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**Paper:**

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**Title:** The role of the 'Practice Trainer' as an agent of co-configuration in supporting professional learning

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## **Abstract**

Professional and vocational learning in all contexts requires sharing expertise across physical, social and cultural boundaries in developing and delivering programmes of study. Contemporary understanding of workplace learning emphasise the criticality of contextualised learning, and the way in which learners and workplace environments are reciprocally shaped. This paper draws on the findings of a case study which utilised activity theory to analyse partnership working in healthcare. This analysis revealed the centrality of mediating agents in fostering conditions which support reciprocation through 'boundary crossing' (Engeström et al 2000) between partner organisations. The study is set within an interpretivist research paradigm with data gathered through a series of semi-structured interviews and a focus group with key members of the partnership. The case study centres on the development of a new role in healthcare, underpinned by a two-year foundation degree qualification. During training learners spend one day in university and four days in practice settings, accompanied by a 'Practice Trainer' who has a dedicated role in supporting them. The findings reveal that practice trainers have played a role as mediating agents in co-configuration between activity systems (Engeström 2007) which has been key to the effectiveness of the workplace learning and the successful development of the role. A similar, dedicated role is recommended in other professional and vocational programmes to foster the conditions which enable a more contextualised learning experience.

## **Introduction**

Development of professional and vocational learning is recognised as negotiated between individual learners and practitioners, and across occupational and organisational boundaries in reciprocal learning processes (Erault, 2007; Fuller and Unwin 2004, Felstead et al, 2011). Tailored programmes of study depend on education providers and practice settings sharing knowledge and expertise in developing and delivering programmes which are relevant to employers' requirements. Foundation degrees have been developed specifically to meet employer requirements for a skilled workforce, whilst also meeting the aims of the widening participation agenda (QAA 2004). Within the healthcare field these qualifications have been welcomed as an appropriate work-based qualification for the training and education of assistant professional or 'paraprofessional' staff who work under the direction of registered professionals (Kubiak et al 2010). The introduction of assistant professional roles in healthcare has occurred within the

context of modernisation of services and workforce remodelling, with the intention of allowing some role flexibility according to local need (DH 2000).

However, the modernisation agenda has been critiqued on the basis that it represents a managerial tool which brings changes in the structure of work, and perceived challenges to professional knowledge and autonomy (Leicht et al, 2009). Providing workplace support for trainee assistant professionals to develop the skills and competence appropriate to the role often brings competing priorities for registered professional staff required. Hancock et al (2005) noted that performance targets, immediate service demands and the needs of an array of trainees in the workplace makes the healthcare environment very pressured at times. This brings challenges not only for the staff involved in supporting programme development and delivery, but also for the learners. This paper explores a model of workplace learning support for assistant professionals in the context of current theoretical understandings and specifically through the lens of activity theory (Engeström 1987, 2001). It draws on evidence from a case study conducted to analyse partnership working in healthcare with a new generic assistant professional role, underpinned by foundation degree training as the intended outcome. In this analysis it is proposed that boundaries between the organisations and professions involved are bridged in support of the learners through the work of agents of 'co-configuration' (Engeström 2007). The paper argues that this agency is pivotal in creating an effective workplace learning environment for the development of the role, and consequently for the success of this programme. The paper will consider developments in understanding of workplace learning and provide an overview of activity theory and the concept of co-configuration. The context of the case study from which the paper is derived will be described, and then the findings will be discussed in the light of activity theory with implications for wider professional practice.

## **Workplace learning theory**

Understandings of learning have shifted from an emphasis on cognitive theories particularly influenced by Piaget (1929, cited in Jarvis, 2006) which emphasise individual learning within formal environments, to a greater emphasis on social learning in non-formal learning environments (Eraut, 2000, 2007). The latter has been particularly influenced by the 'Community of Practice' (COP) construct developed by Lave and Wenger (1991) following their empirical studies of 'apprenticeship' in the workplace. The way in which they described the journey from novice to full participant in the community highlights the importance of 'situated' learning as a social process. The debate on the relative importance of the individual and of the collective in learning processes has gained momentum in debates on workplace learning, and authors have tried to encapsulate these debates in different ways. Sfard (2000) has described 'metaphors for learning' as a useful way to consider the complexities of learning from different perspectives. She proposed two principal metaphors for learning; an 'acquisition' metaphor which is concerned primarily with individual learning where knowledge is 'acquired' by the learner, and a 'participation' metaphor which is more grounded in knowledge gained through taking part in social learning activities with collective learning emphasised. Sfard (2000) has developed the argument that both metaphors are needed in order to understand the complexities of learning by different learners in a variety of situations. The discussion has been extended by Hager and Hodkinson (2009) to include the notion of

'becoming' as an appropriate metaphor for learning. The latter highlights how the learner is changed as they forge a new identity in the learning environment, for example, in developing an identity from 'student' to 'nurse' throughout the course of their undergraduate career. It is not within the scope of this paper to debate these ideas in detail as they are fully explicated by the authors as cited, The metaphors of 'participation' and 'becoming' are particularly salient in understanding the role of agents of co-configuration in this analysis and so will be discussed more fully.

#### *Workplace learning as participation*

Although contemporary theories of workplace learning owe much to the seminal work of Lave and Wenger (1991), the COP concept has been subject to criticism on the basis of lack of acknowledgement for the individual learner and in presenting a rather static view of the workplace environment (Billet 2001). This first aspect concerns the personal agency of the learner and reflects the idea that one learner may flourish in an environment where another may struggle. However, personal agency is also limited by the social context of practice, and the extent to which learners are invited and expected to participate in appropriate learning activities. Billet (2008) has referred to this as 'workplace affordances'. The degree to which the workplace affords learning opportunities reflects the inherent personal, professional and organisational interests embedded within the context of the practice. Fuller and Unwin (2003) have proposed an 'expansive-restrictive continuum' to take account of the socio-cultural context and pedagogical practices within different learning environments. Their empirical work demonstrates the interplay between the individual and the environment, acknowledging that opportunities for learning may differ substantially in the workplace. In professional and vocational training programmes learners are generally subject to formal classroom environments as well as the less formal workplace environment and must negotiate their identity as learners in each. Fuller and Unwin (2003) have referred to different environments as 'learning regions' and assert that where there is a lack of connection between them, there is ambiguity in the curriculum to be followed by learners which restricts their potential to fully develop.

#### *Workplace learning as becoming*

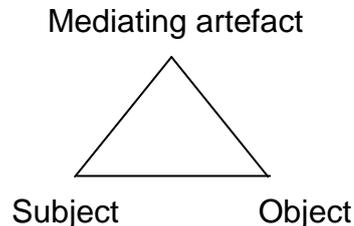
Not only do learners inhabit different learning regions, but they may also be involved in crossing occupational and professional boundaries in developing a new identity in the workplace. Where this identity encroaches on existing occupational and professional roles, this may generate hostility and impact negatively on learners. The identity of a profession is closely aligned with its specialism and Bernstein (2000) has described how professional status is defined by the borders around professional roles and responsibilities. The smaller professions in particular have had to struggle for recognition, and so when this is achieved, the professional bodies tend to exclude those not registered with the profession to maintain their borders. Francis and Humphries (2002) have described this as 'professional tribalism'. Forging an identity as an assistant professional who will undertake skills and tasks hitherto belonging to professionals presents a challenge to these borders and to the learner who must negotiate the development of their new identity with those around them. The concept of forging a new identity through learning where this is inhibited in practice indicates that 'participation' cannot be assumed as a given, but may have to actively be negotiated. Hager's (2008) idea of 'becoming' as a more appropriate

metaphor allows for the emergent nature of learning, it is never fixed and complete, but negotiated and fluid with the potential for ongoing change. Engeström (2011) also expressed concern with the limitations of learning as participation on the basis that it fails to acknowledge the culture and labour relations of practice itself. He proposed 'expansive learning' as an appropriate metaphor to describe the dynamic interaction between learner and practice within the context of the organisation(s) involved. In this way the concept of expansive learning offers the potential to connect the fields of workplace learning and organisational learning in understanding the relationship between the micro and macro dynamics of the workplace (Engeström et al 2007).

#### *From participation to expansive learning*

The notion of expansive learning builds on the foundations of earlier work on human learning by Vygotsky (1978) and Leontev (1978, 1981). The central basis of the theory is that human learning is enhanced by the 'subject' engaging with the 'object' through the role of mediating artefacts. These mediating artefacts may include more experienced people and tools which support learning such as textbooks, computers and instruments. The basic model of subject - object - mediating artefact is referred to by Engeström (1999) as 'first generation' activity theory (Figure 1):

**Figure 1 Vygotsky, 1978**



Engeström (1987) expanded the concept to move the focus from the individual to collective activity in the context of learning within a community with its own rules, different motivations and divisions of labour. The latter captures the importance of occupational and professional status in the workplace, and how the rules determining this may impact on learning opportunities. In this 'second generation' activity system Engeström (2001) identified key principles influencing learning including the 'multi-voicedness' of participants, 'historicity' as the systems evolves and transforms through time, and the key role of contradiction as a source of change and development. In relation to the latter, restrictions to participation in the workplace may be viewed constructively as 'contradictions' which offer the potential for new forms of practice to emerge where the conditions allow expansive learning within the activity system.

Developing the model further in 'third generation' activity theory, Engeström(2001) described how two or more related activity systems interact during collaborative working to solve joint practice problems. This cross collaboration involves

interdependency between activity systems and ongoing dialogue to maintain adaptability to new demands (Engeström 2004). This is relevant to development of professional and vocational programmes where ongoing interaction between education and practice is required to support development of learners and to meet changing practice requirements. Engeström (2007) also utilised the concept of 'co-configuration' to explore how joint solutions may be developed in response to contradictions arising in activity systems. Co-configuration is derived from the work of Victor and Boynton (1998) who describe it as 'the creation of customer intelligent products and services that adapt to the changing needs of the user' (p.195). In an example used by Engeström's (2007) he describes how home services care are co-configured to the ongoing needs of older people through negotiation and development of shared understanding with care staff and management. This paper will argue that in a similar way the practice trainer role has been central in sharing knowledge and understanding in co-configuring the curriculum to the needs of the development AP role. It is not within the scope of the paper to fully describe activity theory as this is well-documented in the original work by Engeström (1987, 2001) and by Roth and Lee (2007). The justification for its use in the case study is supported by successful application in other healthcare settings as an interventionist methodology to improve services (Engeström et al 2003; Engeström 2007; Engeström and Sannino, 2010) and as a tool to develop greater understanding of practice (Ardenghi and Roth 2007; Feijter et al 2011).

## **The Case Study**

### *Context*

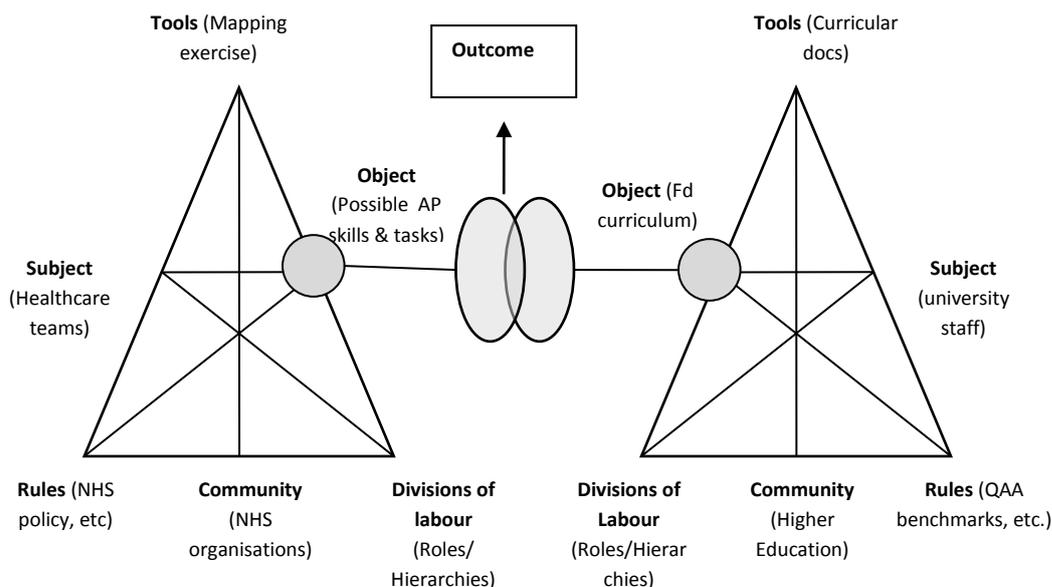
The assistant professional (AP) role which is the focus of this paper was developed through a partnership between the Strategic Health Authority (SHA), healthcare organisations and a university in the UK. The role was envisaged as generic in that the APs would develop knowledge and competence across a range of disciplines including nursing, social care, physiotherapy, occupational therapy, dietetics and speech and language therapy. To prepare APs to work in this way required a process of 'workforce re-engineering' to allow registered professional staff to delegate tasks to APs, enabling them in turn to concentrate on more complex cases. Learners are generally recruited as employees of the organisation where they are based, and during the foundation degree programme they spend one day of study in the university and four days in practice. In both environments they are supported by a dedicated 'Practice Trainer', a health or social care professional who is seconded to the university from the practice setting to co-ordinate the workplace learning experience for a small group of learners. Although elements of this model are common to other professional and vocational programmes in healthcare, the practice trainer role is unique in the extent to which practice trainers are embedded in the social context and culture of both organisations and the way in which their day to day work involves spanning them in supporting learners. The AP role was initially developed in 2002 and is now part of the mainstream commissioning of the healthcare workforce with over 2,500 APs employed in the region of England in which the role was initially developed (RCN, 2010). Although they are not currently regulated as professional staff, there have been calls for this (Scott, 2010). In view of

the pressure for higher standards of training and regulation of all healthcare staff as a result of the Mid Staffordshire Enquiry (Francis 2013) this is likely to increase.

### *Methodology and data collection*

The partnership which formed the basis of the case study was analysed retrospectively as an interacting activity system as the AP role developed and evolved through expansive learning. In this sense 'expansive learning' is understood as a 'processes in which an activity system, for example a work organization, resolves its pressing internal contradictions by constructing and implementing a qualitatively new way of functioning for itself (Engeström, 2007, p.24). This is depicted in Figure 2 where the explicit object of the healthcare activity system on the left is in identifying 'AP skills and tasks', with an exercise of 'mapping the patient journey' employed as a mediating artefact. This 'patient journey' exercise is a representation of how potential tasks and duties to be delegated to APs were negotiated by identifying gaps and duplications in existing healthcare roles. Although the explicit object of activity is thus suggested, the object is in fact contested and dynamic, as the multiple voices in the system come to shape it at various stages in the process. In relation to the healthcare setting, the different voices are represented by the NHS employers and staff according to their organisational and professional status, as well as their professional and personal interests. The explicit object on the right of the diagram is depicted as the foundation degree with existing higher educational curricula identified as mediating in its development. Again, the object is emergent as the multiple voices shape it according to professional and individual interests, experience and motivations. Where the two systems interact, boundaries between organisations and professional interests have to be successfully traversed to enable expansive learning in moving towards a shared object of activity.

**Fig 2 Learning partnership as an interacting activity system**



During the two years of the programme the learners have a dual identity, students at the university, and employees, entitled 'Trainee Assistant Practitioners' in the workplace. This dual identity generates contradiction in the emerging object of the interacting activity system which was manifest as a tension in the partnership. Engeström and Sannino (2011) emphasise that contradictions cannot be resolved by a process of compromise but require a novel solution. In the analysis here, the novel solution is indicated by co-configuration between the emerging AP role and the curriculum. This paper is particularly concerned with the role of the practice trainer in achieving this.

The study adopted a qualitative approach within an interpretivist research paradigm from the perspective of an 'inside' researcher. Bryman suggests that 'interpretivism' is derived from the hermeneutic tradition which involves development of theory and understanding of human action in context (2004: 13). My approach as researcher was to seek to bring a critical perspective to the partnership working explored from the viewpoint of participants who have lived through the experience. My interpretation is acknowledged as subjective, being contingent upon my own beliefs, values and experience which changed during the period of the study. I was initially programme leader for the foundation degree and was aware of potential role conflict between my role as 'colleague' and as 'researcher'. This required a reflexive approach, with due regard for the sensitivities and dynamics of my relationship with participants. This became easier later in the study as I moved to a new post in a different university which allowed my role as 'researcher' to become the dominant one. Data for the study was gathered over a period of 18 months from 2008-2010 through a series of sixteen semi-structured interviews with a representative sample of key members of the partnership; project managers from the SHA, senior nursing and therapy managers from NHS Trusts and healthcare organisations, tutors from the university and the practice trainers. The interview findings were analysed

iteratively and, following this, a focus group was conducted to examine particular aspects of the findings in more detail. The focus group included a representative sample of participants from each of the key stakeholder groups as described above. Data for the study was gathered on the basis of informed consent, and the findings anonymised in accordance with the ethical approval given by the University Research Committee and the NHS Research Ethics Committee in the UK. All participants were given female pseudonyms to avoid possible identification as there was a gender imbalance of participants in the study.

### *Data analysis*

The interviews lasted between sixty and ninety minutes to allow in-depth exploration and discussion of issues, followed up by a focus group of two hours involving a representative sample of participants. Both the interviews and the focus group were recorded, transcribed and analysed through a thematic approach using participants' voices as the starting point in keeping with interpretive enquiry (Burgess et al, 2010). The analysis of the findings was conducted through an iterative process involving coding the data in the light of the conceptual frameworks underpinning the study. A number of possible themes emerged as key phrases/topics recurred in participant responses and these were refined as a normal part of coding and categorizing (Kvale and Brinkmann, 2009). In the case study four key themes emerged but for the purposes of this paper which focuses on the practice trainer role, the theme of 'barriers and bridges' is of most relevance. The findings will be considered in the light of understandings of workplace learning and the activity theoretical framework underpinning the study. Conclusions and implications in relation to this will be drawn in the later discussion.

### **Findings**

All participants identified some initial barriers to effective participation in workplace learning and thus development of the AP role in practice. These related to organizational and cultural barriers including challenges to professional and occupational boundaries. It was in the course of the interviews in discussion of how barriers had been overcome that the role of the practice trainer as mediator in building bridges emerged, as will be illustrated through the findings.

#### *Organizational/cultural barriers*

A key issue which participants identified for the learners in practice arose from contested understandings of the requirements of the foundation degree and the nature of the 'apprenticeship' for the APs. These differences in understanding are reflected in an interview with a tutor;

*'we've got to say actually no it's got to be, it can't just be a, er, an apprenticeship, it's got to be an academic qualification'* (Tutor, Irene)

Unsurprisingly, university staff were primarily concerned to provide a higher education qualification with development of higher level academic skills and

opportunities for progression paramount. However, the primary concern of healthcare employers was with development of more immediate practical skills so that the APs could be delegated tasks from more senior staff to free them up in turn for more complex responsibilities. These two aspirations are not mutually exclusive, but this represented a contradiction in development of the AP role with learners faced with competing priorities on the curriculum to be followed. With reference to the activity theory analysis, this highlights the two overlapping, but partly discrete objects of activity (Figure 2). Over time the practice trainers were instrumental in helping healthcare staff to understand the university requirements and needs of learners;

*'It [the foundation degree] was a lot more academic than the Trust realised at first I think.... I think we've grown alongside that as well as we've understood more about it, ...and put in more support'* (Practice trainer, Geraldine)

Alongside this, the practice trainers also mediated in helping university staff to understand the range of skills and competence required in the different practice environments inhabited by learners. As a consequence, the foundation degree curriculum evolved to meet these requirements;

*'They [the university] have adapted to what stakeholders wanted really erm in terms of developing new modules, in terms of perhaps looking at what makes it relevant to the workplace'* (Practice trainer, Olivia)

Development of this greater understanding of workplace needs and synergy with the foundation degree curriculum demonstrates a move towards a more shared object of activity, achieved through the mediation of the practice trainers.

### *Professional barriers*

Preparing APs to work across professional and occupational boundaries in delivering 'patient-centered' care was explained as a challenge to workplace learning by a senior manager in the SHA;

*'we've grown up in a twenty five to thirty year history of very fixed roles, professional roles with clear demarcations'* (SHA, Claire)

Her understanding of established professional roles with clear boundaries reflects the 'divisions of labour' and 'rules' embedded in the socio-cultural historical context of practice as described by Engeström (2001). The aim of developing an AP role which encompassed nursing, therapy and social care tasks depended on the support of a range of nursing and allied health professionals in the workplace. It was incumbent upon these staff to provide learning opportunities to prepare APs to take on these tasks. Many participants cited instances where professional groups were perceived as presenting barriers to participation;

I think it was a lot of the time plagued by mistrust in the early stages ..... a lot of discussion around people taking people's jobs erm a lot of professional tribalism in terms of people very reluctant to actually impart any of their knowledge to people they felt were a threat' (Practice trainer, Hannah).

The initial resistance from some professional groups highlights the contradiction inherent in developing a new assistant professional role. The aim of freeing-up registered professionals to concentrate on more complex tasks encroaches on professional boundaries and so is perceived as a threat to their professional status. Other barriers to learning to become an AP arose from simple misunderstandings in the use of different professional language and abbreviations. An example of this related to how the APs would develop competence in supporting patients with Activities of Daily Living (ADL). The occupational therapy and nursing staff both used this same term, but it transpired that it had a different meaning in relation to the profession-specific models of ADL. This is recalled by one of the clinical directors during an interview;

*'and we discovered that the sort of nurses meant something different and, in fact what I always found quite a shock was that the OTs [Occupational Therapists] thought that ADL was an OT invention .....you know and I remember all the nurses going NO (laughs)'* (Director of Nursing, Francis)

The unique position of the practice trainers in working in different environments across communities of practice enabled them to break down barriers and in becoming familiar with different forms of jargon, they could act as 'brokers' between different professional groups. Burt (1997) describes the role of 'broker' in inter-organisational networks as one involved with 'building interpersonal bridges' between those who would be otherwise disconnected (p.342).

### *Building bridges*

These examples demonstrate the agency of practice trainers supporting the move from a more restrictive to a more expansive environment. The agency of practice trainers in building bridges was clearly valued across the partnership;

*'Erm they are you know because of their background and the experience that they bring to the role they understand what the issues are in practice so yeah, they're absolutely invaluable'* (Clinical Director, Emily)

The reference made by the Emily to '*their background*' indicates that the professional

background of practice trainers allows shared professional identity with other healthcare practitioners, and therefore insight into practice issues. In activity theory Engeström et al (1999) highlight aspects of common ground as central to boundary crossing as well as the role of 'physical artefacts and body movements' as mediating tools (p.333). A succinct example of this was provided by a practice trainer;

*'if you are working with students on an Acute Ward for example that is easy an easy thing to do because you know you can go into the Clinical setting put your uniform on and work with students'* (PT, Barbara)

This excerpt summarises many key elements which seemed helpful in building bridges. Going physically into the practice setting and donning her nursing uniform symbolizes the practice trainer as 'an insider' who shares tacit knowledge and understanding of practice issues. Working alongside the learner symbolizes her specific practice trainer role which gives legitimacy to the learner and offers opportunities for both to engage as participants in the healthcare community. Similarly, the practice trainers attend the study days at the university with learners and facilitate teaching alongside university staff. The value of this is emphasized by a tutor;

*'What a brilliant resource that is because if there's anything that I don't, I'm trying to relate to practice and I'm from practice some time ago, but if there's anything relating to the organisation, the practice trainer's there, they've got that insight and that becomes such an important partnership doesn't it?'* (Tutor JS)

Again, the practice trainer is viewed as making a legitimate contribution to learning in the university community and bringing specialist expertise. This resonates with the idea of connecting learning regions in support of learners as described by Fuller and Unwin (2003). This spanning university and workplace settings fits well with the idea of 'bridging, boundary crossing, knotworking, negotiation, exchange' which constitute key aspects of co-configuration (Engeström et al, 2007: 19). The criticality of this role in the development of the AP role and success of the partnership was widely appreciated as indicated by this employer;

*'I think as the project unfolded a practice trainer, who again was physically moving between the higher education provider and the pilot site, meant that there was fluid movement of information, communication, consistently taking place'* (Champion, Janice)

## Discussion and conclusion

The analysis has considered the development of the partnership and aligning of the AP role with the curriculum through the lens of activity theory. Barriers to development of the AP role have been identified in relation to differences in culture between the organizations involved and the

professional boundaries within the practice environment. The divisions of labour and rules embedded within and between activities systems create contradictions which require expansive learning in order to create new solutions. The mediating role of the practice trainer appears to have crucial in promoting expansive learning by bringing the overlapping objects of activity closer together. Engeström (2007) emphasises the importance of object construction in expansive learning, and he describes the 'formation of a shared object as a major collaborative achievement' (p.163). The identity of the practice trainer as a legitimate member of communities of practice in both organizations has enabled them to share understandings of language and culture. Through their agency in co-configuration they have supported learners in overcoming barriers to full participation and in developing an identity as APs.

The perspective of learners has not been directly included in this paper as they were not participants in the research from which it was derived. However, the credibility of this account is supported by external evaluations of the initiative in which the practice trainer role was viewed very positively by the majority of learners as well as university and healthcare staff (Benson and Smith 2007). It was clear from the interview findings that all key members of the partnership valued the practice trainer role and recognized the level of contribution made.

The transferability of this study to other contexts has limitations due to the specific nature of this partnership and the learners involved. The learners are already employed in the workplace and so although this brings challenges to shedding an existing identity to become an AP, they have the advantage of access to relevant workplace learning, unlike learners on many other foundation degrees who may struggle to find appropriate placements. Furthermore, the funding of practice trainers through secondment is supported by the university and not all institutions may be prepared to adopt this model. However, many professional and vocational programmes have similar roles which could be modelled more closely on the practice trainer role and bring added benefits. In my current post in medical education there is no such role but we have adopted some of the principles inherent in it by appointing 'Placement Innovation Leads'. These are senior clinicians who have dedicated time to work very closely with the university curriculum team and to support learning across placements. The role is carried out alongside their clinical commitments. This development is in its early stages but there are already indicators that this is improving quality of placements and in aligning curriculum development to meet emerging practice requirements.

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