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# **Methodologies in practice based projects as used by Work Based Learning students in the Former School of Health, Biological and Environmental Sciences**

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Learning through work has long been a central tenet in the training and education of health care professionals, particularly nurses, and so transference of the principles of Work Based Learning (WBL) to the Health Campus has built effectively on previous structures. As the structure of WBL programmes have become increasingly embedded into the health curriculum at Middlesex University, the use of the Research and Development toolkit and application to project work has had increasing appeal to both academics and practitioners alike. This paper will review the variety of forms project work has taken and will consider the professional and organisational factors that have influenced the use of projects. It will consider the restraints that the Health environment inevitably imposes upon practitioners in terms of ethical access to patients and the need for effective mentoring of staff. The use and application of project work within the health field will inevitably influence the choice of methodologies and research tools and these influences will be outlined.

It should be clarified from the outset that the term experiential or work based learning is different to the traditional apprenticeship learning as used in past nurse training, which would have been termed 'clinical placement'. Currently, practitioners often confuse the term Work Based Learning with the opportunity to have teaching delivered in the work place rather than teaching that occurs in a distinct academic environment. The type of WBL that these WBL project activities refer to, are those which aim to capture the learning opportunities within the health care organisation, rather than the delivery of taught subject matter.

## **Work Based Learning Continuum**

The use of WBL projects present a continuum within which experiential learning is facilitated. The WBL continuum starts where the learning is prescribed, and is outcomes driven, usually by the organisation, profession or curriculum. This could be likened to the National Occupational Standards of specific competence which provides a minimum standard and aims to provide a consistent quality service of practical competence. The WBL continuum extends towards the autonomous practitioner who develops capabilities through work as described by Stephenson (1998). This end of the continuum is characterised by individualised negotiated learning, emphasising the learning process rather than or in addition to a specific product, unlike the NVQs which focus on specific outcomes.

## **Prescribed Learning**

The use of project modules to meet the needs of an organisation has resulted in a variety of ways of using the project module. As the learning outcomes of the module can be negotiated they provide a structure which lends itself to the use of assessment portfolios and distance learning materials. This mode has been used with some success, as particular cohorts of students who need to study specific subjects as dictated by the educational curriculum or professions are able

to use the focussed structure in order to study by distance learning. There is provision for access to tutorial support through a short introduction to the module whilst the students are on study day release, which is then supplemented by e-mail and phone tutorials. Completion of academic requirements is achieved by the students compiling the portfolio with evidence of their personal learning, thus demonstrating their learning progression during the time span of the module. The use of a portfolio encourages reflection upon their work situations and application of new knowledge to practice, thus aiming to close the gap between theory and practice. Subject areas that have been successfully taught by this method include 'Developing management skills in the workplace', 'Teaching and assessing in the workplace', and 'Examination of health needs of the local population'. It could be suggested that this mode of project activity fulfils both the HE and organisational agendas which Garnett (2001) terms as 'transportation': a WBL method of taking the HE curriculum into the workplace.

Projects that have been prescribed by organisational demands have included a first year post registration staff nurse support programme, and a health care support worker programme. These were designed in collaboration with practitioners who had identified a skills gap, and wanted to provide a structure for the staff undertaking the development programme, and also some academic recognition of their scholarly endeavours. These projects focus on competence in certain work-based activities and require a compilation of a portfolio, together with evidence of practice competence, and the acquisition of supporting knowledge.

This mode has been less successful, partly because the cohorts have been much smaller, but also because the need to have committed and enthusiastic mentors was not always anticipated or provided from the beginning. The concept of competency was closely linked to effective performance and achievement of results and the project content was shaped by the job role, such as can be found in NVQ competencies, rather than the individuals' abilities. This immediately raises questions with regard to the implications for the persons' job, should the individual not achieve competency. Additionally, in the post registration project, the students had been studying continuously for the previous three years and needed to consolidate that study in their first professional post. Whilst they welcomed the opportunity to have support to develop clinical skills, their main priority was to become conversant with their new professional role. Having to undertake additional study and compiling a portfolio added to the pressures of balancing fulltime work and study that the students had not foreseen when commencing the course. In this instance, as the programme progressed it became apparent that the organisation had not recognised the full implications of the programme and had not provided the appropriate support for every student within the workplace. It became apparent that although the organisation had taken the initiative in starting the programme, it was not fully cognisant of the internal factors that would influence the success or failure of the programme, nor had other management strategies been explored to address staff needs. Consequently it had not initiated appropriate support and monitoring measures for the duration of the programme. This emphasises that to make WBL effective there must be effective tri-partite agreement between the student, the workplace and the university for successful learning. As a result of this experience it would be appropriate to recommend that organisations who wish to enter into such a programme to meet staff development needs should also examine internal factors that may affect recruitment and retention of staff other than training.

The third group that uses a structured project format, is the mental health rotation scheme. This scheme has been developed collaboratively with a London Mental Health Trust, and forms part of a recruitment and retention drive. By undertaking specific projects, supplemented by taught sessions, and related to mental health legislation and clinical skills, the students are enabled to complete a degree while becoming conversant with practice demands. This approach has been cited as an example of good practice in continuous professional development (CPD), and is being externally evaluated. It has had a ripple effect on the supporting workforce as it has been recognised that practice supervisors need additional skills training in clinical supervision to support this programme. This, then, is a good example of management support facilitating students' achievement, and as such is a good working example of the tripartite agreement, which Garnett (2001) terms 'Transformation', where the curriculum of the workplace is developed in partnership.

### Methodologies

The methodologies used in these prescribed projects tend towards the use of supporting literature; i.e. desk-work, and exploration and application of local policies and guidelines. It provides an opportunity for the students to read and become conversant with documentation that is usually only referred to in times of necessity, rather than being used as the essential documents supporting practice as they should be. As such there is a qualitative bias towards gathering and analysing data. Learning through reflection on experience and the development of a critical approach to practice is encouraged, which again reflects a qualitative bias.

This prescribed project approach aims to capture serendipitous or accidental learning - that which happens by accident during the course of work. The accidental learning can to a certain extent be anticipated as being potentially available within the workplace, but may need to be 'uncovered' by an expert practitioner, in order for the student to be able to see it for the learning potential that it carries and engage with the experience. Spouse (2001) suggests that these kind of learning opportunities arise when previous formal learning is built upon by informal learning, which she defines as being planned or tailored to meet the individuals predetermined learning needs. She also suggests that continuous development of professional knowledge can be most effective when carried out under the guidance and support of more experienced colleagues who have taken a number of years to become expert practitioners. The prescribed approach to projects has been seen to be particularly effective when there has been supervision in practice, and formal learning to facilitate links between theory to practice.

### Negotiated learning

The other end of the WBL continuum captures the expert practitioners learning. Projects undertaken by practitioners have either been as part of the overall WBL degree, or as individual project modules as part of a professional degree programme. These are individually negotiated as part of an overall programme, and supported by appropriate subject specialists. The negotiated projects demonstrate individual learning acquired, for example, through local service initiatives or as an individuals professional development. The project research tools may use only small amounts of quantitative data, thereby not producing statistically significant findings, or if

qualitative methods are used, there may not be findings that can be generalised. The preferred methods include case study approaches, or action research methods allowing the generation of mixed qualitative and quantitative data, and using techniques such as focus groups or individual interviews, or surveys. These research tools reflect practitioner desires to explore respondents lived experiences and to understand motivations and behaviour. However, the difficulties of working in health care emerges with these projects in terms of ethical access to patients and subjects.

### Ethical issues

Research in health care has traditionally been overseen by the local health authority or acute trust ethical committees. These are in place to protect the patient and staff from unwanted or dangerous research practices, and their main activity is related to the efficacy and safety of drug trials and new clinical interventions. However, recent controversies in health care research and practices have caused committees to be particularly cautious in allowing inexperienced researchers to undertake research, even if it is not intended to be invasive. While this is laudable, it has limited many potential projects that particularly interest nurses. Additionally the time delay until the ethics committee can approve the proposal impacts the students proposed time-scale, which is further restricted by the academic timetable, and may make the project unfeasible for the students' personal agenda.

These ethical constraints have resulted in a creative approach to project work. The use of audit has proved useful as it allows access to quantitative data which is already available in notes, providing data protection considerations are adhered to, and uses the clinical governance agenda which requires a regular review of certain clinical outcomes and procedures (DoH 1998). Auditing current practice provides the opportunity to identify positive outcomes, and can enable recognition of poor performance and gaps within the service, thus highlighting where corrective interventions can be most effective. Many health care practitioners favour the use of qualitative data, as it focuses on the lived experience of patients and staff, and fleshes out the statistical information gathered from audit. The use of a qualitative approach has also proved an obstacle to local ethics committees, as it is only recently that these committees have accepted qualitative methods as a suitable research approach. This is because the professional culture has been one of scientists who have only used quantitative approaches to research problems and whose supporting professional and academic institutions did not accept qualitative methodologies as being academically viable until very recently.

The positive outcomes of negotiated WBL projects reflect learning that is responsive to adult learning theory (Knowles 1983), as it is relevant to the students readiness to learn, it builds on their life and work experience and enhances it. It promotes orientation to learning by offering a problem solving approach to work, thus allowing a reconstruction of the work situation. As such it is attractive to health care practitioners due to the relevancy to their work, the potential of the dynamic response to practice demands and pragmatic application of newly acquired knowledge. The negotiated end of the continuum particularly encourages the individual to develop as an independent learner and the prescribed portfolio approach aims to develop autonomous learning, thus moving the student along the continuum. Altogether the project WBL continuum fosters internal motivation towards learning and promotes reflective characteristics.

## Conclusion

WBL projects in the health school offer the practitioner a variety of approaches with which to explore the work place and learn through work. There are limitations in that to be successful in prescribed practice outcomes, the learner needs to be supported and mentored effectively. The negotiated projects are as flexible and as variable as the practitioners who use them, and can be an effective learning tool to explore clinical practice issues, and effect changes in practice.

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