

'They come with their own ideas of what they want': Healthcare educator, advanced practice student and manager perspectives on learning outcomes

Chris Kubiak, The Open University

Susan Walker, Anglia Ruskin University

Jan Draper, The Open University

Elisabeth Clark, The Open University

Faye Acton, Anglia Ruskin University

Jill Rogers, Jill Rogers Associates

Melanie Rogers, University of Huddersfield

Christine Dearnley, University of Huddersfield

Abstract

In post-registration, professional healthcare education, learning outcomes should reflect the needs of several stakeholders, including the professionals studying the programme, workplace managers aiming to develop their workforce, and the educators teaching the programme. This study aimed to gain a multifaceted view of how these different stakeholder groups understand the learning outcomes associated with four English, postgraduate healthcare modules designed to develop advanced healthcare practice.

A concurrent mixed methodology research design was used. Online questionnaires were used to collect data from purposive samples of students and workplace managers, and semi-structured interviews were used with educators teaching on the four advanced practice modules in two English universities.

The findings indicated that learning outcomes crystallise a variety of academic, regulatory and professional imperatives into a set of curriculum objectives. However, these learning outcomes-as-intended appear distinct from learning outcomes-as-enacted and as experienced. Furthermore educators, students and workplace managers have distinct perspectives on the module learning outcomes. Students and workplace managers prioritised clinical and work-specific skills, while the educators also focused on a broader range of underpinning academic outcomes. The challenges associated with shared understanding are discussed, including the inherent tension of meeting the demands and expectations of both higher education and clinical practice.

Keywords

Learning outcomes; workforce development; advanced practice; module development

Introduction

Learning outcomes (LOs) represent ‘one of the major global developments in education policy’ (Souto-Otero 2012, 249). They are a well-established feature in higher education (HE) systems across the European Higher Education Area (Sweetman 2019), the United States, Australia and Canada (Stanley 2015). In the United Kingdom (UK), LOs have become a core element of both curriculum design and the management of educational quality (Prøitz *et al.* 2017; Sweetman 2019). In HE-based, post-registration education for healthcare professionals (i.e. continuing professional education for qualified practitioners), LOs must incorporate both academic, regulatory and practice components, as well as meet quality assurance requirements. They also need to communicate the purpose of the module to the range of stakeholders with an interest in such education. These stakeholders include workplace line managers responsible for planning workforce developments and sponsoring healthcare practitioners on post-registration modules/programmes, the healthcare students engaged in study to meet their professional and personal goals, and educators responsible for planning and delivering modules that meet the academic requirements of their institutions.

LOs in healthcare professional education must, therefore, span both HE and clinical practice, and in doing so, a potential tension is created between these two worlds as they each strive to meet their respective demands and frames of reference. All advanced practice modules/programmes in the UK are required to be taught and assessed at postgraduate level (Level 7) to demonstrate *academic* progression beyond undergraduate programmes that lead to entry onto a professional register to practise as a nurse/other healthcare professional, as well as *clinical* progression. The friction between prioritising the teaching of clinical skills (i.e. the craft of advanced practice) and teaching the underpinning academic knowledge base associated with evidence-based practice is pronounced when considering the postgraduate preparation of advanced practitioners.

This project set out to explore how postgraduate LOs were understood by different stakeholders: educators, healthcare students and workplace managers.

Background

LOs are statements of what the learner will know, understand or be able to do on completion of a module or programme of learning (Sweetman 2019). In a guide to writing and using good LOs, Baume (2009) suggests that these statements clarify educators' thinking about what they want to achieve and provide a basis for what is taught. Grounded in constructivist learning theories, Biggs and Tang's (2011) concept of constructive alignment proposes that students learn best when a module offers assessment tasks and learning activities that are aligned with the LOs. As such, the adoption of LOs through the employment of constructive alignment can be seen as shifting educational practice towards a more student-centred focus on what the learner needs to do and will achieve, rather than what the teacher will deliver (Bleiklie *et al.* 2017; Prøitz 2015).

LOs are also regarded as a central element of HE reform and a mechanism to enhance the standardisation, transparency and accountability of the sector (Prøitz *et al.* 2017; Souto-Otero 2012). Consequently, LOs are presented as a tool of the 'new public management' movement (Dobbins *et al.* 2016; Hadjianastasis 2017). As such, they serve political and bureaucratic purposes through their connection with institutional, academic quality assurance processes and with government agencies responsible for auditing HE provision (Bleiklie *et al.* 2017; Dobbins *et al.* 2016; Hussey and Smith 2008). Moreover, LOs have acquired an association with a move to consumerism and 'commodification' of knowledge in HE (Murtonen *et al.* 2017). This debate, spanning over two decades, has led to the contention that LOs have been subject to managerialist misappropriation and thus have been diverted from their intended pedagogical purpose in supporting good learning and teaching (Avis 2000; Hussey and Smith 2008). Indeed, Hussey and Smith (2002) suggest that LOs have become vacuous and at best useless, at worst damaging.

Despite the widespread adoption of LOs, there is relatively little empirical evidence regarding their usefulness. Sweetman (2017) argues that the mechanisms by which LOs influence student-centred learning can be, at best, implicit and at worst, vague. Through interviews with students and lecturers from eight bachelor degree programmes in four universities (two in England and two in Norway) about their perceptions of the influence of LOs on module planning and learning experiences, she found 'little support for claims that learning outcomes

are sparking a paradigm shift in teaching and learning, or ... that learning outcomes necessarily support more learner-focused and effective environments' (53). There is, however, some evidence that students can find them useful. For example, Bleiklie *et al.* (2017, 78) reported that LOs could 'provide a vocabulary to describe their achievements and abilities to future employers'. Furthermore, an investigation of students' views of LOs (n=918), and whether and how they used them by Brooks *et al.* (2014) revealed that the majority found them useful and wanted them to remain a central element of their learning. However, a third of the students indicated that they thought the primary use of LOs was to provide evidence of teaching quality to external parties.

Learning outcomes as intended, taught and experienced

The concept of LOs evokes expectations of precision, clarity and universal meaning independent of context (Lassnigg 2012). LOs are intended to make the outcomes of any learning experience transparent and understandable to key stakeholders – students, teachers, employers and policy makers (Werquin 2017). Brancaleone and O'Brien (2011) suggest that LOs represent a predictive promise to these stakeholders that such outcomes will be actualised by students. However, the intended curriculum, as represented by LOs, is not necessarily the same as what is enacted by the educator (Hume and Coll 2010) or how the student subsequently views, engages with or is able to achieve them (Hewitt 2012; Schubert 2010).

This divergence of that which is *enacted* and *experienced* from that which is *intended* has several roots. LOs are designed to speak to diverse stakeholders – guide educators and students, reassure university management and government agencies, as well as reflect the needs of any professional regulators. In the case of post-registration healthcare education, LOs also need to speak to employers sponsoring their employees' study with the expectation that they will develop the skills, knowledge and values needed by their workplace. Curriculum construction, delivery and experience are, therefore, subject to a cascade of different interpretations, each shaped by several sites of influence which promote particular perspectives of what constitutes *worthwhile learning* (Hume and Coll 2010). Consequently, LOs are open to multiple interpretations (Allais 2012).

LOs not only vary in the way they have been developed but these origins are often implicit and contested (Daugherty *et al.* 2008). Bleiklie and colleagues' (2017) comparative study in England and Norway emphasised that LOs arose out of specific, external drivers such as policy imperatives, the demands of an organisational environment or disciplinary requirements – understanding of the LOs was therefore situated in a specific context. The clarity of LOs cannot, therefore, be assumed and their actual meaning may be contested. The contested nature of LOs is well illustrated in a small study of medical education in Denmark undertaken by Morcke *et al.* (2006). They revealed that the different perspectives among or between stakeholders, educational leaders and curriculum designers, resulted in misunderstandings about the meaning of the LOs. They argue that such differences should be acknowledged, respected and incorporated into the curriculum design process through discussion with stakeholders to achieve a common understanding.

Therefore, the development and delivery of LOs by educators and the students' experience of engaging with them will be, like all 'curriculum intentions', shaped by the sociocultural context of educational practice and the students' subjective experience (Billett 2004). The operational curriculum will be different from the intended curriculum – LOs as intended will differ from LOs as enacted (Hume and Coll 2010). Furthermore, students may not realise the 'promise' of LOs. This is not necessarily a limitation of the statements themselves or of student academic ability, but rather a reflection, as argued by Billett (2004), that learners' personal context and subjectivity shape how they engage with learning opportunities. Consequently, LOs as intended are likely to be different from how they are experienced by students. Therefore, LOs will inevitably be interpreted differently by different stakeholders, enacted in particular ways by educators and experienced by students and workplace managers in ways other than were intended.

Given the dearth of empirical evidence about how LOs are perceived by different stakeholders, this study set out to explore how the LOs associated with postgraduate advanced practice modules in two English universities were understood by module leaders (referred to here as 'educators'), healthcare students and workplace managers (i.e. those responsible for sponsoring qualified practitioners they line managed on an advanced practice programme, and referred to here as 'managers'). The specific research question was:

How do educators, students, and workplace managers understand the LOs in postgraduate modules designed to prepare advanced practitioners?

It was our intention that the voice of these different stakeholders would add further insights to the existing LOs literature, particularly in relation to professional education, and to stimulate future work in the UK and internationally.

Materials and methods

A concurrent mixed methodology research design was employed. Online questionnaires were used to collect data from students and managers, and semi-structured interviews were used with educators.

Setting

The study focused on four modules in two postgraduate (PG) advanced practice programmes for registered healthcare professionals delivered by two English universities (University A and B). They were similar modules preparing students for similar roles. These part-time, work-based programmes enable practitioners to extend their clinical practice to a more autonomous level of assessment, diagnosis and treatment of patients (RCN 2018). The programme and their module LOs therefore have an impact on students' practice roles and career prospects. Similarly, as advanced practice and role extension is sought by workplace managers, it was likely that they too would have an opinion of the module/programme and the associated LOs. Consequently, the study aimed to explore three stakeholder perspectives on LOs – educators teaching to them, students working to achieve them, and managers wishing to develop practitioners to deliver advanced practice in their workplace.

Participants

Purposive sampling was used to recruit participants who were either educators, healthcare students or managers of students involved in the four modules. All students (n=81) registered on the four modules (two at each of the universities) were invited to complete an online questionnaire by a research team member from a different university. (The majority of the student participants were qualified nurses, but a few were from other healthcare backgrounds, including paramedics.) A participant information sheet was included with an invitation email.

Managers were also invited to complete a similar questionnaire, tailored to their role. The complex research governance processes encountered, along with the wide geographical dispersal of the managers across several NHS organisations local to the two universities, meant that it was only possible to invite the managers associated with one of the universities. Fifty-three managers, who had links to University B, were invited to complete the manager questionnaire.

Six educators involved in teaching the four modules at the two universities were recruited for individual interviews. At University A, two educators were involved in one module and the third taught on the other one. In University B, all three educators were involved in the two modules. Educators were recruited by members of the research team in their respective universities.

Ethical considerations

Research ethics approval was granted by one of the two participating universities on behalf of the entire project (Research Ethics Panel SREP/2016/087). Questionnaire participants were informed that they had the right to decline to participate by disregarding the link to the online questionnaire. The first page of the questionnaire explicitly informed participants that its submission implied informed consent. No incentives were offered. Interview participants were provided with a participant information sheet and a consent form. Anonymity and confidentiality of all participants have been maintained and pseudonyms used.

Data collection

Development of the two online questionnaires (one for students and one for managers) was informed by the literature and previous work of three members of the research team (Clark *et al.* 2015). Both questionnaires were piloted with a small number of students and managers.

The student questionnaire was self-administered online using SurveyMonkey™. It comprised both closed, multiple choice questions and open-ended, free-text response questions to collect data on participants' understanding of different aspects of the module LOs, as well as demographics such as age, gender and current clinical employment (see Table 1). The

questionnaire was administered within the first four weeks of the start of the module and students had four weeks to complete it. Two follow-up reminders were sent.

The managers' questionnaire addressed similar topics to those covered by the students, but with phraseology tailored to their managerial role (see Table 2).

Insert Table 1 and 2 about here

Individual interviews with six educators (three from each university) were conducted by a research team member from a different institution to them, and from the student and manager participants. The interviews with educators explored how the LOs had been developed, their purpose, as well as their expectations of the modules. Due to the educator's particular role, the topics covered in the interviews were different to those covered in the questionnaires, though students' and managers' understanding of the LOs on their modules was addressed. The interviews were semi-structured, conducted by telephone, recorded and lasted between 30 and 40 minutes. Interview transcripts were sent to the interviewees for checking. Five responded (the sixth person was on long-term sick leave). All six were included in the analysis as no changes were requested by the five who did review their transcript.

Data analysis

SPSS™ was used to generate descriptive statistics from the questionnaire data. Free-text responses were organised into themes with numbers of respondents coded against each theme. Analytic rigour was supported by two researchers doing the analysis together, followed by review by the entire project team.

The educator interview data were analysed using a thematic approach (Braun and Clarke 2006). Four researchers read and coded the six transcripts. A list of first-level codes was created, discussed and agreed by all four researchers. Similar codes were merged resulting eventually in five agreed, top-level categories: functions of LOs, development of LOs, understanding of LOs, communication of LOs, and expectations of modules. The transcripts were then reviewed by the four coders using the five, top-level categories to create a grid of

the top-level themes and quotations for each educator. Analytic rigour was enhanced by using this pre-defined analysis method and by reaching agreement between researchers.

Results

Thirty-four students across the four modules completed the questionnaire giving an overall response rate of 41% (34/81) with the rate for each module ranging from 10%–62%. The response rate for the manager questionnaire was 25% (13/53). The low response rates for the student and manager questionnaires meant that it was not appropriate to undertake any inferential statistical analysis. In contrast, the individual interviews with educators generated rich, qualitative data, compared to the relatively thin survey data. Consequently, the results section foregrounds the educator's dataset and is structured around five themes emerging out of the qualitative analysis. Data from the student and manager questionnaires are incorporated into themes 3, 4 and 5 to reinforce, challenge or nuance the qualitative data from the educators. Students and managers were not asked about the function or development of the LOs as these issues are usually dealt with by the educator. Therefore, the first two themes are based on educator data only.

1. Functions of LOs

Educators reported that LOs served two separate but related functions. First, LOs communicated to stakeholders what students should achieve by the end of the module:

To let them [students] know what they're going to enrol on or let the managers know what they're going to enrol their staff on is the right module to meet what they want it to meet. So the learning outcomes for this module should give the students and the managers a good idea of what they expect out at the other end. UnB2¹

A few educators recognised the limitations of LOs in this respect:

I'm not convinced that they [LOs] delineate the curriculum, they were in more vague terms and to make them precise enough, I dunno, they become very long if you make them precise enough to show you what's in the curriculum and what isn't. UnB3

¹ Code UnA/B denotes which of the two universities and the numeral indicates the participant number from that university.

The second, related function of LOs was educational: directing teaching and assessment design, and aligning all the elements of the module:

The learning outcomes I think connect with the whole process, including the preparation, the teaching, the assimilation of knowledge and then the assessment process. UnB1

However, educators predominantly emphasised the role LOs played in assessment and how they helped explicitly articulate and judge the required standard of performance:

I suppose whilst I was doing assessments I thought one of the values, but maybe not the purpose, was that you could have at least a clear statement of what was intended to be achieved and then decide whether the assessment showed that it had been achieved or not. So they were useful from that point of view. UnB3

As such, educators primarily linked LOs to assessment. They stressed that LOs offered students guidance in preparing their assignments and served as a benchmark against which academics and workplace educators could measure progress, allowing the assessor to ‘confidently say that at the other end they [students] are competent and able practitioners.’ UnB2

2. Development of LOs

Most educators reported that the development of the LOs was informed by the requirements of UK professional, regulatory and statutory bodies (such as the Nursing and Midwifery Council and the Royal College of Nursing), national policy drivers and specific role descriptions for advanced practitioners. These drivers influenced module content and were then translated into LOs. This educator described the development of a module on diabetes in the advanced practice programme:

The learning outcomes are heavily influenced by the diabetes competency frameworks ... we tried to ensure that this is a match to what we need nationally ... and then also some input from patients, although it was quite challenging. UnA3

Developing LOs based on these various sources enabled educators to assess students against these requirements, as students were required to demonstrate they had developed the skills and knowledge necessary to meet these external professional standards. Standards for advanced practitioners involve not only practical and clinical competencies relevant to the area of clinical practice, but also higher-level ‘academic’ skills such as critical thinking, autonomous decision-making and the ability to translate evidence into practice. LOs were therefore developed to align learning and assessment with the practice roles that students would undertake afterwards, as well as the characteristics of PG study.

Educators stressed the task of transforming these various standards into LOs. This included communicating LOs using the ‘university-speak’ necessary for programme/module approval within university systems and communication with other educators who may subsequently take over the teaching of the module. Consequently, it was felt that the LOs may not necessarily be easily understood by students and employers:

They’re very much our [academic] tool, it’s how we develop programmes and really possibly they’re not fully understood by employers and by our students. UnA1

Thus, whilst the LOs reflected the requirements of external stakeholders, they were expressed in academic terms that may not be immediately comprehensible to those external to the university.

3. Understanding of LOs

Educators reported that students had a very clinically and practice-focused view of their personal learning goals which LOs did not necessarily reflect:

I think they come with their own ideas of what they want to do. You know they have expectations from their workplace as well. So I think they do struggle a bit sometimes with the learning outcomes. UnA1

The majority of educators reported that students had difficulty understanding the need to meet LOs in order to pass the module and indicated that students did not always look at LOs or view them as important:

I don't think they really understand the purpose of them [LOs]. UnB2

Educators reported some of this difficulty related to the academic terminology used in LOs, especially for those students unfamiliar with academia or the advanced skills associated with PG study:

I think if someone hasn't been in academia for a long time then it's hard to kind of understand what is a learning outcome, you know how can this be achieved. ... so they'll be like 'what is synthesised knowledge?' UnA2

The more concrete and clinically focused LOs were reported to be better understood, and more in keeping with what students thought important as they *'just wanted to get on with the clinical stuff'*. UnB3

Educators reported that they rarely engaged with the managers about the LOs. Managers were predominantly interested in the clinical roles their staff could assume on completion of their studies:

So the learning outcomes for this module should give the managers a good idea of what they expect out at the other end ... I can't remember a time when we have gone through the actual LOs with higher-level managers. UnB2

The questionnaire gave students the opportunity to comment on the clarity of LOs for their module. In contrast to the educators' views of students' understanding, the vast majority of students responded that LOs were 'very clear'. No student indicated that any LO was 'unclear'. The managers also found LOs 'very clear' with only a very small number of responses indicating that an outcome was 'not entirely clear'. Again, no LO was described as 'unclear' but a few, free-text manager comments suggested LOs contained *'too much jargon'*. Use of the word 'jargon' was a short-hand way of referring to what they considered to be 'academic' language.

The data across the three different stakeholder groups therefore seem to suggest a difference in perception of the extent to which LOs were understood by stakeholders.

4. Communication of LOs

The interviews explored how LOs were communicated to stakeholders. Educators suggested they had ongoing communication about module LOs with students, mentors in practice and managers, with each interaction tailored to the particular context. Students were introduced to the LOs at the beginning of the module, throughout the teaching and via formative feedback on assignments:

...what we do here is on the first day...I always ask them to tell me what they want to learn from the module basically and then ... I discuss the learning outcomes ... I showed them a learning outcome as well as a match with the marking criteria. UnA3

These discussions were seen as necessary to supporting students to a successful pass:

*It's like setting someone up to fail if you don't kind of communicate that across.
UnA2*

Educator accounts of student interest in LOs varied. One educator suggested that students never initiated discussion about LOs. Others recalled students emailing or contacting them to ask if they were meeting the LOs on an assignment:

I get emails, lots of emails. Sometimes I'll get assignments saying 'Look, have I met the learning outcomes?' UnA2

Educators also communicated with workplace managers and practice mentors who assessed student competence in practice:

We go out once a year, not necessarily [to] the managers but the workplace mentors, who are doctors, and we work with the elements of the assessment and learning outcomes that are relevant to clinical practice because the medical mentors are responsible for signing the students off in clinical practice. UnB2

Educators also discussed the module with managers who were not clinical assessors. These discussions only sometimes focused on LOs, but more often emphasised the roles that students would be able to fill on module completion or the practicalities of study:

They [LOs] are discussed in terms of the expectations of each module and what the manager's responsibility is in either facilitating the education or ensuring that the student is released to be able to have time with their educators. UnB1

Evidence from the questionnaires indicated that student engagement with LOs typically took place once the module had started. Although almost every student reported having seen the LOs before completing the questionnaire, one had not and one was unsure. Less than a third of students reported having looked at the LOs before undertaking the module. Ten managers indicated that they had discussed the LOs with the student they managed. Two managers stated they had not seen the LOs before completing the questionnaire.

5. *Expectations of the modules*

Interviews with educators suggested that their expectations of the module differed from those of students and employers. They reported that students expected an experience which stressed the development of concrete clinical skills and understanding specifically related to their workplaces:

I think sometimes what they [students] arrive wanting is just tell me how to – you know, the clinical skills; show me how to examine a chest and how to do this and how to do that, and they don't always think that maybe the consultation skills are important. UnA1

While educators also wanted students to develop clinical competencies, their focus was on a wider range of skills and knowledge, teaching and assessing both academic and practical LOs. In contrast, the managers and students were presented as less interested in the academic LOs:

... you want this academic sort of idea for us as a university, whereas the employers are thinking very much of practically the nurse that's going to be standing in front of me and what are they going to be able to offer me ... So, to them learning outcomes are – you know, for instance, one of our learning outcomes is something about the national and international development of health professionals and something about the advanced nurse. Employers don't care about that. UnA1

Educators also believed that those LOs focusing on practical skills included a range of competencies which could only be fully developed through a period of sustained practical experience beyond the duration of the module. Therefore, the most basic level at which the LOs could be met within the module was that of safe practice:

I'd like to have a well-rounded, safe, effective clinician at the other end of it. Yes we want to make sure that they meet the national guidelines for training ANPs/ACPs [Advanced Nurse Practitioners/Advanced Clinical Practitioners]. UnB2

Despite the educators' reservations about the extent to which the module LOs met student expectations, the student and manager questionnaire data suggested a different picture. Almost 100% of students indicated that the LOs fully reflected their expectations of the module. The free-text comments from students when asked to indicate what the module 'was about' were overwhelmingly practical and clinical. Only one comment suggested that the module was not relevant to the student's particular field of work. Students indicated the modules prepared them with the knowledge, skills and competencies for advanced practice, with replies such as 'Core systems, red flags, examination skills, recognising what's normal and what is not', 'Professional progression' and 'Being able to assess and diagnose effectively and safely'. Students therefore expected the module to allow them to 'perform new skills' and 'improve patient care'. Managers' expectations of the module were close to unanimous. The majority expected the module to allow the student to 'Expand their current role', 'Perform new clinical skills', 'Improve patient care', 'Develop professionally' and 'Gain confidence in his/her role'.

Discussion

This study set out to explore how LOs were understood by different stakeholders – educators, healthcare students and managers. It was found that LOs were derived from several sources and constructed to meet both educational and managerial purposes. However, the managerial dimension was somewhat muted in participant accounts. In their description of the role of LOs within their modules, educators emphasised the assessment of learning. They also stressed that students did not fully understand or 'use' LOs in preparing assignments, partly because they weren't seen as important and partly because of lack of clarity in expression. However, data from students and managers dispute this view, in part,

and emphasise that they were more focused on clinical aspects relevant to the workplace. Educators confirmed the clinical and, in particular, the workplace-specific focus of students and managers, noting how this contrasts with the broader academic *and* clinical focus of the university.

As set out in the Introduction, the construction, delivery and experience of LOs involves a cascade of interpretations, each shaped by several sites of influence and promoting particular perspectives of what constitutes *worthwhile learning* (Hume and Coll 2010). Similarly, as illustrated in the present study, appreciating how students, educators and workplace managers understand the LOs in advanced practice modules involves recognising this variety of interpretations. Consequently, we suggest there will be a distinction between LOs as intended and how they are enacted by the educator, as well as how they are experienced by the student. This therefore sets up a clear delineation between LOs-as-intended, LOs-as-enacted and LOs-as-experienced.

In the current study, LOs were a focus for establishing curriculum intentions and module planning. However, the unequivocal nature of LOs-as-intended belies the diverse and broad set of curriculum intentions from which they are derived. The requirements of statutory, regulatory and professional bodies, policy documents, role descriptions, workplaces *and* academic requirements for PG study reflect, what Schubert (2010) refers to as, a diverse set of socio-political and economic contexts and mandates. LOs therefore are a bricolage derived from a range of policy-academic-professional imperatives. As such, they have value in their potential to harmonise educational experience with a broad range of imperatives (Sweetman 2019).

LOs-as-intended were interpreted further through the lens of university governance – the conversion into ‘university speak’ for curriculum approval. While noting the challenge of getting the written expression ‘right’ (not so many LOs as to be overwhelming or so few as to become ambiguous and non-specific), the educators’ indifferent accounts of these bureaucratic requirements contrast with the prevalent accounts of the distorting effect of managerial or bureaucratic control and accountability (Bleikle *et al.* 2017; Hussey and Smith

2008). In this study, LOs were presented primarily as devices to guide teaching (and assessment) but in a format to meet university requirements.

Theoretically, the underlying premise regarding the connection between LOs-as-intended and LOs-as-enacted lies in the pedagogical process of constructive alignment (Biggs and Tang 2011). The introduction of LOs has been presented as provoking a shift from a teacher input model to a student-centred output model (Bleiklie *et al.* 2017). However, in this study, educator accounts of the link between LOs and the overall teaching strategy, learning activities or the student learning process were either vague or entirely absent. LOs were presented as akin to educational bookends, communicating expectations at module start and assessment of performance at module end. Sweetman (2017) notes a similar finding in her work and in a later paper argues that this lack of accounts of the LO-teaching connection is not so much about educational inadequacy but rather a problem of scale (Sweetman 2019). LOs are more helpful for articulating to stakeholders what the module is about and planning the module as a whole. However, in the day-to-day teaching of a module, LOs-as-intended slip into the background.

Given that learner subjectivity and context give rise to varied responses to any learning opportunity (Billett 2004; Hodkinson *et al.* 2004), LOs-as-experienced dominated the participants' accounts. While educators reported that students misunderstood or simply ignored LOs, the quantitative data from students presented a contradictory view. Students reported that they understood the LOs but emphasised the clinical or workplace-specific skills. The managers gave a similar response. That students or practitioners focus on the clinical over the academic has been considered elsewhere (Landers 2000). Similarly, it has also been noted that nursing students (and students more generally) can be less engaged with those aspects of the learning experience that sit outside their imagined destination as practitioners (Fenton-O'Creevy *et al.* 2014).

Consequently, it appears that the role of LOs in guiding the learning process is not unequivocal as reported by previous research. However, in the context of PG healthcare education, nuanced differences are observable between the perspectives of educators, healthcare students and managers, suggesting that Brancaleone and O'Brien's (2011) tongue-

in-cheek description of LOs as offering a predictive promise is limited by students' and managers' priorities. Even so, LOs therefore may promote some degree of transparency for students preparing their assignments. However, their use in aligning teaching or, as suggested by Sweetman (2017), in safeguarding against weak teaching practice, is more ambiguous.

Although accumulating evidence from previous research has highlighted the 'ambiguity' and 'misalignment' of LOs, the students and managers in this study (albeit a small sample) did not report that the module LOs were 'unclear', even though the use of 'academic' language was occasionally mentioned in the free-text comments, implying something that was unhelpful. It is unclear, therefore, whether improved communication between stakeholders that might address the 'ambiguity' and 'misalignment' previously reported would address the inherent structural tensions identified here. These tensions are associated with the differing stakeholder expectations and requirements of learning that is designed to develop the craft of advanced practice (the clinical priority), as well as demonstrate academic progression (a HE requirement for all PG education). If this finding is replicated in future healthcare education research, it will be important to review the development and use of LOs in a healthcare context. Indeed, this may require a new approach to the co-creation of statements of learning intention – an approach that speaks to and meets the requirements of the two worlds of HE and clinical practice.

Conclusion

The original premise for this study lies in an awareness that some degree of alignment between educators', students' and managers' perspectives is necessary to achieve any impact of continuing professional education on practice (Clark *et al.* 2015). Our findings indicate that there are differences between educators, healthcare students and workplace managers in terms of which outcomes they prioritise. When Morcke *et al.* (2006) reported divergent views between different parties involved in education, they advocated acknowledging and incorporating these differences into the educational experience. Moving beyond the current study, discussing the LOs with students, explaining how academic outcomes complement clinical outcomes, and inviting students to surface their own priorities in the experience might enhance the educational experience. That LOs may not be fully understood without first attaining them should also be acknowledged (a longitudinal study would be needed to explore

whether this is the case or not). A more personalised educational experience, or at least one which is rendered more personal through discussion, has much more resonance with the student-centred nature of LOs.

It is generally acknowledged that LOs play a prominent role in the educational process. In this study they were discussed with students at the module start but rarely with managers sponsoring the study of their employees. Given that greater alignment and integration between HE and the workplace may facilitate impact of continuing education on professional practice (Clark *et al.* 2015), joint discussions about educational outcomes would be an essential starting point, even when the outcomes are specified by professional and/or regulatory bodies. However, better communication is highly unlikely to address the inherent, structural tensions between academia and the workplace, particularly when the workplace is healthcare. Although LOs may have the potential to clarify to stakeholders what professional education can do, it may be that LOs are not in the format preferred by managers (Ewell, 2007, cited in Sweetman, 2017). A different approach could be to co-construct outcomes with managers, although this might not always be achievable, depending on the scale of provision. Furthermore – and perhaps more radically – a discussion of an alternative or an addition to LOs could be of value such as ‘practice attributes’ or practitioner profiles. These would focus on what a module/programme would prepare students to do by providing clear, negotiated statements that link specific clinical outcomes with the required, PG academic skills such as critical thinking, research understanding and autonomous decision-making skills.

This paper has explored understandings of PG LOs in a healthcare context. This topic rarely receives scrutiny despite their centrality in the educational process and the considerable attention given to educational impact, particularly in practice-based disciplines such as health care. The project attempted to gather a multifaceted view of LOs by gathering data from educators, students and managers from two UK universities, but is limited by small sample sizes and low response rates. Further work with a larger sample is required. Similarly, surveys with workplace managers rarely receive attention and so further research exploring the perceptions and understanding of LOs by students and their line managers is likely to generate further insights.

Declaration of interests

No potential conflict of interest was reported by any of the authors.

References

- Allais, S. 2012. Claims vs. Practicalities: Lessons about using learning outcomes. *Journal of Education and Work* 25, no 3: 331–54.
- Avis, J. 2000. Policing the subject: Learning outcomes, managerialism and research in pceet [post-compulsory education and training]. *British Journal of Educational Studies* 48, no 1: 38–57.
- Baume, D. 2009. *Writing and using good learning outcomes*. Leeds: Leeds Metropolitan University.
- Biggs, J.B. and C.S-K. Tang. 2011. *Teaching for quality learning at university: What the student does*. Maidenhead: McGraw-Hill.
- Billett, S. 2004. Co-participation at work: Learning through work and throughout working lives. *Studies in the Education of Adults* 36, no 2: 190–205.
- Bleiklie, I., N. Frølich, R. Sweetman and M. Henkel. 2017. Academic institutions, ambiguity and learning outcomes as management tools. *European Journal of Education* 52, no 1: 68–79.
- Brancaleone, D. and S. O'Brien. 2011. Educational commodification and the (economic) sign value of learning outcomes. *British Journal of Sociology of Education* 32, no 4: 501–19.
- Braun, V. and V. Clarke. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, no 2: 77–101.
- Brooks, S.M., K. Dobbins, J.J.A. Scott and R.I. Norman. 2014. Learning about learning outcomes: The student perspective. *Teaching in Higher Education* 19, no 6: 721–33.
- Clark, E., J. Draper and J. Rogers. 2015. Illuminating the process: Enhancing the impact of continuing professional education on practice. *Nurse Education Today* 35, no 2: 388–94.
- Daugherty, R., P. Black, K. Ecclestone, M. James and P. Newton. 2008. Alternative perspectives on learning outcomes: Challenges for assessment. *The Curriculum Journal* 19, no 4: 243–53.
- Dobbins, K., S. Brooks, J.J.A. Scott, M. Rawlinson and R.I. Norman. 2016. Understanding and enacting learning outcomes: The academic's perspective. *Studies in Higher Education* 41, no 7: 1217–35.
- Fenton-O'Creevy, M., L. Brigham, S. Jones and A. Smith. 2014. Students at the academic-workplace boundary: Tourists and sojourners in practice-based education. In *Learning in landscapes of practice: Boundaries, identity and knowledgeability in practice-based learning*, eds Wenger-Trayner, E, Fenton-O'Creevy, M, Hutchinson, S, Kubiak, C and Wenger-Trayner, B. Abingdon: Routledge.
- Hadjianastasis, M. 2017. Learning outcomes in higher education: Assumptions, positions and the views of early-career staff in the UK system. *Studies in Higher Education* 42, no 12: 2250–66.
- Hewitt, T.W. 2012. *Understanding and shaping curriculum: What we teach and why*. Thousand Oaks, California: Sage Publications, Inc.
- Hodkinson, P., H. Hodkinson, K. Evans, N. Kersh, A. Fuller, L. Unwin and P. Senka. 2004. The significance of individual biography in workplace learning. *Studies in the Education of Adults* 36, no 1: 6–24.

- Hume, A. and R. Coll. 2010. Authentic student inquiry: The mismatch between the intended curriculum and the student-experienced curriculum. *Research in Science & Technological Education* 28, no 1: 43–62.
- Hussey, T. and P. Smith. 2002. The trouble with learning outcomes. *Active Learning in Higher Education* 3, no 3: 220–233.
- Hussey, T. and P. Smith. 2008. Learning outcomes: A conceptual analysis. *Teaching in Higher Education* 13, no 1: 107–15.
- Landers, M.G. 2000. The theory–practice gap in nursing: The role of the nurse teacher. *Journal of Advanced Nursing* 32, no 6: 1550–56.
- Lassnigg, L. 2012. ‘Lost in translation’: Learning outcomes and the governance of education. *Journal of Education and Work* 25, no 3: 299–330.
- Morcke, A.M., G. Wichmann-Hansen, D.G. Nielsen and B. Eika. 2006. Complex perspectives on learning objectives: Stakeholders’ beliefs about core objectives based on focus group interviews. *Medical Education* 40, no 7: 675–681.
- Murtonen, M., H. Gruber and E. Lehtinen. 2017. The return of behaviourist epistemology: A review of learning outcomes studies. *Educational Research Review* 22: 114–28.
- Prøitz, T.S. 2015. Learning outcomes as a key concept in policy documents throughout policy changes. *Scandinavian Journal of Educational Research* 59, no 3: 275–96.
- Prøitz, T.S., A. Havnes, M. Briggs and I. Scott. 2017. Learning outcomes in professional contexts in higher education. *European Journal of Education* 52, no 1: 31–43.
- Royal College of Nursing. 2018. *RCN Standards for Advanced Level Nursing Practice*. London: RCN.
- Schubert, W.H. 2010. Intended curriculum. In *Encyclopedia of curriculum studies Vol. 1*, ed. Kridel, C.A. Thousand Oaks, California: Sage Publications, Inc.: 488–89.
- Souto-Otero, M. 2012. Learning outcomes: Good, irrelevant, bad or none of the above? *Journal of Education and Work* 25, no 3: 249–58.
- Stanley, J. 2015. Learning outcomes – from policy discourse to practice. *European Journal of Education* 50, no 4: 404–19.
- Sweetman, R. 2017. Helos and student-centred learning – where’s the link? *European Journal of Education* 52, no 1: 44–55.
- Sweetman, R. 2019. Incompatible enactments of learning outcomes? Leader, teacher and student experiences of an ambiguous policy object. *Teaching in Higher Education* 24, no 2: 141–56.
- Werquin, P. 2017. The missing link to connect education and employment: Recognition of non-formal and informal learning outcomes. *Journal of Education and Work* 25, no 3: 259–78.

Table 1: Questionnaire questions for students

- Please rate the importance (on a 5-point scale) of the following reasons for studying this module: (a) relates to my clinical practice; (b) will help my career progression; (c) suggested by my manager; (d) for personal interest; (e) any other reason (please state)
- What information did you have before you decided to study this module?
- Have you seen the learning outcomes before now?
- When and where did you previously see the learning outcomes?

- Please outline your understanding of what this module is about
- What do you expect to achieve as a result of completing this module?
- How clear (on 3-point scale) is each of the learning outcomes? [Module learning outcomes are listed]
- Indicate the importance of each learning outcome for your current job role (on a 4-point scale)
- Indicate the importance of each learning outcome for your professional development (on a 4-point scale)
- Indicate the importance of each learning outcome for your personal development (on a 4-point scale)
- Do the learning outcomes capture your hopes and expectations about what you will be able to achieve when you have completed the module?
- Did you discuss the learning outcomes with anyone before deciding to study the module?

Table 2: Questionnaire questions for managers

- What information, if any, do you have about the module?
- Have you seen the learning outcomes before now?
- When and where did you previously see the learning outcomes?
- Did you have any influence on your colleague's decision to study the module and, if so, how?
- Have you discussed the module learning outcomes with your colleague who is studying the module?
- What did you discuss?
- Please outline your understanding of what this module is about
- What do you expect colleagues to achieve as a result of completing this module?
- How clear (on 3-point scale) is each of the learning outcomes? [Module learning outcomes are listed]
- Indicate the importance of each learning outcome for your colleague's current job role (on a 4-point scale)
- Indicate the importance of each learning outcome for your colleague's professional development (on a 4-point scale)
- Indicate the importance of each learning outcome for your colleague's personal development (on a 4-point scale)

- Do the learning outcomes capture your hopes and expectations about what your colleagues will learn and be able to do when they have completed the module?