

Morley, D. (2018) The “ebb and flow” of student learning on placement *In* Morley, D. (2018) (ed) *Enhancing employability in higher education through work based learning*. Palgrave Macmillan

## **Chapter 10: The ‘ebb and flow’ of student learning on placement**

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### **Introduction**

There is a rise in interest in work based learning as part of student choice at subject level in the UK (DOE 2017) but there remains an absence of specific guidance on how to best support higher education students learning on placement. An alternative HE experience in England, the degree apprenticeship, underlies the continued focus by policy in securing placement experiences for students without stipulating the type of support that is required at the ‘coal face’ of work based learning. Policy documents (UUK 2016), that urge universities to enter into partnership agreements with both employers and FE colleges to plug skills shortages, are noticeably lacking in their appreciation of the unique qualities of work based learning and how best to support students in this setting (Morley 2017a). Unfortunately, this is not unusual as placements have predominantly been an enriching ‘add on’ to the real business of academic learning in more traditional university programmes. Support initiatives, such as that described in chapter 9, are a rare appreciation of the importance of this role.

Undergraduate nursing programmes currently support a 50:50 split between practice learning in clinical placements and the theory delivered at universities. Vocational degrees, such as this, provide an interesting case study as to how students can be supported in the practice environment by an appreciation of how students really learn on placement and how hidden

resources can be utilised more explicitly for practice learning. During 2013 – 2015 a professional doctorate research study (Morley 2015) conducted a grounded theory study of 21 first year student nurses on their first placement to discover how they learnt ‘at work’ and the strategies they enlisted to be successful work based learners.

## **Literature Review**

Many theorists advocate that a novice, working closely with an expert, is more likely to have their learning strengthened and enabled. Vygotsky (1962), theorised that cognitive development arose from social situations. Students developed beyond their individual potential, the ‘zone of proximal development’, when additional guidance from an expert took a learner to a more advanced level. This is seen in traditional master-apprenticeships (Morley 2017b) but also in learning as part of a wider professional community (Wenger 1998), or as a distributed apprenticeship between several colleagues (Eraut 2007), clients (Eraut 2004) and peers. Crucial to the apprentice’s journey is the social context of their learning where the learner’s developing professional identity is determined by their social interaction, and application of their accumulating practice skills, with members of their own work communities (Lave and Wenger 1991, Wenger 1998).

Although practice assessment for student nurses was placed under the mandatory new role of a ‘mentor’, a registered nurse with additional responsibility for the students’ practice learning in 2004 (NMC 2004), research indicates that this significant sole supervisor’s role is fraught by difficulty. The Shape of the Caring review (Raising the Bar), (Willis 2015), highlighted the significant variation in the quality of mentorship that student nurses experienced. It was found that mentors were sometimes burdened by their supervisory responsibilities which

were both under resourced, and unrecognised, leading to the current review of the role (NMC 2017).

In the UK, with the demise of nursing leadership roles in practice learning (O'Driscoll et al. 2010), and the rise of the mentors' unique status as the lynchpin in students' practice learning, (Gray and Smith 1999, Gray and Smith 2000, Myall et al. 2008, O'Driscoll et al. 2010) the mentors' role became highly significant. Helping students to adjust to the realities of practice (Gray and Smith 2000, Myall et al. 2008), challenging their theoretical knowledge in a new context to enhance critical thinking (Spouse 2001) and acting as influential role models (Gray and Smith 2000) were recognised as important parts of the mentors' role. Like in other disciplines, the quality of the mentor relationship also effected explicit support of learning, such as feedback, as well as influencing the motivation, self-efficacy and confidence of the student (Spouse 2001, Bradbury-Jones et al. 2011a).

Although the student nurses in Gray and Smith's (2000) study were able to articulate the optimum characteristics of mentors the research lacked detail on how these characteristics impacted on students' practice learning strategies. The significance of role modelling was also identified by Gray and Smith (2000), Myall et al. (2008) and Davis (2006) but there remained a lack of specific data on how students learnt from professional experts.

Although mentors were aware of the significance of their learning role they also admitted that increased clinical workload affected the support and learning experience they provided (Gray and Smith 2000, Myall et al. 2008) to students. Despite students' supernumerary status Bradbury-Jones et al (2007) found that student nurses were excluded from learning opportunities to meet workforce demands. The culmination of both mentors and students being busy with clinical work meant that they risked to work separately and, by remaining at the lower end of the professional decision making hierarchy, students nurses received a

fragmented version of the work of their future professional roles (Holland 1999, Gray and Smith 1999, Cope et al. 2000). Third year students (Gray and Smith 1999) recognised a division between the care work associated with unqualified care staff, the health care assistant, and the duties of the qualified nurse and gravitated towards higher status work associated with the latter.

“If [the student] had been left to wander around the ward talking to patients, or had been given mundane activities that had kept her busy and out of the mentor’s way, she would have missed out on learning the artistry and the science of caring ...that her mentor could teach her” (Spouse 2001, p.23).

Displaying characteristics of helplessness and dependence led students to be labelled by permanent staff as not meeting the criteria of the clinical setting (Allan et al. 2011). If students worked in a supportive environment they began to learn the nuances of ‘negotiating voice’ (Bradbury-Jones et al 2011b) and Allan et al. (2011) found that third year students began to recognise and adapt to the politics of placement learning.

Levett- Jones and Lathlean (2009) found that the degree of conformity of 18 third year students in an Australian mixed method study varied according to their sense of ‘belongingness’ on placement. In those situations, where belongingness was not met, (Levett- Jones and Lathlean 2008) students were more likely to be subsumed into the workforce in their attempt to fit in. With their self-imposed invisibility student nurses’ learning needs were compromised. They did not have the confidence to develop critical thinking beyond asking rudimentary questions in an atmosphere where they were fearful of making mistakes. Argyris and Schön (1974) term this as a compromise between ‘espoused theories’ and the ‘theories in use’ used in practice.

The placement ethos, and the particular support of the mentor (Levett- Jones and Lathlean 2009, Bradbury-Jones 2011a; 2011b) emerged as critical factors in students' adherence to their personal and taught values of nursing. Ellstrom (2011) made the distinction between an 'enabling' and 'constraining' learning environment whereby the structures in practice impacted on how easily a student could move between 'adaptive' (skills acquisition) and 'developmental' (professional critique) learning. A constraining working environment could prioritise adaptive learning, or be detrimental to the development of both, with students displaying the attributes of acquiescence. Although the prioritisation of adaptive or developmental learning may naturally and appropriately occur during their learning, students needed encouragement to be able to question what and how they are being taught.

Barriers to learning were erected when mentors displayed behaviour akin to bullying (Bradbury-Jones et al 2011a) or overprotected students leaving them predominantly to observe, do unwanted work and have insufficient feedback (Gray and Smith 2000).

Some student nurses recognised the constraints of their mentor's role and realised that their own learning could be compromised with their mentor's dual responsibility for clinical management as well as mentorship. Students also reported incorporating other staff into their learning to increase the range and opportunity of their practice learning experiences. Students who showed attributes of self-direction and, who were able to capitalise on learning opportunities outside of an exclusive learning relationship with their mentor, were seen as more likely to have successful mentoring relationships (O'Driscoll et al. 2010).

Eraut (2007) identified a clinical learning culture for the trained nurses in his study where 'helpful others', other than designated mentors and including patients themselves, contributed significantly to the learning in the workplace. The growing occupation of health care

assistants have been found to contribute a hidden but significant amount of time to student nurse practice learning (Hasson et al. 2013).

### **Focus on the novice practice learning experience**

For the purposes of the research a particular focus was taken on the practice learning experiences of first year students on their first clinical placement; situated three months after the beginning of their adult nursing degree. The literature review highlighted both their vulnerabilities and the lack of research undertaken with first year students (Andrew et al. 2009, Grealish and Ranse 2009). It was felt that the issues identified in the literature review could have a particularly detrimental effect on student nurses at the beginning of their practice learning but what this effect was, was under researched.

The first year student nurses, studying at the university site for the research, undertook an induction day prior to placement and were given guidelines on the number of learning outcomes to achieve from their practice assessment tool during their six weeks of practice. They were recommended to contact their mentor prior to placement but apart from these similarities each clinical setting had a different approach to their support of students.

### **Research Design**

Following approval from a faculty ethics committee, twenty-one first year adult nursing students (three male and nineteen female) of mixed age, previous care experience and academic background volunteered from three separate cohorts of first year adult nursing students from one UK University. This meant participants entered their first clinical placement at different times and this was compatible with the cumulative data collection and

analysis of the constant comparative method used in the socio constructivist grounded theory method (Charmaz 2006) for this research.

Procedures were followed to gain informed consent from participants. It was hoped that a clear explanation of the research would help to equalize power differences that may exist between the participants and the researcher, who was a lecturer in the same academic institution, and encourage full and open participation by the student (Guba and Lincoln 2005). The nature of the researcher-participant role can be a complex one and the dual role of the researcher from the outset had to be revisited and negotiated as the research unfolded.

Students undertook individual unstructured interviews twice during data collection and analysis (January – November 2013); the first was conducted via the telephone mid placement and the second face to face once students had returned to university after the placement was over.

Data collection and analysis followed the different coding stages of the grounded theory process. As particular categories emerged theoretical sampling was pursued in order to gain further data that only pertained to the particular learning experiences of the emerged categories. Using Charmaz's (2006) approach the researcher's background was less about bias and more positively positioned as a possible influence on the interpretation through her own background and experience.

The final categories of the study were validated by two focus groups of participants before the categories were viewed as saturated and that there was no further data to add. An overarching theory of 'learning to be a professional' emerged as the final stage of the grounded theory approach.

## Results

In the clinical setting, the student participants learnt in a predominantly unstructured learning environment where learning opportunities could occur randomly as a shift progressed. Some students' learning proved to be of better quality than their peers and students could isolate different aspects of the management of their learning that were key to successful practice learning.

### 1. The experience of learning in practice

There is a lack of clarity on the role of a first-year student nurse on their first placement experience; *“some of them weren't sure if that was a nurses' role or more of a healthcare role that they were doing”* (13, end of placement interview). Quite often the mentor was viewed as a protector of students' learning interests, as well as a facilitator of their learning, and, without this particular level of support, the student was at risk of being buffeted by the adversities of practice. This included instances of horizontal bullying by permanent staff, being directed to work with no link to students' learning and being made to feel unwelcome in practice.

Students displayed a strong desire to find a useful role on placement where they felt occupied and did not experience a sense of 'placement drift'. This could occur undertaking activities not linked to their learning, but ones that promoted students' self-worth and sense of independence. On their first placement students preferred to be occupied *“I'm not someone who likes to just stand and observe”* (1, end of placement interview) and *“I don't want to be one of those people who have to keep asking stuff.”* (15, mid placement interview). Students did not identify observing and questioning practice as components of learning in practice and fell into the characteristics of 'keeping busy'. Students needed active encouragement and

permission to be a learner in a purposeful manner. Not having these learning skills scaffolded for them meant students saw the observation of care work negatively; as a period of inactivity where learning stopped.

With respect to both learning, and the setting up of a learning experience, the first year student was unable to effectively negotiate their learning on their own. The relationship with their mentor was crucial to being both challenged and nurtured in their practice learning. It was identified by students that, in the absence of the mentor, they undertook personal care with health care assistants, *“they’re easier to access” (19, mid placement interview)*, particularly in residential and nursing home settings where students were asked to work with senior care staff. Although students were content to be looked after by health care assistants in their initial induction period they became dissatisfied if they felt they continued to work as a ‘health care assistant’ as the placement continued.

*“I’m just left with the care assistants washing and some of the care assistants can do the blood sugar monitoring machine and I asked if I can have a go and I’m not allowed ‘cos I’m not trained and it feels like some of the things I can’t do so I can’t be left on my own sometimes unless it’s like just basic washing. It feels like, I want to learn more ...” (9, end of placement interview)*

For students, the richest learning experiences occurred when they were challenged beyond their first-year role. Emergency situations, such as a cardiac arrest of a patient, allowed students immediate access to the vast potential of a real-life learning situation. Without exception participants were supported emotionally and the clinical incident was deconstructed by the trained nurses involved into discussion points for learning. Students, as a result, felt more confident of their future role if the same emergency situation occurred again.

*“... it was sort of exhilarating but actually reflecting on it with my mentor I think it all sort of came up and it was a bit like scary. She sort of pulled me aside and said, ‘How do you think that went?’ which was good because I wasn’t going to really talk about it but it was good that she brought it up” (5, end of placement interview).*

## **2. The experience of working and learning with a mentor**

Finding time with their mentor became a constant management issue for students. Night shifts afforded greater access but during the day the availability of the mentor became more organic and opportunistic. Students, most satisfied with their practice learning, intensively shadowed their mentor through the majority of their work with the student ‘dropping away’ from their shadowing role when an alternative clinical need arose. This could occur when the mentor required personal or professional space to perform their clinical role on their own, or when an alternative learning opportunity was created for the student.

*“Initially I’d obviously stay with her but then if another opportunity came up she was pretty fine to let me go; she often set up learning opportunities. We’d go off with other team members and she was fine with that and I just joined her back on, but on quite a few of the days I was with her the whole of the time which was good” (5, end of placement interview).*

The success of this mentorship model was dependent on the student being able to ‘ebb and flow’ their contact time with their mentor against the rhythm of their mentors’ clinical work needs or the students’ own alternative learning opportunities. Students and mentors thus managed time together, and time apart, and this required a mutually understood approach by both mentor and student and effective communication between the two. Some students became so attuned to this style of supervision that they developed a sixth sense of when it was inappropriate to stay with their mentor. Alternatively, the mentor explicitly directed the

student to a different activity when they became busy. This was seen as acceptable by student and mentor and was clearly managed. This could also be accompanied by a clear arrangement as to when the supervisory relationship would resume at a given time or during a given activity.

The 'ebb and flow' approach used the possible fluidity of the students' role to release the mentors' time spent supervising when there was an increased clinical demand on the mentors' time. However, whilst working with their mentor, students had the opportunity to experience the registered nurse role in its entirety and became party to the subtleties and complexity of professional judgements that their mentors made. Students were, therefore, at the heart of professional decision making rather than being directed away to smaller nursing tasks where they were unable to view the multitude of ongoing judgements made by the nurse in charge. Importantly, students were required to communicate with their mentor frequently in an ongoing discussion of work priorities and care decisions. This created a rich and dynamic learning environment that was constructed through an effective professional relationship between student and mentor.

With the 'ebb and flow' model of mentorship an additional positive was that the students' 'need to be useful' was addressed as the mentor continually directed the student to tasks either with them or away from them. This included opportunities to work with other staff or to follow patients on their journeys to other departments and specialists.

In contrast to the 'ebb and flow' model of mentorship, supervision also occurred in alternative ways. One student eloquently described 'grab and go' situations where students were quickly summoned to see a particular procedure, such as a wound dressing or an injection, which was thought to be of benefit to their learning. These learning situations, like

many within the practice setting, were unplanned and relied on the learner being available and ready to take the learning opportunity offered.

*“I would have been too scared to do it, but because she was like ‘you can do it, I’ll do it, I’ll show you, I’m not going to let you go wrong or anything and then I want you to do it and see if you can do it, is that alright?’” (11, end of placement interview).*

Students were given the confidence to ‘give the procedure a go’ and could feel a sense of achievement afterwards. However, if students were hurried into completing a new competence without having the opportunity to be assessed, or building on their initial experience, their learning retention and potential development was weakened.

The most popular mentors challenged students’ depth of learning and had an approachable learning style. These mentors saw the importance of quizzing students through ‘grab and go’ opportunities so students felt they had not only achieved the procedure but also had a critical knowledge of the underlying rationale. This learning required mentors to go ‘beyond the procedure’ challenging students to reach a higher level of learning and becoming increasingly proactive as a learner.

*“Every time I go to do something he specifically knows that I’ve done it before rather than explaining it to me he’ll get me to explain it to him to make sure I’ve taken it in” (17, end of placement interview).*

## **Discussion**

The research found that although student participants were meant to be supernumerary on placement their mentors were part of the placement management team so the supervision of learning could be compromised through workforce pressures. Mentors either prioritised

clinical work, or attempted to build 'work around' supervisory solutions, so students could be supported at the same time. One of these included students undertaking personal care with health care assistants; often viewed as a poor alternative to working with a qualified nurse particularly if this arrangement was prolonged. Participants valued the learning they could achieve with their mentor and sometimes begrudged time spent 'working as a health care assistant'.

'Ebb and flow' mentorship modelled a successful method of continually balancing the work and learning commitments of the mentor with their student. Significantly, students were party to the clinical decision made by their mentor with a reduction in the fragmented end tasks of the decision-making process that Melia's (1984; 1987) student nurses received. The recognised difficulties of bringing all the disparate parts of professional practice into a whole (Benner 1984, Eraut 2004) could therefore be embodied in the practice of one person who the student worked closely with. By observing the work of an expert in action, participants enjoyed the rare opportunity for a more holistic view on professional practice. The 'ebb and flow' model therefore addressed two issues of Melia's study; greater exposure to expert decision making and a bridging of the theory - practice gap through constant coaching and observation of how registered nurses manage and work.

The subtleties and complexities of the registered nurse role were viewed at close proximity on placement, and participants learnt from and were often truly inspired to emulate their mentor. Students were genuinely awed when they saw examples of professional expertise akin to the tacit knowledge or the connoisseurship of professional practice identified by Polanyi (1962). Arguably the 'ebb and flow' model could be one vehicle for moving students through the novice to expert stages identified by Benner (1984) although it remains highly dependent on students having consistent, quality learning time with their mentor. Allan et al. (2011) identified this type of learning intimacy as 'sponsorship'.

The professional sponsorship identified in the research emphasised the building of a professional identity dependent on a deeper socialisation to practice through interaction with more experienced ‘old timers’ (Wenger 1998). Some participants connected their own professional ambitions to the professional journey already undertaken by their mentor; what Wenger (1988) termed a ‘paradigmatic trajectory’, and this inspiration was particularly important to male and mature participants when their mentors came from the same demographic. The opportunity to work, and be supported beyond the usual boundaries for first year learners, was particularly inspirational for students as they experienced their future professional selves (Wenger 2012).

Participants described how mentors and other staff, such as health care assistants, tried to create one off ‘grab and go’ learning opportunities for students as a learning opportunity arose. Although higher level metacognitive skills could be lacking, the strategy provided achievement of specific practical skills or competencies. In clinical situations, where mentors rarely undertook personal care, working with health care assistants sometimes provided the only opportunity for students to practice these skills.

## **Conclusion**

The disparity of learning experience described by study participants indicated that student nurses required sponsorship to negotiate and fulfil the potential of their practice learning on their first placement. The first-year placement took on significance as the first staging post in the formation of a professional identity that, if compromised, could affect student nurses’ practice learning and the confidence they felt moving forward.

Like Eraut (2004) this study showed that the structuring of practice learning was influential to students' progress. Poor allocation to inappropriate tasks, or supervisors, eroded the potential for situated learning to occur (Lave and Wenger 1991). Gherardi et al (1998) introduced the concept of 'situated curriculum' in an ethnographic study of Italian construction site managers. Patterns of learning were naturally aligned to work opportunities providing an organic but logical sequence to development that were neither linear nor progressive.

It was found that if first year student nurses worked closely with a professional expert, usually their mentor, they were more likely to gain an appreciation of the many facets that make up the whole of professional practice through their close involvement in the day to day work of a registered nurse. This included the complex and political nuances of a registered nurses' work that are often implicit within their role and difficult to isolate. As commented by Dreyfus and Dreyfus (1986, p. 30), "an expert's skill has become so much part of him that he need to be no more aware of it than his own body", and thus teaching these 'embodied' aspects of professional practice are a particularly challenging aspect of work based learning.

Benner (1984, 2001), informed by the work of Dreyfus and Dreyfus (1977 in Benner 2001), found that a nurse moved between five stages of competence as they developed from novice to expert. Although criticised for the lack of explanation of how a nurse progresses through the different developmental stages (Altmann 2007) Benner's work recognised that practice learning could be both implicit and explicit. The risk to learning was when it was obscured by work processes where learning was not made explicit enough for students to recognise and action (Benner 1984; Eraut 2000, 2004).

Benner (1984) believed that the skilled pattern recognition of experts could be taught, rather than being incidental, and the learning emphasis should be placed on the whole of practice and not the isolation of the component skills. Mentorship systems, such as the 'ebb and flow'

model, ensure that students are continually assisted in their focus on their professional learning despite the business of the placement environment.

**Figure 10:1 Student nurse learning in practice**

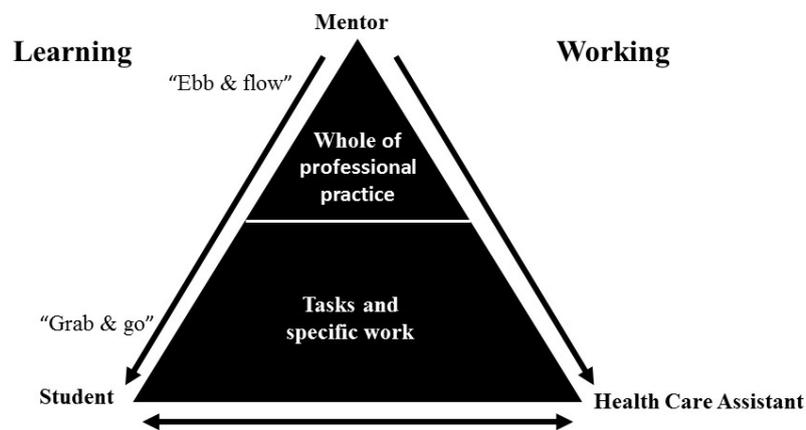


Figure 10:1 provides an overview of the ‘ebb and flow’ model of mentorship. First year students are placed on the side of the diagram where the learning role dominates but work in partnership with health care assistants (who have a dominant working role) and the mentor (who bridges both learning and working). If the student spends the majority of their time with the health care assistant, they work and learn at a ‘tasks and specific work’ level and are at the farthest point away from the professional decision making of the mentor. If the student learns and works consistently with the mentor, using a collaborative ‘ebb and flow’ model, they are more likely to be party to the whole of professional practice rather than the fragmented or ‘grab and go’ parts of clinical roles. By following the ‘ebb and flow’ model of mentorship students are at the epicentre of professional decision making, rather than on the

periphery, but also have the chance to move to alternative learning if the opportunity arises. For most higher education students, at the beginning of their placement learning, it is sometimes difficult to progress beyond the novice stage of learning where their performance is halting and fragmented (Benner 1984). By successfully working with experienced personnel the vision of expertise and the illusive nature of tacit learning can be more easily isolated for students' learning.

The research findings exposed the 'ebb and flow' mentorship model as a recognisable and simple model of clinical support that could be transferrable to other disciplines beyond health care. The accommodation of students' learning needs, with the workforce requirements of the placement, provided a way for students to work and learn in early professional sponsorship with their mentor. Likewise, more obscured areas of supervision, such as that provided by health care assistants or 'helpful others' (Eraut 2007), was revealed more fully in the context of the research.

By making higher education placement experience more explicit to students as 'learning' the work on placement has the potential to more positively contribute to students' development. The significant amount of time all levels of staff spend with students needs to be converted into valuable and recognised learning for it to be acceptable to students. The 'ebb and flow' model has the potential to be extended into a social model of learning with named individuals contributing to students' learning when novices are not working with their main supervisor. Creatively using existing resources for placement learning, also transmits the important message to all levels of the organisation that everyone has a responsibility to settle and educate students on their placement experience.

Opportunities to consolidate learning, such as students' use of reflective models or having formal reviews, were not built into this research with the risk that students' learning was lost

in the business of practice. It would seem timely to address whether both supervisors, and other possible facilitators of placement learning, are being prepared sufficiently to support students in the idiosyncrasies of learning in practice. The 'ebb and flow' model highlighted the success of a coaching style of supervision that responded to the fluidity and the opportunistic nature of this particular learning environment.

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