Workplace learning - a healthcare perspective.

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Introduction

Vocational programmes of study integrate student classroom learning with interaction in the workplace. Both educators and those in the workplace recognise the importance of this experience (Boud, *et al.,* 2004). However, it is still apparent that learning is seen to take place either "in the classroom" or "on the job" (Gibbs, 1988). Even on programmes of study that contain both these elements they tend to remain sharply divided. These longstanding challenges of 'integrating' subject-based and work-based knowledge have focused on questions about how learning can be 'transferred' from one setting to another, relating the 'abstract' nature of theory to practice (Harris, 2010).

This paper focuses on students on a health studies programme in Further Education (FE) and describes their workplace learning. Initial search strategies and reviews of health, social and education databases found the literature on learning in the classroom plentiful while there appeared to be paucity on how the student learns in the workplace particularly with regard to healthcare. Work experience is an essential course requirement for a number of vocational programmes and is fundamental to the on-going development of the learner. Therefore learning that takes place in the workplace is important as it has an effect on practice, education and workforce development.

Literature Review

An understanding of learning in the workplace means recognising its complexities and competing interests. Boud and Garrick (2000) argue that learning in the workplace needs to be regarded more than just a set of techniques and strategies designed to improve performance or extend knowledge and suggest considering the context of what is being learnt and who is doing the learning. Billet (2004) extends this notion further conceptualising workplaces as learning environments and emphasizing workplace participatory practices. Billet (2004) argues that these practices in the first instance comprise of the kinds of activities and interactions workplaces afford learners, and secondly, how individual learners elect to participate in workplace activities and interactions. Boud, *et al.,* (1993) have also examined the importance of context and purpose and its influence on learning. Fenwick's (2008) literature review on workplace learning across disciplines found that different concepts were used between individuals and workplace learning; and argues that the context in which learning takes places varies considerably and more significantly how workplace learning is understood.

In healthcare practice the novice-expert dichotomy suggests a theoretical basis for people to interact as teachers and learners in the workplace. Benner's (1984) observations of nurses in practice examined skill acquisition through interpretative methodology providing vivid descriptions of expert nurses and how the care they provided differed from beginners while in the same community of practice. The assumption is that through the situated learning theory novices proceed along a linear journey from "newcomer" to "old timer" with progress dependent on the extent of their participation being facilitated by experts (Fuller *et al*., 2005). This is akin to the apprenticeship model based on the assumption that "old timers" will train and mould their successors in a community of practice.

Lave and Wenger (1991) suggests there is shared learning in a community of practice with the concept of apprenticeship leading from the path of novice to expert. Benner (1984) perceive learning as an integral dimension of social practice; the novice is introduced to the language of practice, implying participation in social (communities of) practice will inevitably involve learning (Fuller *et al.,* 2005). Lave and Wenger's (1991) work on Legitimate Peripheral Participation (LPP) in terms of the novice focus on the fact of becoming a member which allows participation and therefore learning. According to LPP newcomers become members of a community by initially carrying out simple tasks that are low risk but productive and meet the needs of that community. Through such peripheral tasks, the novice becomes acquainted with tasks and vocabulary which allows a sense of "belonging" affecting the nature and context of learning. Lave and Wenger (1991) acknowledge the influence of organisational features such as power, stratified nature of labour, organisational culture and its effect on the learning experience. Gherardi (2009) suggests that practitioners need to recognise what constitutes practice. Consequently practices become institutionalised as a result of "doing" and thus socially recognised (Gherardi, 2009).

Experiential learning is not the same as discovery learning. Marsick and Watkins (1990) explored paradigms of workplace learning and argued that informal and incidental learning although interconnected are not the same. Incidental learning occurs as a by-product of some other activity, therefore learning is not planned or intentional whereas informal learning is. Billet (2002) argues that particular kinds of activities are likely to have learning consequences, for the learner, student, worker or teacher regardless of whether they occur in the workplace or educational institution. Other disciplines such as medicine (Duvivier, 2012) may have a more structured approach to learning as a result of the clinical skills set that they must have. However learning to learn requires the ability to become critically aware of oneself (Rawson, 2000); learning is reliant on the individual learner thus shifting responsibility to the learner. Bruner (1999) supports this frame of reference, for making and understanding meaning.

The explored literature offers a rather broad and mixed review of theoretical explanations of learning both in the classroom and areas of practice. Many authors such as Benner (1984), Boud *et al.,* (2004), Billet (2004) and Fuller *et al.,* (2005) have identified the need for more exploratory research like case study research that explores more dynamic and contextualised settings such as those in education, health and social care discovering through empirical reality how people learn at work. This paper reports the findings of how students in FE learn in healthcare workplaces.

Method

Coming from an educationalist perspective, much of the ideas and theory on social constructionism have influenced the researcher's own epistemological and ontological stance. Thus case study design was chosen as it allows in-depth investigation of a relatively small sample within its real-life context. It allows for an intensive exploration of a single unit of study: a person, group, community, or institution or a very small number of subjects. Although the number of subjects tends to be small, it is common to find a large amount of variables to examine (Burns

and Groves, 1997). Hakim (1987) sums up how focused this research can be, it is "the social research equivalent of the spotlight or the microscope". In this case the spotlight (or unit of analysis) was on a group of five learners studying on a two-year FE programme with workplace placements.

Sample

Learners (n=5) were aged between 16-18 years of age and all studying the BTEC in Health Studies programme in the UK. BTECs (Business and Technology Education Council) are vocational qualifications designed to give students the skills they need to progress to higher education or go straight in to employment. As with most BTEC qualifications, this programme included mapping with key skills which play an essential role in developing personal effectiveness for adulthood and working life. As a group they had little exposure to health and social care subjects. They had very little or no experience in the healthcare environment.

Data collection

The students were recruited from the BTEC programme at a local college. Through case study research (CSR), face-to-face interactions of students in work-based healthcare settings e.g. nurseries, nursing homes and hospitals learning was examined through observations, critical incident interviews, and documentation. Prior to commencement, permission and ethical clearance was sought from the education organisations involved, the health care organisations providing placements, and the students. After initial contact and signed consent obtained from the participating students, placements were allocated and commenced. As part of the programme students were required to complete a minimum of 300 hours over three different placements settings (this equates to one day a week in the workplace)

The study was conducted over a two-year period (2006-2008) and the students' learning context was observed on two occasions of one hour each to gain insight in to the workplace. An observation schedule was used and a digital voice recorder to record memos/contextual information about the learning environment. Interviews took place at the end of each placement and at this time student journals were accessed. The first two stages took place throughout the duration of the students' study programme until data saturation and documentation was collected during the two-year period.

The students were interviewed towards the end of each placement. The time and place was organised at the convenience of the student. In most cases the student was met while they were on placement and the interview was conducted in a quite area or private room. On two occasions a student was met at the college. Interviews were structured using a critical incident approach (Flanagan, 1954) to examine real life learning situations. The student was asked to bring four incidents to be explored. By identifying key characteristics that contributed to successful or unsuccessful performance, these interviews provided insight into critical aspects of learning (Rush *et al.,* 2000).

The documentation collected included student diaries, information leaflets from each work placement and information about the study programme. The students were asked to keep a learning journal reflecting on their work-based experiences. This

was already a requirement of the study programme and consequently did not induce extra work for the student. Students were made aware of this at the time of consent.

Analysis

Method and analysis occur simultaneously in CSR (Yin, 2009). The way the research was designed ensured that the data was collected systematically. CSR allows researchers to capture the holistic and meaningful real time life events of this sample: the unit of analysis. Through continuous data collection, comparative analysis, organising and recording data; a data set was built (Eisenhardt, 1989). Memo-writing and field notes informed the development of analytical memos and were an important element of the iterative process of analysis and interpretation, providing insight and depth to cross-case evaluations (Yin, 2009). Atlas.ti V.5 (a qualitative data analysis software programme) was used to organise the large amounts of the journal data and thematic analysis ensued. As a result a data set was built and representing the entire array of data collected. The data set grid was used to manage this qualitative data and ease the analytical process. In this way a case study database was formed recording how data was collected and making the chain of evidence visible (Yin, 2009). Quotations were selected where data and methods converged as this meant data was corroborated by more than one method. This showed transparency in the data and rigour in the research process. A true representation of the data, the participants' views and experiences had to be presented to ensure rigour and trustworthiness which is relevant for qualitative studies to be authentic and reliable (Guba and Lincoln, 1985).

Results

This study identified six inter-related processes which make up the *learning environment*:

- Physical Environment
- Interactive Communication
- Self-awareness
- Tasks
- Feelings
- Learning

1. Physical Environment

This study described the physical make-up of the learning environment as: organisation, layout, décor, smell, whether dated or modern, light and noise levels, workload and pace, staff (including skill mix and staff shortages), patients/clients/children, uniforms, student orientation; mentors and supervisors. This surrounds the student when they enter the workplace and it is here where students start to take shape. This physical nature of the environment was described in Papp *et al*., (2003, p263) study as "all that surrounds the student nurse, including the clinical settings, the equipment, the staff, the patients, the nurse mentor, and the nurse teacher". Their ideas begin to form, the image of being a practitioner. What surrounds them in the environment shapes them and can have a profound effect on the learner. As a result there is a need to support the student and educators must

prepare them for entering the environment so they are equipped with some of the necessary knowledge, skills and values to negotiate the healthcare landscape.

2. Interactive Communication

The following quote demonstrates one of many examples of how students were involved in direct communication with children, clients and patients through a variety of tasks, e.g. working with a group of children completing a cutting and sticking exercise; making a cup of tea for a client or feeding a patient. The students' awareness of this shows the importance of interactive communication.

> *I feel that today I was approachable to all patients and staff I feel that I thoroughly used my communication skills by encouraging a patient to eat some of their lunch which was vitally important (S2P3D).*

Students learnt the best way to deal with a situation through observation or shadowing someone. When engaging with clients with positive outcomes the student felt part of the team, and they perceived themselves as doing well.

Starting a new placement and engaging with new people can be difficult. Similar findings were found in Levett-Jones *et al.,* (2009) study which describes a continuum that spanned from promoting a high sense of belongingness to those that provoked intense feelings of alienation. Chan *et al.,* (2006) found that the maintenance of open and direct communication between each person concerned provides and enhances a supportive learning climate that is a critical element for transformational learning. Furthermore, in Warne *et al.,* (2010) study found the most important feature of a good learning environment was a sense of identified ontological security. This is achieved in an environment where there is an atmosphere that tolerates faults and mistakes in a learning culture (Warne and Andrew, 2008).

In assimilating these communication and interpersonal skills within a community of practice leads to the development of their professional identity. Through the use of critical incidents Plack (2006) identified the development of communication and interpersonal skills including professional behaviour as an important part of learning in the workplace. This reinforces the findings *in this study* that communication skills are integrated in most of the incidents confirming its importance. Interactive communication is thus central to the novice learner entering a new learning environment, while students do develop these skills, they do need to feel part of the team and experience a supportive learning environment to engage and develop these skills further.

3. Self-awareness

Part of developing self-awareness, is understanding and knowing one's own limitations. The following quote demonstrates how the student realised an error had been made, sought help and learnt from their mistake.

> *One morning shift I was doing the observations with the dynamaps. I picked up the wrong patient notes to record the observations. I was able to tell someone that I had made the mistake but I felt really stupid. From this I learnt the importance of being thorough – I always check notes and wrist bands (S2P3CIA4).*

It is important to realise there is always someone to ask for help or advice. In Papp *et al.,* (2003) study, a self-directed student was characterised by being aware of

one's own limitations and potential, as well as having a sense of responsibility and active attitude. However this is an area in which students can struggle particularly if they are in an unsupportive environment and feel excluded or not valued. Similar findings were found in Levett-Jones *et al*., (2009) study on nursing students. By being aware of one's own limitations and acknowledging the need for help allows for personal development and a sense of achievement. Acceptance and an understanding of this achievement, helps to develop confidence. Developing these skills is quite important for students as they move from one placement to another or work with different people. This takes time to learn and the pace in which this develops is different with each individual. This is something we as educators need to be more aware of and where possible help students to be more prepared. Murphy and Timmins (2009) Irish study of novice teachers found that more attention needs to be given to support and prepare them in the workplace. Overcoming obstacles such as organisational issues, class size, and developing confidence were underpinning themes.

Over time the students begin to understand the routine, where to look if there is a timetable and where to get equipment. Generally those who give support to students in environments perceived as threatening and unwelcoming, help students find their way in unfamiliar territory. Without this support students are at their most vulnerable. Webb and Shakespeare (2008) found mentor's negative attitudes could undermine and ruin students' placement experiences or even result in attrition from their programme. Warne *et al*., (2010) found quality of supervisory relationship and pedagogical atmosphere on the ward influenced overall student satisfaction. However in contrast the students in Levett-Jones *et al*., (2009) Australian study were preoccupied with interpersonal relationships and issues of acceptance.

4. Tasks

A novice learner in a new environment may find tasks at times overwhelming, and this was illustrated on a number of occasions. Other variables such as confidence, lack of experience tend to affect the degree and intensity in which the individual learner familiarises and carries out the task.

> *I started the day by organizing the snack tray; this has now become one of my regular jobs every Wednesday as soon as I get in (S2P1D).*

Over time students do become more confident with repetitive tasks (Chan *et al*., 2006) and when able conduct them independently. Students particularly valued staff who shared their knowledge, skills and insights while simultaneously involving them in activities. In one of many quotes, a student describes the skill they achieved.

> *I learnt a new skill today which involved fluids and how important it is to record the urine output when a patient has a catheter (S2P3D).*

Levett-Jones *et al*., (2009) found similar findings where students praised placements where staff involved them. Spouse (2001) suggests supervisors do this and is done by excellent role models however when this does not happen or where the learner does not fit in, this is where the learner can fail and struggle in the workplace.

Consequently this leads to a particular issue raised by this study. A task; no matter how simple it is, involves reflexive interchangeable relationships as well as the individual's willingness to carry out the task. Generally the task takes place within a

community of practice. The tea and coffee round is a particularly repetitive and routine task. Clearly this is a simple task that really requires only a superficial level of skill. However this student highlights some important issues. They learn how to do the task, they get to meet (or may be introduced) to new patients or staff, and they have to talk and interact with the clients. They get to know what the client's likes and dislikes. Students can inform staff of issues or help new staff resulting in empowerment because they know more about the client. Eventually they are "relied upon" and become dependable and part of the team. Communication skills develop in interactions but so do the barriers to communication i.e. how the student deals with deafness or confusion. Students were shown basic tasks that formed the practiced routine for that workplace. Benner (1984, p20) states in order to enter these practice situations beginners are taught basic skills e.g. to take someone's pulse, blood pressure, which are "features of the tasks world" in health and social care.

5. Feelings

Learning within the workplace can be a frightening experience for any student and this can particularly be exacerbated on the student's first placement. There were several areas noted by students where nerves "*got the better of them*". As well as being a student's first work placement, there were other factors to be incorporated e.g. nervousness, first time experience and lack of confidence.

> *I was quite nervous on my first day but I soon settled in (S2P1D).*

For some students, this was their first time starting work or they were entering an unfamiliar working environment for the first time. This has become a familiar theme in the nursing literature when examining first year pre-registration nursing students (Hyland, 1988; Nolan, 1998; Löfmark and Wikbald, 2001; Morgan, 2002; Levett-Jones *et al.,* 2009). Students perceive clinical experience as anxiety-provoking and students often express the opinion that they become less nervous in the workplace soon after they are involved or occupied with an activity. The next quote provides an example of this:

> *I was feeding a patient who could not feed themselves. At first I was worried about if I was doing it right or slow enough. However at the same time I felt glad and happy to be helping the service user (S3P2CIA1).*

Students also said initially they were unsure of what to do or what was expected of them but they became more certain of their role over time. This was also identified in a number of other studies (Chan *et al*., 2006, Levett-Jones *et al*., 2009). Once accepted by staff, they felt part of the team (Nolan, 1998; Löfmark and Wikbald, 2001; Levett-Jones *et al.,* 2009). This is illustrated in the following quote:

> *I was pleased that the children and parents had accepted me (S1P1D).*

It is important for staff to be aware of student anxieties particularly on their first placement. Here the role of the induction programme becomes important as it orientates anyone new to the environment. However being accepted by staff takes time and the way shift patterns work mean that students could be working with different people every day.

This obviously slows down the process of acceptance. Most placements assign the learner to a suitable supervisor for the length of the placement but it is not always possible to work with that same person. Once students are orientated to their new environment, and understand what is expected of them and where they can go for support, they begin to grow in confidence. This issue of time and length of placement appear to be a significant issue in Warne *et al*., (2010) study. Students with longer placements were more satisfied.

6. Learning

The students' identified different types of learning: opportunistic learning, learning on the job, and learning from experience. On a number of occasions students described opportunities for learning which they "grasped every chance". Students described these as "opportune", something perhaps special or non-routine. For example: being able to do the drug round with the ward sister, taking a patient to theatre, reading to the class, being in-charge of a group of children or clients. It often meant being in the right place at the right time. An example of this is shown in the next quote:

> *I shadowed a Staff Nurse in the High Dependency Unit (HDU). It was intense. I think I was scared but enjoying it all at the same time. It was really amazing. I need to take every opportunity up (S5P3CIA1).*

"Learning on the job" was also described as learning through observation, learning through participation or was described as shadowing staff. Students did get the chance to work with someone, for example: observing the aseptic technique, getting a client washed and dressed or working with someone on the early shift. An example of this is shown in the following quote:

> *One morning I worked side by side with another carer in getting a client up from bed and ready for the day. The situation was there and I addressed it – I was really "thinking on my feet" (S1P2CIA4).*

Here they are learning about what the "job" entails, through observation, practice and individual instruction. Others believe that students become socialised through observation, observing what is done and how to do things which allows "decoding" of the cultural expectations of each new setting (Plack, 2006, p38).

This study highlighted the positive use of learning logs or using a diary to "learn from experience". As a tool for self-development it recorded evidence in a diary format in a chronological order which allowed the learner to view and reflect over time. This practice enhances the experiential learning and promotes reflective practice. The journal also benefits the learner in many other ways. It can be a tool for evidencing when learning occurred, the development of self-awareness and this improves with time, accesses forgotten learning opportunities, and promotes continuous professional development.

Discussion

The focus of this study was to explore workplace environments in healthcare where students go to learn. However in reality, such learning is primarily directed to the job in hand and what the employer needs. The ultimate goal of workplace learning is to make learning more explicit and contextualise theory and knowledge transferring them to practice.

However contexts like workplaces and educational institutions have their specific histories and cultures of knowledge and expertise (Griffiths and Guile, 2003). These cultures have ways of meaning-making which are typical to them. In some workplaces, knowledge is implicit and embedded in artefacts liked the use of signs and symbols and structure work and the actions that relate to them (Billet, 2002). Thus it is important to participate in social practices that allow the expansion of knowledge through questioning and resolving problems.

Ideally the workplace supports learners to become progressive experts and use their knowledge to create better practice; a useful pedagogic approach (Griffiths and Guile, 2003). However a demanding scenario exists between supervisors, students and experts in the workplace. It assumes a shared willingness by all including the workplace to expand knowledge and develop sustainable practices. Also emphasis is placed on the importance of communities of practice, opportunities for practice in the workplace, individual development to achieving expertise, the importance of co-support and the development of one's own expertise. The learning environment is a complex socio-cultural entity that offers opportunities to engage and disengage in learning (Newton *et al*., 2010). The role of supervision in relation to educational support in the workplace is vital and a fundamental element in developing clinical awareness and ultimately improving those under our care (Freshwater *et al.,* 2007; McCormack and Henderson, 2007; Esterhuizen *et al*., 2008).

Furthermore there is a perception that workplaces are predictable environments where learning can take place and they should readily support students making them feel welcome. However the reality of the workplace negates these ideal conditions for learning meaning that students have to adapt to learn. Students look to participate in order to be accepted in practice (Benner, 1984; Penciner, 2002; Boud *et al*., 2004; Lave and Wenger, 1991; Billet, 2004; Papp *et al.,* 2003; Chan *et al*., 2006; Levett-Jones *et al*., 2009; White, 2010) and a number of theorists believe social participation is the basis of learning. Students see human relationships in the learning environment as their top priority and being accepted by the placement were seen as a placement goal. Differences do exist between students and is seen to be responsible for variability in academic engagement thus emphasizing the role of student's personality over environmental factors (Marks, 2000).

The reality is the learning environment is constantly changing; and facilitating critical thinking and the transfer of knowledge while completing multiple tasks in a busy and constantly interrupted workplace makes it particularly difficult to embrace new concepts and learn. The use of critical incidents as a strategy for examining learning situations and making theory-practice links was a by-product of this study's methodology and furthermore it was enlightening to see student's progression in areas of personal developmental and achievement.

Reflection is important and was a positive outcome of this study. Boud *et al*., (2004) focus on this reflective process taking in to account the experience, and explore the environment in which the learner is operating. It must be argued that the act of reflection is increasingly difficult to carry out in the practice situation. This is the result of increasing demands placed on practitioners; pace of working life and practitioner's perceptions of reflection and its relative importance to learning.

Workplace learning is about interacting with people and learning about the community of practice whether in a nursery, nursing home or hospital. Lave and Wenger (1991) make the assumption that students have time to make sense of their experience. Unfortunately in practice this is rarely the case and practitioners would have less (Fenwick, 2008). Care and the business of the healthcare environment take precedence over learning. Learners remain on the periphery until invited or the opportunity arises. Finally there is the notion that learning is intentional (Lave and Wenger, 1991). White (2010) suggests learning can be incidental as a result of social processes within the workplace. This study highlights a much more complex learning environment comprising of six inter-related concepts; and one in which the learner must be "willing" to participate. The "individual's willingness to engage" with the learning environment was felt to be a contributory factor observed from all the data collected particularly when looking across cases. Individual students develop at their own pace and appear to engage when they are ready, when they feel confident and when they feel it is safe to progress. Time is a causative factor here; longer placements give the student more time to accommodate the learning environment. These concepts all contribute to a new understanding of workplace learning in healthcare (see figure 1). The model outlines a basic equation comprising of three variables: *the learning environment, willingness to learn* and *time*. The findings of this study suggest that the student capacity for learning in the workplace is governed by the learning environment and the student's willingness to learn multiplied by the time spent in placement. Together these represent a synthesis of how students learn in healthcare settings.

It is evident that the environment can have a profound effect on the learner in terms of acceptance and levels of confidence. There is clearly a need to support that environment; to give students autonomy and responsibility in tasks; and educators must prepare the student for entering the environment so they are equipped with the necessary knowledge, skills and values to negotiate the healthcare landscape. Effective support from a supervisor (clinician, mentor, and teacher) can significantly increase the student's ability to adjust to healthcare settings and to learn; unfortunately work pressures make this difficult.

The connection between the workplace and the educational setting is crucial for all learners and is seen to be effective as a result of the research methodology for this group of younger learners. A pedagogy that supports this connection in a coherent and mutually supportive way can contribute to more effective learning.

Ultimately evidence from this study needs to be translated to practice taking it forward into the education and healthcare community. With the right support and robust theory led designs, there is scope for particularisation in the learning environments. More value needs to be placed on worked based learning, understanding that the learner is an individual and developing their confidence in practice; length of placements need to be reviewed so that the learning journey can be supported. The culture of healthcare and how it views its own learning environment must be examined; the theory-practice gap closed and reflective practice at all levels must be embraced.

This study raises the importance of situational and contextual variables in learning contexts which appear to have a profound effect on the learning experience. There is clearly a need to support that environment; and educators must prepare the student

for entering the environment. From an education perspective, healthcare programmes should prepare learners for the harsh reality of the clinical life as described in this study; these variables exist and must be overcome with support. Yet the Department of Health's (DH) report on modernising nursing careers (2006) suggests attracting the best and most suitable people in to the profession. While the report presents important steps in the evolution of nursing one cannot help but worry about the fluidity of our learning environments. This is where we grow our workforce, teach them the fundamentals and shape them. How best do we prepare them for these evolutionary roles in healthcare? What commitment can students make to their learning? Is learning a game of chance? It is certainly more multifactorial and must not be taken for granted.

Limitations

This qualitative study used a case study research to ask some simple questions and complex, rich data was obtained. The art of managing both aspects was in the systematic nature of the planning, organising, continuous analysis and verification of data. This is perhaps one criticism: the rigidity of the design itself. Yet data was being collected systematically from placement to placement, in real life settings over a long time frame and a route needed to be mapped out to ensure rigour in the field.

Furthermore, this study only really provides a snapshot of a number of healthcare settings that exist in one geographical area, and coupled with the size of the sample itself further limits the study. However what is inherent in qualitative research particularly in a case study design is the focus on in-depth contextual data.

Conclusions

Case study research has been used to examine five students' experiences of learning environments in healthcare settings. The findings of this study suggest that these different learning environments and the different communities of practice within them do have an effect on student learning. The findings also confirm a number of strong themes alluded to in the literature yet what is different and unique to this study is the student group. The point of entry is significant; as learners on an FE programme, they have made a decision to pursue a career in healthcare. In terms of the changing face of healthcare and the development of a sustainable workforce, this gate of entry is particularly significant. Supporting the experiences of learners at whatever level can only enhance the uptake of professional courses in Higher Education and not just solely in healthcare. This study raises significant issues in workplace learning which is pertinent to many other organisations and professions.

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Figure 1

A model of learning in the healthcare workplace