Title Page

Title:
UNDERSTANDING THE OPTIMAL LEARNING ENVIRONMENT IN PALLIATIVE CARE.

Word Count: 4700

Authors' Names:
Shirley E. Connell PhD. B Hlth Sc (Hons) [1]
Patsy Yates PhD. RN. FRCNA [2, 3]
Linda Barrett MN, RN [4]

Authors' Position/s and Address:
[1]Research Fellow, School of Nursing and Midwifery, Queensland University of Technology (QUT), Institute of Health and Biomedical Innovation (IHBI), Musk Avenue, Kelvin Grove, Brisbane, Queensland, 4059, Australia

[2] Professor, School of Nursing and Midwifery, Queensland University of Technology (QUT), Institute of Health and Biomedical Innovation (IHBI), Musk Avenue, Kelvin Grove, Brisbane, Queensland, 4059, Australia

[3] Acting Director, Centre for Palliative Care Research and Education, Royal Brisbane and Women's Hospital (RBWH), Herston Road, Herston, Brisbane, Queensland, 4029, Australia

[4] National Coordinator of PEPA Project, Centre for Palliative Care Research and Education, Royal Brisbane and Women's Hospital (RBWH), Herston Road, Herston, Brisbane, Queensland, 4029, Australia

Acknowledgement: This Project was funded by the Australian Department of Health and Ageing.

Name and contact details of corresponding author:

Dr Shirley Connell

Telephone: 001161 7 3138 6110

Fax: 001161 7 3138 6030 (IHBI main fax)

Email: se.connell@qut.edu.au

Understanding the optimal learning environment in palliative care.

ABSTRACT

The learning experiences of student nurses undertaking a clinical placement are reported widely, however little is known about the learning experiences of health professionals undertaking continuing professional development (CPD) in a clinical setting, especially in palliative care. The aim of this study, which was conducted as part of the national evaluation of a professional development program involving clinical attachments with palliative care services (The Program of Experience in the Palliative Approach [PEPA]), was to explore factors influencing the learning experiences of participants over time.

Thirteen semi-structured, one-to-one telephone interviews were conducted with five participants throughout their PEPA experience. The analysis was informed by the traditions of adult, social and psychological learning theories and relevant literature.

The participants' learning was enhanced by engaging interactively with host site staff and patients, and by the validation of their personal and professional life experiences together with the reciprocation of their knowledge with host site staff. Self-directed learning strategies maximised the participants' learning outcomes. Inclusion in team activities aided the participants to feel accepted within the host site. Personal interactions with host site staff and patients shaped this social/cultural environment of the host site.

Optimal learning was promoted when participants were actively engaged, felt accepted and supported by, and experienced positive interpersonal interactions with, host site staff.

INTRODUCTION

The recent Australian Government National Health and Hospitals Reform Commission (AGNHHRC) report (2009) recommends that a new framework for education and training of health professionals be developed, to move towards a flexible, multidisciplinary approach, and to strive for a sustainable health workforce that meets current and future health needs. Importantly, demographic trends highlight the need to ensure the future health workforce is capable of providing quality end-of-life care. This importance of end-of-life care skills has been highlighted in numerous policy documents across many countries in recent years (AGNHHRC, 2009; Department of Health, 2008; Health Canada, 2007). These policy documents emphasise the need for education of health professionals in both primary and specialist settings in end-of-life care, many of which have not traditionally been the focus for such education (Department of Health, 2008).

In the UK, for example, the National End-of-life Care Strategy has provided one of the first comprehensive frameworks for promoting high quality care across England for all adults approaching the end-of-life (Department of Health, 2008 p, 7). Associated UK initiatives such as the Gold Standards Framework have emphasised the up-skilling of existing health care providers in primary care settings, with reported benefits for patients and carers (Department of Health, 2008). Similarly, the 'Canadian Education for Formal Caregivers Working Group' reports have helped to build the capacity of the palliative care workforce by improving the quality and accessibility of education and training for formal care givers in palliative and end-of-life care through education initiatives, such as specific competencies, medical curriculum, and more (Health Canada, 2007, pp, 6-7).

In Australia, the education of health care professionals in all settings in end-of-life care has also been noted as a priority area in Australia's National Palliative Care Strategy (Commonwealth Department of Health and Aged Care, 2000). As part of the strategy, the Australian Government funded the Program of Experience in the Palliative Approach (PEPA), an experiential continuing professional development (CPD) program for health professionals in primary care and non-palliative care specialist settings. The aim of PEPA is to improve the quality, availability and access

to palliative care for people who are dying and their families by providing workforce placements and structured learning experiences to develop the capacity of health care professionals. This paper reports on data obtained from a qualitative, prospective phase of the evaluation of PEPA (Queensland University of Technology, 2006).

Specifically, this analysis aims to examine the factors which contribute to positive learning experiences and outcomes for health professionals undergoing a clinically-based CPD programme. Available evidence suggests that for benefits to be fully realised from a CPD program, a supportive and enabling practice environment is needed (Ellis & Noland, 2005). However after extensively searching CINAHL, Medline, and ERIC databases, studies exploring the learning experiences, rather than programme outcomes, of multi-disciplinary CPD programs were not located.

A plethora of studies have explored aspects of the student nurse's experience of clinical education, such as the environment of the clinical placement (Chan, 2002; Papp et al., 2003), coping strategies during placements (Chapman & Orb, 2001), perceptions of the mentor's roles and responsibilities (Chow & Suen, 2001), and general experiences of placements (Dunn & Hansford, 1997; Hart & Rotem 1994). This evidence from work with student nurses suggests that good mentorship and a good learning environment, together with a student being assertive in their learning, ensures a good placement experience (Gray & Smith, 1999). Attentive, supportive and credible mentors have also been found likely to facilitate a good placement experience (Baillie, 1993; Dunn & Hansford, 1997). However, similar evidence to understand the learning experiences of experienced health professionals undertaking clinically-based learning experiences was not identified, especially evidence from prospective studies.

METHODS

Design

The prospective interview data reported in this paper are a component of a larger comprehensive program evaluation, collected from participants before, during and after completion of the program. Ethics approval for the PEPA evaluation was granted by the relevant university research ethics committee.

Sample

During the period from 2003 – 2006, a total of 983 health professionals from across the country completed a PEPA placement. PEPA involved placement of the generalist health professional in a specialist palliative care service for 4-10 days, during which time the health professional was allocated a mentor to facilitate their learning. Specialist Palliative Care (SPC) staff participating in the program attended another specialist setting (e.g. haematology) over a four-day period to expand their knowledge and to share their SPC experience. A convenience sample of PEPA participants was sought by asking the program manager in each of the eight states and territories in Australia to identify informants who may be willing to participate in an interview regarding their experience. From the 143 'expression of interest' flyers distributed to eligible participants by the PEPA managers, 18 expressions of interest were returned to the evaluators, from which five resulted in written consent. One generalist registered nurse (RN) and one generalist enrolled nurse (EN), two SPC RNs and one SPC doctor comprised the resulting sample.

Three of the five participants completed three interviews (before - Time 1, during - Time 2, and shortly after the participant's placement – Time 3), while two (one SPC doctor and one RN) participated in two interviews only (Time 1 and Time 3) due to time constraints, resulting in a total of 13 interviews. Verbal consent was confirmed prior to Time 2 and Time 3 interviews. Author SC conducted 10 interviews and author LB conducted three interviews.

The level of privacy was controlled by the interviewee as they could choose the location of the one-to-one telephone interview. Interviews ranged from 11–70 minutes and were audio-recorded and independently transcribed verbatim.

Instrument

The three semi-structured question guides used were underpinned by the program's evaluation framework (adapted from the Caring Communities Evaluation Framework, Eagar et al., 2003) and objectives. Participants were asked about: their role in providing, and views of, palliative care; their preparation for the placement; their learning strategies and styles; the learning environment; and their expectations. The

Time 1 interview guide was uniform where as the Time 2 and Time 3 interview guides were both uniform and tailored to individual participants.

Analysis

The Miles and Huberman (1994) approach to data analysis was employed to identify and categorise the participants' perceptions of their learning experience, i.e., data reduction, data display and drawing conclusions. Interview findings were used to inform and develop subsequent interview guides thus the analysis was undertaken progressively and collectively. Furthermore, the analysis was informed by the traditions of adult, social, and psychological learning theories, whereby data were analysed to answer the primary research question "What are the factors which influence the experience of health professionals undergoing a clinically-based CPD program in palliative care?". An analysis framework was derived from the main themes identified during preliminary data analysis, specifically engaging interaction, acceptance and belonging, and integration (see Figure 1). Deeper analysis continued using this analysis framework to explore these initial themes. The transcripts were a constant source of reference. This paper reports on two of the three themes identified from this analysis - engaging interaction and acceptance and belonging, as these concepts reflected factors identified in the data which influenced participants' experiences of learning. The theme relating to integration, which is more reflective of outcomes of learning, is the presented elsewhere (under review).

RESULTS

Engaging Interaction

Engaging interaction entails the participants' perspective of how the mentors and other host site staff actively engaged them in their learning, and they themselves actively participated in activities to promote their learning. Several examples of active facilitation strategies used by mentors, and active engagement strategies initiated by the participants themselves were identified during the interviews. These themes highlighted the reciprocity involved in the learning process in this program.

Active Facilitation

Participants reported that the mentors interacted with them by using various teaching methods, such as one-to-one teaching, case discussions, problem solving, encouraging participant input, and providing feedback. Opportunities to engage interactively are reported to have been organised by the mentors by providing: interaction with patients; access to a wide variety of cases, host site staff, activities, resources and networks; and visits to community settings, clinics and other departments. In addition, the mentors' availability and openness to discussion facilitated positive learning experiences.

> 'I did like going out with the mentor where he welcomed my input, he encouraged it, he made me think, he asked me questions, and he asked me what I thought. That was good…He didn't say "No, that's a stupid thing to say". He'd say "Well, maybe this way would be better".' (03-Time 3)

Active Participation in Learning

Active participation in learning was initiated by the participants in preparation for the placement experience. For example, participants developed their individual learning objectives, read the PEPA information pack, contacted and researched their host site and topic area, and discussed the placement with their workplace supervisor. The quote below details the extensive preparation undertaken by one participant.

> 'I've tried to think about the patient groups that would best benefit from an increased service provision. I've tried to look at how that could be done in XXX [state]. I've used the data from a state-wide study that I did with colleagues to look at it as a needs analysis for non-oncology patient wards…' (04-Time 1)

Much of the participants' experience of their PEPA placement reflected active engagement in self-directed learning. Even though most participants reported helpful and encouraging mentors, they found it necessary to assert themselves within the host site to ensure they were exposed to procedures and activities to assist them to meet their learning objectives. Other self-directed learning strategies utilized by the participants include establishing a routine while on the placement, seeking out various

host site resources, making decisions about what activities to participate in, and using the PEPA workbook as a reflective journal. Some participants developed further learning objectives during the placement, providing evidence of the participants' self-awareness and subsequent self-evaluation. For example, a participant found the host site's equipment loan scheme interesting and developed an objective to learn as much about this system as possible with the aim of introducing such a scheme within her own workplace.

The participants indicated that active learning was facilitated by the nature of the placement. In particular, being supernumerary in the clinical environment was identified as being important to learning. In addition, participants were given the opportunity to discuss their own patients and workplace related issues with their mentor and other host site staff. Furthermore, participants' observations of host site procedures and activities also provided active learning opportunities when coupled with critical thinking.

> '...I've just been observing...and watching the team meeting with the family and watching the patient when the doctor's having a meeting with them and I can usually pick a lot of things of what's happening, (a) by their body language, and (b) what they're not saying or what they're trying to get you to confirm...' (05-Time 2)

Three participants stated that the placement had validated their workplace practices. In addition, the placement had validated some of the participants' ideas about palliative care service delivery. Learning experiences were also reported to have validated the participants' life and/or professional experience and knowledge. In addition, the participants' identification of common problems shared with the host site staff proved to be a positive experience.

> 'I talked to him [mentor] about that [problems with own patients] as well. I don't think he's got any particularly great solutions to that as a problem, but it's almost beneficial to know and having it confirmed that it happens to other people as well.' (04-Time 2)

Validation and Reciprocation

These examples illustrate how the benefits for participants of the two way exchanges were enabled as a result of a clinical placement experience. Participants were provided an opportunity to share their knowledge and experience with the host site staff, at the same time host site staff facilitated several opportunities for sharing of their specialist knowledge and expertise. Such exchanges reflect a process of active participation via reciprocation. Two participants reported informing host site personnel about their own workplace service, and their role within it, with host site staff engaging with participants to develop these existing services and networks. Reciprocation of learning provided validation of the participants' professional experience which further enhanced interactions with host site staff.

> 'One of the other big pluses for me is the networking because a lot of our patients come here. It's interesting that they've actually said that back to me as well…Now they know who I am and that there is a service in XXX [city] so it's been a reciprocal thing…One of the CNCs [Clinical Nurse Consultant] on the ward was very interested in what we do and how they can better discharge back to services like us. That was good. The oncology CNC was too because they usually start off our patients with oncology down here in XXX [city] ...' (02-Time 2)

Acceptance and Belonging

A second theme emerging from the data 'Acceptance and Belonging' depicts how the participants perceived their 'fit' into the host site settings, including their involvement in host site activities. This theme described aspects of the social and cultural environment which had an important influence on the participants' learning experience.

Fitting in and Being Involved

Most participants reported positive experiences of how they perceived their 'fit' into their respective host sites, i.e., feeling welcome and comfortable. Feelings of acceptance were also reported to be generated by host site personnel who went out of their way to make the participants feel welcome. One participant stated that she

would be comfortable to maintain contact with the host site indicating the experience produced a sustained sense of acceptance and belonging.

However, not all participants encountered such a welcoming experience. One participant who undertook the placement in two host sites had vastly different experiences. The participant hence felt rejected by the host site. This sense of rejection resulted in further negative feelings associated with the placement, as stated below.

> '…they told me that when I went there that this person [designated mentor] wasn't going to be there, even though she was, but they didn't communicate to me what was happening and so of course I was very frustrated and annoyed.' (05-Time 3)

The participants indicated that being included in activities helped them to feel accepted into their host sites. Moreover, some participants highlighted how their mentor and other host site personnel had helped them to become involved in the host site activities. Incidents in which the participants' input was welcomed and encouraged may have helped participants to feel further accepted. A representative example of this is quoted below.

> 'It was good that at lunchtime the case manager and I ... discussed it [case]. He said to me, "Now, what would you do?" So I was able to again have input and he reflected on that and suggested better ways, like maybe more appropriate ways.' (03-Time 3)

Social Environment

The importance of relational issues highlighted the significance of the social environment to the learning experience. The participants' perceptions of the host site environment centred on their personal interactions with host site staff and patients rather than physical aspects of the site. Although the vast majority of the participants reported positive experiences of the host site environments, some negative aspects were also raised, as reflected in the earlier quote. For example, host sites which were not prepared for the placement, lack of a specific mentor, and a poor reception on

arrival were highlighted as negative influences on their experience. Hierarchal issues were also raised with one participant feeling intimidated by the host site staff while another participant felt the staff were intimidated by her workplace position. In both incidents the participants felt rejected by some host site staff, thus limiting their ability to engage in interactions which promoted learning.

DISCUSSION

This paper explores the learning experiences of five health professionals undergoing a clinical placement as part of a CPD program in end-of-life care. The theme 'Engaging Interaction' depicts the experiential nature of the placement and is consistent with a humanistic theory approach to learning. The theme illustrates the characteristics of adult learners as self-motivated, self initiated and self-evaluating individuals, who take responsibility for meeting their individual learning needs (Blais et al., 2006). Moreover, consistent with the literature (Gray & Smith, 1999), self-directed learning strategies used by the participants appear to be central to their placement experience, such as asserting themselves to be included in activities and procedures and seeking out required knowledge from host site resources. The supernumerary status of the placement further facilitated opportunities for active participation in the learning process.

As experienced health professionals, the participants' placement experience resulted in the validation of some of their palliative care beliefs and workplace practices, with some mentors encouraging the participant's input in the clinical decision making process. Such problem-based learning approaches have been found to increase a student's self-directedness (Tiwari et al., 2006). The participants' professional experience appears to have provided a sound basis upon which to build such problem-based learning approaches. The validation experienced by participants indicates that they felt the mentors respected their experience as a resource for learning (Knowles, 1973). Moreover, descriptions which reflect the reciprocation of knowledge with host site staff further highlight the potential value of extended, quality interactions between experienced health professionals in promoting learning.

These findings also emphasise that the interpersonal relationships established with the mentors are integral to the learning process, as they influence the participants' perception of the learning environment (Dunn & Hansford, 1997). For example, experiences of validation and reciprocation were described as enhancing the participants' feelings of acceptance and belonging, thereby enabling deeper engagement in the learning opportunities provided by the program. Such findings are similar to those reported with student nurses (Baillie, 1993), but may be especially valuable in optimising the learning experience for experienced health professionals. This finding is also similar to those reported in the study by Papp et al. (2003), where the attitudes and behaviours of the host site staff were important for the learning experience.

Conversely, the negative experiences reported by some participants provide examples where feelings of being rejected by host site staff may negatively influence learning outcomes in this context. Carl Rogers (in Knowles 1973 p, 33) hypothesised that significant learning is promoted when threats to the self are reduced. Hence it is not surprising that unsupportive placement environments have been found to have a detrimental effect on learning experiences even if the opportunities are there (Perry, 1988). As explained by Knowles (1973), if one's experience or worth is minimised feelings of rejection ensue, thus the role of experience is an important aspect for the adult learner. The importance of the interactions between the participant and the mentor (and other host site staff) to ensure an optimal learning environment cannot be understated.

Humanism, cognitivitist and behaviourist theorists agree that one's sense of belonging to a group forms part of, and influences, the learning process (Lewin, 1951; Maslow, 1970 in Blais et al, 2006, pp, 138, 140-2). Studies of student nurses' experiences of clinical placements consistently indicate that optimal learning outcomes are enhanced by the student's feelings of acceptance and belonging within the clinical setting (Chan, 2002; Hart & Rotem, 1994; Nolan, 1998; Wilkinson et al., 1998). Nolan (1998) proposed that learning does not begin until the student feels part of the team. Similarly, Wilkinson et al. (1998) found students who were made feel they belong engaged more completely. Thus concepts of engaging interaction and acceptance and belonging are entwined.

Feelings of acceptance and belonging in a placement setting too have been found to create a positive learning environment (Crawford & Kiger, 1998; Gray & Smith, 1999; Hart & Rotem, 1994; Nolan 1998; Papp et al., 2003). Crawford and Kiger (1998) claim that participants undertake strategies to help them fit into a clinical placement situation such as the preparatory activities described in this study. Perhaps surprisingly, the findings highlight that a sense of acceptance and belonging within a host site remains an important factor for learning outcomes for experienced health care professionals undertaking a CPD placement, hence feeling accepted within a host site to optimise learning remains relevant over time.

Behaviourist theorists hypothesise that the environment influences behaviours and as such is an essential factor which determines human actions (Blais et al., 2006), hence it is important to explore the environment in which learning takes place to understand the learning experience of CPD participants. However, the research literature to date has failed to explore what CPD participants perceive the learning environment to comprise. In agreement with Carl Rogers' views on learning (in Knowles, 1973 p, 33), the findings of this study indicate that the participants perceived the social/cultural environment of the host site to be constructed by their personal interactions with the host site staff and their patients, thus determining the placement climate. This participant interaction with host site staff arguably constituted a core element of a learning environment which fosters positive learning outcomes. Such interactions are characterised by relationships between the mentor and learner that emphasise respect for the learner's prior experience, the active engagement of the learner in the learning process, and the self-directedness of the learner.

Limitations

This study is unique, in that it explored aspects of the learning strategies used during a clinical placement for experienced health professionals, together with what constitutes an optimal learning environment for end-of-life care. Recall bias was limited as the study was conducted prospectively. Theoretical validity, via the use of various learning theories throughout the analysis, allowed the argument to be extended (Barbour, 2000). Nevertheless, it is important to note that the study findings were limited due to the small number of participants and the inevitable self-selection bias (Rice & Ezzy, 1999). It is not known how taking part in the temporal interviews

impacted on the participants' learning experiences. Moreover, confirmation of the study findings was limited due to a lack of literature related to learning processes during CPD clinical placements. Even so, the findings demonstrate that there are similarities between experiences of student nurse clinical placements and those of health professional CPD placements. Although the findings from this study are not generalisable, they may be transferable to other CPD programs.

CONCLUSION

With the growing demand for CPD in end-of-life care, it is crucial to identify teaching and learning strategies that will enable development of a workforce with the required knowledge and skills. This study found that optimal learning was promoted when participants were actively engaged with host site staff, patients, other departments, and with themselves. Feeling accepted and supported by the host site staff also enhanced their experience. The learning experience was further optimised as the participants' perception of their prior life experiences (personal and professional), workplace practices and services, and attitudes and beliefs about palliative care were validated. Moreover, validation via the reciprocation of learning with the host site and relevant others enriched the participants' learning experience.

REFERENCES

Australian Government National Health and Hospitals Reform Commission, 2009. A Healthier Future for all Australians Final Report June 2009, Australian Department of Health and Ageing, Canberra

Baillie, L., 1993. Factors affecting student nurses' learning in community placements: a phenomenological study. Journal of Advanced Nursing 18, 1043-1053

Barbour, R. A., 2000. The role of qualitative research in broadening the "evidence base" for clinical practice. Journal of Evaluation in Clinical Practice 3 (2), 155-163

Blais, K. K., Hayes, J. S., Kozier, B., Erb, G., 2006. Professional Nursing Practice: Concepts and Perspectives 5th ed, Pearson Prentice Hall, Upper Saddle River, New Jersey

Chan, D. S., 2002. Associations between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment. International Journal of Nursing Studies 39, 517-524

Chapman, R., Orb, A., 2001. Coping strategies in clinical practice: the nursing students' lived experience. Contemporary Nurse 11 (1), 95-102

Chow, F. L. W., Suen, L. K. P., 2001. Clinical staff as mentors in pre-registration undergraduate nursing education: students' perceptions of the mentors' roles and responsibilities. Nurse Education Today 21, 350-358

Commonwealth Department of Health and Aged Care, 2000. National Palliative Care Strategy: A National Framework for Palliative Care Service Development, Commonwealth Department of Health and Aged Care, Canberra

Crawford, M. W., Kiger, A. M., 1998. Development through self-assessment: strategies used during clinical nursing placements. Journal of Advanced Nursing 27, 157-164

Department of Health, 2008. The End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life. URL: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@en/documents/digitalasset/dh_086345.pdf Accessed 7-12-09

Dunn, S. V., Hansford, B., 1997. Undergraduate nursing students' perceptions of their clinical learning environment. Journal of Advanced Nursing 25, 1299-1306

Eagar, K., Senior, K., Fildes, D., Quinsey, K., Owen, A., Yeatman, H., Gordon, R., Posner, N., 2003. The Palliative Care Evaluation Toolkit: A Compendium of Tools to Aid in the Evaluation of Palliative Care Projects. Centre for Health Service Development, University of Wollongong, Wollongong

Ellis, L., Nolan, M., 2005. Illuminating continuing professional education: unpacking the black box. International Journal of Nursing Studies 42, 97-106

Gray, M. A., Smith L. N., 1999. The professional socialization of diploma of higher education in nursing students (Project 2000): a longitudinal qualitative study. Journal of Advanced Nursing 29 (3), 639-647

Hart, G., Rotem, A., 1994. The best and the worse: students' experiences of clinical education. The Australian Journal of Advanced Nursing 11 (3), 26-33

Health Canada, 2007. Canadian Strategy on Palliative and End-of-Life Care: Final Report of the Coordinating Committee. Ottawa, Ontario: Health Canada. URL: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2007-soin_fin-end_life/2007-soin-fin-end_life-eng.pdf Accessed 7-12-09

Knowles, M., 1973. The Adult Learner: A Neglected Species. Gulf Publishing Company, Houston, Texas

Knowles, M., Holton, E. F., Swanson, R. A., 2005. The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development. 6th ed, Elsevier, Amsterdam

Miles, M. B., Huberman, M., 1994. An Expanded Source Book: Qualitative Data Analysis. 2nd ed, Thousand Oakes, CA, SAGE Publications

Nolan, C. A., 1998. Learning on clinical placement: the experience of six Australian student nurses. Nurse Education Today 18, 622-629

Papp, I., Markkanen, M., von Bonsdorff, M., 2003. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. Nurse Education Today 23, 262-268

Perry, M., 1988. Preceptorship in clinical education: a social learning theory approach. Australian Journal of Advanced Nursing 5 (3), 19-25

Queensland University of Technology, 2006. Management and Evaluation of the Program of Experience in the Palliative Approach (PEPA) Initiative: Report June 2006. Queensland University of Technology, Brisbane

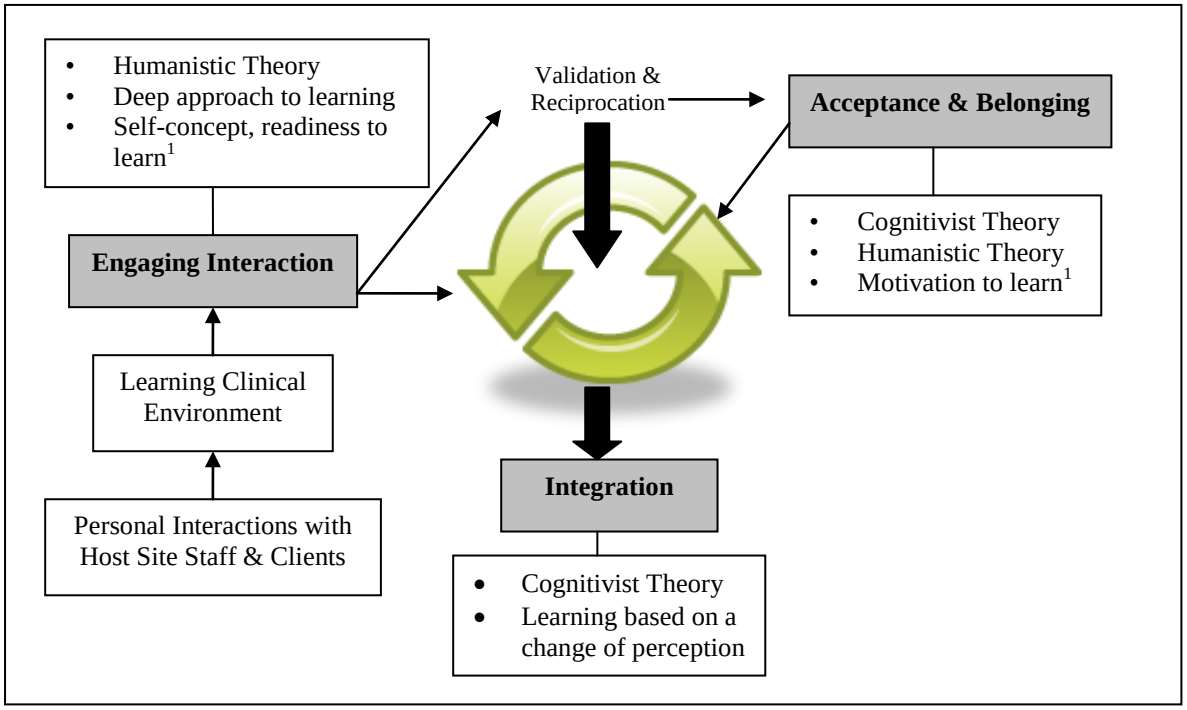
Rice, P. H., Ezzy, D., 1999. Qualitative Research Methods: A Health Focus. Oxford University Press, Melbourne

Tiwari, A., Chan, S., Wong, E., Wong, D., Chui, C., Wong, A., Patil, N., 2006. The effect of problem-based learning on the students' approaches to learning in the context of clinical nursing education. Nurse Education Today 26, 430-438

Wilkinson, C., Peters, L., Mitchell, K., Irwin, T., McCorrie, K., MacLeod, M., 1998. 'Being there': learning through active participation. Nurse Education Today 18, 226-230

Figure(s)

Figure 1: Analysis Framework



[1] Knowles et al., 2005 – Assumptions of Adult Learning - Andragogy