UNIVERSITY OF Southampton

The Higher Education Academy

Final Report of the Beyond Competence Project (Southampton)

Enabling and inspiring healthcare students to engage confidently with the transition from classroom to workplace learning

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Contents

Key words for report

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This report covers the work undertaken at the University of Southampton. A further report covering the work undertaken at the University of Leeds is submitted separately.

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- The Project's Key Contacts (or practice-based individuals):

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Faculty of Health Sciences: Professor Judith Lathlean and Ms Kathy Owens	School of Healthcare (Nursing & Midwifery): Dr Janet Hirst
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- The Project's Advisory Group:

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Dr Chris Stephens	Associate Dean for Education and Student Experience, Faculty of Medicine, University of Southampton
Steve Outram	Senior Advisor, Higher Education Academy (HEA)

- The administrators who supported the Beyond Competence Project.

Executive Summary

Summarise highlights of the project (one page), including aims/objectives, overall approach, findings, achievements, and conclusions. The full report may include technical terms, but try to keep the executive summary in plain English.

This report outlines achievements in Southampton as part of a collaborative project between the Universities of Southampton and Leeds. The project aimed to facilitate smooth transitions for students moving from university-based teaching to workplace learning. The particular focus was on healthcare education and the project examined the experiences of audiology, medicine and nursing students as they enter ever-changing healthcare environments. The project investigated how students make the transition from 'student' to 'trainee professional' - and from didactic, class-room teaching to increasingly independent learning.

The project responded directly to needs identified by students, higher education institutions (HEIs), the health service, professional bodies and in the literature concerning transitions into placement learning. Moreover, it endeavoured to take seriously the changing context of the NHS and HEIs in the period of public spending cuts. It explored the ways in which HEIs and placement providers could help students thrive in the workplace and makes recommendations for future policy and practice. Finally, it worked *with* students to create resources *for* students, outlining and disseminating strategies for successful placement learning.

The two purposes of this project were:

1. To increase knowledge and understanding of:
- The rapidly changing context of the NHS, clinical placements and HEI provision
- The difference between classroom teaching and work-based learning
- Student perceptions of and responses to the transition (including thriving and coping mechanisms)

2. To develop, produce and disseminate advice and resources:
- For students to maximise learning in clinical contexts
- For teaching staff, HEIs and NHS to improve clinical placements and work-based teaching (including informing national and local bodies)

Achievements in Southampton:
The project responded quite closely to the original project plan. Year One was primarily focused on conducting education research and Year Two included education resource production. All of the resources - for staff and students – are available online at the Beyond Competence Project website:
http://www.southampton.ac.uk/medu/research/education_research/beyond_competence/index.page

Key findings and conclusions from Southampton

1. The findings confirm that the first full placements are pivotal to students learning in clinical contexts.
2. Across the professions, students mostly enjoy learning on clinical placement. However, some students struggle with the transition from classroom to the clinical workplace and the attitudes and practices of the clinical learning environment are crucial to enabling all students to cope and thrive in their initial placements.
3. The rapidly changing NHS is impacting on student learning in ways that are difficult to map with certainty but need constant reappraisal by local education providers and education organisers.
4. Professions differ significantly in their approach to preparing and integrating students into the clinical workplace and lessons can be learned from each of the three professions.
5. Clinical teachers value education research presented through face-to face workshops and on-line learning.
6. Students are willing to produce on-line resources to guide others through the process of learning on clinical placements and other students value these resources.

Duration of project: August 2010 – October 2012

Background

In this background section we outline our thinking about the project in advance of our research and on the basis of the existing literature.

All workplace environments provide unique and challenging opportunities where students integrate theoretical knowledge with practical skills under real-life conditions.[i] Within healthcare there are additional factors such as the need to communicate appropriately with patients, relatives and colleagues and the requirement to conform to professional standards – even at undergraduate level.[ii] Moreover, such settings expose students to demanding ethical and legal dilemmas. Students must reach beyond their personal comfort zones: touching and manipulating patients' bodies (which can be unsettling); and confronting death and dying (often for the first time). Staff and students must also focus on the priority of patient safety.[iii,iv]

For healthcare students, clinical placements represent vital and irreplaceable learning opportunities, but they can prove overwhelming.[v] Typically, students report feeling lost, lonely and 'dropped in at the deep end'. Pastoral tutors are concerned about high levels of stress and anxiety amongst students. Academic staff are worried at students failing or 'bumping along the bottom' in early attachments and not fully engaging with the learning opportunities. The literature confirms that clinical placements are a particularly difficult period for healthcare students.[vi,vii,viii,ix,x,xi]

Placement feedback also indicates that some students thrive in this often confusing and occasionally hostile environment but, as education providers, we cannot leave the successful transition into clinical settings up to chance. We must encourage and empower all students to involve themselves fully within the clinical context. Moreover, HEIs, working with placement providers, must ensure that the learning environments are as student-friendly as possible.

Our approach to clinical placements recognises that institutional, societal and policy factors cannot be treated as external to the educational process. In the context of a rapidly changing NHS, we should consider:
Greater student numbers and the changing profile of hospital patients mean that students are increasingly competing for patient access.[xii,xiii] Undergraduates on their first placements are particularly vulnerable to being side-lined.

- Within medicine, the reorganisation of junior doctor training, shift work and the introduction of the European Working Time Directive are severely limiting access to clinical teachers. In this context, pedagogic considerations are becoming increasingly peripheral.
- The General Medical Council expressed serious concerns about quality assurance and the organisation of placements.[xiv] Graduates' preparedness has become a major topic for postgraduate training;[xv,xvi] the NHS reports an increasing number of 'doctors in difficulty'; and junior doctors are thought to be less confident, competent and committed.[xvii]
- Privatisation of healthcare increasingly limits the availability of placements and threatens workforce education. These concerns are particularly relevant to audiology[xviii] and nursing.[xix,xx]

An important initiative within the NHS is the development of competency frameworks, reflected in healthcare training.[xxi] Undoubtedly, these frameworks have brought many benefits. However, as the project title indicates, caution is required when viewing their impact on healthcare education.[xxii] There is evidence that students favour the rapid completion and documentation of 'key skills' – rather than allowing for the gradual acquisition of 'tacit knowledge'[xxiii] – and, in this sense, focusing on competencies may undermine more holistic placement learning.

A number of other crucial issues to consider include:

- The 'disconnect' between academic and workplace learning[xxiv]
- 'Identity', 'liminality' and 'belonging'[xxv,xxvi,xxvii]
- Risk taking and initiative[16,xxviii,xxix]

- Role of the hidden curriculum[xxx,xxxi,xxxii,xxxiii]
- Students confronting poor practice[xxxiv,xxxv,xxxvi]
- Teacher/mentor roles[26,xxxvii,xxxviii,xxxix]
- Teaching by 'humiliation'[xl,xli,xlii,xliii]
- Diversity and the needs of different groups of students[xliv,xlv,xlvi,xlvii]
- Development of professionalism[xlviii,xlix,l]

Aims and Objectives

The project sought to enhance the experience of healthcare students in the transition to clinical learning. There are two strands.

To increase knowledge and understanding of:

- The rapidly changing context of the NHS, clinical placements and HEI provision
- The difference between classroom teaching and work-based learning
- Student perceptions of and responses to the transition (including thriving and coping mechanisms)

To develop, produce and disseminate advice and resources:

- For students to maximise learning in clinical contexts
- For teaching staff, HEIs and NHS to improve clinical placements and work-based teaching (including informing national and local bodies)

Methodology

Summarise the overall approach taken and why this approach was chosen over other options considered. Then describe the methodology in more detail. Depending on the project, this might include the methodology for research you carried out, technical design or development, evaluation, etc. Finally, note any specific issues that had to be addressed by the methodology, e.g. standards, interoperability, scalability, etc.

Rationale

Up to the point of writing the proposal, the team had been primarily concerned with the clinical placement experience of medical students. However, we then started to look beyond medicine and realised that much could be learned from other healthcare professions. For example, nursing has a much closer student-mentor relationship and placements start much earlier within their university programme. Audiology attachments are longer and students are paid during their placement year, which significantly changes the students' status vis-à-vis the placement provider. Despite the recent emphasis on inter-professional learning and team building within the NHS[li] and Mullholland's informative project on practice-based learning[2], no comparative research had been undertaken of the student experience of workplace learning across these three disciplines.

Early clinical placements occur at different points in the academic year and at different stages in the different degree programmes.

- Audiology students make the transition into clinical placements in Year 3, following on from two years of studying at University.
- Medical students have early patient contact during Years 1 and 2; most of this takes place in primary care settings. The transition into primarily clinical placements takes place in Year 3. At Southampton, only Year 3 students were studied.
- Nursing students start clinical placements in Year 1. The Nursing and Midwifery Council prescribes that half of their training takes place in practice and following on from preliminary training, student move into full-time clinical placements in January. Only Adult nursing students were studied.

Duration of project: August 2010 – October 2012

The project combined qualitative and quantitative research with a development and dissemination phase. The research included literature reviews, a qualitative data collection phase, followed by a survey. It also involved analysis of the data and report writing. The resource development phase involved design, drafting, piloting, evaluating and finalising of staff and student resources. What follows below is an overview – further specific details can be found in the detailed reports that are available in the appendix.

Approach

For the Southampton team, studying students' *initial* clinical placement experience was a priority – we felt that this was a particularly difficult period that had not been fully explored in previous studies. It was our assumption that the sooner students were able to make sense of the clinical environment – and their role within it – the more likely they would be to benefit from the unique opportunities it offers. Thus, we aimed to capture the students' perspectives as they were moving from primarily classroom-based learning, into primarily learning in the clinical environment.

Throughout the project the Southampton team worked with student reference groups. Their role was particularly pronounced during the student resource production, but their input was also very helpful during data collection; they helped the team to fine-tune the invitations and identified appropriate timing and modalities.

Ethical approval and research questions

At Southampton all research involving human subjects requires ethics approval through the Faculty ethics committee. The research fellow started to work on the project in November 2010 and preparation of the application for ethics approval started straight away. Based on the original proposal, the following research questions were developed and explored by the Southampton team:

1. How do healthcare students experience the transition from classroom-based learning into the clinical work place context?
2. How is the workplace changing and what is the impact of these changes on workplace learning opportunities?
3. What strategies do students employ to cope with the transition? How do these differ between student groups (both inter- and intra-cohort)?
4. What approaches and strategies are particularly common to thriving / struggling students?

The ethics approval application (including over 20 appendices, including participant information sheets, consent forms and interview schedules) was submitted in December 2010. Following minor amendments, approval was granted in January 2011 (Reference number: SOMSEC085.10). This was the point where nursing students were just about to start their first placement and fieldwork had to start immediately.

Additional applications for amendments to the original ethics approval application were made later:

- In April 2011 to allow for telephone interviews as these were better suited to data collection with audiology students whose placements are widely dispersed.
- In May 2012 for the online survey questionnaire once this had been developed and piloted.

Qualitative study (staff and student interviews in Southampton)

a. Staff perceptions from within HEIs and the NHS were explored through semi-structured interviews, in order to explore their perceptions of the transition to and learning in clinical placements.

b. Students' experiences of clinical placements were gathered in several ways:
    - Self-report diaries
    - Semi-structured interviews
    - Focus groups

Participants were self-selected, though efforts were made to ensure that diverse student populations were represented.

Self-report diaries have seen increasing use in medical education and seemed particularly well suited to capturing students' transition – they allowed students to record what was going on as it happened and without having to accommodate a researcher (making time, travelling, etc.). Students were given a choice between audio-diaries or private blogs; the majority opted for the blogs. Topics raised in the blogs were then explored in more detail in the individual interviews. Interviews and focus groups with students explored their experiences of initial clinical placements in-depth. The interview schedule is provided in the appendix.

The table below provides numerical information about the different types of data gathered.

	Staff Interviews	Student interviews	Student focus groups	Student self-reports
SOUTHAMPTON				
Medicine	6	17	2	13
Nursing	9	12	1	7
Audiology	2	6	0*	5

* due to their placement commitments and the considerable distances between audiology placement sites it was not possible to bring together the audiology students for a focus group.

All data was collected in 2011 and early 2012. We started out with studying the adult nursing cohort (January to March 2011) and then moved on to capturing the experiences of audiology students (April and May 2011). It then emerged that the project's research fellow would be leaving and for the remaining period on the project (until July 2011), he concentrated on the initial analysis of the student data from audiology and nursing. A second research fellow was appointed to start in September 2011, just in time to capture the transition of the medical students into their first placements (October 2011 to February 2012). The same interview schedule was used across the three cohorts studied.

All of the data was transcribed in full and imported into a qualitative analysis programme (N-Vivo). Data analysis approaches varied; this was inevitable given the changes in personnel. Further details can be found in the methodology section of each of the profession-specific reports.

Quantitative study

The student questionnaire was based on the initial qualitative study and sought to identify the prevalence of specific problems during clinical placements, how they differ across the various cohorts and HEIs and what coping (and thriving) mechanisms students have devised.

In March 2012 the questionnaire was initially developed jointly with the Leeds site and then fine-tuned separately at Southampton. It was piloted with students from each of the cohorts in April 2012. Ethics approval was granted in April also. The survey ran through Bristol Online Survey during April and May 2012. The table below provides information about the student populations sampled

	Student numbers	Participant numbers	Response rate
SOUTHAMPTON			
Medicine	271	123	45%
Nursing	382	186	49%
Audiology	50	28	56%

The questionnaire is provided in the appendix. An initial set of descriptive statistics were provided by Bristol Online Surveys, but it emerged that the dataset included ineligible as well as repeat entries; these entries were removed.

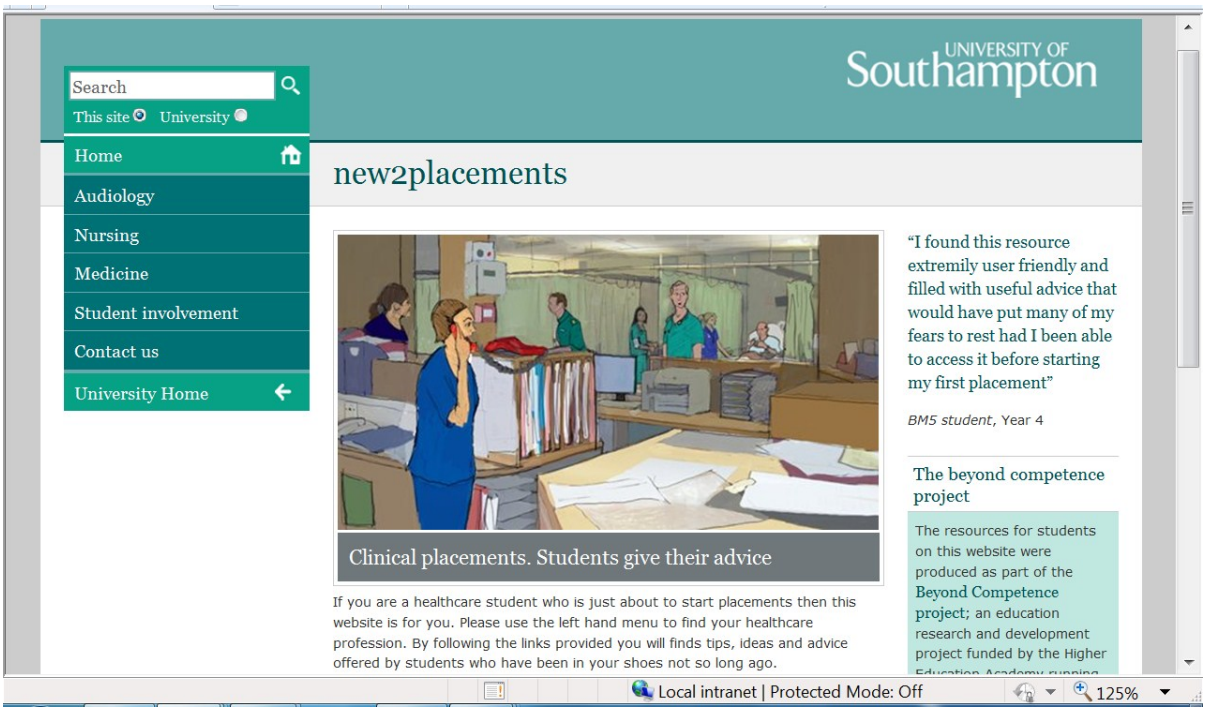
Duration of project: August 2010 – October 2012

Development phase

As noted earlier, each site was responsible for developing their own set of resources for staff and students. All resources produced at Southampton are available to the public through the Beyond Competence Project website: http://www.southampton.ac.uk/medu/research/education_research/beyond_competence/index.page

a) Student resources

The Southampton site started with the development of resources during the summer 2011. A paid summer intern conducted research into student resources and set up a dedicated student-facing website, entitled: new2placements. The student website is open to all and provides dedicated pages for dissemination of resources produced at Southampton (http://www.southampton.ac.uk/new2placements).



Southampton researchers worked with reference groups with students from each of the professions to review content gathered during data collection and to produce new content. They also worked with individual students to produce additional multi-media content. For each of the profession, the content includes resources:

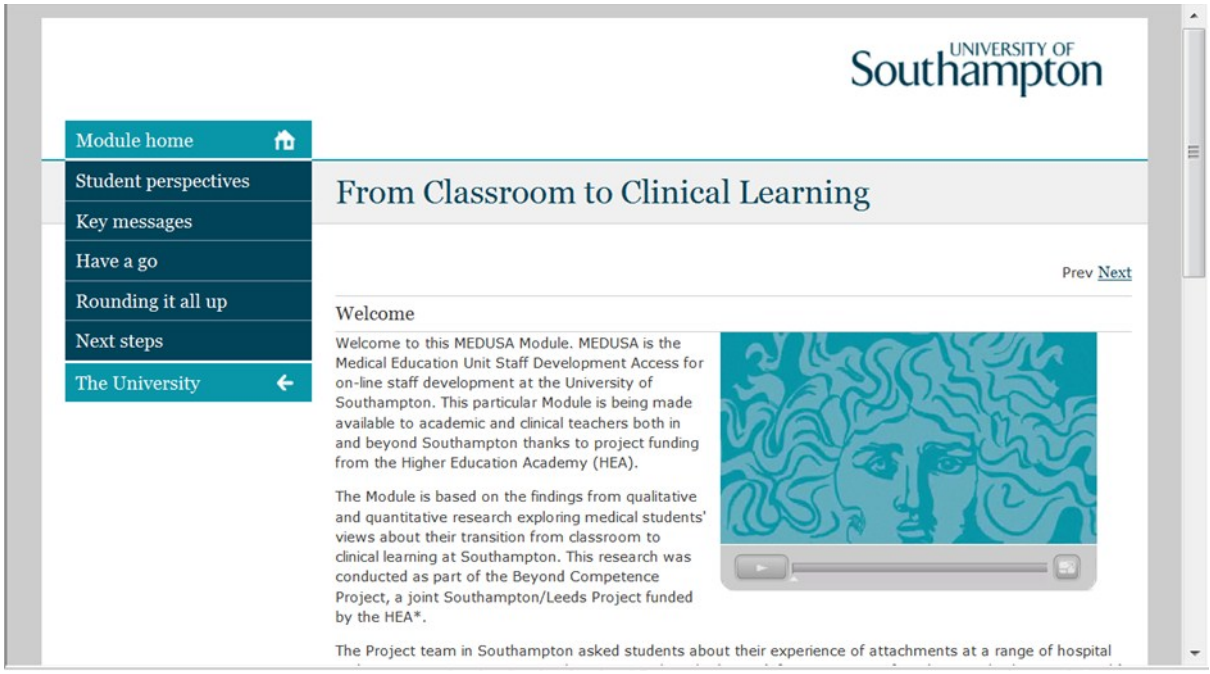
- First day top tips - These were produced as part of the reference groups
- Placement survival guide – Taken from the advice given by individual student interviewees
- Challenging situations & suggestions – Based on interview quotes where students described placement scenarios they found problematic – includes advice and suggestions on how to deal with such scenarios were gathered within the reference groups

Once produced, resources were piloted with student groups and were scrutinised by key contacts (or their nominated substitutes) to ensure the appropriateness and safety of student advice. Further evaluation was undertaken at the national workshop where participants reviewed design, content, manoeuvrability, appropriateness and made suggestions for additional links.

b) Staff resources

By pooling the existing expertise of the Southampton e-learning team and Southampton staff developers, an interactive online staff development module was developed, entitled Classroom-to-Clinical Learning. This module disseminates original research (interview dates and survey findings) from the Beyond Competence project and employs these to inform and inspire clinical teachers to consider their own teaching practice. This

module focuses on medical education in particular and is freely available to all through the Beyond Competence project website.



Additional resources for staff consist of project outputs, such as:

- Two literature reviews (one for nursing, one for medicine)
- Detailed reports on the qualitative research with staff and students
- A survey report
- Presentation slides from the national workshop

All of these will be available on the Beyond Competence website and most are attached in the appendix to this report.

Implementation

Describe how you planned and implemented the project work and the activities it involved. Depending on the project, this might cover technical development, processes, how you conducted user studies, etc. Include any problems or issues that arose and how you handled them, where readers can learn from your experience. Tell the story of what you did rather than listing detailed activities.

The project proposal set out a range of education research and education development activities and outputs by means of which we intended to fulfil the purposes aims and objectives (listed above). Over the two year project we followed the original work plan (as set out in the proposal) quite closely.

Plan for First Year (August 2010 to July 2011)
Conduct literature review / Undertake research preparation & apply for ethics approval / Carry out education research. This involved following two (of three) cohorts of students – audiology students in Year 3 and nursing students in Year 1 – just as they embarked on their first (full-time) clinical placements. Analyse data from nursing and audiology cohorts.

Alongside these research activities the team set up student reference groups in each of the disciplines. The first Advisory group meeting took place in November 2010. Early dissemination took place at the Higher Education Academy Annual Conference in Nottingham (this also involved one student) and at the Association for the Study of Medical Education (ASME) Annual Scientific Meeting in Edinburgh.

Duration of project: August 2010 – October 2012

Issues arising in the First Year:
There were original delays due to recruitment difficulties: for example, the Southampton research fellow started working in November 2010 rather than in August (the official start date). In turn, this meant that we did not begin with the literature review – as originally envisaged – but had to move straight away into the research preparation (applying for ethics approval, etc.). Otherwise, we would have missed the opportunity to study the students whilst they were on their initial clinical placements. At Leeds, recruitment took longer still and this meant that the Southampton team had to specify research questions and set out a research approach prior to the team at Leeds having been assembled. The initial research Fellow working at Southampton moved on to a new job after nine months and a replacement researcher was recruited (incurring further delays and repeat induction activities). The Southampton team also suffered from considerable absences due to ill health.

Plan for Second Year (August 2011 to July 2012)
Researching the experiences of the transition of the final cohort: Year 3 medical students moving into their first clinical placements / Analysing qualitative data / Prepare and run survey across three cohorts (additional ethics approval required) / Develop resources with students / Put together staff resources.

Alongside these research activities the Southampton team continued to work with student reference groups in each of the disciplines. The second Advisory group meeting took place in October 2011. Dissemination activities continued at the Improving Student Learning conference in Lund (Sweden) and at the conference organised by the RAISE network (RAISE stands for Researching, Advancing and Inspiring Student Engagement); one student from Southampton co-presented.

Issues arising in Second Year:
Early on in the second year it was becoming clearer that the project would not be able to catch up on the delayed start, which had become further compounded by staff illnesses and re-recruitment of the research fellow. Together with the partner site, it was decided to request a new end date from the funder, which was granted.

Three months to catch up (August to October 2012)
Undertaking the literature reviews / Developing staff development resources / Continuation of data analysis / Continued collaboration with students to develop student resources and with students and key contacts to evaluate the student resources / Report writing.

Alongside these catch up activities, the project team (Southampton and Leeds) also consulted with the Advisory group; their third and final meeting took place in September 2012. Together with the Leeds team, we organised and ran a national workshop to disseminate the project findings and resources; the workshop took place in October 2012.

Outputs and Findings

Explain the end results of the project work in an objective way. Depending on the project, it might include research results, findings, evaluation results, data, etc. If the project created something tangible like content, a portal, or software, please provide a website link/reference or indicate how it may be accessed by the wider community. Engage the reader, and avoid a long list of deliverables.

1. Research findings

The project in Southampton gathered a large amount of significant data relevant to the project aims and objectives. It includes literature reviews, analysis of the qualitative data from staff and student interviews and a report on the survey findings. The survey also included advice given by students on how to improve initial clinical placements. Details of the findings from the research can be found in the appendix.

The student data falls into eight main areas. The eight areas are:

- Importance of preparation for clinical placement
- The place of structure and guidance on placement
- Transition to independent learning
- Feeling part of the team and the clinical environment
- Learning from clinicians - teachers, role-models & mentors
- Working with and learning from patients
- Working and learning together
- Emotional and personal responses

To provide a flavour of the issues emerging under these headings and by way of illustration, this section highlights some points relating to students' perceptions of the transition to independent learning and touches on their reported experiences of role-models and mentoring. This section seeks to showcase the type and range of data collected and the type of findings produced by the analysis.

1.1 Moving towards independent learning

Students who were starting their initial clinical placements showed awareness of a range of potential learning experiences. The data also indicated that the characteristics of individual practitioners and teams of practitioners significantly shaped the learning opportunities that students encountered. Students' learning practices on initial clinical placements can be differentiated into learning by observing / learning under supervision and learning independently. Several students described a progression through these three stages, although as the data shows, these stages did not necessarily lead to one another.

This quote from nursing indicates the value of observation – especially when it is accompanied by the learning facilitator explaining why something is done in a particular way:

> *...I'd watch and learn, sort of thing. And it was quite funny, 'cos I watched one of the scrub nurses laying out her trolley, and then she was talking me through it, and then when I came to do it with my mentor, she was saying, "Can you find this?" and I could find everything. And she was going, "When did you learn this?" And I was just like, "Oh you know." ...*
>
> [interviewer asks: And was that just from watching her doing it?]
>
> *And talking, she sort of talked through it yeah, yeah.*

Here another student from nursing describes moving to the next stage – learning under supervision:

> *...their general policy, was, "Right, I'm going to show you how to do an enema and then you can do them next time," which was what I did, and whatnot. And, you know, you get supervised just to make sure you're doing it right and correctly and professionally as well..*

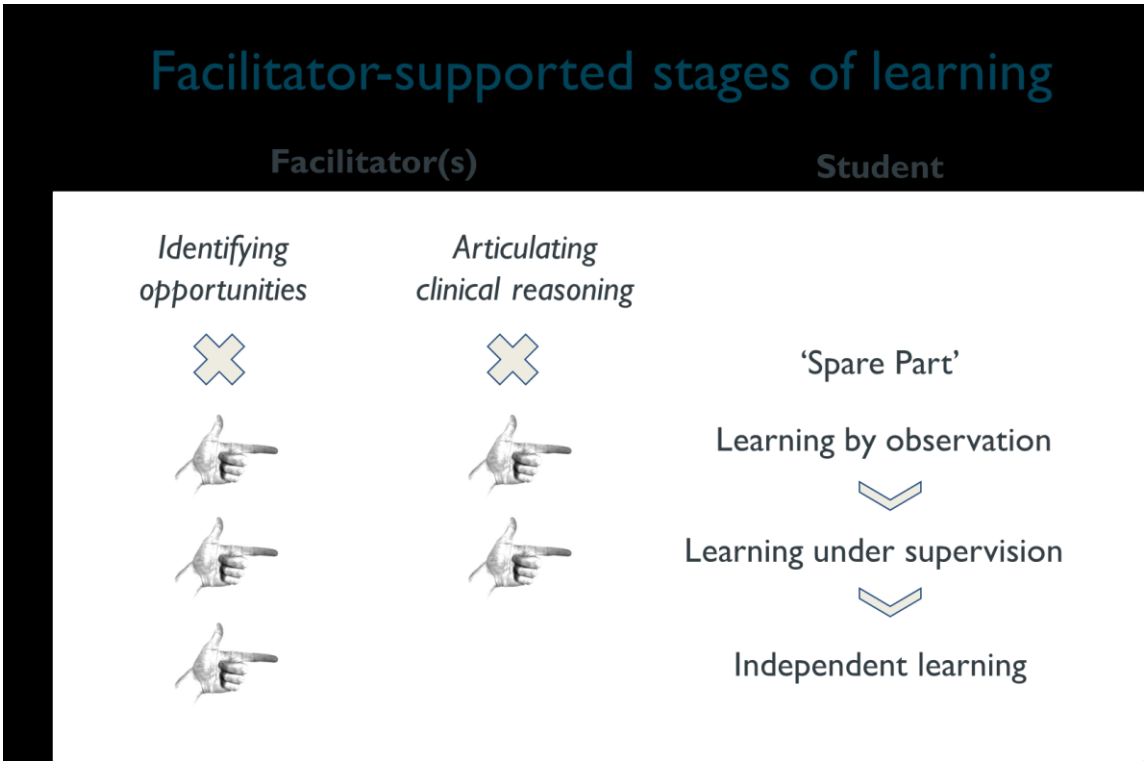
A quote from an interview with an audiology student indicates the benefits from learning by independent practice:

> [Asked about whether there are advantaged to not having someone else in the room]

> *Yes, yes there are. You don't sort of feel so – like well you don't feel that someone is watching your every move...And sometimes you say something, and you realise you've said it, and you don't need someone else pointing it out to you, you can take that and you think, "Right, I won't say that next time, I'll say it this way."*

Of course, not all students move on to practice independently within their first clinical placements. Audiology was the only profession in which students were able to progress to independent practice in their first placement, which – at six months – was also the longest placement period we encountered. However, it is important to note that the three healthcare professions studied clearly differ in their nature, the degree of specialisation and the complexity of the subject.

The following diagram below is based on the research with students. It illustrates the conditions necessary for the students to progress from one stage to the next. On the right, it highlights the crucial role of the clinical teacher during initial clinical placements. To enable students to move from learning by observation through to learning independently students may require help firstly in terms of identifying appropriate learning opportunities and secondly, for the facilitator to articulate the rationale for their practice.



Where clinical placements are working well, students are likely to progress more quickly towards independent learning. However, the availability, type and quality facilitation emerge as crucial in the early stages of placement. Without it, students may end up feeling like a 'spare part' – as the following quote from a nursing student indicates:

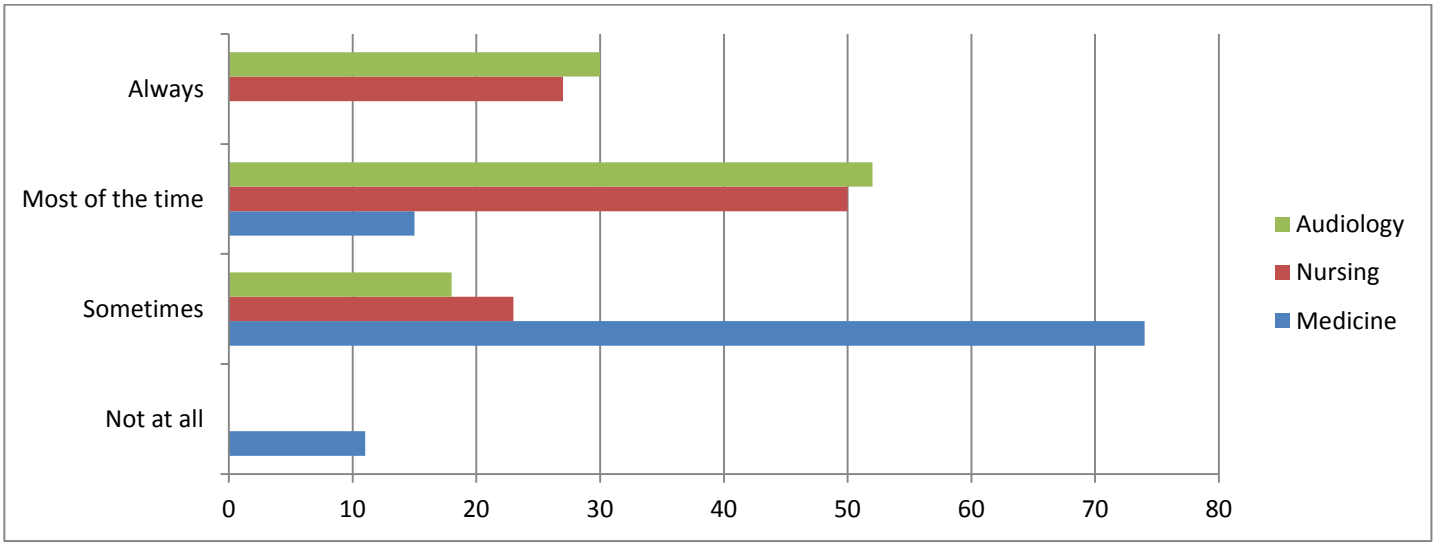
> *…when I was in the anaesthetic room...I was just put on the monitoring and there's not a lot else I felt I could do, and I'd just sort of feel a bit of a spare part watching all the time...when I was in theatre, there's like healthcare assistants who go and fetch things...and sometimes they'd ask me to go and get something and I wouldn't know where it was or what it was...*

This was felt even more strongly by some medical students, as illustrated by the quote below:

> *…there were times where I was just feeling, you know, invisible, and I just felt like a spare part and didn't know if I was learning anything at all.*

The qualitative data from across the three healthcare professions highlights the significance of the relationship with the dedicated clinical teacher (or tutor / mentor / supervisor – terms differ across the professions). This was also highlighted by the survey, which sought to establish the prevalence of particular placement issues. In one survey question, students were asked to identify hindrances to their learning on placement. Survey respondents from across the three cohorts reported that the most frequently encountered hindrance was the "Limited availability of clinical teacher".

Of course, the clinical teacher does not work in isolation and the student data also highlights the importance of students becoming integrated into the wider team and establishing a sense of belonging. Indeed, it could be argued that the degree to which students are integrated into the clinical team almost serves as a proxy for clinical placements going well. The graph below illustrates students' responses to the survey question: "Did you feel part of the team?" (responses are reported in percentages).



An important point for staff to take away from the research is just how much students value feeling part of the team, as this quote from a focus group with medical students indicates:

> *Yeah it's great when, like, the consultant turns around to you on your, you know, your first day and he'll be, like, "So you guys are my students for the next four weeks, well just so you know, I consider you guys part of the team."*

As part of the survey, we asked students directly for their ideas on how students could be included and thus helped to feel part of the team.. Medical students' suggestions included:

- Being expected at the start of placement.
- To be introduced to everyone at the start of placement.
- To be given a timetable of what is going on and when (as far as possible).
- To be given roles and responsibilities wherever possible / micro jobs. Examples include: Doing bloods / venesection / venepuncture / catheterisation / cannulas, reviewing drug charts, initiate investigations, find results, write up charts, follow up on patients, Hx / Ex, presenting back, etc. Even the smallest job is better than none! Even carrying notes…
- Students also recognised that they themselves need to be proactive and use their initiative.

Nursing students' suggested:

- Making students welcome.
- Introducing students to the team at the start of placement.
- Involving students in handover, staff meetings, decision-making and giving them responsibilities (where appropriate).
- Stop treating students like HCAs.

- Students themselves noted the importance of being proactive & using their initiative.

Audiology students' suggestions included:

- Focus on high-quality induction.
- Being invited to staff meetings.
- Audiology students also reflected that it was a matter of 'becoming' a member of a team and that it took time.

1.2 Role models and mentoring

To illustrate our findings with another key area, this section indicates how students talked about their teachers as role models and mentors. In this first quote a medical student describes her impressions:

> *And having that knowledge to help someone is just, you know, I think it's amazing. And I just can't wait to do that. And I never got to see that in the first and second year, like hands on. I knew what it was about, I knew why I wanted to do it, but having fully appreciated now what they actually do, um it's amazing.*

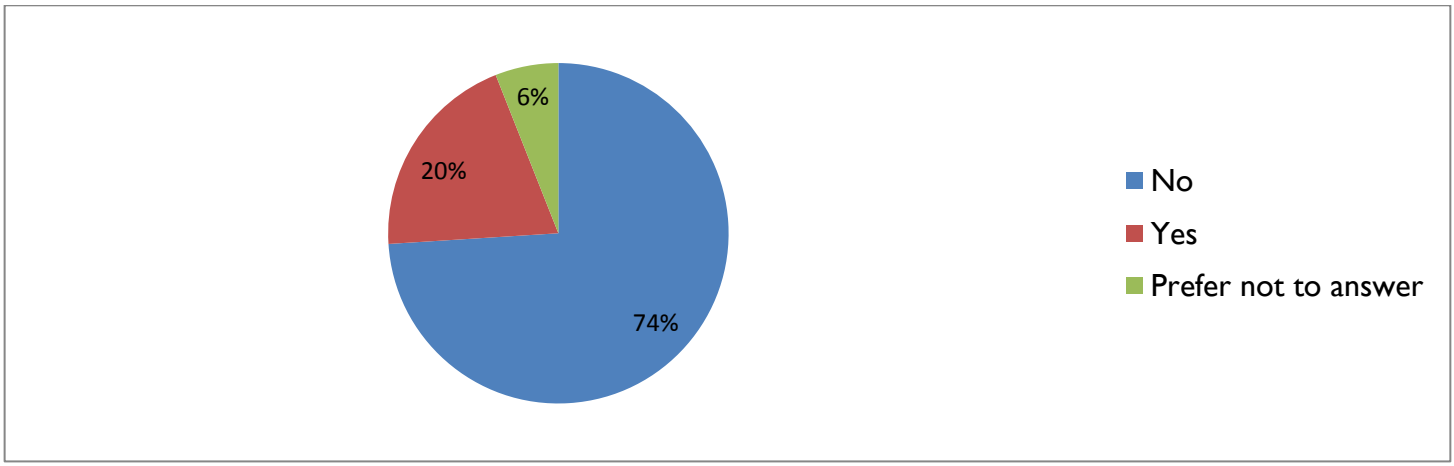
The following quote from a nursing student highlights the benefits of a close relationship with a dedicated clinical teacher – or mentor (as they are known in the nursing programme):

> *…as the placement got on, she'd – we got to know each other a bit more, so then she'd know what I was capable of and what I wasn't, whether I was, you know, really untrustworthy or a capable student. And then so that's when she started showing me like the IV stuff and the drugs and that. But if I was – if she wasn't there and I was just put with anyone, that was like – that was when you had really rubbish days, because they don't know you.*

Below, another medical student provides insights into the value of mentoring on an individual basis:

> *...I got to my last week in paediatrics and I was like, "I really haven't grasped this," so I emailed her [clinical skills tutor]. And … she was like, "Well I've got half an hour, I'll take you on the ward and we'll go and do an assessment". And it was just having that someone there who was willing to take me on the ward and examine a child and be like, "You can do it, it's absolutely fine." That's all it took.*

Of course, not all of the students experienced positive role modelling on their clinical placements. The data from our survey shows that on average 20% of students had witnessed or experienced bullying or harassment within their first year on clinical placement. This is also illustrated by the following chart, which represents responses to the question: "Thinking about all your placements, have you witnessed or experienced any incidents of bullying or harassment either towards yourself or other people? (bullying or harassment refers to something happening which is unwelcome, unwarranted and causes a detrimental effect)."



Readers who wish to explore the research findings in more depth can refer to the Beyond Competence Project website and the appendices to this report, which provide profession-specific as well as comparative analysis of the data.

2. Literature reviews

Our main focus at Southampton was on the students' experiences of the transition into initial clinical placements. To inform our work in this area, we undertook two literature reviews; both of these can be found in the appendix (they are also available on the Beyond Competence website).

- 22-page literature review on nursing students' transition into clinical placements initially identified 1296 articles and reviewed 21 papers in-depth.
- 20-page literature review on medical students' transition into clinical placements reviewed and synthesised 60 articles.

3. Education development

As part of this project the Southampton team carried out a range of education development activities linked to the research findings. These included:

- Developing teaching staff - workshops and seminars
- Influencing curriculum change
- Enabling supportive learning environments
- Disseminating to national and international audiences
- Producing on-line resources for staff and students

The online resources are described in the section above and are available online at:
http://www.southampton.ac.uk/medu/research/education_research/beyond_competence/index.page

Duration of project: August 2010 – October 2012

Outcomes

In this section, assess the value of the project work. List project achievements against the aims and objectives set. Summarise project outcomes and their impact on the teaching, learning, or research communities. Indicate who will benefit from the work, how, and why. Also comment on what you learned that may be applicable to other projects, e.g. whether the methodology worked.

The value of the Beyond Competence project

In Southampton the project has already enabled us to run a range of staff development events designed to support staff in facilitating early clinical placements for students in medicine and audiology. Within medicine in particular, the findings from the project have fed into a major revision of the curriculum and are influencing a new medical programme for students from Germany. Over time we hope that the national dissemination events and project recommendations will influence healthcare courses across the UK.

An early indication of a wider impact was provided by the feedback from the national workshop, which indicates that there is both an interest in and a need for this type of work; the workshop was attended by 30 participants from 18 institutions. In addition, several individuals wrote in to say that they were unable to attend on the day, but would like to be informed of any future events as this was 'just what I need' and 'perfect timing' for the topic. It is hoped that they – and others – will draw on the resources the project has produced. Others might also draw on the work of the project by reading forthcoming publications in academic journals.

<u>Feedback from workshop participants</u>

About the workshop itself:

"I just wanted to say how much I enjoyed the "Beyond Competence" Workshop last week."

About the research findings:

"Congratulations on such a valuable experience. Is it possible to get a set of the PowerPoint presentations? I would like to build on this experience for our work here with GP placements at [medical school]."

About the resources:

"They are so creative and practical! It is a really good use of education research."

From a student participant:

"I just wished these [resources] would have been available when I was starting out on placement."

Beneficiaries

These are the people that we are hoping to reach:

1. Students – especially those who are undergoing the initial transition from classroom to the clinical environment. And – by extension the people they care for, treat and look after.
2. Clinical teachers – the project offers insights and advice for clinicians and other healthcare workers who wish to improve their teaching of undergraduate students
3. Universities (especially our own institution) – the project emphasises the student experience of the educational programmes. With the increase in tuition fees, there is an expectation that students may become more demanding of support. Disseminating a detailed understanding of what it is like to move into clinical placements will hopefully allow universities to think through and improve – where necessary – their provision in this area.
4. NHS / clinical placement providers – the focus on undergraduate placements raises the issue of sustainability (or rather, ignoring any problems with undergraduate clinical placements is likely to impact negatively on the preparedness of trainee healthcare professionals further down the line).

5. Ourselves / the team – the project builds on and feeds into our existing research programmes; it will enable us to further develop our research agendas. Inter-professional aspects of the project may make future collaborations in healthcare education research easier.

By producing user-friendly resources and disseminating widely, we are hoping that the project will also be of benefit to other institutions.

Achievements
We have successfully achieved the main aims and objectives of the project as listed in the section above.

What did we learn about research projects and education development?

Difficulty in tracking on-going changes to placement learning
When we wrote the proposal for this project, we were determined to take "seriously the changing context of the NHS and HEIs in the period of public spending cuts" and to capture their impact on clinical placements through the research.

As it has turned out, we were too early to chart these changes. Most of the education research at Southampton was conducted in 2011. At that point, however, budget cuts hadn't quite worked their way through. In fact, the repercussions of the NHS reorganisation are on-going. We do have some indications of what is underway: Our colleagues in audiology are telling us that placement sites are closing down as NHS providers decide not to bid for AQP status (any qualified provider). Meanwhile nursing students participating in the student reference groups – by then in year two of their programme – were telling us about escalating caseloads (and ever busier nursing staff) and the detrimental effects this had on their learning. It will clearly remain an important research topic for years to come.

Collaborating with healthcare students
From the start the project had an ambitious agenda – to use the education research not only for dissemination in the research and teaching community, but to produce resources. We envisaged that the project would it work "*with* students to create resources *for* students".

What we had not anticipated was the heightened intensity under which many healthcare students are operating. Healthcare education programmes differ significantly from programmes which are entirely university-based. The ratio between term / semester and vacation is different, with much less free time. When students are on placement, they need to accommodate significant additional travel or have to stay away from home on top of working quite long hours. This means that during other times – i.e. university-based studying and rare holidays – other priorities resurface. Whilst the researchers had factored in that students would be busy during placements and consciously worked with and around these commitments, we were relatively unprepared for the fact that the off-placement periods were just as busy. Student reference groups and collaborative resource production had to be fitted in around work and family commitments, which was no mean feat. Even though the project had a budget for student participation within the project, our ability to pay for students time did not in and of itself make a difference to healthcare students' availability. For the researchers, it meant incurring additional travel, switching from face-to-face to telephone interviewing and working late hours. This situation was exacerbated as we were working with students from three programmes and within each programme, different cohorts. As far as we are aware, these constraints have not been recognised in the student engagement literature.

What it means to work with key contacts
The developing relationships with key contacts has been one of the most exciting and gratifying aspects of the project. They came aboard when this project was developed ahead of the application – back in the summer of 2009 – and they have all stuck with it, notwithstanding promotions, workplace reorganisations, etc. Whilst it is unlikely that any education research takes place without the permission and support of the academics

running a programme, the relationship with the key contacts has been much more intense and meaningful; they had a definite part to play on the project.

The key contacts facilitated the research by sharing details about the programmes that were being researched. They enabled the team to get in contact with colleagues as well as with students. They sent out endless emails – invitations to participate in the various phases of the research (staff interviews/ student interviews / student focus groups / student self-report diaries / survey) as well as in in the student reference groups and in the resource development workshops. They patiently listened to our preliminary findings and generously corrected some of our initial assumptions. We were also lucky in that key contacts made time to attend the advisory group meetings which were held in London (three meetings over two years). Comparing across institutions has been fascinating – for them and us – and all of us have benefitted hugely by comparing across programmes within our own institutions.

Conclusions

Briefly summarise any conclusions that can be drawn from the project work.

The conclusions emerging from this project are based on our education research conducted across three healthcare professions, consultation with key contacts and national bodies, and the education development undertaken by the project. We recognise that many clinical teachers endeavour to provide high quality teaching and that extensive good education practice regularly occurs in clinical settings. Our conclusions (and the recommendations that follow) are intended to make such good practice increasingly commonplace and to reinforce good practice within the context of rapidly changing clinical environments.*

There are nine main conclusions from the project in Southampton:

1. The findings confirm that the first full placements are pivotal to students learning in clinical contexts.
2. Most students enjoy learning in clinical contexts but vary in the speed and manner in which they move towards independent learning. The following were particularly highlighted as helping facilitate students' progress in the early stages of a placement:
   - Opportunities to observe/ shadow professionals when first on placement
   - Opportunities to have the rationale of the clinical practices they observed explained to them (as close to the observation as possible), and an opportunity to discuss these further.
   - Early involvement in tasks and activities – even quite minor ones – with close supervision and feedback
3. In their first full placements, students require: a welcoming and informative introduction; a named supervisor; ready access to clinical teachers; opportunities to learn with fellow students; and a sense of belonging to a clinical team.
4. Students, particularly within some professions, encounter a wide range of differing healthcare environments across and within placements and some have difficulty transferring insights and practices from one clinical context to the next. Students therefore benefit from a clear structure at the beginning of each placement.
5. Some students reported observing and/or experiencing some poor practices and lack of professionalism; and they were sometimes confused by the different standards of role-modelling.
6. The rapidly changing NHS environment is impacting on student learning in ways that are difficult to map with certainty but need constant reappraisal by local education providers and education organisers. Early indications are concerning in many respects; they appear to indicate that the clinical

learning opportunities for healthcare students are not necessarily factored into NHS restructuring and other on-going healthcare changes.

7. Healthcare educators have much to gain by considering and discussing the details of clinical placement provisions for students as they apply in other healthcare professions.
8. Education research is valued by clinical teachers when presented to them in accessible interactive form through face-to face workshops and on-line learning.
9. Students are willing to engage in the production of on-line resources to guide others through the process of learning in clinical environments and fellow students value these resources. However, so far, the particular challenges of involving healthcare students have not been explored sufficiently.

*We also recognise that our research into early clinical placements supports theoretical work such as Lave & Wenger's notions of *situated learning* and *legitimate peripheral participation*; Lave & Wenger (1991, 1999). It also supports the socio-cultural perspective of learning (originally described by Vygotsky; for its application in the context of medical education, see for example, Bleakley, 2006).

Implications

Consider the future implications of your work and how others can build on it. What are the implications for other professionals in the field, for users, or for the community? What new development work could be undertaken to build on your work or carry it further?

How others might build on this work

<u>Our focus on initial clinical placements:</u>

Within medical education there has been growing concern about the preparedness of medical graduates. A few years ago, this led us, at Southampton, to explore apprenticeship learning in final year (through a project entitled: The Demise of the Firm). From this research it emerged that due to combination of restructuring (of teams and training) and a whole range of conflicting priorities, the clinical workplace could no longer be thought of as especially welcoming to learners. It also suggested that it might be increasingly difficult for students to acquire the type of clinical experiences that would prepare them for progression to the next stage, i.e. becoming a junior doctor. This in turn, suggested that we look more closely at the clinical workplace from the perspective of a newcomer. Our assumption was that the sooner students would be able to cope (and, ideally, thrive) within such potentially difficult settings, the better. Moreover, we wanted to find out what kinds of contexts and practices were enabling students to make the most of the learning opportunities within the clinical environments.

→Whilst much of the literature treats clinical placements as if they are all the same, at Southampton the project sought specifically to explore initial full-time placements. The findings have further strengthened our resolve that the first placements are pivotal and that this is where much of our efforts as educators should be focused. The sooner we enable students to cope, the more likely – and the earlier – they are to thrive.

<u>Our methodological stance: Comparing across professions and institutions</u>

Considering in detail what other healthcare education programmes do – and how they do it – has been highly informative. It is quite possible that some of these insights might be gained in other ways,, for example by external examining. But on the whole, most programmes are managed within their own particular field, their faculty and with limited scrutiny from others. Conducting in-depth comparative education research has therefore been hugely illuminating.. Moreover, the project involved both qualitative research (which allowed us to understand what works and why) and a survey, which provided further statistical substantiation.

→Others too may find the process and outcomes from comparing across professions (or across institutions) to be of value. We have already been asked by researchers at the University of Cambridge if they may build on our questionnaire. The answer to this – of course – is yes, and we look forward to hearing more about their progress and findings.

Our approach to the student voice

One particular strength of the project that several of the national workshop participants emphasised was the power of 'the student voice'. There were two aspects to this: Firstly, participants responded to it on the day – through spontaneous laughter and sounds of recognition as well as through their input into the lively discussion that presentations of our findings provoked on the day. Secondly, in terms of the resources for students, participants also suggested that even though they might seek to provide their students with similar advice (in terms of contents – offering tips and advice about initial clinical placements) the fact that student resources were obviously (and authentically) produced by students was bound to make a difference.

→Whilst this project is not the first to put students' experiences centre stage, we hope that others might be encouraged to give greater prominence to students' voices.

Further developments of the Beyond Competence Project

- Cross-disciplinary research and dissemination of teaching and learning within healthcare, especially regarding clinical placements
- Exploring and disseminating ways of involving healthcare students in resource production
- Continue to monitor the changing context and its impact on clinical placements

Recommendations

List any specific recommendations for the teaching, learning, or research communities.

On the basis of our research findings, consultation with key contacts and national bodies, and the education development undertaken (as described above), the project in Southampton makes the following recommendations:

- Local healthcare education providers and organisers should focus considerable effort on the first full placements in clinical contexts
- Provision should be made for all students to observe / shadow professionals and have the rationale of practices discussed with them, before being expected to move towards more independent learning.
- Students should be given early opportunities to get involved in appropriate tasks; and their involvement requires monitoring and feedback to facilitate progress.
- Students should be provided with a named supervisor; readily available clinical teachers; opportunities for learning with fellow students; good role-models; opportunities to feel part of a clinical team; and a clear structure at the start of all placements.
- The rapidly changing NHS environment needs to be constantly reappraised to ensure that students' needs continue to be met; this requires action at the level of the local education provider, the education organiser and statutory bodies.
- Clinical teachers should be provided with interactive opportunities to engage with education research findings through face-to-face workshops and on-line resources
- Students should be provided with resources and guidance on clinical learning, identified and produced by fellow students.

Appendices

Include any appendices that readers will find helpful to understand the work described or the results. For example, include a questionnaire if you conducted a survey, or technical details that support technical development carried out.

List of appendices to be provided in separate documents
Appendix 1: Copy of Southampton Questionnaire (administered online)
Appendix 2: Southampton interview schedules
- 2.a Student interview schedule
- 2.b Staff interview schedule

Appendix 3: Southampton Literature reviews
- 3.a Nursing
- 3.b Medicine

Appendix 4:Detailed profession specific reports:
- 4.a Audiology data (staff and students)
- 4.b Medicine data (staff and students)
- 4.c Nursing data (staff and students)

Appendix 5:Southampton survey report (comparing across professions)

Glossary of acronyms

A glossary of acronyms and technical terms is often helpful.

AQP – Any Qualified Provider
AoP – Assessment of Practice (a portfolio used by all nursing students to record their activities and competences achieved)
BC – Beyond Competence (this project)
ENT – Ear Nose and Throat
HCA – Health Care Assistant
ODP – Operating Department Practitioner

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List any references to the work of others you have cited (e.g. articles, reports, studies, standards), and any explanatory notes. Provide URLs for any materials available on the web. Formatting should follow the HEA guide to referencing.

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