problems with passwords and usernames which they found to be unhelpful and offputting. Those that did use Blackboard mainly used the email facility and there was some indication that its functions were not that well understood:

"I've used it for sending e-mails and I've tried to use it for literature search and I didn't seem to get the same information as if I just used the internet myself and I've just used it for the notice board they have, any messages but as far as getting information for my subject I've picked, I haven't found it that useful." 12-107

Challenges Experienced During the Module

It was evident that one student had not initially been willing to undertake the module, but went along to the induction day anyway and changed their view:

“The first time I heard about it, it didn’t grab me at all because I hadn’t put my name down for it, somebody else had and I think this course overlapped with something else they were doing and they couldn’t cope with the two so my name was put forward. I was, I don’t know whether I really want to, I don’t know if I’ve got the time, what about the kids? Every excuse not to really. Anyway I agreed to it but like I say when I went on the induction day I was really sucked in, I was. So enthusiastic.” 11-198

For some students the length of the course was an issue yet for most it was considered appropriate:

“You’re left too much to your own devices with distance learning, I’m afraid. This course to me is too long and therefore I’ve had problems in say the first four months of this course starting... well I’ve got time, well I’ve got time, I need to sort this, I need to do this and lo and behold before I know it June’s here when everything settled down... everything, June, oh my God what am I going to do? And got in a real flap. I suppose if you had less time you would deal with the problems you’ve got but you’d also deal with that better, you’d have to do.” 11-75

Students were different in how actively they would seek help from mentors and personal tutors. Those that did not make good use of these resources indicated a need for much more guidance and feedback to know if they were going in the right direction.

One of the internationally recruited students pointed out that education was not done in modules in her home country and her appreciation of WBL was very vague which she felt made it difficult for her to grasp. When she realised it was not entirely classroom-based, she had wanted to leave the module. Poor command of English was highlighted by two students as a mitigating factor to their progress during the module. Choice of assessment method (patient journey assignment) was said not to have been helpful in this situation by two students, yet for one, discussions about changing it were initiated too late and the other felt she had been encouraged to do one. One student had to learn word processing on a European Computer Driving

License course alongside the WBL module and found this particularly challenging as she had no computer at home to work on, yet she was writing a patient journey for her assessment. The language issue had not been addressed during the module in their opinion and one student felt held back from further study in the future:

"Because if you are going for mentorship you have to write and you know... I am a foreigner and you know I am afraid my students are going 'what is this, what do you mean by this?', something like that." 10b-601

One source of support was the action learning sets. Views of the sets were generally positive:

"At first I thought they wouldn't be of any use at all. I thought, let's all get on with what we're doing, it's just extra time you've got to spend in travelling, a couple of hours of your time, which I thought we all needed to spend on our own subject, but they really have helped." 12-235

A particular disappointment for some students was poor attendance at the action learning sets. These were generally considered very useful, but only when well attended:

"I think so, yeah. I feel that the ones that are coming on better on the course have attended more often. The ones that aren't attending the action learning groups do seem to be behind and I'm sure they would benefit more from coming." 12-246

Travel to the action learning sets was highlighted as a problem for some students causing them to miss out, whereas some of the information that was missed by non-attenders, could perhaps have been given by another route than the sets:

"A lot went on the bus. I know a lot of them did have trouble getting there. I mean, I know the others, there were a couple of others that didn't attend the meetings or turned up to a few and they were the ones that... if

they weren't attending they were missing out on all sorts. On the day we submitted our work, people were coming in with the wrong size posters and things like that because they hadn't attended. So I think it is important... and maybe there was not enough feedback given, you know, things that they missed out. Alright, I know it's their responsibility to attend the action learning sets but if they couldn't then I think there should have been hand-outs that could have been sent to them on what they'd missed out on." 12b-223

It was noted that three students came from the same ward so releasing them all on the same day for their set meetings was said to be problematic and affected their attendance.

The low attendance added to one student's view that there lacked a team identity amongst the student group:

"I also felt that nobody was there. I didn't really know anybody well. I didn't feel I could talk to any of them. That's how I felt and how low I'd got and how neglectful to this I'd got." 11-264

The effectiveness of the sets improved once the two sets merged to become one:

"...the idea is you work as a team and you bounce ideas off one another. There was no-one to bounce anything off. So the set meeting thing didn't work until it was merged. So I think the set meetings... you do need them because the idea is you have your ideas off one another. You try and find solutions with one another helping each other and you all need to attend or else you're not going to get the result that you want." 11b-423

A lack of study time was raised by some students:

"One of my major things with it is no study time. I was told that our set meetings were study time... and then I find out that one of the girls is getting a full study day once a fortnight. I'm getting an hour. I said, 'I feel a bit cheated there'." 11-319

Two students said they got no study time at all to do the work for their project, only action learning set time. One of these thought that if it had been a University-based course, she would have had a day per week earmarked, which would have been helpful. Guilt was given as the reason for not asking for time-out, as the ward environment was so busy.

Whilst the presentation and assessment day was found to be stressful by all students, they were accepting of it being exam situation. They did indicate a preference for earlier information about the requirements for the day e.g. presentation length, which they got towards the end of the module. One student felt she had been incorrectly advised as she kept tools relevant to her project in her portfolio and did not send them in as an attachment to her assignment, which the examiners then commented on. This student, who had learnt how to type during the module, said she lost a mark for poor typing which was disappointing. The assessment strategy was that written assignments did not have a *viva voce* and so these students were not required to give a presentation and so had no opportunity to draw on their portfolios for evidence, as students using alternative assessment methods could. The lack of interest shown in the portfolios of evidence was raised by all students as particularly disappointing. As one student said:

“The only thing I was... all along in the module they made such an emphasis on the portfolio... you know, everything you’ve done, every person you meet, every telephone call you make, write a reflection, so I spent an awful lot of time on the portfolio and it was quite big and we were led to believe... but I think my action learning facilitator said that it would be assessed at the end of the day, make sure you get everything together. So I spent a lot of time on it and nobody really looked at it at the end. That was the only thing I was disappointed at, really. You know, the examiner on the day didn’t look at it and I could have had a file full of anything really. So that was the only thing I was disappointed with really.”
12b-98

Another added:

"All of us feel upset! Because we do the portfolio at the end of the course we thought they would look at it but they don't look at it!" 14-850

Finally, the fact that no certificate of achievement was issued after the module was a big issue for two students. They believed that this was a symbol of success and something to show their friends and family. The lack of one spoilt their sense of achievement.

Realities of the Module for Students

Enhanced relationships with senior and specialist colleagues through exploring the project topic were experienced by one student.

Some students reported having their awareness of learning resources raised as they had reason to access these during the module:

"They've got loads of resources there, I can't believe it. The last time I walked in the library, I just walked in. This time you have a card and you have to do this and all these passwords, I can't believe it. So the resources are there. The librarians are very good, the tutors I don't know." 11-183

One student illuminates how better informed she feels:

"I never thought I'd enjoy sitting at a computer and when I find something that's really interesting and something that I can bring in and share, I want to know more, where before I wasn't bothered. So it's making me more nosy and it's making me want to know more, so it's making me want to learn, isn't it? So the more I learn, the better nurse I'll be, the better developed I'll be." 11-354

A change in attitude was noted by one student:

"Well my attitude's changed. Because I thought we should be in a classroom and what have you, whereas now, no. I'm ready for my next course. I won't be phased by my next course because I realise now what it's all about. Personally, well I'm not frightened of

computers any more. I'm not frightened of the Internet any more. It doesn't bother me doing a literature search any more. I've actually... all my portfolio is done on Word which I would never ever have done at all. I've done my poster which I would never have done because that leads you into Medical Illustration and they're fantastic down there." 11b-533

A rise in confidence was also highlighted as well as an eagerness to do more study:

"And then because personally I know myself that I am better than what I thought I was and I am more knowledgeable than what I thought I was and I am more conversant than what I ever thought I was. You see, my confidence has gone up no end, so why not share it? ...it affects you in all sorts of ways. I'm now on catch-up now with my house chores!" 11b-559

When asked if the module had impacted on her ability to work as a rehabilitation nurse, the same student gave this encouraging reply:

"Only that my knowledge has increased. It's made you more aware of, like the NSF (National Service Framework), Essence of Care. Because before, I'd never bothered with them. I'd heard of them but in work you're too busy. But studying, you have to sit down, you have to look at it because you want these things included in your project. So it makes you more knowledgeable, it makes you more aware. So in that way, yeah, it's got to improve you as a rehab nurse because you've got more knowledge, you've got more resources and you've definitely got more skills. But holistically, yeah, my knowledge base now is far, far wider than what it was prior to this, as a nurse." 11b-592

The module was viewed by some students as being a catalyst to improved patient care:

"...so I think there's been a big change since I've been able to do this. Before that you'd just come to work and do your job, so to speak. Anything you saw that wasn't right, you didn't feel that even though you were a staff

nurse, that without the backing of this course that you could turn and say, 'well I don't like the way this is done', because you thought, 'who's she to say that? This is my ward and things have run fine up to now'. I've felt that it's been much easier to help change things on the ward since I've had the back-up and support of all the staff and maybe if I hadn't been on the course and suggested these things, things wouldn't have changed as much." 12-102

One student felt that 40-60% of nurses in her area had changed their fluid balance practice as a result of her project. Another had introduced a continence assessment tool which helped inform referrals to the Continence Advisor and speeded up the process from referral to patients being seen by the Continence Advisor. One student believed depression was being identified quicker in patients.

Approaches to developing practice were particularly innovative at times:

"I've brought in reps to do courses for all the students and all the other staff. They were surprised at what they were taught. Not just myself but all the other staff have learnt new things by this. I'm doing the prevention of DVT (Deep Vein Thrombosis) by the use of TED stockings and the rep came in to show a little bit about DVT and how to apply the stockings and how to care for the stockings and just the simple things really. I've also made a video, filmed myself on how to apply TED stockings. How to measure for the correct stockings and care of the limb so I'm in the process of making that into a DVD so I will be able to use it on the computer that can be used on any ward. Even at Oldham and North Manchester so it's like a learning tool for the students. Because you just presume that everybody knows how to apply them and they don't." 12-184

This approach was successful at improving a number of practices:

"A lot because it's made them a lot more aware that stockings were being... the patients would put them on, the patients weren't aware why they had to be on. They would be rolled down and left rolled down. The stockings were just put on, now they're checked every morning, the stockings taken off. They weren't aware

that they had to be only off for half an hour. They weren't being washed in the correct way which reduces the elasticity of them, they were just being left to dry on radiators instead of hung to dry. So there's been a lot of changes really." 12b-322

In terms of further study and development, one student had become a diabetic link nurse, was undertaking a diabetes course and had adopted an informal infection control role on the ward in the absence of an infection control link nurse role being available. Others had also been on some single study days since the module completed. Two students wanted to undertake the Preparation for Mentorship training, with one of these wanting to progress to a practice nurse course. Two others wanted to become tissue viability link nurses, with one of these wanting to become more skilled with regards to speech and language difficulties. One wanted to be a diabetic link nurse. One wanted to do a Degree and would do this by WBL if available as she believed it would save travelling time to the University and had enjoyed WBL. This student also wanted to progress to a Masters in the longer term and become a specialist nurse.

It was evident that the fact that link nurse roles were held by other nurses already, was closing a gate on these students fulfilling their aspirations in those directions as they saw it as a case of 'dead man's shoes'.

One student said there was a clear connection between the WBL module and her further study:

"Oh definitely I've got more of an interest, I want to be up-to-date, I want to learn. I'm more inquisitive now perhaps because when I started WBL, I'm thinking to me, 'what am I doing this for, I'm too old, they should be getting the young ones'. But now because I've learnt it's not hard... do you understand me?" 11c-325

Some students lacked a sense of direction about where to go next with their professional development:

"I do want to do something but I haven't a clue what I want to do yet. It's motivated me to do something else but I'll have to have a think as to what, really." 12b-353

For many students, processes involved in undertaking the module were in some ways as important as its impact. One student got much reward out of maintaining her portfolio, gathering evidence and going through a steep learning curve. For others it was about the sheer enjoyment of finding solutions to problems and then seeing an impact on practice as a result of their efforts.

An appreciation of change management skills was evident in some students such as using readily available resources and implementing approaches that were simple to follow and adhere to so saving time. The need to audit new approaches was appreciated, especially prior to any plans to roll the practice out beyond the student's ward, and was planned for in one instance. Ward meetings were seen by some as one way of reinforcing practice that had changed as a result of the WBL projects.

One student had received feedback about patients commenting on the practice she had changed. Others were frequently asked for advice on their topic area by colleagues and so were acting as a resource to others.

One student shared an example of how she had impressed medical colleagues with her newly acquired knowledge:

"One day in the Ward round, I was doing already this course and the doctors came for the consultant ward round and I was with the doctor and two junior doctors were there so one patient...and Dr X asked 'do you know what is this, do you know what type of incontinence?' They both did not know, then doctor asked 'what type of incontinence?', they could not tell anything but I told! Then he asked me so I told everything. So he said 'excellent' because then I told him because I'm doing this course that's why I came to know about this. So this course is good because I came to know about the subject and maybe 75% I can understand now or I can just diagnose what kind of

continence, incontinence and then the management.”
16-577

Some students identified how they would act differently as a future student:

“I’m used to being sat in a classroom, so it’s very different. If I do another course and it’s like this e-mail stuff, I’ll be right because I’ll know to pester my tutor, to send my stuff to my tutor via e-mail with attachments. I will know, but at the time when it’s new to you and you’re a bit shy of it, you don’t... because you feel you’re being a pain, being a nuisance, but you’re not.”
11b-350

One student said how she has maintained her links with some of the other students and so they were continuing to network and share knowledge.

No students expressed any enthusiasm or plans for disseminating through newsletters or publication, saying the project had been for the module only.

PART 3. Future of WBL

University Staff Perspectives

Over all widespread support was evident for a future in which WBL features heavily - not just for the students but for others involved in making WBL approaches work. As one University participant said:

“...the add-on to that is that we’re developing other staff at the same time in the clinical area because the mentors will be developing themselves, the action learning set facilitators will be developing themselves and I think that’s quite an important thing that I don’t think initially we’d thought about and so whereas with the traditional programme the mentor just completes an assessment form, I think we can extend that some way so that they can all be WBL and all be progressing educationally in some way.” 4-332

Support for a multi-disciplinary approach to WBL provision was overwhelming although the evidence to support this approach was recognised as needed.

The practicalities however should not be overlooked:

“I think in principle, the action learning sets are great but I’m not sure how sustainable they would be, you know, if it was open to everybody. Even for the fact of finding venues, finding facilitators to facilitate.” 13-217

Whilst another University participant warned:

“I think it if gets rolled out too quickly without adequate preparation, I think that would be another fear and so it’s not in relation to this module but if people said, ok, we’ve had the pilot, now let’s do everything through WBL, that could be difficult because we haven’t got people out in the work place who are ready in terms of facilitating it. They might want it but they might not be able to facilitate it because I think the skills of action learning, which in my view is the underpinning thing in all of this, are not that widely known. There are a lot of people who have done action learning courses but whether they themselves could actually facilitate, is another matter. So I think that’s an area that does concern me.” 9-289

Another practicality pertained to the need for students to travel:

“Also, really, one of my concerns is that if there weren’t many students working in that area and then they have to travel to their action learning sets, then in a way it defeats the WBL ethos in a way, if they’ve to travel. So it depends on the numbers that you’ve got, doesn’t it?” 13-219

The skills base for WBL and action learning would also need to be evident amongst those staff facilitating them:

“I think the University has got to recognise that it needs to be far more flexible in the existing very rigid systems that they’ve got, to recognise and fast track initiatives such as WBL, blended learning, flexible learning,

through the systems because the University is fairly traditional and it does take quite a long time to get modules recognised and validated and they will have to speed up and recognise this and they will have to look at things like accrediting, study days and things like this, which there is no system to do at the moment, through something like WBL or building up a portfolio of evidence and things like this, that they will have to start looking at. I think otherwise students will go to universities that do have systems in so that they can be recognised.” 3-188

Educationalists may also have to consider working in different ways to meet the needs of WBL students:

“Support networks could be a barrier inasmuch as we’ve got some educational staff very pro flexible learning, others not. Would they cope with acting in a different way, seeing their role in a different way? Would they be prepared to look at their own teaching styles and adapt? The fact that it is flexible means that students are not coming in and doing a nine to five day. Would tutors necessarily want to be flexible and work a flexible day?” 4-199

Study time and managerial commitment to release staff and not view WBL as a cheap option would need addressing:

“Study leave. I think that has been a barrier and again, establishing that. This is why I think that if the managers are more involved in understanding the process, they might then understand the importance of allowing the hour for the action learning set.” 4-204

A future with WBL stands to benefit service organisations, their staff and patients in ways that are tangible. The University would be in a good position from a business point of view:

“In terms of business it could generate quite a lot of business I think because it would mean that it wouldn’t necessarily have to be nursing or rehabilitation, it could be multi-disciplinary and that I think for the University would be absolutely fantastic and we’ve said before if we could develop a real expertise in it we could actually

become a centre of excellence in the north of England.”
4-263

Lastly, WBL would need to be included in any strategic direction from the Health Authority:

“The funding for this came I think from the Strategic Health Authority so in that sense the Trust wasn’t putting any additional funding into it. If this were to become a mainstream approach then presumably monies that they do have already for education purposes would be diverted to this sort of approach rather than to the more conventional approaches of the modules.” 9-71

Trust Staff Perspectives

There was strong agreement amongst all participants that WBL was the right way forward for the Trust in the future.

“I think it’s got huge (potential) and I’m just keeping my fingers crossed that this project will spread itself further.” 5-325

“I think it’s got an excellent future definitely and I think it’s a format of learning that has proved itself to be very, very worthwhile. Like I say I don’t know whether you would be able to do it in the format we’ve done it for a pilot project because it was so intensive wasn’t it with the time to do this. I do think some form of WBL should be incorporated into modules.” 1b-300

Participants indicated that there were opportunities to tie WBL work in with Knowledge and Skills Framework and Skills Escalator activity in the Trust.

The potential of WBL to be allied to other levels of study was viewed as significant, despite its labour-intensiveness within the pilot module:

“We always said it wasn’t an easy option because I think people have thought that initially. But it’s just so

not an easy option but I think you reap what you sow. What you put into it is what you get out of it so this has been particularly labour intensive but I think that was the group of people and the way that we did it over two semesters because of that group of people. I think if you were doing it as part of an M level module, or as a Degree it would be relatively easy to do and not as labour intensive. Even with a Diploma level.” 1b-322

A WBL approach was also viewed as viable across different clinical areas:

“We used it for a Level 2, this could be taken to whatever level is needed. It’s a concept that is so workable. I mean as an example, if you took it (WBL) to an area such as Coronary Care or Intensive Care where you’ve got very highly motivated staff, and it was work based, the number of projects that could be picked out from those areas and the benefit would be within the Trust, it wouldn’t be a benefit that’s on a piece of paper. The practice would change. You’d reap huge rewards.” 5b-210

Participants acknowledged that with a workforce more used to professional development, WBL should work very well:

“...if we roll it out to the rehab areas and we roll it out to the people who haven’t accessed education for a long time; we’re attracting the most difficult students that we can. If we can get even a small number of students through in the areas that we’re trying now, when you go to an area with highly motivated staff, it will fly.” 5-363

Systems to support students and optimise WBL would be needed and this was viewed as a joint responsibility between the Trust, University and Health Authority.

“We’ve got links with the universities, Salford University are doing a lot but maybe Gateway House (Workforce Confederation) could be involved with it as well. Rather than having people employed by the Trust, such as the physiotherapist we had and the occupational therapist that facilitated, maybe we could bring in practice-based teachers from the University to run the courses and run the action learning sets.” 5b-87

Finally, the success of WBL was viewed in part as being dependent on the students:

“If you get students who are not motivated at all, even though it’s a different type of learning, they are not going to bring the same information back to the work area, so that would have the same sorts of effects as traditional learning. But there needs to be some sort of way of assessing the candidates beforehand to see if that type of learning is going to be more suitable for them or not.” 5b-29

Student Perspectives

WBL as a future approach to professional development was thought to be a good thing by all students interviewed. As one student elaborated:

“Well it’s all about making changes and I’ve got... I gave in on the (assessment) day, a list of nine changes that I’d made on the ward and you feel a lot more satisfaction that you’ve actually done that on your ward. They probably never would’ve... well they probably would have done eventually but... without this module and the University bringing in further modules like this throughout the Trust, you know, countrywide, then I don’t think things would happen as quickly on the ward. Because you just come and do your everyday job and go home, you don’t perhaps think, unless you’re on a module like this, to make changes, or you tend to think that... you might think, ‘oh I’d much prefer to do it this way’ but people don’t like change.” 12b-150

Few students expressed an opinion on how the module could be improved for future students, although one student replied:

“Look at the results of this (evaluation study) and see what the students have said and try... to me, it was the support and the lack of emphasis on this, this communication, like the Blackboard and the e-mail system. If you’re going to pick on students our ages that aren’t used to it, I think it needs a lot more emphasis that it is there to be used because using it is part of your

structure, which I don't think we realised. I certainly didn't. They have a function and you should use it but I don't... I think it needs more emphasis." 11b-609

For future WBL modules, the need to get the study leave element equitable rather than leaving it to Ward Managers' discretion was a strongly expressed shared viewpoint.

Summary

This chapter has presented findings from the three different stages of the study and from the perspectives of differing stakeholder groups. In the next chapter, conclusions and recommendations are given.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

This chapter brings together conclusions drawn from the perspectives of the different stakeholders looking back across the whole project and related findings. An appraisal of the degree of 'success' of the pilot project against the deliverables and expected outcomes stated in Chapter 3 is given. Recommendations are made, strengths and limitations to the study are presented and suggestions for future research are made.

Conclusions

Over all WBL was seen as the way forward in professional development of rehabilitation nurses. A number of challenges were faced due to the speed of implementation of the pilot and the students selected who had limited exposure to post-qualifying professional development.

Module

Students who had reluctantly commenced the module did not proceed with it whilst of the remainder, some were able to adapt better to the WBL approach than others. This raises the question of whether some means of selection would have been helpful rather than just taking volunteers onto the module.

The module length was right for the majority of students although it was recognised that some means of guiding/directing students through the module, perhaps through having more face-to-face review days or formative assessment and feedback along the way, would be fortuitous. The original expectation of several Project Team members that the students would move from being highly supported to independent learners was generally not the case.

The module assessment approach was found to require simplifying and in need of greater explanation so that students could follow it. The portfolios maintained by the students were viewed as a possible part of future assessment strategies in view of the time spent on putting them together and the quality of material some of them contained.

The submission date for coursework just after the New Year was found to be unhelpful, especially to students who customarily travelled to their homelands over the Christmas period. The University practice of having a single day for collection of results was also unsatisfactory for practitioners working shifts and when several students originated from the same ward, making cover for their collective absence difficult.

Other students struggled with written assignments when their first language was not English, although the assessment process did permit alternatives such as a poster and *viva voce*.

Roles

There were a number of learning points concerning the structure and mechanisms needed to support future WBL initiatives. The approach used here was widely recognised as not being a cheap option. A number of roles were found to be useful and are advocated for future WBL initiatives.

Action learning sets were key to the success of the project and student progress. There were areas of confusion and overlap with other roles especially the personal tutor role; however with more thorough preparation of action learning set facilitators, these difficulties could be overcome. Whilst manageable for this single pilot, the question of who will provide action learning set facilitation in any future WBL modules is an important one. The clinical buddy role was mostly valued by the students and is another support mechanism which would require more thorough preparation for those undertaking the role. Selection and appointment of both action learning facilitators and buddies is a further consideration which needs exploring.

Personal tutors were accessible but not always accessed. Students preferred the familiar face and accessibility of work-based support mechanisms such as mentors and buddies. An increased presence of the personal tutors to provide academic support in the work place was indicated. One means of achieving this could be by piggy-backing occasional tutor visits onto action learning set meetings to deal with student's academic queries and administrative issues. The absence of a mechanism such as this hindered the ability of set facilitators to focus on the learning process.

Trust-based mentor roles were highly valued by the students and the fact that those undertaking the roles had managerial posts in the rehabilitation setting was not off-putting to students who preferred regular contact with a familiar face.

Technology

Limited preparation for use of Blackboard in one training session was inadequate for this group of learners who had variable and often scant computer skills and further work place support with it was indicated. Fostering a virtual learning community was difficult with a group of students who did not identify themselves as a community as they came from across the four sites of the Trust. Variable attendance at action learning sets further hampered the fostering of a sense of peer support and teamwork amongst module participants, hence Blackboard was hardly used. Whilst Blackboard has great potential, it was not realised with this group.

A further challenge was restricted student access to computers. Even where students had adequate skills to use computers, access of them in clinical areas was difficult and not all students had a home computer or one they could access easily due to use by other family members.

Time Factors

Available study time was under-utilised by several students which had a negative impact on some of their progress. In all reported cases it was the

student's choice not to take it. It is important to recognise that for WBL to be successful, students need adequate time to study.

The impact on the workload of mentors and personal tutors was significant. A greater demand on time was presented by the nature of the project being a pilot as energies were invested to help make it a success. The degree of input was recognised as difficult, if not impossible to sustain in future WBL initiatives, especially for the mentor role. The activities of mentors, personal tutors and set facilitators would therefore have to be shared out amongst greater numbers of people with the requisite skills and time availability.

Outcomes for the Students

Impact on practice and students personally, has been considerable.

Eight practice-based projects, with associated teaching and awareness-raising sessions, have been undertaken which can be expected to have impacted on practice and so patient care. Projects belonging to the seven students who took part in the evaluation are:

- A poster - fluid balance monitoring
- A poster - infection control system for maintaining clean commodes
- A poster - oral care
- A training video - use of TED stockings
- A patient journey - pressure sore care
- A patient journey - continence plus a poster
- A poster - mood in older people

Students and other participants noticed significant change in students' attitudes and approach to their practice and patient care. These included increased confidence, willingness to challenge practices of self and others, change management skills, assertiveness, communication skills, enhanced relationships with senior and specialist colleagues, awareness of learning resources, advocacy skills, evidence-based practice, motivation, presentation

skills, willingness to ask for feedback, positive comments from patients and changes to clinical practices amongst colleagues. Furthermore students expressed interest and intention to pursue further professional development activities. These included becoming a diabetes link nurse, an associate mentor, an infection control resource, practice nurse, tissue viability link nurse, desire to undertake a Masters degree and become a specialist nurse and attendance on further study days. One has already become a diabetes link nurse and commenced a diabetes course.

Students lacked confidence and motivation to disseminate their work beyond their immediate work areas and so student dissemination is an area in need of development.

It has not been possible to identify the longer-term impact on students and mechanisms may well need to be developed to ensure they are supported to reach their potential.

Outcomes for the University and Trust

For these partners, collaborative working relationships have been significantly enhanced. Opportunities for dialogue concerning future provision of professional development have been further opened up and a climate of innovation fostered. Collectively, these impacts present great potential for ensuring future professional development activities for practitioners that are tailored to meet service need. Within those activities, WBL has potential to feature prominently.

At a personal level participants highlighted increased access to clinical areas, greater insight into clinical practice, enjoyment, a sense of the Trust's needs being heard, increased knowledge and role enhancement amongst other factors.

The learning for both organisations has been considerable. The Trust has benefited by having a group of practitioners engage in personal development that has tangibly impacted on care. The University has already enhanced its

portfolio of WBL provision and is taking steps to develop WBL approaches further.

Whilst potential for multi-professional WBL was recognised by participants, the need to not roll WBL approaches out in this way without careful planning and consideration was also recognised. Such WBL initiatives would need to be included in any future strategic direction from the Strategic Health Authority and suitably evaluated.

The evaluation study was widely recognised as having a positive impact on the Project Team's learning within the project. Dissemination of the project processes and study findings has been considerable and undertaken by several Project Team members at local, national and international conference level.

Summary of Impact

Almost all students completing the module went on to pass following assessment. All students, University and Trust staff participating in the pilot agreed it was a worthwhile venture that had presented a huge learning opportunity for them and their organisations. Ultimately, a cohort of students had engaged in study that participants believed would not otherwise have been given the opportunity. The impact on practice has been tangible and significant as reported by the students and Project Team members. The degree that project expectations were met have been summarised overleaf in Table 2.

Table 2. Evidence of ‘success’ against pre-stated deliverables and expected outcomes

Pre-stated deliverables and outcomes	Degree of success
<p>Deliverables</p> <ul style="list-style-type: none"> Improved nursing practice/patient experience as a result of students’ evidence-based work-based projects 	<p>Achieved. Evidence from students indicates a high impact on their practice that can be expected to have improved patient experience.</p>
<ul style="list-style-type: none"> Increased cross-departmental working/WBL approaches being developed/delivered 	<p>Achieved. WBL approaches have been incorporated into existing and new Degree level modules in the School of Nursing.</p>
<ul style="list-style-type: none"> Increased uptake of WBL modules 	<p>Achieved in part. It is too early to see any improvement in the uptake of WBL modules.</p>
<p>Anticipated outcomes</p> <ul style="list-style-type: none"> Future WBL module design will be evidence-based to meet needs of students/practice organisations 	<p>Achieved. WBL initiatives are being developed in discussion with practice partners.</p>
<ul style="list-style-type: none"> Health and social care staff will be encouraged to undertake study in higher education 	<p>Achieved in part. At present attention is being focused on health care staff with a view to social care staff in the future.</p>
<ul style="list-style-type: none"> Relationships between academia and practice and between academic departments will be enhanced (e.g. Post Registration Nursing 	<p>Achieved. Evident through WBL content of the new Degree. Relationships with this project partner have been significantly enhanced.</p>

and WBL Team) through joint working and creation of new understandings	
<ul style="list-style-type: none"> All students will achieve Level 2 credit and the opportunity to use this towards the Diploma in Nursing Studies 	Achieved in part. Seven out of eight students completing the module achieved the credits.
<ul style="list-style-type: none"> The limited evidence base for WBL will be enhanced by findings from a robust study 	Achieved. This evaluation study has added important insights into what is known about WBL - what works, with whom and why in this context.
<ul style="list-style-type: none"> Pilot will impact positively on the number of enquiries for new Level 3 WBL module 	Not known. The new WBL Degree (Level 3) is expected to commence in September 2007 and is soon to be launched. At this point the number of enquiries will be logged.
<ul style="list-style-type: none"> Impact on School of Nursing profile demonstrated by number of enquiries about WBL from other schools/faculties 	Achieved minimally. The number of enquiries is low at present and is expected to increase as the evaluation findings are disseminated.
<ul style="list-style-type: none"> Evidence of WBL being included in all post-qualifying level programmes 	Achieved in part. Progress is being made to review existing provision and is ongoing.
<ul style="list-style-type: none"> Evidence of WBL students going on to further study 	Achieved in part. At the study end, participants indicated intention to undertake further study and some have already taken steps. This needs to be followed up in 2007.

Recommendations

A number of recommendations have been identified for consideration in future WBL provision:

1. Consider a recruitment and selection process for potential WBL students to establish their suitability, any pre-acceptance study skills in need of development e.g. writing skills and to apply flexible and supportive processes e.g. AP(E)L
2. Continue provision of elongated WBL modules for students who may benefit e.g. those who have not previously accessed higher education or part-time staff
3. Ensure an action learning component to WBL provision
4. Consider the merit of other support roles such as clinical buddies and mentors and academic support which may or may not be through the personal tutor role
5. Ensure appropriate selection and adequate preparation of support role holders e.g. action learning set facilitators and clinical buddies
6. Employ Blackboard with students who are already computer literate and have good computer access
7. Review module assessment procedures and consider assessment of student portfolios
8. Feed back negative impact of single results days and New Year submission dates for staff working in clinical practice to relevant University departments
9. Explore mechanisms to effectively identify and respond to participating student's future learning and development needs
10. Disseminate findings and learning from the project within the University and with other academic and practice partners locally and nationally
11. Explore within the Trust opportunities for further WBL activities amongst its staff groups
12. Explore opportunities for extending WBL provision locally and with other staff groups/inter-professional groups with the Strategic Health Authority

Study Limitations

The numbers of students who participated in interviews was less than hoped for. This was despite students being informed prior to their acceptance on the module that it was an important pilot project that was being evaluated to inform future WBL modules. Of course, it is the choice of participants whether to take part or not and so non-responses to invites were followed up with a single reminder letter (although on one occasion two were sent when a potential participant had been on holiday). The four students who left the module (two almost immediately and two for personal reasons) did not take part in any interviews. Whilst the opinions of the former two would have been valuable, it was considered beyond the scope of this study. One further student took part in no interviews at all. Amongst the remaining seven students who participated in the evaluation (totalling 12 interviews), considerable congruence was evident in their views of the module which added weight to the findings. Fortunately, some students interviewed once, took part late in the study and so their opinions of all stages of their module journey could be gained. As a single study of a modest scale, tailored to a specific context, care must be taken in generalising these findings to other settings.

A potential inhibiting factor was that the evaluator undertaking the evaluation had previously been instrumental in the initiation of the project and took up employment at the University just after the module commenced. As the evaluator had considerable previous experience of being an internal evaluator and with attention to reflexive practice, her employment in both organisations being evaluated, was not considered to have an adverse effect on the study. Insider knowledge and established working relationships were instead believed to have enhanced the undertaking of the evaluation.

Future Research

There is a need to evaluate other new WBL initiatives to add to the evidence base which is currently underdeveloped. Evaluation should be inbuilt from the

outset and wherever possible consider all stakeholder views e.g. clinical buddies, patients. Evidence is needed on the 'Return on Investment' element of WBL (Phillips and Stone 2002) to identify its costs and value for money. WBL initiatives with other nursing groups and staffing groups, including inter-professional approaches are in need of investigation. The longer term effects on participating students and practice need eliciting along with identification of students' future professional development activities. A better understanding of the sustainability of differing WBL models is needed.

Summary

This chapter has brought together the main messages from the findings through presentation of conclusions and recommendations. Revisiting of the original evaluation study objectives has illuminated a strong sense of success of the pilot module on the students, on their practice and in presenting significant learning opportunities for all involved concerning WBL as an approach to professional development. Key limitations have been highlighted as well as areas in need of future research.

GLOSSARY

Away day

A workshop-style event for teams of staff, usually for team building purposes or to work on a shared issue

AP(E)L

Accreditation of Prior (Experiential) Learning

Data

Information

Data collection

Gathering of information, commonly through surveys, interviews, laboratory tests, examining documents etc

Dissemination

The process of sharing findings and learning from a study usually with a variety of audiences and using various media to meet their needs e.g. posters, plain English summaries, reports, conference presentations, publications

Evaluation

The process of identifying the value placed on something e.g a service can be evaluated against the reasons given for setting it up in the first place or a job role can be evaluated to see if it met the job-holder's expectations

Holistic

Usually in reference to holistic patient care i.e. care that considers a person as a whole and respects their social, spiritual, mental and physical health needs rather than focusing on one or some aspect/s

Multi-disciplinary team meeting

A regular meeting of professionals caring for a group of patients e.g. physiotherapists, nurses, occupational therapists, speech and language therapists, care managers etc. Often patients and carers attend. The focus is generally on planning care, monitoring progress and discharge planning

Pilot

A practice-run to try out a tool or process. Often done with questionnaires to see if they are understood by participants prior to the main survey being carried out or projects to see if they work in reality

Practice development

Informal means of exploring practice e.g. patient care and people's views of it. May not be as rigorous as research but can be systematic and perfectly valuable in its own right

Sampling

Selecting who within a population will be selected for inclusion in a study e.g. who to send a questionnaire to

Secondary data

Data (information) already in existence that needs collating rather than generating e.g. minutes of meetings, newspaper articles, reports

TED stockings

Compression hosiery

Transcribing

The process of typing up a tape recording of an interview or discussion

Viva voce

Examination through questioning by an assessment panel about course work submitted

APPENDIX

ASSESSMENT CRITERIA GRID

Before deciding on your work based project, there are a number of presentation styles that you may wish to consider for your assessment. You will need to discuss these with your personal teacher and facilitator beforehand and choose one style of presentation.

	Presentation and Style	Level Two Grade descriptors 90-100	80-89	70-79	60-69	50-59	40-49	0-39 REFER/FAIL
1	Project Report (written)	Material is imaginatively presented resulting in clarity of message and information	Material is carefully structured with clear message		Material included is relevant to topic and has been structured.	Material presented is relevant but lacks structure Material presented is relevant but lacks structure		Not all material is relevant and/or is presented in a disorganised manner
2	Patient's journey report e.g. Evidence based care retrospective study (written)	Able to choose an appropriate response from a repertoire of actions, and can evaluate own and others' performance.	Can choose and reflect on an appropriate set of evidence based actions. Can evaluate own and others performance.		Able to perform basic reflection with awareness of the necessary techniques and their potential uses and hazards.	Able to identify basic reflection with some guidance on the necessary technique.		Fails to perform even basic skills.
3	Presentation (visual) e.g Poster and support material or Production of a video +Viva	Material is imaginatively presented resulting in clarity of message and information	Material is carefully structured with clear message and visual effect		Material included is relevant to topic and has been structured. Visual aspect of presentation is limited	Material presented is relevant but lacks structure or visual impact		Not all material is relevant and/or is presented in a disorganised manner
4	Presentation (oral) e.g. Teaching session to a group and support material Peer reviewed and teacher assessed. +Viva	Imaginative presentation of material resulting in clarity of message and information	Well structured and signposted presentation. Audible and pace appropriate to audience. Visual aids used to support the presentation		Clearly structured and addressed to audience. Pace and audibility satisfactory. Visual aids used	Shows some attempt to structure material for presentation, pace and audibility are satisfactory most of the time		Material is difficult to understand due to poor structure and/or pace and audibility

The following categories will be used as guidelines for the assessors to inform their judgement of the above. in order to meet the module learning outcomes.

	CRITERION	Level Two Grade descriptors 90-100	80-89	70-79	60-69	50-59	40-49	0-39 REFER/FAIL
5	Communication and presentation (appropriate to discipline) KU1,KS1,CS1,KS6	Can engage effectively in debate in a professional manner and produce detailed and coherent project reports	Can communicate effectively in a format appropriate to the discipline and report practical procedures in a clear and concise manner with all relevant information in a variety of formats		Can communicate effectively in a format appropriate to the discipline and report procedures in a clear and concise manner with all relevant information	Some communication is effective and in a format appropriate to the discipline. Can report practical procedures in a structured way		Communication is unstructured and unfocused and/or in a format inappropriate to the discipline
6	Interactive and group skills (include. Teamwork, Negotiation/micro-politics & empathy) KS1,KS6	Can interact effectively within a learning or professional group. Can recognise or support or be proactive in leadership. Can negotiate and handle conflict.	Can interact effectively within a learning group, giving and receiving information and ideas and modifying responses where appropriate.		Meets obligations to others (tutors and/or peers); can offer and/or support initiatives; can recognise and assess alternative options.	Makes efforts to develop interactive skills. Uses basic interactive skills appropriately.		Has problems working with others/ avoids work with others. Does not contribute or contributes inappropriately in groups.
7	Initiative (imagination, leadership, taking action, independence) CS1,PSS	Uses imagination to assess the needs of the situation and underlay a series of actions to achieve goals.	Can assess needs of the situation and takes action towards goals.		With guidance can assess needs of situation and take action necessary to achieve goals.	Where goals and methods are defined will undertake tasks requiring some imagination and independence.		Unable to undertake tasks beyond routine and standardised.
8	Attention to purpose KU2,KS5,KS6	Has addressed the purpose of the project comprehensively and imaginatively	Has addressed the purpose of the project coherently and with some attempt to demonstrate imagination		Has addressed the main purpose of the project	Some of the work is focused on the aims and themes of the project		Fails to address the project set
9	Clarity of objectives and focus of work KU2,KS5,KS6	Has defined objectives in detail from set action plans and addressed them comprehensively and imaginatively.	Has defined objectives from set action plans and addressed them through the work		Has outlined objectives from set action plans and addressed them at the end of the work	Has provided generalised objectives and focused the work on the topic area		NO INFO PROVIDED
10	Content and range PS1,KS6,KS1	Comprehensive/detailed knowledge of topic with areas of specialisation is depth and awareness of provisional nature of knowledge	Reasonable knowledge of topic and an awareness of a variety of ideas/contexts/frame-works		Has given a factual and/or conceptual knowledge base and appropriate terminology	Evidence of limited knowledge of topic and some use of appropriate terminology		Lacks evidence of knowledge relevant to the topic and/or significantly misuses terminology
11	Referencing KS5,KU3,PS1	Referencing is consistently accurate			Referencing is good	Referencing is mainly accurate		Referencing is absent/ unsystematic

12	Use of literature/ evidence of reading KS1,PS1,KS5,KS6	Has developed and justified using own ideas based on a wide range of sources which have been thoroughly analysed, applied and discussed	Able to appraise the literature and theory gained from variety of sources, developing own ideas in the process	Clear evidence and application of readings relevant to the subject; uses indicative texts identified	Literature is presented in a purely descriptive way and indicates limitations of understanding	Either no evidence of literature being consulted or irrelevant to the assignment set
13	Self-criticism (include. reflection on practice) KS7,KS2,KU1,KS2,KS5	Is confident in application of own criteria of judgement and in challenge of received opinion in action and can reflect on action.	Is able to evaluate own strengths and weaknesses; can challenge received opinion and begins to develop own criteria and judgement.	Is largely dependent on criteria set by others but begins to recognise own strengths and weaknesses.	Dependent on criteria set by others. Begins to recognise own strengths and weakness.	Fails to meaningfully undertake the process of self criticism.
14	Independence/ Autonomy (include. planning and managing learning) KS6,KU1,CS2,KS10	With minimum guidance can manage own learning using full range of resources for discipline; can seek and make use of feedback.	Identifies strengths of learning needs and follows activities to improve performance; is autonomous in straight forward study tasks.	Can work independently within a relevant ethos and can access and use a range of learning resources.	Can undertake clearly directed work independently within a relevant ethos and, with some guidance, use the standard learning resources.	Unable to work independently, needing significant guidance on methods and resources.
15	Reflection/evaluation KU3,CS2,KU1,KS6,KS5,KS7,KS9	Can review evidence supporting conclusions/ recommendations including its reliability, validity and significance and can investigate contradictory information/ identify reasons for contradictions.	Can select appropriate techniques of evaluation and can evaluate the relevance and significance of data collected.	Can evaluate the reliability of data using defined techniques and/or tutor guidance.	Limited and only partially accurate evaluation of data using defined techniques and/or tutor guidance.	Fails to evaluate or use techniques of evaluation, or evaluations are totally invalid.

(Adapted from Margaret Price and Chris Rust, Oxford Brookes University).

- Learning is going on all the time; one of the goals of assessment is to organize learning so that it is visible and can be documented.
- Assessment planning involves identifying what assessment activity is most appropriate in a particular situation and deciding what to look for while observing, reading, or participating in that activity.
- Assessment planning involves identifying what is valuable to the teacher, the school, this particular group of students, the state and region (as expressed in frameworks and standards), the parents, and other members of the community.
- Assessments should come in multiple forms. Assessment activities need to be diverse enough to include all students regardless of their backgrounds and skills, yet specific enough to provide relevant and meaningful feedback to all involved. It may help to think about triangulation:
 - multiple assessors--such as the students themselves, peers, the teacher, and mentors;

- multiple units of assessment--such as individual students, groups, the whole class; and
- multiple formats--such as written work (formal assignments and informal journal entries), observations (of group activities and individual work), presentations, informal discussions and questions, project designs, and the final media product.

**UNIVERSITY OF SALFORD
SCHOOL OF NURSING**

**Work Based Learning for Personal and Professional
Development
Level Two**

ASSESSMENT



February 2005
Version 1 12/01/2005

UNIVERSITY OF SALFORD – SCHOOL OF NURSING

Work Based Learning for Personal and Professional Development Level Two.

ASSIGNMENT CRITERIA AND STUDENT GUIDELINES

Assignment submission date:

Assignment: One Negotiated Work-Based Project

“Assessment methods in work based learning tend to differ from those used in more traditional teaching (Gray 2001). Since work based learning has a practical focus, assignments may be called projects.

In work based learning assessment methods need to be tailored to a student-centred, problem-based approach. Hence, such methods can include: self and peer assessment, assignments and projects, portfolio-building, presentations and the practical assessment of professional competence within the workplace.

In this module the link between a learner’s objectives and the outputs of learning are bridged through the use of learning agreements and an assessment grid.

You are required to undertake a work based project to meet the requirements for assessment of this module to demonstrate your personal and professional development.

The project will be discussed in detail at the orientation day.

You will be negotiating the focus of this project with your personal tutor and facilitator. You will need to take this document, your guidance notes for the completion of the learning agreement, your learning agreement, and the assessment grid to this discussion.

During that negotiation you will be considering:

- The rationale for undertaking the project;
- What you wish to achieve for the organization;
- What you wish to achieve for yourself;
- How you will undertake the project;
- How you will achieve the module learning outcomes

After an initial discussion, you will be asked to complete the learning agreement plans. There are guidelines to help you in this process. The learning agreement plans will help you focus on your project and in achieving the module learning outcomes.

Whilst the action plans are not assessed, you are expected to place all the evidence of how you are achieving these into a folder as you progress through the module.

This will provide the detail which will clearly demonstrate your personal and professional development and will need to be verified by your personal tutor on, or before, the submission day. The assessment grid and assessment criteria will help you with this.

In the assessment process a range of marking criteria and weightings are specified and utilised using a flexible assessment grid which has been mapped against the learning outcomes for the module.

Only the front page of this assessment grid is used to assess your project; the following pages are used as guidelines for you and the examiner in the marking of your project.

Format of assignment presentation

Choice

As this is a work based module, it is recognized that a number of work based opportunities will be present in your practice areas that you may wish to pursue. **Some examples** are given below to guide you in choosing a project area.

1. Project report (written)

You may read an evidence based article involving some aspect of patient care which concerns you, as you are aware that this care is not practiced on your ward. You may investigate further by undertaking some form of audit and then present your findings in an organized evidence based format in order to establish a case for a change in practice. You may for instance utilise The Essence of Care documentation in doing this. Your project report will therefore provide details of this activity.

You may want to consider how a change in practice may have been introduced, e.g. a new clinical procedure or a system of care delivery.

2. Patient's journey report (written)

You may have a patient who develops a complication. (E.g. a patient who has suffered a stroke and developed a chest infection). You could carry out a retrospective study of the nursing care this patient received, and link this to the evidence available. (E.g. if the patient initially has had difficulty in swallowing, what evidence is there about swallowing, stroke patients and chest infections? Is this evidence used in the care of stroke patients on your ward)?

3. Presentation (visual) e.g. Poster and support material, patient information leaflet, or Production of a video. This will include an arranged session where you will be asked questions about your presentation from the examiners.

You may wish to present a topic in a visual format, rather than writing a project report. You could opt to be assessed by producing a poster, or producing a video which covers your project topic. In this case you will also be asked to be available to answer questions from your assessors.

4. Presentation (oral) e.g. A Teaching session to a group and support material. Peer reviewed and teacher assessed. This will include an arranged session where you will be asked questions about your presentation from the examiners.

You may choose to give a teaching session to your peers on the module, or clinical colleagues, and assessors. Your peers will be asked to comment on your session and in this case, you will also be asked to be available to produce the information used in the teaching session and answer questions from your assessors.

Process:

In order to help you organize your work, the module learning outcomes have been identified and given a category number. You need to look at the assessment grid with your personal tutor and, depending on your

choice of project, make sure that what you have chosen to undertake meets the learning outcomes for the module. You will note that some categories appear more than once and this provides some flexibility in the assessment of the module against the topic that you have chosen.

You need to check all the relevant criteria carefully to ensure that your work-based project may be assessed against the achievement of all the module outcomes.

Your chosen project therefore should be designed in order that it meets each module outcome, which must have a corresponding assessment grid number. Your personal tutor will help you with this.

Please see the School of Nursing Assessment Handbook for further information on issues such as referencing and plagiarism.

Module Outcomes mapped against the Assessment Grid

KU1	<ul style="list-style-type: none"> Identify the factors that influence personal and professional development 	knowledge and understanding	5,13,14,15,7
KU2	<ul style="list-style-type: none"> Demonstrate the relationship between personal and professional goals, and those of the organisation within the dynamic context of health and social care. 		8,9,7
KU3	<ul style="list-style-type: none"> Analyse the extent to which practice is evidence/research based. 		11,15,12
CS1	<ul style="list-style-type: none"> Communicate personal insights into their developmental needs. 	intellectual/ cognitive skills	5,7,
CS2	<ul style="list-style-type: none"> Identify, apply, analyse and reflect on a range of learning strategies to meet development needs. 		14,15
PS1	<ul style="list-style-type: none"> Demonstrate the application of knowledge and skills relevant to the work based project. 	Subject-specific practical skills	10,11,12,13,14,15
KS1	<p>Communication skills</p> <ul style="list-style-type: none"> Communicates effectively with a range of people on a range of matters using a variety of means. 	Key Skills	5,6,10,12,
KS2	<ul style="list-style-type: none"> Communicate personal insight into personal development needs 		5,13

KS3	Numeracy <ul style="list-style-type: none"> Demonstrate numeric skills relevant to the work based project. 		9
KS4	Information technology <ul style="list-style-type: none"> Gather, analyze and report a limited range of data and information 		8,9,10,11,12
KS5	Managing own Learning <ul style="list-style-type: none"> Demonstrate a commitment to continuous professional development and life long learning 		5,6,7,8,9,10,13,14,15
KS6	<ul style="list-style-type: none"> Develop a work based project demonstrating personal and professional development 		7,8,9,10,11,12,13,14,15
KS7	<ul style="list-style-type: none"> Reflect on the extent to which developmental needs have been met 		5,13,15
KS8	Working with others <ul style="list-style-type: none"> Participate in shared learning activities 		5,6
KS9	<ul style="list-style-type: none"> Reflect upon and analyse the performance of self and others 		5,6,13
KS10	<ul style="list-style-type: none"> Utilise problem based learning skills related to the work based project 		6,7,9,10
PSS	Presentation and Style		1,2,3,4

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