Becoming a Learner in the Workplace:
A Student's Guide to Practice-based and Work-based Learning in Health and Social Care
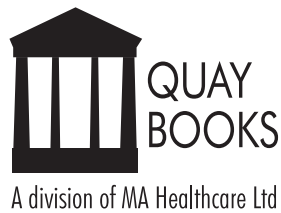
Becoming a Learner in the Workplace: A Student's Guide to Practice-based and Work-based Learning in Health and Social Care

By Mark Wareing

QUAY
BOOKS

A division of MA Healthcare Ltd

Contents

Preface

This student guide has been written to help support you to engage in practice-based and work-based learning in a range of health and social care settings. An increasing number of students are undertaking health and social care studies that involve placement learning, including those studying at higher apprenticeship and foundation degree level that are seeking to use clinical workplaces and practice areas for learning. This book has also been written for students studying traditional undergraduate health professions such as nursing and midwifery, and will be useful for those undertaking practice-based learning in radiography, social work, occupational and physiotherapy.

I have attempted to provide the reader with a thorough understanding of the challenges and opportunities of practice-based and work-based learning. Such learning requires a range of skills, strategies, techniques and attitudes that will empower readers to be fully equipped to engage in participatory workplace learning.

The main thread within the text is to differentiate between work-based and practice-based learning. This has been achieved by using a series of vignettes featuring two imaginary students: Sarbjit, a pre-registration nursing student studying for a BSc (Hons) in adult nursing; and Dave, a trainee assistant practitioner studying for a Foundation degree in health and social care. Although Sarbjit and Dave are imaginary characters, the vignettes have been written as 'fact–fiction' stories and drawn from my own experience as a nursing assistant, student and staff nurse, clinical nurse specialist, lecturer and educationalist.

A note on writing style and terminology

As this is a student guide, 'you' (the reader), has been adopted where it is necessary and appropriate to do so. I have written in the 'third' as opposed to the 'first' person when summarising particular topics and the key features of chapters. The terms 'patient', 'client' and 'service user' will be used to refer to those who receive care.

Activities

You will find a range of activities within each chapter that will require you to think about your own experience and the skills required to engage in practice- or work-based learning. It is entirely up to you as to when you complete each activity. You may find that completing each activity while reading the chapter is a useful way to 'break-up' your reading. Alternatively, you may wish to read the chapter straight through to allow yourself time to think and reflect before attempting an activity. Essentially, the purpose of the activities is to bring each chapter to life and enable you, as the reader, to engage with the text actively rather than passively.

Chapter-by-chapter overview

Chapter 1 discusses the importance of learning, and you will be introduced to Sarbjit in her first placement as a nursing student in order to make sense of the nature and purpose of practice-based learning. You will also be introduced to Dave, who is employed as a trainee assistant practitioner in an intermediate care team. You will see how he begins to acquire new knowledge while learning and working. Making sense of work and working within an organisation is explored in Chapter 2. In this chapter you will see that working within an organisation is inextricably linked to the development of your professional identity. In Chapter 3 you will be introduced to a

vii

new approach to reflection – the Me, My, More, Must model. This values-based model will require you to use your personal values and beliefs as the starting point for learning from experiences, situations and incidents that may have surprised or puzzled you. Chapter 4 contains some useful activities to help you make sense of your role, practice, patients and service users, and you will see how knowledge is gained by following Dave and Sarbjit as they participate in learning within their workplace and placement. Juggling the demands of being a worker and a learner is the focus of Chapter 5, which includes an exploration of communication, including how to hold a conversation that matters and how to negotiate. Both skills are critical when receiving and acting on feedback from mentors and seeking to secure learning opportunities. In Chapter 6, the practical challenges of and opportunities for using your workplace for learning is explored. We see in a vignette featuring Sarbjit how attending a ward meeting helped her to make sense of how a clinical team is led and how a decision is made through shared problem solving. This chapter also considers the importance of curiosity as a learning-to-learn strategy and provides you with guidance on how to prepare for placements, practice-based assessments, and how to manage your mentor. Chapter 7 is very practical, as the focus is on applying for and securing your first post as a qualified health and social care professional. We return to Sarbjit, who has now completed her nursing degree, to see how she secures her first staff nurse post. We explore what it means to be a professional and how authentic professional practice can be supported by being involved in coaching and mentoring. The final chapter identifies ten key themes from the book and explores how you can use skilled influence to become a change practitioner.

Acknowledgements

viii

leagues at the University of Bedfordshire have made me feel very welcome and I am indebted to Dr Barbara Burden, who has ensured that I have had sufficient time to complete this book while developing other areas of my research and scholarship.

While writing this book I have been reminded of a large number of people who have supported my own practice-based and work-based learning throughout an interesting and varied career that has spanned over 25 years. I wish to record my debt of gratitude to the late Jenny Haywood of North East Worcestershire College; successive mentors and nurse tutors at the Heartlands Hospital and Birmingham College of Nurse Education; the late Gareth Owens, Steve Candler, Helena Paolozzi, Mr DWG Budd and Mr Jeremy Crew at Horton and Churchill Hospitals; and past and present undergraduate, postgraduate and doctoral students, who have provided me with the deepest and richest of learning experiences.

Mark Wareing
Adderbury, Oxfordshire

Author biography

Dr Mark Wareing has taught students in the areas of adult and acute care, paramedic science, administration and informatics, mental health and learning disabilities, rehabilitation, end-of-life care, long-term conditions, childcare, radiography, radiotherapy, mammography, defence health and welfare settings. This experience has enabled him to develop an interest in work-based and practice-based learning and to publish research on mentoring and the lived experience of work-based learners in a number of national and international journals.

Mark completed his nurse training at the Birmingham College of Nurse Education and held a number of posts in medicine and surgery before establishing the specialist urological nursing service in North Oxfordshire as a clinical nurse specialist employed by the Department of Urology in Oxford. Before entering education, Mark served for 4 years as a captain in the Territorial Army Medical Services and undertook a 3-month operational tour in Iraq.

From 2004 to March 2015 Mark was an educational facilitator and then senior lecturer in health and social care at Birmingham City University. He is now Director of Practice Learning within the Department of Healthcare Practice at the University of Bedfordshire. Mark is a Fellow of the Higher Education Academy and holds academic associate membership of the Chartered Institute of Personnel and Development.

CHAPTER 1

Understanding practice-based and work-based learning

By the end of this chapter you will be able to:

1. Discuss the importance of learning
2. Explain the difference between practice-based and work-based learning
3. Analyse how learning takes place within health and social care work-places.

Introduction

Why is it that the simplest of questions always seem to be the hardest to answer? This chapter will start by asking some quite simple questions that will allow you to make sense of practice-based and work-based learning as it occurs in health and social care settings. Hospitals, health centres, nursing and care homes have always been places where learning has taken place because they are places of work where students are sent on placements. This leads us to our first question: what do we mean by learning?

Learning

For centuries teachers have used a questioning approach to help learners to think and share their knowledge about a topic, which allows a teacher to iden-tify what a learner knows before moving to topics that are unknown to the learner. Bringing a topic to the attention of the learner is useful as it allows a

1

learner to realise that they know more than he or she first thought, particularly if his or her knowledge has been gained from experience and has become 'hidden' (Eraut, 2004; Raelin, 2008). Sometimes the learner may reveal assumptions about a topic that teachers need to challenge, particularly if his or her assumptions influence how he or she values groups of people.

Activity 1

Think about the last time that you learnt something while working. Identify:
- Who helped you to learn and what they did and said
- What knowledge the experience brought to the surface (your hidden knowledge)
- Whether your assumptions were challenged as a result of the experience.

Learning is a very powerful force that not only shapes your knowledge and understanding of the world, but your behaviour. In fact, it could be argued that the greatest evidence that learning has taken place is when your behaviour changes.

It is also important to remember that you can have knowledge, but lack understanding. In other words you may be able to recall facts and figures from memory, but lack the ability to link your knowledge to make sense of a situation or solve a problem. In order to 'problem solve' you not only select a course of action, but must select the right course of action from a range of possible options. A 'course of action' might be the most appropriate way of encouraging a patient to try to dress him- or herself or how to communicate effectively in order to involve a client's spouse or partner in his or her rehabilitation. Once you have executed your chosen course of action you should be able to justify why you have acted in the way you have. If that course of action has been enacted for the first time, then change has occurred. If you are able to provide a sound explanation for your actions based on your knowledge, you have demonstrated your understanding.

It is important to differentiate between knowledge and information, not least as there are many sources of information available to you. Although information is readily available and accessible via the internet, you need to have knowledge and understanding in order to select information appropriately. Faced with the need to make sense of knowledge and understanding, you also need to 'learn how to learn', and this is particularly vital when working in health and social care workplaces that are busy, messy and complex and where

there is constant change and uncertainty. The next section of this chapter will explain the nature of practice-based learning. Once again, we will start with some simple questions.

The nature of practice-based learning

So what is practice-based learning? Clinical areas where doctors, nurses, midwives and therapists practise have long been used for practice-based learning, both by those seeking to qualify and enter a profession and by healthcare professionals seeking to learn from their day-to-day practice. Traditionally within health and social care, students have used placements in a range of settings in order to learn to practise before qualification. Entrance to a profession is signified by a newly-qualified practitioner's name being placed on a register maintained by professional bodies such as the General Medical Council, Nursing and Midwifery Council or Health and Care Professions Council. It is the professional body that sets the requirements for registration through the accreditation of higher education institutions that are permitted to run pre-registration programmes such as nursing, midwifery, social work or radiography. One of those requirements will be a minimum amount of practice-based learning undertaken via placement in suitable clinical, therapeutic or practice environments. For example, nursing students must spend at least 50% of their time engaging in practice-based learning in order to complete their pre-registration programme. Practice-based learning is therefore associated with professional education or 'education by and for' a profession, where learning is controlled by a particular occupational group to ensure that what a trainee promises to do, they later fulfil as a member of their chosen profession (Nettleton, 2013).

It is important to point out that there is a difference between the words practice and practise; a little confusing as both words (like all 'homophones') are pronounced the same but have different meanings:

> The word 'practice' means the carrying out, or the exercise of a profession; for example medicine, nursing or social work. This is a noun, a word used as the name of a person, place, or thing; or a 'describing' word.

> The word 'practise' means to exercise the skills of one's trade or profession; or to exercise one's professional skill. This is a verb (a word indicating an action, state or occurrence) – a 'doing' word.
>
> (Oxford Dictionary of English, 2005)

We could therefore describe a support worker reflecting on her practice in order to improve her practise. When you practice or perform something, you do so repeatedly. Through practise you seek to learn from your mistakes and become aware that your performance varies. This is a key feature of practice-based learning that occurs in response to different episodes of care work where your ideas and observations become linked towards the end of each placement (Price, 2012).

Practice-based learning is reliant on experience that occurs when you are 'placed' in particular situations to enable you to learn in and about practice through authentic experiences while becoming part of a community of practice formed from a particular professional group (Lave and Wenger, 1991). Some of the most effective and richest learning experiences occur, however, when you are on a placement where there is a mixture of different professionals and where learning becomes interprofessional as it occurs when you work between professional groups (Thistlethwaite, 2013). Learning from experience is also called 'experiential learning' and is an activity that includes 'learning by doing' as well as learning from life experiences, which is important as you need to relate what has been learnt to your current understanding by building on your existing knowledge.

Burnard (2002) reminds us that while every situation is a potential learning situation, we do not necessarily learn from everything we do and that we need to 'notice' not only what is happening but to 'notice ourselves'. This is achieved by using reflection, which is a tool to help you learn by noticing what is happening around you while looking within yourself to identify what you are thinking and feeling. This last point brings us back nicely to the start of this chapter. By noticing what you do and then reflecting on your reasons for doing it, and by identifying your thoughts and feelings, you can start to change your behaviour and in doing so know that learning has taken place. Let us consider an example of practice-based learning using our first vignette.

Vignette 1 demonstrates what we mean by practice-based learning. Sarbjit is a new nursing student on her first clinical placement, a urology ward where there are patients with urinary problems such as prostate, bladder and kidney disorders as a result of disease or cancer. Many of her patients will be elderly

and some will have been admitted to the ward for surgery while others will be recovering from surgery. The ward is busy and admits patients from the accident and emergency department with painful conditions such as retention of urine, kidney stones or even bladder trauma. Many patients have indwelling urinary catheters and nearly all patients who have been to theatre have intravenous infusions (drips) and drains from surgical wounds. Although Sarbjit

---

Vignette 1: Sarbjit and her first clinical placement

Sarbjit is a first-year adult nursing student. Before enrolling on the BSc Adult Nursing degree programme, Sarbjit was an authorised volunteer in her local general hospital, which included helping out with fundraising activities and working on the hospital help desk for a few hours each weekend. She also worked as a healthcare assistant in a nursing home for a year before applying for university.

Sarbjit is 3 weeks into her first placement on a urology ward in a large inner city NHS hospital. Mandy, a staff nurse who has been qualified for 5 years, is Sarbjit's mentor. So far Sarbjit has worked six shifts with Mandy. Will is the practice placement manager and a senior charge nurse based on another acute surgical ward.

One afternoon Will drops into the ward to speak to the ward manager and sees Mandy on duty. He takes the opportunity to invite her to the next mentor update meeting and asks her how Sarbjit has settled into the ward. Mandy explains that Sarbjit has settled into the ward well; she makes notes during the patient handover meetings, has asked Mandy whether they can arrange meetings to discuss things, and has identified some personal learning objectives for her placement.

Mandy explains that 2 days ago she and Sarbjit were bed-bathing a patient who suddenly became short of breath and went into cardiac arrest. She says that although Sarbjit remained calm and composed and was present during the attempt to resuscitate the patient, she was very shaky and tearful afterwards and needed to talk about the experience, which she described as 'sudden, shocking and distressing'. Sarbjit had been advised by Mandy to write a reflection piece based on her experience of witnessing her first cardiac arrest and share it with Mandy at their next meeting.

Mandy asked Will whether the nursing students had received any teaching about cardiac arrest situations before starting their first clinical placements. Will was able to confirm that the university had provided training on basic life support, including what to do and what to expect during a cardiac arrest situation.

5

has some hospital experience and has worked in a nursing home, adjusting to her first ward has been a powerful and challenging experience and that is why Mandy has made sure that she has worked with Sarbjit as much as possible to ensure she is supported and made to feel part of the team. Will, the practice placement manager, is also aware that new nursing students need support to adjust to their first ward and that is why he asked Mandy how Sarbjit was getting along. Mandy has been impressed by Sarbjit's keenness to learn, in particular her request to arrange meetings with Mandy to discuss her learning objectives. Mandy was also impressed by Sarbjit's reaction to the cardiac arrest situation and is concerned that students are suitably prepared for the ward and the prospect of witnessing their first cardiac arrest. Although Sarbjit experienced death and dying before when she worked in the nursing home, her past experience had not fully prepared her for the cardiac arrest that she witnessed and that is why, quite naturally, she was shaken by the experience. Sarbjit may have felt embarrassed by her emotions following the cardiac arrest, as she may have assumed that she should be able to cope with the situation given her previous experience.

Kilgallon and Thompson (2012) comment that students respond to new experiences based on their assumptions, expectations, knowledge, attitudes and emotions, which they use to interpret each new experience. In order for Sarbjit to make sense of her experience, Mandy therefore encouraged Sarbjit to write a reflection piece to assist her in making sense of the situation that she was involved with by identifying her feelings and further learning needs. As Sarbjit had a sudden and shocking experience, it is important that Mandy and Will ensure that she is supported. As this is her first placement, not only is Sarbjit being introduced to a completely new workplace, but a completely new clinical and professional environment where she needs to feel sufficiently comfortable in order to learn from the many and varied experiences that the ward affords her.

The nature of work-based learning

In the last section we explored the importance of learning, the difference between knowledge, understanding and information and how students, like Sarbjit, are introduced to practice through the use of placements where 'learning by doing' occurs. But what is work-based learning? On the surface prac-

tice-based and work-based learning appear to be the same. There are, however, some key differences.

Work-based learning has been described as learning from work and learning in work (Boud and Solomon, 2001). This means that each aspect of your work needs to be viewed as a learning opportunity that requires you to use a wide range of people, places and resources. In work-based learning, learning is acquired in the midst of action and dedicated to the task at hand (Williams, 2010). A key approach to work-based learning is participation, which means that you must be given the opportunity to participate in work and be exposed to a daily 'menu' of activities that provide or 'afford' you with a learning experience (Billett, 2004).

Although the learner might be a newcomer, a novice or an apprentice, work-based learners are normally employed by the organisation where their learning takes place. This is different to practice-based learning as students always start each placement as a newcomer, regardless of whether they are at the start of their course of study and therefore a novice, or at the end and about to become a registered healthcare professional.

In practice-based learning you spend the first week or so of each placement adjusting to the new community of practice that exists within each ward, department, clinical or therapeutic team that you have been 'placed' into. When you undertake your early placements you should be enabled to participate in practice 'increasingly' as you develop your new skills, gain confidence and experience, and your competence is assessed (Rogoff, 1995; Cronin, 2014). In later placements you will be able to participate in practice once you have demonstrated your existing skills and competence to members of your team. In both instances you are being 'prepared for practice' and this process includes making a successful adjustment to each new community of practice, gaining confidence, learning new skills and becoming competent. It also involves you demonstrating and refining existing skills and competencies while preparing, eventually, for registration with a professional body as discussed at the start of this chapter.

Work-based learners are normally already part of the community of practice and participate in day-to-day practice by virtue of their status as employees of the organisation for whom they are employed. Work-based learners have an existing role as determined by their job description. Their employer may have decided to invest in the workforce, however, to enable employees to develop their knowledge, skills and roles to meet new service demands.

The greatest challenge for you as a work-based learner is adjusting to becoming a learner while being in employment and still fulfilling the role that

7

Vignette 2: Dave, a trainee assistant practitioner

Dave is a first-year foundation degree health and social care student and has been employed as a member of the intermediate care team for 7 years. Dave successfully completed his NVQ level 3 while working as a band 3 rehabilitation assistant. He applied to undertake the Foundation degree when his NHS city community trust decided to develop band 4 assistant practitioner roles. The intermediate care team comprises six physiotherapists, six occupational therapists, two community speech and language therapists and nine rehabilitation assistants, two of whom are trainee assistant practitioners.

Dave has arranged to undertake his first formative assessment with Kate, his workplace mentor, after a busy morning where Dave has visited five clients. Kate and Dave sit down in the staff room to undertake his practice-based assessment, which requires him to discuss the competencies contained within his assessment document.

Kate starts by asking Dave to explain what each competency means and how it might relate to his role, practice and patients. The first two sections of the competency document relate to confidentiality and health and safety. Dave demonstrates a good level of understanding of safe, effective and efficient practice in these areas and has a good knowledge of the trust confidentiality policy and the Health and Safety at Work etc Act 1974. The next set of competencies relates to the 'six Cs', which include care, compassion, competence, communication, courage and commitment. Although Dave is able to name each of the six Cs, his knowledge of the Trust policy on escalating concerns and whistle-blowing is quite weak. Kate asks Dave to talk about one of the patients he visited during the previous morning and asks him to suggest possible examples of care that might require him to escalate his concerns. Dave describes a range of possible scenarios and incidents that might arise in his day-to-day practise and then recalls an incident a while ago where he had to raise his concerns regarding the care that one of his service users had received.

At the end of the formative assessment Kate provides Dave with written feedback and suggests that he researches the concept of whistle-blowing and accesses the trust policy on escalating concerns via the intranet. Dave asks Kate whether they can get their diaries together to arrange a further formative assessment in 6 weeks' time, which is scheduled to occur a month before his final summative practice-based assessment is due in.

you were originally employed for. In Vignette 2 you will be introduced to Dave, a Foundation degree student who is undertaking work-based learning to make the transition to a new role.

Dave is an experienced rehabilitation assistant who has been employed by his city community trust in an intermediate care team for a number of years. He is fully immersed in his team and has experience of using his workplace for learning and personal development, having completed his NVQ 3 award. Although Dave works with a wide range of registered healthcare professionals including therapists, nurses, GPs and social workers, he has decided that he would rather undertake a Foundation degree and become a band 4 assistant practitioner instead of becoming a therapist as he enjoys his role and simply wants to 'do more' for his patients. Dave is thoroughly enjoying his course but has faced two challenges that have been quite different from his experience undertaking his NVQ award. The first has been making the transition to being a work-based learner, which has meant juggling study and attendance at university with his work. The second challenge has been the transition from being a rehabilitation assistant to becoming a trainee assistant practitioner. Dave experienced some conflict from his colleagues, who have questioned the need for him to attend university each week. He has learnt that becoming a work-based learning and assistant practitioner is a challenging experience, particularly when being employed in an organisation that is not used to the assistant practitioner role (Wareing, 2012).

You will have noticed that Dave has taken the lead in arranging his first and second formative assessments while being mindful of when his final summative assessment needs to be completed. This demonstrates that work-based learners need to be responsible for their own learning and have good negotiation skills. Kate, Dave's workplace mentor, has made sure that Dave understands what each of the competencies means and has steered Dave's learning to areas which should be familiar to him, including his role (who he is, what his employment means), his practice (what he does) and his patients (whom he cares for). Kate also uses the patients that Dave has visited before the assessment to enable Dave to make links between his 'personal knowledge' (Eraut, 2000) or what is known and familiar (his patients and the care that he has given that morning) to what is unknown (whistle-blowing and escalating concerns). While Kate is satisfied that Dave's practice is safe, effective and efficient, she has assessed that Dave lacks knowledge of the trust policy on escalating concerns and he is given feedback to read up on the concept of whistle-blowing and to familiarise himself with the standard operating procedure for escalating concerns within the trust. There are two reasons why this is important.

First, this is knowledge that Dave needs in order to become an assistant practitioner and meet the standard of work expected of a band 4 senior support worker. Second, without this knowledge Dave may fail his final summative assessment. The assessment will require him to demonstrate a good level of understanding of what actions to take when the care of patients falls below the standard that is appropriate, not only in general for all patients cared for by the City Community Trust but the standard that is specific to the intermediate care team where Dave hopes to become a fully qualified assistant practitioner.

Activity 2

Read Vignettes 1 and 2 again. Think about:
- How you would feel and respond if you had the same experience as Sarbjit
- What challenges Dave might face in being recognised as a learner compared to Sarbjit
- How Sarbjit and Dave's mentors have used reflection and what the similarities and differences are between them

Table 1.1 Key characteristics of practice- and work-based learning

Practice-based learning:	**Work-based learning:**
- Undertaken to prepare 'newcomers' to practice - Uses a range of placements - A key feature of pre-registration healthcare programmes - Professional regulatory bodies may determine the proportion of time (including the minimum number of hours) that students are required to complete as part of a pre-registration healthcare programme - Professional regulatory bodies may have specific guidance regarding the role of mentors	- Learners are usually employees - Learners are required to balance their role as a learner and a worker - Learning occurs while working - Learning and working are coincident - A key feature of specific programmes such as the Foundation degree award - Requires the support of employers and managers - May be undertaken to address workforce needs, e.g. the development of new roles such as the assistant practitioner or senior support worker role

10

Activity 2 will have helped you to make sense of practice-based learning and work-based learning and to identify the similarities and differences (see *Table 1.1*). Sarbjit and Dave both have experience on which to base their new learning, having worked in health and social care prior to commencing their respective programmes of study. They have both engaged in 'learning by doing', also known as experiential learning, and this has been supported by their mentors. Sarbjit's mentor Mandy and Dave's mentor Kate have spent time encouraging their mentees to engage in reflection. For Dave it was reflecting on the care that he had given to make sense of the requirement to escalate his concerns should he be faced with a situation where standards of care have been compromised. For Sarbjit this meant writing a reflection piece in order to make sense of an experience that was new, powerful and upsetting. Her engagement in reflection was as much about understanding her feelings and emotions as her actions during the cardiac arrest situation. Spouse (2001) observes that practitioners with limited knowledge or understanding of their environment may find that everything appears as a blur of activity. Sarbjit therefore needed to engage in reflection in a deeper way than Dave, who is already familiar with his clinical area. On the surface Dave's lack of knowledge of his trust's escalating concerns procedure came from Kate's questioning approach, although after further discussion Dave was able to recall a situation that occurred some months earlier where he acted in response to concerns he had regarding the care of a patient. For Dave, therefore, engaging in reflection and identifying his learning needs led him to 'reframe' his existing knowledge and understand the standard of work required by his employer – namely that band 4 senior support workers or assistant practitioners must demonstrate their knowledge and understanding of whistle-blowing and the trust policy on escalating concerns.

You will have seen that as a practice-based learner Sarbjit is on placement and being prepared for practice that involves exposure to a range of new and challenging experiences while becoming part of a new community of practice – the urology ward's nursing team. Dave is already in practice and has been a member of his community of practice for a number of years. While he knows certain aspects of his job role well, he lacks underpinning knowledge in key areas that is necessary if he is to make the transition to his new role as an assistant practitioner. Additionally, Dave has to balance fulfilling his current role as a rehabilitation assistant with attending university, studying, and using his workplace for learning while preparing for his new role.

Summary

In this first chapter we have explored the importance of learning and its relationship to change. We have discussed the difference between knowledge, information and understanding and what it means to be in practice and to practise within health and social care settings. Although practice-based and work-based learning appear to be similar, there are key differences associated with the context and purpose in which the learning takes place. Both types of learning require a range of knowledge, skills and strategies that will be explored in greater detail in the remainder of this book. In Chapter 2 we will focus on the context in which work-based learning occurs by exploring being at work, what it means to work for an organisation, and how organisations operate.

Key points

- Questioning is a useful approach used by teachers to uncover assumptions, beliefs, values and hidden knowledge within learners
- The evidence that learning has taken place is when your behaviour changes
- Understanding is demonstrated when you can provide an explanation not only for your actions but for the course of action that you have taken based on your knowledge
- Information is readily available but is not the same as knowledge that is required in order to practise
- Practice-based learning is used to prepare learners for practice using a wide range of clinical and therapeutic placements ahead of registration with a professional body
- Work-based learning uses work and the workplace to aid learning: it requires employees to balance the demands of fulfilling the role that they have been employed for, while also working and gaining the learning they need to develop their professional practice

- Practice-based and work-based learners may be supported by workplace mentors, who will be required to provide a range of skills that include: debriefing following challenging situations, assessing a learner's competency, skills and knowledge, and reflection in and on practice events
- Practice-based learning within particular professions such as nursing is characterised as education by and for a distinct professional group whereas work-based learning is education that is orientated to standards of work associated with organisational requirements in general and the specific team or place of work where the work-based learner is situated.

Useful websites

- Assistant Practitioners: www.assistantpractitioners.co.uk/
- Health and Care Professionals Council: www.hcpc-uk.org
- Nursing and Midwifery Council: www.nmc.org.uk
- Skills for Care: www.skillsforcare.org.uk
- Skills for Health: www.skillsforhealth.org.uk
- Royal College of Nursing student community: www.rcn.org.uk/development/students
- Royal College of Nursing – roles of healthcare assistants and assistant practitioners: www.rcn.org.uk/nursing/work_in_health_care/become_a_health_care_assistant www.rcn.org.uk/nursing/work_in_health_care/become_an_assistant_practitioner
- Using reflection during practice-based learning: www.reading.ac.uk/internal/studyadvice/StudyResources/sta-practicebasedlearning.aspx

Interesting blogs

- www.assistantpractitioners.co.uk/forum-2/
- https://notanotherstudentnurse.wordpress.com
- http://britainsnurses.co.uk
- www.health.org.uk

References

Billett S (2004) Learning through work – workplace participatory practices. In: Rainbird H, Fuller A, Munro A, eds. *Workplace Learning in Context*. Routledge, London: 109–25

Boud D, Solomon N (2001) *Work-based Learning – a New Higher Education?* SRHE/Open University Press, Buckingham

Burnard P (2002) *Learning Human Skills – an Experiential and Reflective Guide for Nurses and Health Care Professionals*. 4th edn. Butterworth-Heinemann, Oxford

Cronin C (2014) Workplace learning – a healthcare perspective. *Education & Training* **56:** 329–42

Eraut M (2000) Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology* **70:** 113–36

Eraut M (2004) Informal learning in the workplace. *Studies in Continuing Education* **26:** 247–73

KiIgallon K, Thompson J, eds (2012) *Mentoring in Nursing and Healthcare: a Practical Approach*. Wiley-Blackwell, Oxford

Lave J, Wenger E (1991) *Situated Learning: Legitimate Peripheral Participation*. Cambridge University Press, Cambridge

Nettleton R (2013) Practice-based learning, but not as we know it: lessons from improvising advanced practice roles. *International Journal of Practice-based Learning in Health and Social Care* **1:** 63–76

Oxford Dictionary of English (2005) *Oxford Dictionary of English*. 2nd edn. Oxford University Press, Oxford

Price B (2012) Key principles in assessing students' practice-based learning. *Nurs Stand* **26:** 49–55

Raelin JA (2008) *Work-based Learning: Bridging Knowledge and Action in the Workplace*. Jossey-Bass, San Francisco

Rogoff B (1995) Observing sociocultural activity on three planes: participatory appropriation, guided participation and apprenticeship. In: Wertsch JV, Del Rio P, Alvarez A, eds. *Sociocultural Studies of Mind*. Cambridge University Press, Cambridge: 139–63

Spouse J (2001) Work-based learning in health care environments. *Nurse Educ Pract* **1:** 12–18

Thistlethwaite J (2013) Practice-based learning across and between the health professions: a conceptual exploration of definitions and diversity and their impact on interprofessional education. *International Journal of Practice-based Learning in Health and Social Care* **1:** 15–28

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

Williams C (2010) Understanding the essential elements of work-based learning and its relevance to everyday clinical practice. *J Nurs Manage* **18:** 624–32