
RESEARCH ARTICLE

Student Satisfaction with Work-based Learning: Evaluation of a Foundation Degree Health & Social Care Programme

Mark Wareing, Kate Chadwick & Hilary Baggs

Faculty of Health, Birmingham City University, UK

Corresponding author:

Dr Mark Wareing, Senior Lecturer and Admissions Tutor, Foundation degree Health & Social Care, Faculty of Health, Birmingham City University, Westbourne Road, Edgbaston, Birmingham B15 3TN, UK
Email: mark.wareing@bcu.ac.uk

Abstract

This paper presents findings from an evaluation of student satisfaction with work-based learning as experienced by 57 Foundation degree (Fd) Health & Social Care students. The study participants were all employed by the National Health Service (NHS) in a range of clinical settings in the English Midlands. Three cohorts of students completed a questionnaire which sought to uncover the individual circumstances, behaviour, attitudes and beliefs of work-based learners. Students undertaking the acute care, long-term conditions, children and mental health study pathways were supported by a workplace mentor and assessor, while students studying the diagnostic radiography, radiotherapy and mammography pathways had their work-based learning supported by a clinical learning facilitator (CLF). Most of the participants were undertaking the Fd to make the transition from radiography helper or healthcare assistant (HCA) to assistant practitioner (AP). The findings distinguish the individual circumstances of students in the context of their study pathways and on the basis of their contracted hours and the role that they hoped to fill on completion of the programme. Student behaviour was characterised by the regularity with which students worked with their mentors, assessors or CLFs and their engagement in a range of work-based learning activities including practice-based assessments, knowledge and skills acquisition and, with particular regard to radiography students, the learning of new procedures. Although the level of student satisfaction with work-based learning was high, several participants perceived that their colleagues seemed reluctant to recognise them as students in their own right and lacked an awareness of the role of the AP. Participants believed that their confidence had increased and that they were playing a greater role in their clinical teams as a result of gaining knowledge and skills that had helped them to engage in new ways of working.

Keywords: assistant practitioners, support workers, Foundation degree, work-based learning, student satisfaction

Introduction

Work-based learning is a distinct pedagogy that underpins the delivery of Foundation degrees and requires students to balance the demands of being a student and a trainee while continuing to fulfil the role for which they are employed. This paper presents findings from an evaluation of work-based learning as experienced by a group of Foundation degree Health & Social Care students. The evaluation was conducted using self-completed questionnaires in order to identify the individual circumstances, behaviour, attitudes and beliefs of students as learners in relation to how they were coached and mentored within the workplace, were recognised as work-based learners and developed new ways of working. Many of the students were undertaking the Foundation degree to make the transition to the new paraprofessional role of AP and were employed in a wide range of health, nursing and radiography settings.

Background

The experience of students undertaking a Foundation degree in order to become a paraprofessional, assistant or associate professional while adjusting to becoming a work-based learner is challenging. A small-scale study by Kubiak *et al.* (2010) into workplace learners undertaking a Fd in health and social care depicted a learning experience influenced by the quality of workplace conditions and work relationships that required students to manage their time, the demands of home and work and to motivate themselves in order to cope. Student experience amongst teaching assistants in the education sector is similar. A study conducted by Morris (2010) into the experiences of classroom assistants undertaking a Fd suggested that while employers were slow to support and recognise the increasing skills of Fd students, the latter reported an increase in their confidence and understanding as a result of their studies. Students employed as experienced healthcare assistants who undertake Fd study in order to gain associate professional status (such as teaching assistants), need to meet a set of standards in practice while their experience has to be balanced against the negotiation of new workplace relationships. Studies into TAPs in nursing (Spilsbury *et al.* 2011) and radiography settings (Adams 2008) suggest that students also have to negotiate tensions between organisational vision, strategy and practice reality. Similar concerns relating to the need to embed AP roles within radiography departments based around an appropriate skill mix that ensures complementarity have also been expressed (Bennion & Irvine 2011). One major challenge occurs when students attempt to make the transition from worker to work-based learner while being employed as a HCA who is studying to become an AP, particularly if they are the first employees within an organisation to be appointed to this new paraprofessional role (Wareing 2012). Therefore, the use of Foundation degrees to develop employees at intermediate and associate professional levels is dependent on a workforce being structured in a way that recognises and acknowledges different levels of contribution and dialogue (Edmond 2010) whilst allowing students to challenge clinical practice.

Background to evaluation

The Foundation degree programme team holds an annual Subject Quality Day (SQD) that coincides with the beginning of the academic year. This event is an opportunity for the entire team, faculty librarian, external examiners, student representatives, NHS Hospital Trust and employer representatives to work in partnership in order to meet the Faculty of Health quality monitoring and enhancement processes that seek to enhance the student learning experience. An action point arising from the 2010 SQD was to develop an effective process for the evaluation of how CLFs (who support radiography students) and mentors and assessors support work-based learning. Findings from that evaluation suggested that

workplace mentors and assessors felt their students were meeting the aims of the programme with regard to the development of role-related knowledge and skills and were becoming critical, reflective and independent thinkers who could influence the quality of care and disseminate good practice within their organisations (Baggs *et al.* 2011). In 2011 it was decided to undertake an evaluation of student satisfaction with work-based learning.

Ethical considerations

Approval from the Faculty ethics committee was secured alongside registration of the project in accordance with Faculty regulations to ensure that the research team had indemnity insurance.

Method

In order to capture and evaluate levels of student satisfaction with work-based learning amongst Foundation degree Health & Social Care students a survey questionnaire for self-completion was developed. The main advantage of this approach was that a purposive sample of students could be surveyed relatively cheaply and that the questionnaire could be administered at a time that was convenient for student participants. The findings of the audit into CLF and mentor and assessor support of work-based learning (Baggs *et al.* 2011) informed the design of the questionnaire and generated categories of questions that would be of relevance to the target survey population (Gilbert 2001).

The research team designed a questionnaire that explored:

- students' individual circumstances (study pathway, employer, student cohort, job title);
- students' behaviour (contact and activity with CLF, mentor, assessor) including grouped questions associated with periodicity;
- students' attitudes (how participants felt they were supervised or recognised as a work-based learner);
- students' beliefs (in terms of what skills and new ways of working they have developed; positive and less positive beliefs about being a work-based learner).

The questionnaire also contained a range of closed questions including ranking and Likert scales and open questions for free-text comments to be made. The questionnaire was designed to take no longer than 30mins to complete (Gilbert 2001).

Methodology

The methodological approach adopted for this evaluation was coding and constant comparison (Flick 2002) and is based on an ongoing process of 'codified common sense' (Robson 1993).

Each questionnaire was assigned an ID case number, read twice and the responses to each survey question were entered onto a spreadsheet (Gray 2009) while free-text comments were transcribed onto a single document in preparation for analysis by the research team. A data matrix was created in order to capture a complete set of values (participant responses) for each of the variables (each item of the questionnaire) so that the rows correspond to each variable and the columns correspond to each participant (Gilbert 2001, Gray 2009). Non-responses to specific questions were also recorded on the data matrix (Robson 1993, Gray 2009).

Conceptual labels were assigned to data in order to identify themes, patterns, processes and relationships involving an initial stage of analysis utilising detailed and numerous

codes leading to the combination of more generalised categories, using memos to capture dimensions, comparisons and contrasts. The purpose of our qualitative coding was to revisit the data until patterns and explanations were understood via the aggregation of data segments. This period of focused reading enabled key words or phrases to be identified prior to the generation of codes (Gray 2009). Nodes were used in order to 'hold' categories and enable the research team to question the emerging findings. This analytical form of coding or analytical induction (Richards 2005, Gray 2009) utilises an iterative process that reveals the properties and relationships of each code to one another and provides a theoretical explanation of the data (Gilbert 2001).

In order to enhance reliability in the qualitative coding process 'coder consistency testing' was undertaken to uncover inconsistencies between the three members of the research team. This was achieved by each colleague coding a duplicate set of data and the colleagues then coming together to find out why a different interpretation had been made and to explore discrepant cases to see if categories should be used differently. Memos were used and updated to assist in the validation of the final interpretation (Cohen *et al.* 2000, Richards 2005). During this process the 'waving the red flag' technique was also utilised to enable each member of the research team to recognise when their own biases, assumptions or beliefs might be intruding into the analysis and to ensure that comments made by respondents were not taken at face value (Strauss & Corbin 1998). This reflexive approach has been applied in a recent action research study exploring the nature of work-based learning amongst physiotherapy students with regard to the nature of placements, practice and academic support (Stainsby & Bannigan 2012). However, the 'waving the red flag' technique helped the research team to avoid the trap of interpreting data in the light of findings from earlier studies which the team had completed (Baggs *et al.* 2011, Wareing 2012).

Sample

The Fd programme has two intakes of students a year, in April and October, within an academic year that spans 52 weeks. A questionnaire was completed by three of the four current cohorts of students undertaking the Foundation degree. The most recent cohort of students (who had commenced the programme at the time that the evaluation commenced) was excluded.

Results

The next section presents findings from the questionnaire using the four themes that form the focus of the study (the individual circumstances, behaviour, attitudes and beliefs of Fd students) with regard to their satisfaction with work-based learning.

Student circumstances

A total of 57 questionnaires were completed by students while attending university, comprising 10 questionnaires from cohort 'A', 31 from cohort 'B' and 16 from cohort 'C'. Figure 1 illustrates the distribution of students, by study pathway, who completed a questionnaire and includes students from all three cohorts.

Forty-two students stated that they were contracted to work 37.5 hours per week while eight worked 30 hours per week and seven a minimum of 25 hours per week. Students are unable to enrol on the Foundation degree unless they are contracted to work at least 25 hours per week to ensure that they have sufficient clinical time to engage in work-based learning.

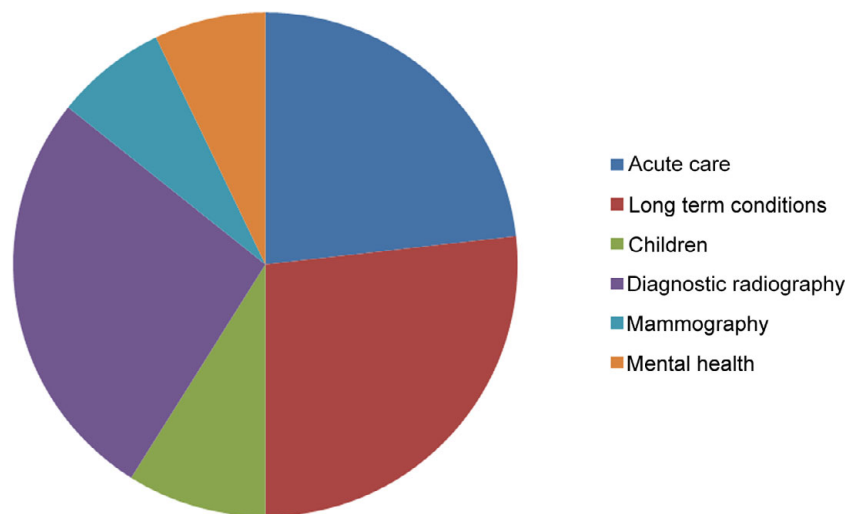


Figure 1 Student study participants by study pathway.

Although the programme is primarily geared towards supporting the role of the AP, a significant proportion of participants stated that their job titles were either healthcare assistant or support worker as illustrated in Figure 2, whilst other job titles included maternity or family support worker.

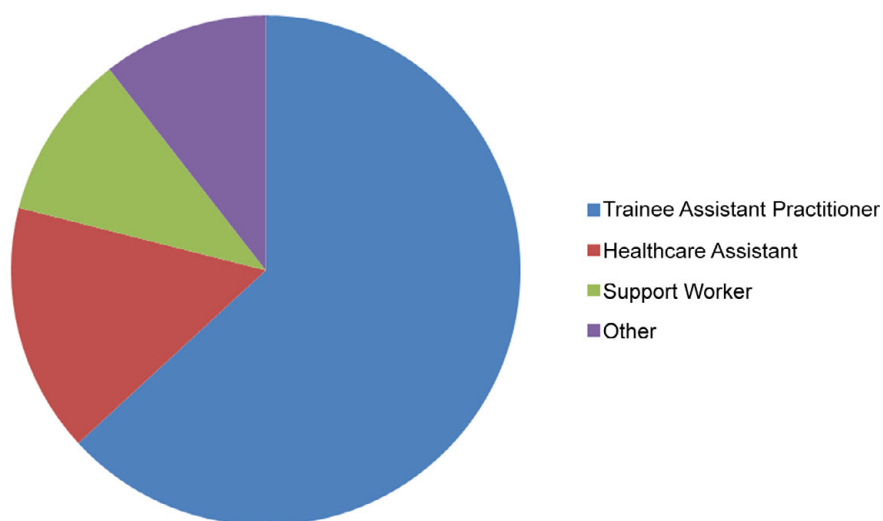


Figure 2 Students' job titles.

Student behaviour

Most students reported that they met with their workplace mentor every month (11) while nine students met weekly, seven met monthly and nine participants held a meeting with their mentor every three months. Figure 3 gives the episodes participants worked with their workplace mentor.

Most students reported that their workplace mentor undertook formative assessments, discussed workbook activities and signed workbooks when completed, although there was a range of other learning activities as identified in Figure 4.

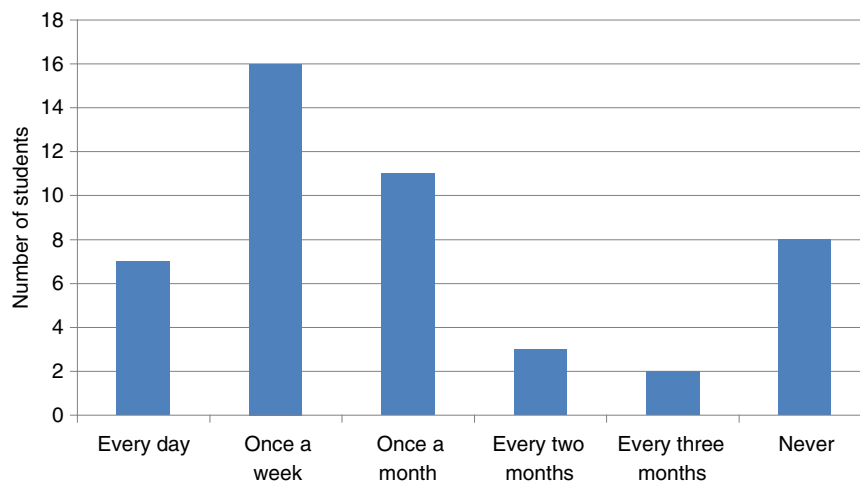


Figure 3 Student episodes with workplace mentor.

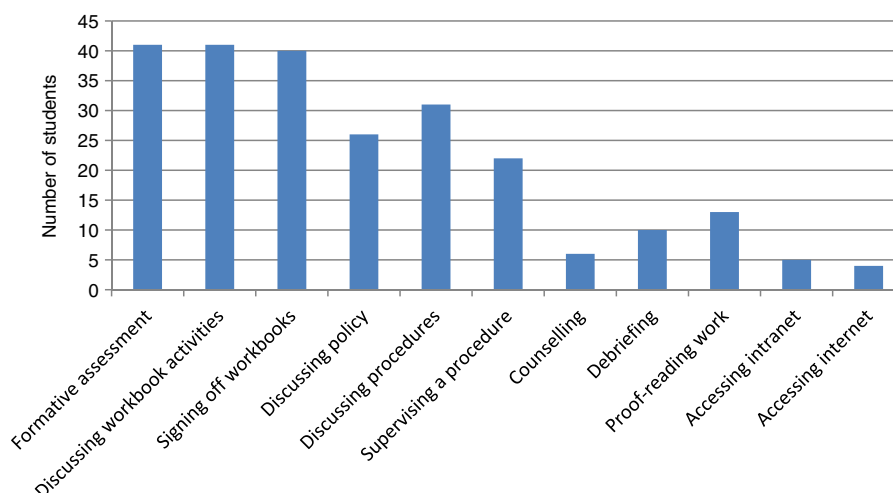


Figure 4 Activities undertaken by students with their workplace mentor.

Figure 5 illustrates how often students reported working with their assessor. Interestingly, nine students reported never working with their workplace assessor.

Of those who did work with their workplace assessor, respectively 28 and 41 students reported that they undertook formative and summative assessments with their assessors, 16 discussed workbook activities, 20 asked their assessor to sign off module workbooks, while respectively 24 and 29 participants asked their workplace assessor to discuss procedures and policy. Twenty-five students reported being supervised by their assessor, while 12 asked their assessor to proof read work and 16 worked with their assessor to access the internet.

Figure 6 depicts the episodes that radiography pathway students worked with their CLFs within their clinical areas. Although eight reported working with their CLF every week, five stated that they never worked with them. The activities engaged in by radiography students whilst working with their CLF is depicted in Figure 7.

A key change in student's behaviour that resulted from engagement in work-based learning was the degree of confidence that they were able to develop as a result of developing new

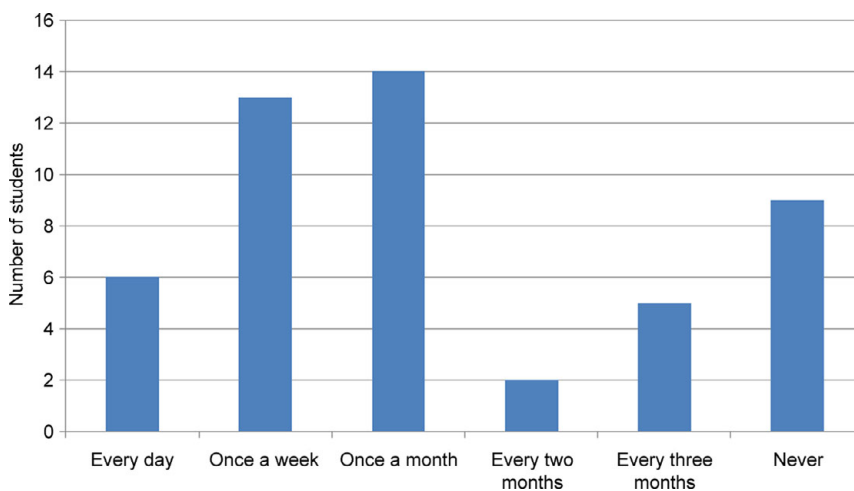


Figure 5 Student episodes working with their workplace assessor.

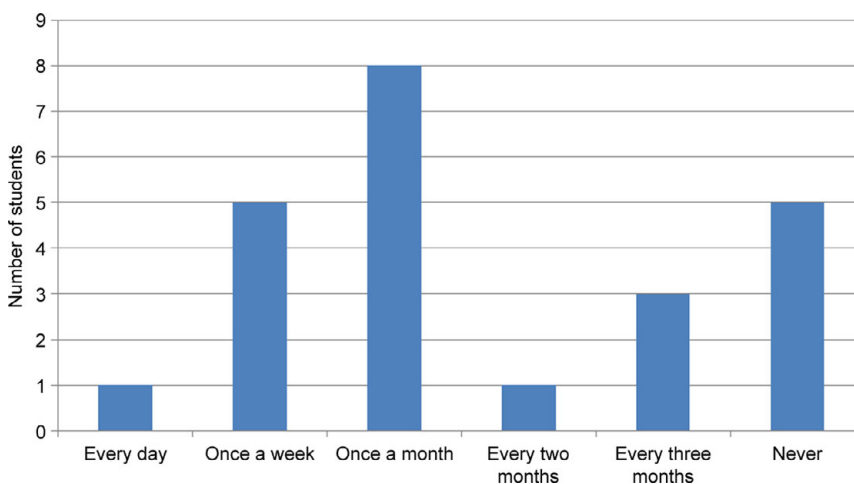


Figure 6 Student episodes worked with their clinical learning facilitator.

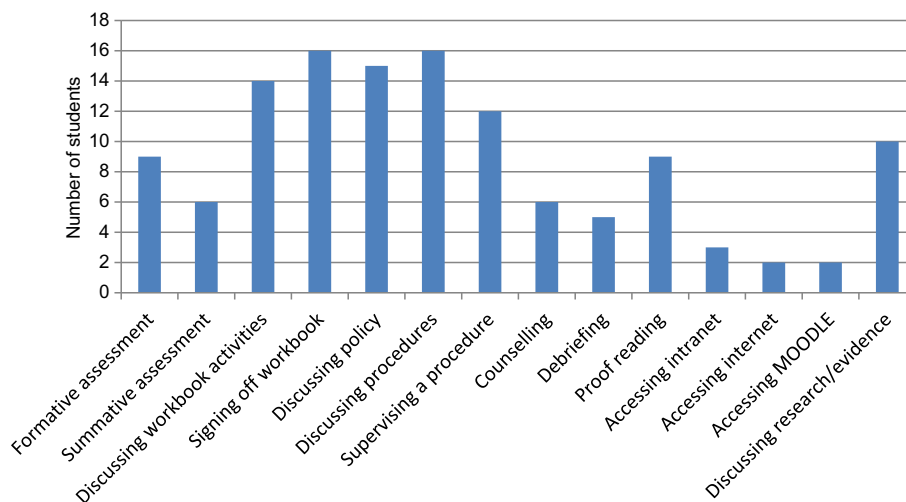


Figure 7 Activities engaged in by radiography students with their clinical learning facilitator.

clinical skills and learning new procedures. For example, one student identified a range of new skills which they had acquired:

“[Expertise in dealing with] blood sugars, wound assessment, holistic assessment, manual blood pressure; looking at patients differently, long term conditions. . .what happens and why” (Participant 4, cohort A).

Naturally, for radiography students, learning new procedures formed a key part of their work-based learning:

“Positioning for plain film x-ray, processing of images, evaluating images, interaction/care of patients, policies/protocols, knowledge of anatomy and physiology” (Participant 4, cohort C).

One student described how they utilised activities to engage in self-directed learning and appeared to work in partnership with their clinical learning facilitator and workplace mentor in order to achieve this:

“Able to identify and initiate my own learning activities. Negotiated with CLFs and mentors to plan progress. Working to a deadline” (Participant 10, cohort B).

Fd students' behaviour was characterised by how they managed their time and secured support and supervision within their clinical areas. However, some students commented that it was a struggle to get time with their mentor and that this did have an impact on their learning. A common opinion was that there was

“ . . .not enough time with mentor. Having to constantly battle for input and protected time” (Participant 15, cohort B).

This lack of time spent with the mentor or CLF also appeared to have a knock on effect on how well students felt they were supported and supervised in the clinical environment. However, only a third of students felt well supervised some of the time. Students commented that staff

“[did not] always have the time to supervise me” (Participant 14, Cohort A) and that they were “not always with someone who can supervise me” (Participant 11, cohort B).

Figure 8 demonstrates that about half of students felt well supervised for most or all of the time they were working. Interestingly, radiography participants appeared to be most effectively supervised. Radiography students who felt they were supervised either all or most of the time were split equally. None of the radiography students reported working unsupervised.

Students' attitudes

One key area students discussed concerned issues around their role and identity, both as work-based learners and as TAPs. Students shared many positive experiences regarding their role including an increase in responsibilities related to learning new skills and their expanding role:

“ . . .working alongside nurses as an equal in delivering care under supervision” (Participant 5, cohort A).

Some students commented that they felt they were aware of their limitations and the role boundaries. Some talked about being made to feel part of the team and finding new ways

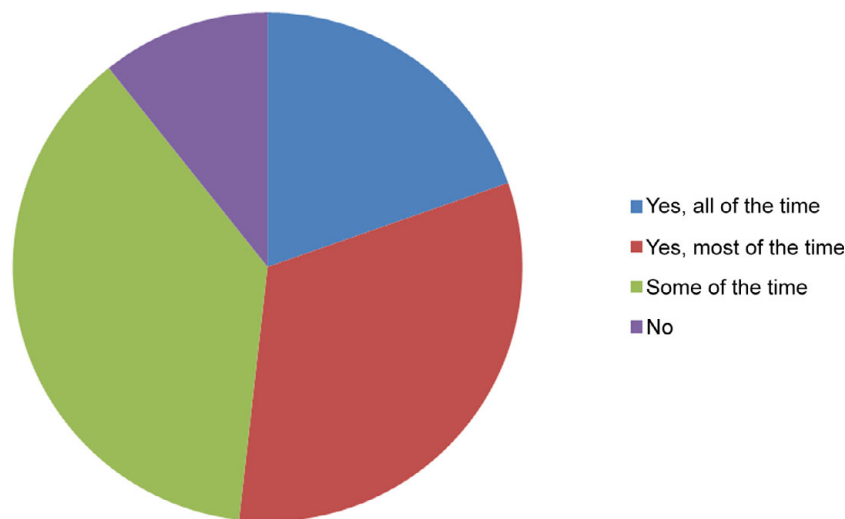


Figure 8 Students' positive and negative assessment of their practice supervision during work-based learning.

of working and, indeed, 84% were aware of how their role as an AP would develop as a result of participation in the Fd programme.

However, others felt uncertain about their role in the future, feeling it was vague or that there would be no change once they qualified:

"...no further course of study" (Participant 6, cohort B);

"...unsure of [how] my current role will develop" (Participant 14, cohort B).

"In my area I have heard there will not be a job vacancy for me..."
(Participant 7, cohort C).

Some students even questioned whether this was the right career for them:

"...unsure of how it will benefit me in the long run..." (Participant 9, cohort A);

"...Doubtful about whether following right route..." (Participant 10, cohort B).

Students' beliefs

Students' greatest concern regarding their identity as TAPs was that staff did not understand their role and that they were treated as a HCA or helper rather than a TAP or colleague:

"I don't feel that my colleagues know about what it is I actually do and can do. It has taken me two years to finally achieve where I want to be, getting the opportunity to learn instead of being seen as a HCA" (Participant 4, cohort B).

Figure 9 depicts the frequency with which students perceived themselves being treated as a learner by staff.

Conversely, some students complained that they were treated as qualified staff members:

"...Taken off TAP duties to cover radiography assistant role when short staffed"
(Participant 4, cohort C);

"I am included in staffing numbers. Never treated as a learner/student"
(Participant 9, cohort A).

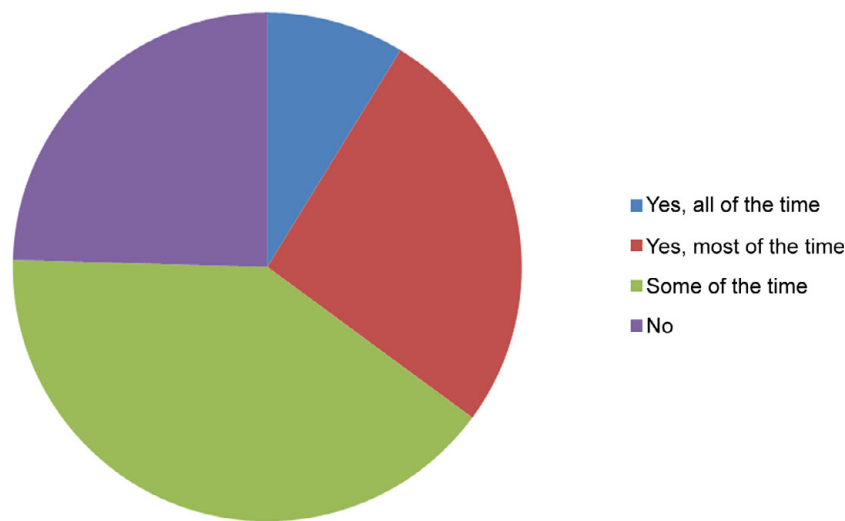


Figure 9 Students' perceptions of being treated as a learner by staff.

Although one student saw this as positive and a reflection of the staff members' confidence in them as a TAP, another student said they were treated as a learner at all times and others commented that their treatment was highly dependent upon which staff members they were working with.

A further area of behaviour revealed by the study was associated with students' reported levels of knowledge and understanding. A large number of students felt that participation in the course had improved their levels of knowledge and skills:

"Learning more knowledge and understanding which I can apply to my workplace" (Participant 6, cohort A).

"The course has given me a significant amount of knowledge that I would not have gained from practice alone" (Participant 1, cohort C)

One student cited the application of theory to practice as a benefit of work-based learning:

"...being able to relate classroom work to workplace and work based situations..." (Participant 13, cohort B).

There was, however, one student who felt they needed more university time to increase their knowledge and some who felt that their newfound knowledge had offended some of their colleagues:

"...Treading on toes with my new knowledge and skills..." (Participant 16, cohort B).

"Often nurses feeling threatened by my expanding skills – you are going to take all our work" (Participant 25, cohort B).

Of the students, 96% felt they had developed new skills since commencing the Fd programme and a very large number of new skills were cited with the most commonly occurring one being communication skills; an increase in confidence was also commonly reported. Other skills mentioned included increased clinical skills (such as X-ray practice, venepuncture, dressings etc.); reflection on practice; professionalism; increased academic skills; holistic practices; being more assertive, evaluative and autonomous; accountability; knowledge of anatomy and physiology; IT skills.

One area where students believed that work-based learning had benefited them was in their level of confidence. One student characterised their increase in confidence in the context of their personal growth:

“Very helpful teaching, I have really seen myself growing, and I am someone else now. I act differently in my practice” (Participant 23, cohort B).

For some students improvements in their communication skills were a key feature of their beliefs regarding the value of work-based learning:

“Better communication skills, computer skills and have developed good reading and researching skills” (Participant 16, cohort C).

Communication within the multidisciplinary team was also mentioned by some students in addition to their ability to play a more proactive role in patient management:

“More communication as member of the multidisciplinary team. Working as a patient's advocate. Being autonomous, working within my remit of what I am accountable for. Understanding of more clinical aspects of care, as well as the confidence to question other people to improve knowledge” (Participant 7, cohort C).

“More involved in patient follow-up. More active in patient advice and planning” (Participant 14, cohort B).

Participants were asked whether they felt they had developed any new ways of working. Of the students, 55 reported developing new skills whereas just two stated that they had not developed new skills as a result of undertaking the Foundation degree. A total of 42 students stated that they felt they had developed new ways of working in contrast to six who felt they had not done so since commencing the programme.

Discussion

These findings suggest that students' perceptions of their role and identity vary greatly. This may be due to the fact that students were employed within different NHS Trusts and represented a wide range of clinical and therapeutic areas. It has been noted that learning opportunities for specific grades of healthcare workers (especially HCAs) can be disparate within the NHS as a result of opposition from and the boundaries between professional groupings (Francis & Humphreys 2002). It was interesting to note the scale of the differences expressed by some students who questioned their career choices while others felt that they were working on equal terms with clinical staff. Distinguishing between the changing roles of HCA or helper, TAP and qualified AP seems to have been difficult for clinical staff in some workplaces and, considering how the role boundaries between all bandings in the NHS are becoming increasingly blurred, perhaps this is not surprising. A recent study that looked at the challenges and opportunities associated with the introduction of assistant practitioner roles using three case studies of NHS acute hospital Trusts (Spilsbury *et al.* 2011) found that the operationalisation of the AP was blurred by tensions between the vision of the NHS Trust and practical realities at ward level.

One of the challenges faced by students engaging in work-based learning is that trainees are often already in post as a HCA or helper and there is no definite transition point from being a support worker to becoming an AP. The findings suggested that many radiography TAPs are not given the role of a student but are given responsibilities over and above those which they should be undertaking, leaving the student feeling frustrated as they are either prevented from gaining learning opportunities by being pushed back into their old helper

role, or utilised as a team member due to staffing issues. This finding corresponds with those of a national survey into the development of the AP role in radiography that suggested that APs, in some areas, were practising at a level similar to radiographers and were sometimes practising unsupervised (Stewart-Lord *et al.* 2011). The Foundation degree programme places a lot of demands on students to take control of their learning with only minimal university contact time and a high requirement for out of hours study. If students are not able to participate in learning opportunities in the workplace they will find it more difficult to complete the course. Conversely, those students who are treated as staff members may find they have enhanced learning opportunities and experience a boost in confidence as they see themselves as a valued team member.

It appears that student experiences varied not only between different NHS Trusts, but also between different staff members so perhaps the education of departmental staff would aid in the differentiation between the roles the student has to undertake. Staff education may also challenge the misconception that, once qualified, APs might deskill registered staff, forcing staff members to have further training themselves to step up the ladder or risk losing their jobs. Some students felt that their increase in knowledge had helped to underpin their work and move them on from being a task-focused worker to understanding why certain procedures are carried out in a particular way and there is the possibility that some staff members might feel threatened by this change in attitude. Sebrant's (2008) study demonstrated how emotion and power relations had a direct impact on the quality of work-based learning within a healthcare context which was characterised by disappointment and envy expressed by other workers who perceived work-based learners as gaining an advantage. Some staff members may not like being questioned on their practice, particularly if it is a new characteristic in an individual with whom they were used to working.

An increase in skills was experienced by almost all of the students and not only clinical skills. Increased social skills exhibited as enhanced confidence, assertiveness and communication abilities, academic skills and professionalism were also noted. Again, this finding reflects that of a previous study conducted by the team (Baggs *et al.* 2011) and also that of a study which explored the experiences of teaching assistants undertaking Fds (Morris 2010). Whilst understanding would have increased following the delivery of the theoretical component of the course, which in turn could increase confidence, the ability of the student to gain entry onto a higher education course of study itself may have boosted students' confidence. Interestingly, a recent small-scale mixed methods study that explored the impact of gaining an Fd on 35 APs and senior support workers in Health & Social Care reported that graduates cited the enhancement of their knowledge and skills and improvement in performance up to three years after graduation (Griggs 2012).

The findings relating to activities undertaken with mentors, assessors and CLFs indicate that students were receiving appropriate support from colleagues fulfilling these roles and mirror an earlier study into the roles of mentors, assessors and CLFs undertaken by the team (Baggs *et al.* 2011). Although the findings suggest that most students felt well supervised, it would have been useful to explore supervision patterns based on episodes of regular supervision rather than on students' perceptions of being supervised and to identify whom their supervisors actually were. The findings did suggest that students struggled to be recognised as work-based learners in their own right, which demonstrates the challenge of using clinical areas as places for work-based learning, a challenge that has been identified in other studies (Watts & Waraker 2008, Wareing 2012). Similarly, one recent study (Kubiak *et al.* 2010) that explored the experience of Fd students highlighted the supportiveness of the workplace and its ability to meet the specific needs of students as being of particular significance to their success as work-based learners.

The findings of the study also suggest that mentors, assessors and clinical learning facilitators are fulfilling their roles with regard to the patterns of support that students should be securing in relation to activities that are manifestly associated with work-based learning such as practice-based assessments, supervising procedures, discussing policy and enabling and assisting students to complete module workbook activities. Foundation degree students' confidence was characterised by an increase in their knowledge and skills which in turn led to a broadening in the scope of their practice and greater opportunities for new ways of working associated with the acquisition of new clinical skills. Foundation degree students felt that their newly acquired skills and new ways of working enabled them to play a greater part in the team, although the findings suggest that a lack of staff awareness of the assistant practitioner role is perceived by students as a significant barrier for trainees wishing to reach their full potential. Additionally, Foundation degree students employed as healthcare assistants and radiography helpers struggled to relinquish their roles in the face of registered staff whose expectations remained the same in spite of such assistants' and helpers' altered status to work-based learners and students.

Limitations

There are three obvious limitations of this study. First, participants were drawn from three cohorts of students who were engaged in work-based learning at three different progression points within the programme, in their first and second year of study. This factor may have had an impact on the quality of relationships that students were able to foster with their workplace mentors and CLFs and on the strength of their identities as work-based learners. Second, the retrieval of ordinal data may have led to a loss of information as participants were asked to rank episodic patterns of working with mentors, assessors and CLFs and how frequently they felt they had been treated as a learner by staff. Lastly, the size of the three student cohorts and numbers of students registered on each study pathway were unequal, which meant that it was not possible to extrapolate the findings any further.

Conclusion

This study has identified the individual circumstances, behaviour, attitudes and beliefs of three cohorts of Foundation degree students recruited from a variety of clinical areas to fulfil roles as HCAs, senior support workers and TAPs. The student profile indicated by the findings of this study clearly demonstrates the interprofessional learning opportunity that such a programme affords. The behaviour of Fd students as work-based learners is characterised by a wide range of learning activities engaged in with registered healthcare professionals who fulfil the roles of mentor and assessor and, for radiography students, the role of CLF. There was considerable common ground in terms of the learning activities engaged in by staff fulfilling all three roles, although Fd students reported some difficulty in securing time with their mentors, assessors and CLFs. However, the findings do suggest that Fd students perceive working with their mentors and assessors and the completion of practice-based assessments as two distinct learning activities.

The implications of the findings of this study are that some clinical staff within nursing and radiography settings lack awareness of work-based learning and the fact that Fd students are not only undergraduates, but students in their own right. Furthermore, the findings suggest that some clinical staff do not understand the scope of practice of the AP role and that this has an adverse effect on students' confidence and their perception of the value of the Foundation degree.

These findings have provided the Fd team with an invaluable insight into student satisfaction with work-based learning at a time when the team is working towards the approval of the third iteration of this successful programme. With the exception of some negative findings that have already been cited in other studies, Fd students in this study expressed a high degree of satisfaction with work-based learning, which is being utilised to launch new paraprofessional roles within a range of health and social care settings.

References

- Adams, C. (2008) The assistant practitioner: a professional project. *International Journal of Therapy and Rehabilitation* **15** (11), 509–516.
- Baggs, H., Chadwick, K. and Wareing, M. (2011) Clinical Learning Facilitators, Mentors & Assessors – supporting, developing and valuing Foundation degree students. *City Health Journal* **2** (2), 8–13.
- Bennion, C.M. and Irvine, F. (2011) Embedding the assistant practitioner role within the clinical department: a qualitative study. *Radiography* **17**, 292–296.
- Cohen, L., Manion, L. and Morrison, K. (2000) *Research Methods in Education* (5th ed). London: Routledge.
- Edmond, N. (2010) The role of HE in professional development: some reflections on a foundation degree for teaching assistants. *Teaching in Higher Education* **15** (3), 311–322.
- Flick, U. (2002) *An Introduction to Qualitative Research* (2nd ed). London: Sage.
- Francis, B. and Humphreys, J. (2002) Professional education as a structural barrier to lifelong learning in the NHS. In *Supporting Lifelong Learning. Volume 2: Organising Learning* (eds. F. Reeve, M. Cartwright and R. Edwards). London: Routledge Falmer/Open University Press.
- Gilbert, N. (2001) *Researching Social Life* (3rd ed). London: Sage.
- Gray, D.E. (2009) *Doing Research in the Real World* (2nd ed). London: Sage.
- Griggs, C. (2012) The impact of a foundation degree: graduate perspectives. *British Journal of Healthcare Management* **19** (12), 590–595.
- Kubiak, C., Rogers, A.M. and Turner, A. (2010) The learning experiences of health and social care paraprofessionals on a foundation degree. *International Journal of Lifelong Education* **29** (3), 373–386.
- Morris, T.M. (2010) Is it worth it? An examination of how teaching assistants experience and perceive their Foundation degree study. *Journal of Vocational Education and Training* **62** (4), 481–494.
- Richards, L. (2005) *Handling Qualitative Data – a practical guide*. London: Sage.
- Robson, C. (1993) *Real World Research*. Oxford: Blackwell.
- Sebrant, U. (2008) The impact of emotion and power relations on workplace learning. *Studies in the Education of Adults* **40** (2), 192–206.
- Spilsbury, K., Adamson, J., Bloor, K., Carr-Hill, R., McCaughan, D., McKenna, H. and Wakefield, A. (2011) Challenges and opportunities associated with the introduction of assistant practitioners supporting the work of registered nurses in NHS acute hospital trusts in England. *Journal of Health Services Research Policy* **16** Supplement 1, 50–56.

Stainsby, K. and Bannigan, K. (2012) Reviewing work-based learning opportunities in the community for physiotherapy students: an action research study. *Journal of Further and Higher Education* **36** (4), 459–476.

Stewart-Lord, A., McLaren, S.M. and Ballinger, C. (2011) Assistant practitioners (APs) perceptions of their developing role and practice in radiography: Results from a national survey. *Radiography* **17**, 193–200.

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research – techniques and procedures for developing grounded theory*. London: Sage.

Wareing, M. (2012) *Rhetoric & reality: the theoretical basis of work-based learning and the lived experience of the Foundation degree student*. Unpublished EdD Thesis, Open University.

Watts, J.H. and Waraker, S.M. (2008) When is a student not a student? Issues of identity and conflict on a distance learning work-based learning nurse education programme. *Learning in Health and Social Care* **7** (2), 105–113.