

### **Key words**

Operating Department Practice  
Student placement experiences  
Clinical competences  
Moving organisations.

### **Abstract**

Like nursing and other professions elements of the education of Operating Department Practitioners can only be contextualised by clinical practice involvement. To meet the demands of placement numbers and to develop student's clinical placements that provided a wider experience of clinical practice, a new placement system was developed. This resulted in students visiting 3 or 4 different organisations throughout the course. The aim of clinical experiences are to enable students to meet the required Standards of Proficiency, but it could be argued that the placements element involves more than completing competences. It is an opportunity for students to develop links between theory and practice, develop professional skills, professional understanding, readiness for working as a qualified practitioner and professional socialisation (Clouder 2003). Qualitative research was undertaken using a case study design to explore the impact the change had on a group of final year students, this took the form of a focus group with direct questions but was also led by student's discussions. The focus groups were transcribed and explored for themes relating to their experiences. The findings indicated that moving organisations rather than staying in one setting for all of their clinical experiences had aided the students in their development of clinical competences and patient care, and the variety of practices they had experiences had influenced their development as students and future practice as qualified staff. The benefits for student development and possibly qualified staff of moving organisations was highlighted in that although there are national and local guidelines for care and practices these can be impacted on local service requirements and patient needs.

### **Introduction**

Operating Department Practitioners (ODP) are registered health professions who predominantly work in perioperative practice and at the point of registration are qualified to work as anaesthetic and surgical practitioners and also care for patients in post anaesthetic care. They provide skilled assistance to surgeons and anaesthetists as well as providing specialist patient care throughout the patient's surgical interventions. Like nursing and other professions elements of the education of ODPs can only be contextualised by clinical practice involvement (Stockhausen and Strutt 2005, Higginson 2006, Morgan 2006). The importance of high quality placement experiences for all UK healthcare professions is widely acknowledge (Quality Assurance Agency 2001) and is a problem in terms of the increasing demands for health professional student numbers.

Students at the University in this research like most ODP courses undertook clinical placement in the same organisation. At the time of the project there were a number of concerns about this in terms of supporting student's educational needs and the appropriateness of their placement experience. There was a short fall in the number of placements available and although the University explored placing students in different clinical areas, none could provide the full learning experience for students to achieve the required competences.

The course team developed a placement system that utilises placements in a variety of setting and ensured students could complete the required outcomes for the placement. The new approach involved auditing placements for individual placements instead of for the full course. Murray and Williamson (2009) indicate that the auditing of placements is vital to ensure the appropriate number of students can be supported, also the involvement of clinical staff and mentors in decisions as to how many students can be supported is important.

During the admissions process students were asked to rank the placements available in terms of preference prior to starting the course, and that they would be undertaking placements in a minimum of three different organisations. The University utilises 16 different placement sites, the nearest 2 miles and the farthest away 34 miles, the mean distance to placements is 19 miles away. The university placement team allocated students to an appropriate area for their placement requirements.

This paper presents results of qualitative research undertaken with students who had experienced the new system and their views of its appropriateness in developing the clinical skills required to apply for registration.

## **Background**

A literature review was undertaken to explore issues related to the development and utilisation of placements. Pollit and Hungler (1997) indicate that when developing an investigation exploring existing literature is valuable, as the answer may be available already. The review found literature regarding the utilisation of placements for ODP students was not available, however literature was available on nursing students using theatre placements by Callaghan (2010), and literature relating to other professions development of placements including nursing (Hall 2006, McKenna et al 2009, Murray and Williamson 2009), Midwifery (Gilmour et al 2013 and Barnett et al 2010), Radiography (Price et al 2000) which provide some information and structures on how they had developed placement experiences and utilised placements.

It became clear from reviewing the literature that the unique nature of the ODP course and the need for students to demonstrate competence in anaesthesia, surgery and post anaesthetic care (CODP 2011) made it different to other professions. As a result consultation was undertaken with clinical partners to develop new systems of working, Orton (1981) states that engaging with the clinical providers is vital as organisational attitude characteristics are a major predictors of the clinical learning experience of which senior staff were the key figure for creating and maintaining the learning climate. Also the existing students were consulted as Davis (1990 cited in Midgley 2006) states each student brings with them a personal view of the world, of people, how it works, what it all means and subsequently a personal way of learning.

Murray and Williamson (2009) indicate that commissioners of preregistration nurse education (and ODP) requires an appropriate number and quality of professionals, who are fit for future practice, and students require good quality education in safe environments. For ODPS the College of Operating Department Practitioners (2011) recommend that 60% of the course be in clinical practice. The aim of clinical experiences are to enable students to meet the required Standards of Proficiency (HCPC 2014), but it could be argued that the placements element involves more than completing competences. It is an opportunity for students to develop links between theory and practice, develop professional skills, professional understanding, readiness for working as a qualified practitioner and professional socialisation (Clouder 2003).

## **The study**

### *Significance of study*

The significance of this study is to explore if moving organisations has impacted on the students readiness to qualify and their understanding of their professional roles. This may also have implications for other professions, as although for example nursing students have placements in several different clinical areas they may in fact be in the same organisation.

### *Aim*

The overall aim of the research was to explore the impact of moving placements during the Operating Department Practice course and its effects on students' experiences and development into qualified practitioners.

### *Design*

A qualitative research design was used for the research Cormack (2000) suggests qualitative research has been influenced by a branch of philosophy known as phenomenology which aims to understand how we come to know the world. A case study approach was utilised in this research as this methodology is defined as the study of a social phenomenon (Swanborn 2010). Because of the nature of the area under investigation an instrumental case study was adopted which is driven by the phenomenon rather than the case itself (Stake 2000).

The Case study design allowed the subject and the perceptions of students to be assessed efficiently "it is a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context" (Cormack 2000 p.235). The root of the investigation was the study into what affect a change in practice had been, and Pope and May (2006) suggest that a case study is suited to this type of investigating because it allows you to assess the success of the change.

### *Participants*

The researcher invited all the 22 students in the study group to participate in one hour focus groups. This was the whole cohort of students who had experienced the change in placement allocation.

#### Data collection Data analysis

Students were invited to attend a focus group event as it would develop discussion and debate on the subject area, also topics and data would emerge from the interactions of the participants rather than asking questions (Haslam and McGarty 2003). The transcribed discussions from these interactions were then analysed to examine thematically. These discussions were transcribed and analysed for thematic exploration.

#### Ethical considerations

Approval for the research was obtained by the university research and ethics panel, students were informed that participation was voluntary and all students received research and participation information and consent forms. The focus groups were recorded and transcribed and information that identified respondents was removed during transcription.

The researcher was the course leader and because of this invites to attend were only sent out after the final assessments had been completed and the data collection was undertaken following the completion of placement. By doing this it was hoped that they would not feel pressure to attend or to give positive feedback.

#### **Findings**

Six students attended and all 6 had completed the course and had received offers of employment.

The students had varied placements experience, *table one* indicates the number of different organisations students had clinical placements, and the demographics of the in terms of gender and age. The demographics for the sample group were 59% female, 41% male, 46% 21-25 41% 26-30 and 14% 31-35. All students on the course had placements in at least 3 different organisations.

*Table one*

	NHS	Private	M/F	Age
1	3	1	F	26-30
2	3		M	21-25
3	3		F	26-30
4	4		M	21-25
5	3	1	M	31-35
6	3		F	21-25

The fact that the students had completed the course led to discussions about their readiness for being qualified and there were 3 themes that emerged from the transcribed focus groups. In addition a questions where posed by the researcher regarding overall views.

- Readiness for being qualified.
- Development of their clinical skills.
- Differences in their experiences of clinical skills in different placements.

#### Overall views on the placement system

Students were asked to give their views of the placement system? All the students felt that the placement system had been a success,

*Student 3 indicated "I think moving placements is a great idea and offers a large range of opportunities to students, thus helping them to develop understanding and knowledge base"*

All student commented favourably in terms of the system and provided comparison with previous student's experiences. Student 2 "*some of my mentors didn't like the system as they felt you could learn more by staying in one organisation, but I don't agree, it's enabled me to prepare for a larger variety of practice and develop a greater repertoire of skills needed when qualified*" When asked what they meant by this Student 5 discussed how their confidence had improved "*moving placement allows a greater variety of experiences and helped improve my confidence in what I do, like doing things differently*" Student 1 added "*yes I think it's a great idea as you*

*pick up a variety of skills, working with different mentors who all work slightly differently therefore you pick up from each of them and create your own way of working”*

Student 4 felt that towards the end of the course this was a challenge to some mentors “*you could say to a mentor why do you do it that way, lots had never worked in a different place so didn’t appreciate how to do things differently”*.”

However student 6 indicated that travelling to some of the placements had been difficult, “*I know we were told about what the university did for our placements before we started, but you don’t really appreciate what this means, because I have a family travelling was a problem and I would have preferred to have only gone to two different places the ones local to me”*”. The others agreed that sometimes travel had been difficult but the overall experience was worth it, Student one said “*for my 3<sup>rd</sup> placement I had to get up a 5.30 in the morning it was really hard, but the placement was great I learned loads and it was only for 3 months”*”.

All the students indicated that although travel had been an issue at times because they moved placements at some point in the course they had been given placements close to their home addresses.

### Readiness for being qualified

The students’ status of having finished but waiting for registration was raised as a time for reflecting on what they had done and what was going to be expected when they started their professional roles.

Student 3 “*its flown and I can’t believe in a few weeks we will be doing lists ourselves”*”.

As a group we discussed did they feel ready for being qualified?

Student 4 “*I am naturally apprehensive about being qualified, I think I would be stupid not to be but I do feel prepare, the different placements have had a positive impact me, as by moving around I have gained confidence in my own skills”*”.

Student 2 “*if I hadn’t got use to moving around and spent all my time in one organisation I think I would be too scared to apply for jobs elsewhere, we have had to get used to working with different people, and although I am really scared about being responsible for a list I know I will be able to do it as I am use to adapting”*”

All the students agreed with this that if they had only worked in one organisation they would not feel as confident about starting their new positions and student 3 indicated, “*placements offer the students a large range of trusts, specialities and shift patterns lending itself to a more rounded student and therefore qualified practitioner”*”.

### Development of Clinical skills

As they all agreed with this I explored what they thought a more rounded student was, they discussed that although many of the roles in theatre were the same how policies and care was provided was differently.

Student 1 “*everyone had their different ways of caring and clinical skills so I was able to pick up bits from everyone”*”. Student 2 “*it improved my understanding of clinical skills and patient care, seeing how different trusts run and how they carry out patient care”*”

They agreed with this and student 4 added “*Moving placements coincides with progression on the course, and with more experience the student improves their understanding of clinical skills from I’m doing this because I’ve been shown this way to experiencing several different ways, allowing the student to utilise evidence based practice and modify their own practice and skills to meet patient needs”*”

The point regarding modifying practice started a discussion on how you develop your practice as a student. Student 3 “*I also feel that although every hospital has national guidelines towards patient care, excellence and daily clinical skills, each hospital and practitioner also have individual ways of dealing with each patient, situation and skill. I think this access has better developed my understanding and knowledge of what is required from me as a qualified practitioner”*”.

Student 6 indicated that she felt some of the mentors would benefit from moving “*Just because they are qualified doesn’t mean the mentors are working in the most up to date was...some haven’t see anything other than where they have worked for years”*”.

### Differences in practice?

Exploring this difference in the clinical skills they had experienced opened a discussion. Student 5, in his experience *“Having experienced four different hospitals and three different trusts I have noted a significant difference in practice. This is due to the severity of patient conditions, type of surgery and specialty. My approach to this is learn from every experience”*

Student 1 indicated she had found this difficult to manage *“Yes I've noted different areas of practice from different trusts and some staff that have quite old fashioned one way approaches to work. This can be difficult when you're a student and prefer to do things a different way which you have seen previously and you feel more comfortable doing.”*

All the group said they had found this to be a problem in particular the more experienced they became, student 1 added *“I think talking to the person you're working with and giving them an explanation why you're doing it different and justifying your actions helps. I was lucky as I had excellent mentors who let me show my own styles of practice as well as teaching me theirs”.*

Student 2 agreed *“All areas of practice that have been very different have been approached by seeking guidance from mentors who during my experience have all been extremely helpful. Pointing me in the right direction, showing me where I can find correct information or demonstrating the necessary features of equipment”.* However student 3 and 4 indicated in some circumstances *“they did it the way the mentor wanted them to do it rather than fail the placement”*

This prompted me to ask if they felt at times they had not demonstrated best practice, student 6 indicated. *“I don't feel we have done anything dangerous and particularly towards the end of the course we have felt able to challenge what mentors asked us to do, but for some mentors they have a set way or working and it's easier to do it rather than constantly challenge”*

Student 1 added *“at the beginning of the course you only see one way and you just do it by the end of the course and seeing different ways of doing things and you can choose what is best”*

### What if they had stayed in one organisation?

This prompted me to ask two questions, *“have you become a hybrid practitioner taking skills from everyone you have worked with” and how do you feel your development would have been effected if you had stayed in one organisation”*

They all agreed there would be elements of lots of mentors they had worked with in their practice. Student three indicated *“like in the scrub role there are ways of preparing the instruments, setting up and doing checks that have policies to follow, but how you do this changes and the order you do things can be different, it's what works for you”*

Student 5 agreed and discussed the anaesthetic role *“yes it's the same in anaesthetics you see different ways of doing things and find the way that's best for you, sometimes you watch practitioners and think they are making that difficult for themselves”*

They all agreed that if they had stayed in one organisation they would not have seen how different practitioners worked, moving organisations enabled them to see different cultures and completely different ways of working. The most interesting point was made by student 4 which all the students agreed with.

*“I think it would be good for some of the qualified practitioners to do what we have done, if you trained in an organisation and only ever worked there, or worked in the same place for 10 years how do you know if there is a better way of doing things or caring for patients”.*

However students 3 and 4 added to this discussion *“But most staff you work with do discuss the rationale behind why they do things and used evidence based practice”.*

### Discussion

The overall view from the students was that the system had been a success in preparing them for qualification and completing the required clinical skills to complete the course. The placement system had allocated them

appropriate placements that met their individual and the course requirements, which Field (2004) suggests, is a requirement of all clinical placements because “they are situated in the real life context where they are allowed to participate legitimately as learners” (p127). Choi (2006) describes this social participation during placements as important for student development, “if the student learning is viewed through the lens of social participation, and at the correct level, knowledge is developed continuously through learner’s cognitive activity and participation in the group to which they belong” (p.144). The student’s social participation had in fact been enhanced by moving organisations and as such being able to explore different experiences.

Chung-Heung and French (1997) when investigating nurse education found that “the clinical education setting is the most influential in the development of nursing skills, knowledge and professional socialisation”(p238). These authors focused on the perceptions of students but highlighted the importance of the learning climate within the clinical environment in the development of students into practitioners. The role of the ODP varies from hospitals where practitioners only undertake the anaesthetic, surgical or post anaesthetic care role, to hospitals where practitioners are multi-skilled and cover all clinical roles, and as in other professions some undertake extended or advanced clinical or management roles. By exposing students to different environments they developed a greater understanding of the professional expectations placed on practitioners. This change in placements enable the students the opportunity to develop a greater appreciate of the ODP role and professional socialisation, as they experience different practices and behaviour.

Prior to the change to the new placement system there had been concerns raised by some clinical educators, mentors and clinical staff in terms of the student support, for example some said because they had the students for the full course they could support them better as they got to know them. Also in terms of the mentors and the assessment of competences it would be harder to assess student as they moved around and at the end of the course they would not know how to work in a department. The findings indicated this is not the case and in fact the success rate for final year students has not changed since changing the system.

#### Ownership and belonging

These concerns could be identified as the development of ownership by the mentors and belonging by the students. Melia (1987) described this socialisation experience of hospital-trained nurses in the UK. She identified “getting the work done”, “learning the rules” and “fitting in” as dominant strategies used by students to survive in practice. The concerns was that by moving placements it would impact on the development of students as they would not feel part of the team, and would just get the work done without immersing themselves in the required links between theory and practice. Levitt-Jones and Lathlean (2008) in the background to their research indicate that not feeling like they belong can result in people experiencing diminished self-esteem (Maslow 1987), increased stress and anxiety (Anant 1967), and depression (Sargent et al 2002) as well a decrease in general well-being and happiness (Lakin 2003). Levitt-Jones and Lathlean (2008) discovered four themes to belongingness and learning, motivation to learn, self-directed learning, anxiety-barrier to learning and confidence to ask questions. Student feedback indicated that there was often anxiety about moving placement particularly if they have been in a good learning environment, and a common comment was “it took me a week or two to learn about the new environment”.

The wider experience has led to a change in the employment destinations of students on completion of the course. Prior to the change students largely gained employment in the hospital they had been based for the course, however students are now seeking employment in a much larger selection of hospitals some because of their clinical experience and some have indicated because of the confidence gained for moving placements. Mckenna et al (2010) suggest that “exposure to clinical practice can alter preconceived ideas about different speciality areas” (p 177), and quote research from Rushworth and Happell (2000) indicating a positive change in students nurses perceptions of psychiatric nursing following placement. By providing a variety of placements in different organisation student’s views of working in different environments has changed.

#### Support?

In principle the change in placement allocation had no impact on the support mechanisms for students while on placements, in that mentors and clinical educators still carried out the same roles, and it was usual for students to move between teams or departments in the same hospital. However because students now move from one organisation to another there were concerns about consistence of practice and competence. This is highlighted by

Henderson et al (2006) who explored establishing a structure and processes for safe and effective clinical placement of student nurses, they indicate that “difficulties can arise as there is no provision for individual assessment of each student prior to undertaking clinical placement” (p.278). This has been a problem for some students who have passed previous placements but have then had their competence questioned by mentors. However when judging the level a student should have attained as Henderson et al (2006) states “general indicators such as year in which the student is enrolled, provides a basis for assessments of what activities the student is capable of undertaking” (p 278). This maybe a result of the different working practices and protocols of the different organisations and as mentioned earlier students may have to as Melia (1987) suggests “getting the work done”, “learning the rules” and “fitting in” to ensure they meet the requirements of the placement area they are in. Students sometimes found this difficult in particular towards the end of the course, however from a course perspective gaining as wide experience of different practices as possible is a good thing so they can develop a wider understanding of the ODP role.

### Competence

Mitchell and Boak (2009) highlighted that competencies have been identified at organisational and at individual level as capabilities or distinctive strengths (Nordhaug, 1998). For students on the new system although the competences of the organisation are important what they are aiming to achieve are their individual and professional competences. Mitchell and Boak (2009) add to the discussion on competence by specifying that an individual’s competencies are most often represented as skills or other attributes of an individual, which may include knowledge, skills, attitudes, traits and motives (Higgs,2003, Guo and Anderson, 2005).

By the end of the course all students must meet the Standards of Proficiency set by HCPC (2014) however the aim of the new placement system was to not only ensure they can develop these competences but also develop “Professional skills”. If students only experience working in one organisation or department how do they know the full range of professional skills, way of working or policies and protocols? Eraut (1994) indicates “the scope dimension concerns what a person is competent in, the range of roles, tasks and situations for which their competence is established or may be reliably inferred. The quality dimension concerns judgements about the quality of that work on a continuum” (p.167). Now the students experience a variety of organisations they can explore different practices and explore evidence based practice.

### Limitations

The limitations of this research is the small number of students who took part in the data collection, however this is an ongoing project, and further research is being undertaken to assess the success of the change in placement system.

### Conclusion

The change in the placement system has been a success on a number of levels, as stated one of the many reasons for undertaking was the short fall in placement numbers. Although placement numbers are still a challenge, in part due to increases in commissioned numbers, the number of organisations that support students has increased. Students are receiving placements that are specific for their learning needs and level of study rather than organisations trying to support all students for all placements.

This research and feedback from other students in the university reviews indicates that they enjoy and understand the reasons for the change and the benefits it will bring. However the changing recruitment of students from outside the region has impacted on students travel problems which are being addressed via the recruitment process.

In terms of implications for this research the statement by student 4 which all the students agreed with is an important consideration for this research and future health and social care profession students and possibly the professionals working as qualified practitioner. *“I think it would be good for some of the qualified practitioners to do what we have done, if you trained in an organisation and only ever worked there, or worked in the same place for 10 years how do you know if there is a better way of doing things or caring for patients”*. If students are receiving a wider experience by moving organisations and seeing different practices would it be a good thing for staff to observe other organisations practices to see what could improve services and patient care?

### Conflict of interest

The researcher at the time of the change and the data collection was the course leader and involved as part of the team who implemented the change.

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