Appendix A

Summary of Interviews with Students at Leeds

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This report summarises key findings from thirty-nine individual interviews undertaken with University of Leeds students between May 2011 and April 2012.

The focus of the interviews was students' early clinical placement experiences in undergraduate audiology, medicine, and nursing, so students were recruited from these three courses. Eligibility criteria were determined in partnership with course staff and were guided by the timing of initial placements in audiology, medicine, and nursing at Leeds at the time. In audiology, students began a year-long placement in their third year of training. In nursing, students began working and learning on hospital wards within weeks of starting their training courses. In medicine, the undergraduate curriculum had recently changed so that students interacted more with patients in the first year of training than in previous years. For these reasons, third year audiology students, first year nursing students, first year medical students undertaking the new curriculum, and third year medical students undertaking the old curriculum were considered eligible for the study. Only nursing students who were undertaking adult nursing studies were recruited, as it was assumed that child and mental health nursing students would encounter a more complex set of issues on placement.

Students were recruited through a mixture of face to face meetings with students during class time and email advertisements using course staff as gatekeepers. Interviews were then arranged at times and locations convenient to the students. (All interviews took place at the university or at the student's placement site.) Nine audiology students, 17 medicine students (6 first year, 11 third year), and twelve nursing students volunteered for the study and followed through with a research interview.

All interviews were conducted by Dr Alison Ledger, a research fellow independent of the healthcare training courses. Interviews were narrative in style to allow students to talk about what they considered most important in clinical placement learning. Alison asked interviewees an open-ended question to elicit students' stories about placement - "tell me about your placement, all the things you think it may be important for me to know". Follow-up questions were then asked to gain additional information and clarification, such as "Can you tell me about a specific time when you felt part of the team?". Interviews were audio-recorded and later transcribed.

Individual interview transcripts were read repeatedly and summarised by way of 1-2 page case summaries (1 per interview). First, members of the research team read the case summaries independently to identify critical issues in early clinical placement learning. The team then came together to discuss and determine key research findings.

The key findings are summarised here according to three of the original research questions – What do students say they are doing on clinical placement? What is the clinical placement experience like? and how can we help facilitate clinical placement learning? The fourth

research question related to the degree of match between students and staff members' expectations and will be addressed in the summary of staff interviews.

What do students say they are doing on clinical placement?

Students' reports of their participation on placement varied, depending on their profession and their placement site.

Audiology

Audiology students reported that they were learning to carry out different types of appointments, such as hearing tests, hearing aid fittings, "rehab" (educating and explaining aspects to patients), and hearing aid repairs (most students were placed in hospital outpatient audiology departments). Some students described helping out with administrative tasks, such as ordering stock, tidying the stock room, or booking appointments. Audiology students reported only occasional contact with healthcare professionals other than audiologists (e.g. consultants, nurses), though it appeared that close interactions with other professionals are less common in audiology work than in the other two professions studied.

Audiology student interviewees reported that they worked closely with a number of qualified audiologists, including audiologists with different levels of training and experience. Audiology students described a process whereby they initially observed a qualified audiologist and discussed what they had seen, before gradually taking on more and more parts of the appointment. At the time of the interviews, most students had begun to practice aspects of appointments under supervision. They described how they would continue carrying out an appointment until they felt they needed help, or the supervising audiologist perceived a need to intervene:

"I'll do bits of the appointment and then they'll take over, or they'll start the appointment and then make me do bits of the appointment." (Ravinder, 3rd year audiology student).

While audiology interviewees acknowledged their student status, they also saw themselves as junior members of their audiology teams:

"I know I'm still learning and I'm still asking questions all the time but, because I'm dealing with patients, I do feel like an audiologist and healthcare worker" (Jamila, 3rd year audiology student).

Medicine

Although both 1st year and 3rd year students were interviewed for this study, all interviewees reported similar participation on placement. Only subtle differences in students' perceptions of their roles were detected. First year students placed greater emphasis on getting to grips with the organisational environment of their placement sites, while third year students showed greater interest in developing their knowledge of various illnesses and procedures, and "passing the exams". Medical students' descriptions of their participation seemed most dependent on whether they were placed in a general practice or on a hospital ward.

Medical students placed in general practice described how they observed consultations, watching GPs communicate with patients, take histories, make diagnoses, and complete paperwork. Like the audiology students, medical students reported that they progressively took over parts of consultations, and practiced aspects such as taking an initial history, listening to a patient's chest, or measuring blood pressure. Students placed in general practice recalled frequent interactions and observations with other workers, including nurse practitioners, community matrons, pharmacists, health visitors, and reception staff, and some students described visiting patients with long-term conditions in their homes. Some medical students reported that they had also received tutorials from GPs on topics such as making referrals, taking histories, undertaking procedures, and communicating with patients. Medical students described GP placements as "more personal" than hospital placements, as they received greater individual attention and feedback and had repeated contact with practice staff and patients.

Medical student interviewees indicated that hospital placements were more "variable". Students tended to rotate around different areas and observed different staff and patients in small groups. Hospital placement activities included talking to patients about their conditions, taking histories, observing in ward rounds, clinics, or theatre, and practicing procedures such as taking blood, inserting cannulae, or administering drugs under supervision. Students placed in hospitals also recalled opportunities to observe a wide range of professionals, including various doctors, nurses, healthcare assistants, anaesthetists, physiotherapists, play specialists, and infection control officers. Some hospital placements appeared more structured than others – at the most-structured end, students had clear timetables and spent time debriefing with a placement co-ordinator at the end of each day.

Although medical students expressed a desire to be "helpful", they appeared to understand that their contribution and role was limited at this early stage of training. This was evident in Zach's interview (3rd year interview), who said:

"It was a bit odd at first... 'cause essentially you're there for your benefit, you're not there for the patient's benefit. You're there so you can, you know, get better at things so... they're [patients are] very much doing you a favour"

Nursing

Nursing student interviewees were placed in a range of clinical environments, including various surgical, elderly care, and rehabilitation wards. It was evident that nursing students' levels of participation varied depending on such factors as the busy-ness of the ward, the types of patients seen, and who the student was working with.

Nursing students recalled observing the work of qualified nurses, as well as other workers such as healthcare assistants, doctors, physiotherapists, porters and catering staff. When working with qualified nurses, students helped with procedures such as wound dressing, taking cannulae out, dispensing medication, and carrying out blood sugar readings and other observations. Markus (1st year nursing students) explained how students worked alongside qualified nurses:

"They talk you through, they show you how to do it and stuff and they give you all the equipment you need or they tell you where you can get it"

Most often, nursing students recalled working alongside healthcare assistants. They spoke about talking to patients and carers, accompanying patients from place to place, and carrying out "basic care" tasks such as making beds, lifting, washing, dressing, and feeding patients. It is therefore unsurprising that many nursing students referred to themselves as "healthcare assistants". Although students perceived that healthcare assistant work was lower in status to that of qualified nurses, they recognised the importance of "basic care" for patients:

"it is really important that as a nurse you muck in with the healthcares... because they do so much of the sort of practical everyday really important stuff." (Lizzie, first year nursing student)

All professional groups

Across all three professional groups, students described how they were learning how to learn in clinical environments. They reflected that over time, they learned how to gain access to patients, who to ask for help, and when to ask questions. For example, Steve (3rd year medical student) explained how he had learned to choose his moment before asking his GP supervisor a question:

"after the patient's left... then you gotta let them type up a bit... and then ask another question."

Students had also learned that they needed to "speak up" and work with staff to create things to do. For example, Matthew (1st year medical student) recalled how he negotiated an opportunity to observe:

"there was one person going into surgery and I said to one of the nurses, 'Am I able to go along with them?' and she said, 'Just let me speak to the consultant.' and she rang up the consultant and said, 'Can a medical student go along?'. They said 'yes'."

In many cases, students indicated that they had discovered that junior members of staff were the most helpful to their learning. Helpful people included more advanced students, healthcare assistants, nurses, and junior doctors. Elizabeth (1st year nursing student) described how she negotiated her way through the professional hierarchy:

"If I was to ask questions, first I think I would ask... a third year student... or I would ask one of the health cares who was on there rather than ask the nurse first."

Students were also learning that as students, it was okay not to know and to make mistakes. Phoebe (3rd year medical student) explained how she had initially "panicked" when she didn't know the answers to questions from consultants, but she had learned that "it's kind of allowed to say that you don't know, that's okay." Likewise, Olivia (another 3rd year medical student) imparted the following advice for entering placement:

"I think the important thing to remember is to expect the change but to embrace it... and enjoy it because it's fantastic and you can't, I don't think you can learn any other way than [by] making mistakes"

What is the clinical placement experience like?

Student interviewees' experiences of placement were generally positive. Across professions, students used words such as "rewarding", "inspiring", "interesting" and "exciting" when describing their placement experiences. Students valued their opportunities to interact with patients, carers, and professionals and to experience the "real world" (Aaisha, 3rd year medical student). They also spoke of how their placements had confirmed their choice of career and exposed them to future career possibilities. For example, Sophia (3rd year medical student) described how valuable it was to observe FY1 doctors in action, "to see your future, what you're going to be able to do".

Feeling "part of the team"

Interviewees described ways in which they had been supported and allowed to feel "part of the team". Often it appeared to be only small gestures that had made students feel welcome on clinical placements. Small gestures included being greeted by name, being introduced to staff, being included in the work rota and staff meetings, and being offered a cup of tea. Audiology students in particular referred to times when they had been invited to share meals with staff, both inside and outside the work environment. When asked for a specific time when she felt part of the team, Emily (3rd year audiology student) spoke of a time when she was invited to a retirement meal in a local Italian restaurant and when staff "actually wanted to talk to [her]".

In addition, students reported feeling "part of the team" when they perceived they were contributing to clinical work, working closely with clinical staff, or being involved in clinical decision-making processes. Vanessa (1st year medical student) recounted a situation in which she had been given a scenario and a map of the ward and asked to develop an infection control solution. Vanessa perceived that she had come up with an innovative solution to the problem and recalled,

"I felt like I'd been given a little bit of responsibility... by giving us a job or a role it did make you feel more part of it and like he [infection control officer] cared that you were learning something."

Students also referred to structural features of the placements which facilitated their entry into teams. Audiology students explained how they were afforded extra time for appointments early on in placements, as it was accepted that they would take more time than qualified audiologists. Several medical students reported that they had a regular timetable, so they knew what to expect each day. For example, Sam (1st year medical student) explained how on his GP placement, there was always a one-hour tutorial, one hour of observing consultations, and then one hour of debriefing. Several nursing students highlighted the value of pre-, mid-, and post-placement "interviews", in which students discussed their goals for the placement and reviewed their progress with mentors. Jessie (1st year nursing student) explained how the interview process was useful for setting up expectations for the placement:

"when you have your initial interview at the placement, you tell them what you know how to do or what you feel you know how to do and they go through your skills log and see what you've done. So they should have an idea of what your capabilities are."

Getting involved

Across all three professions, students valued opportunities to become involved in clinical work and to practice their skills. There was a common perception that the best or "only" way to learn was through experience. This perception was evident in the following statements from students:

"I think you learn so much more by experience than you learn by reading it out of a book... you can't learn communication skills from like an exercise you need to actually go and practice them, like practice makes perfect" (Catherine, 1st year medical student)

"there's no better way than learning someone's experience [than] if someone's telling you" (Sophia, 3rd year medical student)

"I can't see how I can prepare more than actually being in these appointments." (Emily, 3rd year audiology student)

Students also appreciated opportunities to learn through making mistakes. For example, Fatimah (3rd year audiology student) recalled a situation in which she had broken a patient's hearing aid mould. She described how she had initially "panicked", but was helped to fix the mistake by a senior audiologist. In her example, both the patient and the audiologist were reassuring and encouraging. She concluded:

"the more hands on you are, the better it is for yourself you know to learn – so even if you do mess up, then you will sort of learn more."

It is possible that through becoming involved, any feelings of discomfort about being in the clinical environment were lessened. Medical students in particular referred to times when they had felt "guilty", "in the way", or "like a lemon" when they were observing qualified professionals at work. This was particularly the case when wards were short-staffed or when there were several students present. Through becoming involved, students felt less obstructive and more helpful towards patient care:

"I think when you're doing things like practical procedures to help out like doing bloods or even just doing things like erm, going to collect some equipment, 'cause you just know it's helping towards a doctor, it's like saving time for them, that's when I always feel like sort of part of a team, doing something to help." (Sophia, 3rd year medical student)

At the same time, it appeared that medical students were learning that it was not always possible for them to become involved in patient care. Sophia went on to explain how it was "understandable" that there wasn't always something for students to do:

"that's understandable that there's not always going to be something to do if the patients have just eaten, you can't really go and stick a needle into them or anything like that... a doctor's not going to do anything with the patients then, so that's not what you're expected to do either."

In becoming involved, nursing students appeared to experience a tension between feeling "useful" and feeling "used". It is highly likely that this was due to their so-called "supernumerary status". Nursing student interviewees expressed concern that they were being taken advantage of, especially when assisting with "basic care tasks". The complexities of nursing student participation were evident in the following section of Eve's interview (1st year nursing student):

"Well I felt like I was quite a lot of help in elderly erm because I was another pair of hands to kind of – help wash and dress and change beds and things like that but obviously that's a bit more of a health care role so when it came to actually learning nursing skills that I wanted to learn even though they are useful to know – I just felt that it was a bit more difficult because I erm, I felt like I shouldn't be doing that, I felt like I should be helping with the washing and dressing and stuff rather than asking to go on a medication round or something like that because they were quite understaffed and – obviously the nursing students are supposed to be supernumerary, but it wasn't really like that, and that wasn't the nurses fault, it was just the way it was."

Elizabeth (1st year nursing student) also indicated that involvement was not only necessary for learning, but for completing patient care:

"I don't feel like we're supernumerary, I feel like we're doing a job which needs to be done."

It is possible that nursing students' motivation to become involved was further driven by a need to complete their practice logbooks. Several students expressed anxiety about getting their logbooks "signed off", even to the point of leaving patients so as not to miss a sign-off opportunity:

"your focus is often on – right I need to get this signed off, and that signed off, and that signed off, today so - I'm just gonna kind of focus on that bit, and often means that you don't relax into the placement as much as you could and in that respect maybe you don't get quite as much out of it because you constantly feel this pressure to get boxes ticked... and this --- one instance when – I was busy with a patient and I was helping her and all the rest of it and having quite a nice chat with her, which I had to cut short because I suddenly thought, 'Oh they're doing that now, and I really, really need to go and do it because I've got to get that particular box ticked off in my book'"

Dealing with differences in practice

Although students' experiences of placement were mostly positive, a potentially challenging aspect of placement was variation in practices between the university and clinical settings, between different clinical sites, and between the different people students were working with.

Students often described how it was different working with real patients to practicing in the university setting. For example, students explained how it was different working with patients to practicing in the university or off the ward. Justine (3rd year audiology student) emphasized the need to be more serious and supportive when working with real patients:

"when you're doing it on like a staff, member of staff, or a student, [you] can have a bit more of a laugh with it and be like 'oh, whoops! Never mind!' or 'not like that!'... you're more relaxed and there's less to think about, erm, because they'll point it out to you... but if I'm in a clinical setting, erm, if you make a mistake, erm, it could lead to something more serious, rather than just a 'whoops, never mind'... you also have to think about what the patient sees and erm, how you should make them feel, they should be comfortable, erm, they should [be] more comfortable and relaxed and at ease, cos they don't know what you're going to do to them."

Students also explained how working with patients was different to simulating practice. Indira (3rd year medical student) explained how taking a patient's history was more complex on clinical placement:

"it's so different taking a history from a patient then reading a history off a sheet. Okay, I know I have to ask this question, this question and this question, they're presenting with this, but actually in reality it is so hard to keep them on the straight and narrow and some questions that you think you are explaining more than clear, they just don't get what you are on about, so you have to think of new ways to ask things which is really good"

Conversely, Emily (3rd year audiology student) indicated that it was easier to interact with real patients than with actors, who didn't "budge" during simulated communication practice. She also explained how it was beneficial to receive "real feedback" from patients, rather than recorded messages on computer programmes.

Often students had observed qualified professionals deviating from protocols they had been taught at the university. Students typically understood these differences as a consequence of time, space, or resource constraints and in most cases, qualified staff acknowledged and explained their deviations from protocol. For example, Chris (3rd year audiology student) described how qualified staff highlighted times when they were not necessarily demonstrating best practice. He recalled how staff had said, "I'd rather you not watch now, because... I'm not following procedures 100%".

In addition, students in audiology and medicine reported that their equipment varied depending on where they were placed. An important aspect of early training appeared to be getting to grips with local technology, documentation systems, or clinical equipment, and learning where certain equipment was located.

As students were often observing a number of different professionals, they regularly encountered differences between the ways individual staff members practiced. Usually differences were the result of different training backgrounds or personal preferences, as in the following example from Jenny (3rd year audiology student):

"some people say when cleaning the earmoulds like only use warm water. Then another person will say use warm water and soap, and I have to think of who I'm sat with, because if I'm sat with a person who only uses warm water, I've got to use warm water, cos if I say warm water and soap, they say you don't need to use soap - whereas if I'm sat in with the other person they'll say oh you can use soap"

Although students indicated that they experienced these differences in practice as challenging, they had developed several strategies for coping with variation. Some students reported that they favoured local practices, some reported that they practiced in the ways that were required for university examinations, and some reported that they modified their approach depending on the particular situation and who they were working with. Audiology students often described observing different audiologists, taking the best from each, and developing their own personal way of doing things. Students across all three professions indicated that it was helpful to clarify why a particular approach was taken and many recalled asking questions of this nature when they debriefed with staff.

Dealing with difficult situations

Across all three professions, students recounted particular situations that were challenging or difficult for them. These situations included working with particular types of patients (e.g. criminal offenders, patients with dementia, patients with profound hearing impairments, patients who were potentially aggressive), interacting with patients who were seriously ill or dying, interacting with stressed carers, encountering complex ethical issues, experiencing harassment, or being exposed to unexpected situations. Students also recalled times when they had witnessed unprofessional conduct, "politics" between staff, or professional hierarchies, or perceived time pressures and resource constraints.

In most cases, students perceived that it was important for them to experience the types of challenges that they would later encounter in their working lives. Two medical students (3rd year Aaisha and 1st year Catherine) explained how it was important for them to gain exposure to difficult situations early, so they would be more equipped to deal with situations later when the workload was greater and more intense. Emily (3rd year audiology student) expressed a similar view, after observing a complicated appointment with a patient with dementia:

"I think I need to see it a couple of times, not that I want people to cry, but I need to see them kind of appointments."

When asked for more detail about the situations they had experienced, students reported the ways in which they had addressed them. Students' strategies included observing ways that qualified staff dealt with problems, reading academic literature, and talking to qualified staff, supervisors, or placement co-ordinators. Markus (1st year nursing student) explained how in difficult situations, it was okay to ask staff for help:

"it's not a weakness to ask... it's just showing that you want to learn and you need some help to do it."

However, most often students recalled talking to their friends, family, and student peers to gain emotional support and advice.

How can we help facilitate clinical placement learning?

Across the full range of interviews, it was clear that students valued placements in which staff were welcoming, enthusiastic, and encouraging. Students spoke highly of staff members who showed interest in them as people and in helping them to develop their skills. This was explained by Jessica (1st year student), who said that "good mentors" were those who "spend time with you", "showing you things and getting you to do things".

Students also valued interactions with professionals who they viewed as "good role models". For example, Greg (3rd year medical student) recalled his admiration for a GP who he had observed to be a skilled communicator:

"I am looking at the GPs and thinking that's how I wanna be, that's how I don't wanna be... it's motivating to see good examples... especially when they're enthusiastic about my learning as well"

Often the "enthusiastic" people students referred to were junior staff, or other healthcare workers (e.g. healthcare assistants). It is possible that the role of other staff in teaching healthcare students is under-recognised by university and placement staff. Where possible, students should be supported to interact with a wide range of professionals, and staff at all levels should be supported and rewarded for their involvement in teaching.

Students in all professions perceived that they learned most through becoming involved, through practice, and through making mistakes. They also provided many examples of times when they had learned through observing staff, through gaining help, and through debriefing and asking questions. It is therefore recommended that staff make themselves available to students where possible, and take the time to identify ways in which students can become involved. Staff may further support students' learning by reassuring them that it is "okay" not to know and to make minor mistakes.

It appeared that some students found it "confusing" to observe differences in practice. However, many indicated that they had come to understand and negotiate these differences through talking to staff, asking questions, and discussing alternative approaches. Staff may therefore support students' learning by talking students through procedures, highlighting any differences in practice, and explaining why a particular approach was taking.

Some students shared examples of situations which had been difficult or challenging them. In most cases, students appeared to deal with these situations by talking with family or friends instead of university or placement staff. It was unclear from the interviews whether talking to family and friends was an effective coping strategy, or whether formal university and placement supports need to be improved. This may be an area for further investigation.

In each profession, structural aspects of placements appeared to facilitate students' learning. The supportive structures in each profession are discussed in turn below, as it may be useful for those charged with placement design to learn from training in the other professions.

Audiology

Audiology students described close relationships with qualified staff members and indicated that they were valued members of audiology teams. A number of factors seemed to engender a sense of belonging among audiology students. These factors included the length of the placements (one year), the size of the student group (usually 1-2 students), the small size of the profession, the nature of audiology work and the culture within audiology teams. Students and staff got to know each other well, and students were regularly included in team meetings, at meal times, and on social outings. Audiologists at all levels were expected to help each other out and there was a strong tradition of audiologists "popping in" to each others' appointments to give advice.

Audiology students' descriptions of their year-long placements were quite different to the responses of medical and nursing students placed in hospitals, who could be on placement for as little as 3-5 weeks:

"in that fourth or fifth week you almost feel like you are settled and you want to stay rather than move on to another placement because you know your role, you know you feel part of the team a bit, everyone knows your name... it is quite hard having to redo that every time... it really does help your learning when someone is actively thinking, "What would the third years like to do? How can we help the third years?" and you can only really do that when you have a few weeks there." (Charles, 3rd year medical student)

Another structural aspect which appeared to support audiology students learning was the extra time afforded to student appointments at the beginning of year long placements. This appeared to lessen the demands on students who were only beginning to develop their skills. It is also important to note that at the time of interview, 3rd year audiology students were paid as NHS employees.

Medicine

It was clear that medical students valued early contact with patients, professionals, and clinical environments. Though some recognised the benefits of their learning at the university, most indicated that the best way to learn was through clinical practice, interaction, and exposure. The benefits of early patient contact were also recognised by audiology student interviewees, who had limited exposure to patients before 3rd year. Emily (3rd year audiology student) perceived that she would be more confident had she had begun placements earlier in the audiology degree:

"I like the year placement, but if we integrated it [placements] more into the degree programme, like in every single year, I think it'd be better, 'cause then we wouldn't be jumped as much into the deep end. Cos we came here and it was a bit like 'Oh god, what do we do? What do we do?'... whereas if like we'd had more experience in the past 2 years it'd been a lot easier"

It is therefore possible that audiology students could benefit from earlier placements and patient contact.

Many medical students referred to a "placement co-ordinator", who organised the student placements at their particular placement site. Medical students explained how they would go to this person for scheduled debriefing times, or whenever they had a problem. It is possible that having a designated person to go to enabled students to feel safe and supported. This may be especially important in larger healthcare professions, in which students are placed in large groups.

Nursing

Nursing students described feeling competent and confident when they knew what was expected of them. As explained in the section on feeling "part of the team", several students pointed to the value of meeting with their mentor to set goals for the placement, to discuss expectations, and to review progress. Though it is likely that similar processes occur in audiology and medicine training, nursing students referred to these mentor meetings as an important, formal, and regulated requirement of placement.

Some medical students expressed envy towards the nursing students, who they perceived to gain greater opportunities for involvement and interaction. Ben expressed a desire to participate more like the nursing students he had observed:

"they [nursing students] have a role in that the nurses are with them and the nurses will give them tasks to do and they know what they're meant to do. It's generally cleaning up patients, that kind of thing, but at least they know what they're there for."

This quote from Ben indicates that there may be lessons to be learned from nursing in terms of allowing students to become involved.

Summary

Student interviewees' responses indicated that they were enjoying clinical placements. Students valued opportunities to work with patients and professionals, to practice, and to learn from their mistakes. It was observed that an important part of early clinical placement was "learning to learn". Students were learning how to gain access to patients, who to ask for help, and when to ask questions. They were also learning to "speak up" and that it was okay not to know everything and to make minor mistakes. Qualified staff can therefore assist students' learning through showing interest in the students, involving them where possible, demonstrating procedures, answering questions, and offering students reassurance and encouragement.

Challenges such as variation in practices were reported, however students appeared to have developed strategies to cope with these and indicated that they were well-supported by qualified staff. It was also evident that qualified staff helped students to feel part of the team, through small gestures such as introducing students and including them in team meetings, rotas, and shared meals.

In each profession, structural aspects of placements appeared to support students' learning. This was particularly the case in the undergraduate audiology programme, in which students undertook year long placements, attended placements on their own or in pairs, were afforded extra time for carrying out appointments, and were paid as NHS employees.

Students indicated that these structures enhanced their familiarity with the clinical environment and with staff, and enabled them to feel supported and valued by their audiology departments. In designing future clinical placements, university and placement staff should consider the extent to which these supportive structures can be maintained.