THE REALITIES OF

PRACTICE PLACEMENT

Learning from the experiences of occupational therapy students

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ABSTRACT

This thesis reports on research carried out with student occupational therapists following a period of practice placement education. The research carried out seeks to give a voice to student occupational therapists and to explore their perceptions and expectations of the practice placement experience.

Using a qualitative research approach, six focus groups were held with occupational therapy students so that they were able to discuss their practice placement experiences. From these discussions, four key themes emerged:

- Supervision and the supervisory relationship

- Assessment

- Student expectations

- The student as a person

Findings from the research identified that the so-called 'theory-practice' divide exists in occupational therapy education. When the students undertake their practice placements they move into a completely different learning environment – or 'community of practice' – to that experienced within the university classroom. As a consequence, they have to develop the ability to interact and learn within these very distinct communities.

It is also evident from the research that there is a multitude of factors that impinge upon the students' learning and experiences on placement. The research findings clearly indicate that there is a need for change in how occupational

therapy education is provided, particularly in light of the current modernisation agenda for health and social care.

Two more key points to come out of the research are that practice placement educators require more guidance in providing a quality learning experience for the students, and that students need more assistance in engaging with the learning experience while on placement.

Recommendations from the study include increased collaboration between the University and practice placements; a redesign of the curriculum to embrace the practice placement element; more effective use of the skills of both practice placement educators and placement tutors; and greater consideration of the whole learning experience from the students' perspective.

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Most of all I would like to thank my husband, Rory, for his kindness, understanding, and constant encouragement during the 'dark' times.

I wish to dedicate this thesis to my late father John Sullivan who sadly died during my study but who I know would have been extremely proud that a mere 'joiner's daughter' was able to attain this level of achievement in academia.

Finally, for my children Natalie and Jonathan who have brought great pleasure and enrichment to my life, not to mention chaos, noise, refined time management skills and fun!

GLOSSARY

Accreditation is both a quality assurance process and the recognition given for having met pre-determined criteria.

A community of practice is a set of relations among persons, activity and world, over time and in relation with other tangential and overlapping communities of practice.

Practice placement is a process which involves a partnership between the practice placement educator and the student in the placement setting. It is an integral component of the total curriculum through which the student demonstrates and achieves competence to practise as an occupational therapist. It is also known as **fieldwork education.**

Practice Placement Educator is a practice based staff member who is mainly responsible for the day-to-day management of a student on placement and is responsible for the assessment of the student against agreed learning outcomes. They are also known as **fieldwork educators or supervisors.**

Occupational therapy enables people to achieve health, well being and life satisfaction through participation in occupation (COT 2004).

Situated learning focuses on the relationship between the learner, the learning and the social situations in which it occurs.

Chapter 1

Introduction

Aims of the Study

This research aims to identify and understand occupational therapy students' perceptions and experiences of practice placement education.

There is limited existing research and a dearth of literature relating to this specific topic. I have identified this gap of knowledge and research from my unusual, perhaps privileged, position of having had experience of all the posts relating to practice placement in occupational therapy throughout my career. I will expand on this later in this chapter. My role as researcher within the context of this research, including how my position and experiences might influence how I carry out the research and what conclusions I draw from it, will also be discussed.

The catalyst for undertaking this research was my knowledge of the critical reflective process identified in the work of Stephen Brookfield (1995) which I felt could be applied beneficially to the occupational therapy setting.

Therefore, the ultimate purpose of carrying out this research was to add new contributions to the existing body of knowledge concerning practice placement education in occupational therapy and to communicate the 'realities' of practice placement education for students to a wider audience. In doing so, I would aim to bring coherence to existing literature that deals with various aspects of this topic by viewing it through the specific lens of this research.

The setting for this small-scale study is an undergraduate occupational therapy programme in one University in the UK. The study focuses on and analyses the

personal perspectives of occupational therapy students during their practice placement education in health and social care settings. This study represents the attempt by myself as the researcher to gain a deeper understanding of the students' expectations, experiences and perceptions of their practice placements and to relate this to existing theory.

The knowledge gained from this research will be used to inform my practice and that of practice placement tutors and educators with the aim of ensuring the future provision of quality practice placements for occupational therapy students at the University in this study.

The findings of this research should also help practice placement educators by informing the content of future accreditation training programmes provided by the University. This will help to ensure that the practice placement educators are adequately equipped to take on the important role of educating and assessing future practitioners – students - in order to meet the requirements of the relevant professional, statutory and academic bodies.

It is worth noting at this point that a third of the course provision for the occupational therapy students at this University is dependent upon, and supplied by, occupational therapists working in a variety of practice settings. The only specific requirement these occupational therapists need to have to supervise the students on placement is that they are – preferably – accredited through the University to accept students. However, this is only a desirable specification and not an essential one. An assumption is made that qualified occupational therapists will be capable of providing a high quality learning experience for students.

In addition, these clinicians have no requirement to have teaching qualifications, or to attend regular updates on teaching and learning theory, or to be active in

research or continuing professional development (CPD), other than that required by their employers. Yet, they are given responsibility to prepare and assess students for fitness to practice.

It is also worth mentioning that while academics within the University teach the students about occupational therapy practice, some of the lecturers may not have practised within their profession for many years. A large proportion of these lecturers will have graduated at a time when practice was based within 'relatively structured environments' and where the 'pressures of economic and outcome accountability were less demanding' (Paterson, Higgs & Wilcox 2005 p410). In the context of a rapidly changing world of health and social care, it may be difficult to appreciate how they can deliver current relevant theory that is applicable to today's practice.

Researching the views of the students about their experiences on placement is an effective way of seeing if the students are gaining the knowledge and skills from placement that they expect to attain – and if they believe these experiences to be of value to their future practice. Much is assumed about what the students will learn on placement, as shown later in the study, but little has been researched about the students' experience from their perspective.

It is already recognised that within the NHS there exists what is commonly known as the 'research-practice gap', with a lack of implementation of research findings being put into practice (Eakin 1997, DoH 1995). Although some effort has been made in recent years to improve this situation, there are still many restrictions in place which prevent the regular use of evidence based practice. These can be identified as lack of funding, work priorities being predominantly patient focused, and career opportunities in research within the practice setting being very limited. This is why most research has become isolated within the

academic forum. Even when research is carried out within the practice environment, the findings are often superseded by changing policy and resource management (Radford et al 2006).

It has also been identified by Eakin (1997) that there are some instances of negative attitudes among managers who somehow perceive research to be separate from practice and, therefore, do not encourage staff to develop these skills. It appears that professional knowledge is approached from two different perspectives by academics and practitioners in occupational therapy. Academic focus is around subject-based knowledge which comprises the most tangible theoretical components of a course, whereas practitioners place most value on propositional knowledge about particular client cases and actions taken. These differing approaches can create tension between the two groups (Steward 1995).

It could be assumed from this less than positive attitude towards research and theory that practitioners would similarly place limited value upon what is taught to the students in University and believe that 'real' education takes place in practice, not in classrooms. If this was the case, this could lead to the establishment of an academic-practice divide. Also, it could be considered that clinicians may perceive their role in professional 'gate-keeping' more important than academic grading and research.

In his work on reflective practice, Bright (1992) identified that this academic-practice divide evolves in part from the academics being seen as focussing upon formal explicit theories, whereas clinicians within their professional culture use a range of knowledge which is implicit, informal, experiential and circumstantial relating to the current patient situation. Schon (1987) sees the latter as part of reflection-in-action within a given situation and applying knowledge from a range of sources when given a particular problem to solve. The practitioner or clinician

becomes the interpreter of the theory by applying the theory in practice. However, not only do they apply the theory but they also evaluate it and build upon existing theories (Bloomer & James 2001).

Like many other health professionals, occupational therapists do not practise in 'technical-rational' ways, and their everyday problems are not pre-defined. Indeed, their problems develop through engagement with the patient or service user and, therefore, are characterised by 'uncertainty, uniqueness and value conflict'. (Schon 1987 p6).

A 'technical-rational' approach to education practice places emphasis upon solutions rather than upon the processes by which the solution might be found (Bloomer & James 2001). Within the technical-rational approach as identified by Habermas in 1971, complex knowledge is broken down into smaller parts for the learner to learn and the expectation is that the learner will then reproduce this information in the same format as it was delivered. Connections with related areas of knowledge are not necessarily made and deeper understanding of the relationship of this piece of knowledge to the 'whole' is also not necessarily made.

This can be seen in higher education and is particularly prevalent at the University where this piece of research takes place. For the University, the technical-rational approach to curriculum delivery allows teaching to be delivered in a structured way and enables a manageable assessment process to be established (Bloomer & James 2001). However, while the subject matter relating to occupational therapy is broken down into modules or portions of knowledge, at no stage within the University programme is the opportunity taken to link these individual modules of knowledge to facilitate the students' understanding of the whole concept of occupational therapy practice. There seems to be an expectation that students will achieve this leap of knowledge through experiences while on practice placement.

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There is still the notion within health and social care that practice is separate from theory and that knowledge is generated in universities, and that this technical knowledge is then applied to practice situations (Ghaye & Lillyman 2000). This academic viewpoint seemingly devalues what knowledge the practitioner develops from and through practice. Within the model of 'technical rationality' real knowledge is seen to lie in the theories and techniques of basic and applied science, and skills of application come later, as Schon (1991 p28) points out this is because skills are seen to be ambiguous, and therefore, considered a secondary kind of knowledge.

Schon observes that many practitioners cope well with uncertain situations, apparently without the need for theory. Schon describes this professional competency as 'artistry'. He also notes that professionals find it difficult to verbalise why they took certain action and, therefore, this 'artistry' is something that cannot be taught in a conventional way within the classroom but only within the practice setting and within a specific situation. Schon (1991 p49) believes that the working life of a professional depends to a large extent on 'tacit knowing-in-action'. This, again, could be why there is the sense of a 'theory-practice gap' (Steward 1996) between practice and academia and why it is important to discover what the students experience on placement and how they interpret placement as part of their educational programme.

John (2000) identifies that mentors or supervisors are usually chosen because they have experience and ability and not necessarily because they can articulate their knowledge to others. John goes on further to say that, generally, individuals know how to do things long before they are able to explain conceptually what they are doing or why. Therefore, it cannot be assumed that these experienced occupational therapists will necessarily have the skills to teach the students what they need to know to practise effectively. A significant reason for students being

frustrated that their expectations are not met on practice placement could be that their supervisors are unable to present them with explicit knowledge and theory as to why they have undertaken a particular course of action with a patient or client.

In the field of education, Gravani (2005) found in her research in reviewing an in-service course with academics and practitioners (secondary school teachers) that there was a theory-practice divide. The academics favoured theory as the core of their in-service training course to teachers, while practitioners valued practical knowledge. Only a small number of tutors were seen to place value on both theory and practical knowledge and were then able to set their teaching sessions within a relevant context.

The example quoted in the research by Gravani is of a tutor who had for many years taught in practice (schools) and was able to bring his experiences into the classroom. The teachers in the study who were attending the in-service course were expecting to get solutions to everyday teaching situations and, therefore, were found to place limited value on espoused formal theories. It could be questioned whether there truly is a theory-practice divide or whether it is related to the practitioners' need to examine the theory against the realities of practice in order for the theory to be seen to have any legitimacy within the real world.

A further theme in Gravani's research is the recognition that schools and universities do not come from the same cultural context and that this ultimately impacts upon how each perceives the other, how they communicate with one another, and the value they place on specific types of knowledge. Therefore, it would seem that it is not that practice is devoid of theory but that greater value is placed on knowledge and theory by the practitioners when it can be seen to resonate with current practice. Similarly, in occupational therapy, clinical

practitioners are based predominantly within health or social care settings, whereas the academics who teach the students are based within universities.

Because of these differing locations, there is without doubt limited communication between the clinicians and lecturers. One time they do communicate is when the practice placement tutors (those lecturers who are responsible for organising placements) invite the practice placement educators (clinicians who take students on placements in their practice settings) to a business meeting and workshop four times a year. However, within the University in this research study, such meetings are only attended by approximately 50 practice placement educators out of a possible 1000 who are recorded on the University placement database. Clearly, many practice placement educators never visit the university from which they accept students for practice placement.

This distinction between explicit formal knowledge and implicit intuitive knowledge – that is the amalgam of formal theory and evidence from practice – seems to be what divides the two educational aspects of theory and practice for the occupational therapy student. The work of Lave and Wenger (1991) describes knowledge as being produced in 'communities of practice' in the context of the practice. This knowledge comes from a variety of sources, including conceptual knowledge from training and experiential knowledge from everyday practice.

The argument presented by Lave and Wenger is that 'communities of practice' are everywhere and individuals may be involved in a number of them. These communities develop around things that matter to people and are organised around an area of knowledge and activity which provides its members with a sense of identity. Communities of practice also have established routines and practices and a range of resources which are common to them, such as

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documents, paperwork, language and symbols. This could be said to be true for both academics and practitioners within occupational therapy.

Therefore, occupational therapy students moving out into the practice placement setting are inevitably going to be participating in an established community of practice and will be required to master the knowledge and skill of this community in order to function and perform within the setting. This is very much about situated learning and the student may feel disempowered by the clinical situation because it is starkly different from the familiar learning setting of the classroom at university.

Lave and Wenger (1991) situate learning in certain forms of social co-participation. Rather than considering what type of cognitive processes are involved, they ask 'what kinds of social engagements provide the proper context for learning to take place' (p14). Students need to learn how to access the communities of learning and also to appreciate the fact that the communities are dynamic and continually evolving.

To learn in the placement environment, the student will be required to become a full participant in the socio-cultural setting of the placement and will need to recognise that new learning will emerge from being involved in the community of learning and not from reading textbooks. The emphasis in Lave and Wenger's (1991) work is upon 'involving the whole person rather than receiving a body of factual knowledge' (p33). For students, this is a new way of learning which has to be mastered within 10 weeks in order for them to be assessed as competent to practice at the end of their placement. The learning on placement is context dependent and is 'situated' on cognition in practice (Wellington 2000) rather than from the learning of conceptual theories taught within the classroom. Students may also not recognise the incidental learning that is taking place within

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the community of practice. For example, even the discussions in the staff room over a sandwich about patients become part of the repertoire of knowledge that practitioners develop in the clinical setting.

Communities of practice are ideal settings for novice learners because the communities retain knowledge and preserve tacit knowledge that otherwise would be lost. As Schon argues, the most important areas of professional practice lie beyond the commonly understood areas of technical competence. This is particularly true in occupational therapy where much of its knowledge base has emerged through practice. Only more recently has this knowledge been encapsulated into formalised theory, usually by academics as part of a thesis for a higher degree.

It needs to be considered within the context of this research that these communities of practice may also have an impact upon the students' experiences associated with assessment. It can be presumed that if the practitioners have certain values around learning, this will have an impact on how they assess the students' performance. Also, if academia is not valued by practitioners, the mechanisms used for assessment of the student may not follow the structured process recommended by the university which is based on specific theories and educational concepts. Unless the student is aware of the 'new' rules for assessment, which may be different from those presented at the university, they will have considerable difficulty actively engaging in the process and the potential to foster learning from the situation will be lost.

Students going out on placement may find they need to adapt their learning styles in order to engage with these communities of practice. The design of the course programme at the University where this research has taken place is still very much based upon a teacher-centred style of knowledge delivery rather than having a

learner-centred focus. The students have a structured taught programme which stimulates a passive learning mode in the student and, essentially, the lecturer stands at the front of the classroom and presents information for up to three hours at any one time. The majority of these lessons take place in isolation from other professions and, therefore, reinforce insularity and individualism.

In her reflections on education of occupational therapists, Royeen (2001) proposes that there needs to be a shift from education to student-focussed learning with increased inter-professional collaboration. It can only be imagined how challenging it must be for occupational therapy students going out on placement to be expected to change their style of learning suddenly and become an active learner within a community of practice, having spent many weeks sitting passively in a classroom listening to 'experts' present their knowledge to them. The students need assistance with their learning styles if they are to learn effectively 'outside of their comfort zone' (Knowles et al 2005 p214). This will also help them to engage with the learning experience within the given community of practice.

As a means of optimising learning on practice placement, Titiloye and Scott (2001) carried out a study to determine the learning styles of 201 occupational therapy students in America. Kolb's Learning Style Inventory was used and the findings were taken forward into both the academic learning environment as well as clinical practice. The information from the learning styles was used in a number of ways to try to optimise learning for the students. The students used it to deepen their insight into their own learning styles as well as having an appreciation of different ways of learning; it was utilised by faculty members to redesign their teaching; and it was used to inform practice placement educators to help them organise and plan practice placements for students.
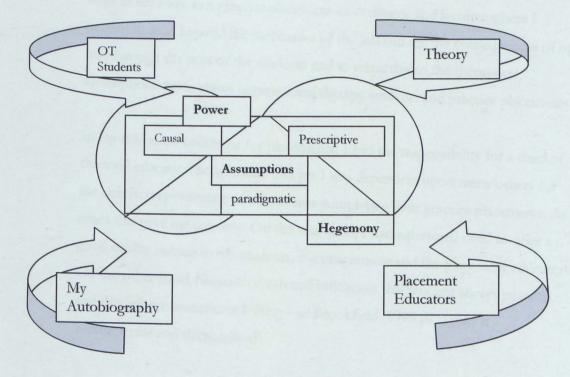
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Similarly, the findings of the research carried out by Coffield et al (2004) on learning styles for post-16 learners supports this work by Titiloye and Scott in that it notes that the use of a reliable and valid instrument for measuring learning styles can be used as a tool to encourage self development and enhance learning. However, it is recognised that learning style research is questionable because there is no unified theory or approach (Knowles et al 2005 p215).

What appears to be lacking in occupational therapy is a consistent, guiding, over-arching education philosophy which crosses the theory-practice divide and is clearly understood by students, practice educators and academics. This philosophy of education could be the necessary link that holds the theory and practice elements of an occupational therapy course together. This concept has been highlighted by Opacich (1995) when looking at occupational therapy education and, latterly, by Strohschein et al (2002) when considering the needs of physical therapy students. Opacich emphasises the need for the occupational therapy profession to take its philosophy and principles concerning adaptation and realisation of human potential out into the fieldwork arena. In other words, to move away from traditional customs and ways of working and instead embrace future potential, both in the students and in the establishment of new placements. It seems clear, then, that there is a need to move beyond the divide of theory and practice in occupational therapy education. It is hoped that this research considering students' perceptions of their practice placement provides another insight into this critical element of the students' educational experience.

My intention is to set my research against this background and to see if the students' experiences and perceptions highlighted in the findings expand on the theories discussed. I also aim to use this information to make recommendations as to how some of these issues could be addressed in the future.

Role of the Researcher

Having reviewed the studies and reports about occupational therapy students and practice placements, it seemed to me that a study which allowed the voice of the student to be freely heard – without intervention of a researcher or the imposition of a hypothesis or rigid interviewing agenda – may be the most useful way forward in eliciting student opinion and perceptions about their placement experiences. It was also clear that there was a need for me to reflect and to see myself and the 'services' I have provided for occupational therapy students through the eyes of the students (Brookfield 1995 p14). The critical reflective process as shown in the diagram below provides an excellent tool for self reflection.

The Critical Reflective Process

Source: Stephen Brookfield 1995

(This diagram has been adapted to apply to my critical process as the researcher)

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Brookfield identifies that to become critically reflective there is a need to 'find some lenses that reflect back to us a stark and differently highlighted picture of who we are and what we do' (Brookfield 1995 p28). Brookfield speaks of four lenses 'through which we can view our teaching' – our autobiographies as teachers and learners; our students' eyes; our colleagues' experiences; and theoretical literature.

The work of Stephen Brookfield (1995) describing the process of becoming a critically reflective teacher has been the inspiration behind me carrying out this study. He talks about critically reflective teachers being able to 'stand outside their practice and see what they do in a wider perspective' (p16). I felt I had come to a stage in my roles as a practice placement co-ordinator and lecturer where I needed to look beyond the mechanics of the job and see the consequences of my role through the eyes of the students and to relate this to the theoretical assumptions made about occupational therapy students and practice placements.

In my role as co-ordinator for placements, I had the responsibility for a third of the total education programme and yet I was dependent upon many others for the satisfactory outcome of all students completing their practice placements. At times this gave me concern. On the one hand, I had a personal need to offer a good quality service to my students, the programme and the placement educators. On the other hand, because of external influences this was not always possible and this left me sometimes feeling – as Brookfield (1995 p21) puts it – 'incompetent and demoralised'.

At the time that I began this research, my role was that of practice placement co-ordinator for an occupational therapy undergraduate honours degree programme. This involved finding and allocating placements to students at each stage of their studies. My responsibilities also involved the preparation of students for practice

placements, visiting and de-briefing students for, during and after placements, the preparation of a placement handbook, the marking of student assignments and dealing with any issues that may arise as a result of the students going out on placement. I also had the responsibility of managing the process of training and accrediting the practice placement educators. Accreditation is a formal process of recognising good practice, and this is done in accordance to the guidelines issued by the College of Occupational Therapists (COT 1993) and in line with validated course documents.

I have since chosen to return to clinical practice within the NHS which has afforded me the experience once again of being a practice placement educator, including having a student on placement with me for 11 weeks. Most recently, I have been appointed to an occupational therapy management post which includes in its remit the responsibility for co-ordinating practice placements in the clinical setting as well as acting as a link between the University in this study and practice placement educators within a primary care trust (PCT). This role has provided me with considerably more insight into the focus area of my research, and has offered me the ideal opportunity to reflect on this piece of research from both academic and placement settings.

Researcher Perspective

As the researcher for this study, I need to outline how my influences and perceptions of practice placements have evolved. Firstly, I trained to be an occupational therapist in the late 1970s, undertaking a three-year diploma course. In the middle of this course I was sent out on four practice placements, each of 12 weeks length, with little or no preparation, and felt abandoned by my college. No-one from college visited me during these 48 weeks of placement and my well-being and training became the sole responsibility of the allocated occupational therapy departments. During these placements, I did not have an individually

allocated supervisor but was timetabled to spend time with different occupational therapists in various units. The quality of the placements and supervision varied considerably, but they were never audited. However, I was fortunate to pass each placement and, therefore, never experienced the sense of failure that some students may face.

For me, the most positive aspect of being on placement was the 'switching on' of the light – I tolerated being at college, gaining average grades, but I thoroughly enjoyed being on placement and relished the opportunity to engage actively in the occupational therapy process with patients. Going on placement reassured me that I had chosen the right career and I was able to make sense of some of the academic material I was being taught in college.

Following graduation, I took up a junior post in London and progressed to Head of Department. Throughout my clinical working life, I was always involved in supervising students, including undertaking post graduate training courses in clinical supervision. Eventually, I moved into higher education as a lecturer/senior lecturer in occupational therapy and I was involved in practice placement education for 10 years. In 1998, I accepted the role of practice placement co-ordinator at the University in this study. This involved ensuring there was a sufficient number and range of quality placements for the entire occupational therapy programme, preparing the students and practice educators for placement, monitoring, reviewing and evaluating practice placements, and being the main contact for all matters relating to practice education. I left this post at the end of 2003 to return to clinical practice.

I have an unbridled passion for my profession and feel very strongly about offering students quality learning experiences when out on placement. However, the role of practice placement co-ordinator at the University caused me great

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angst at times, particularly when placements were difficult to come by. Also, I perceived students to be 'difficult' about their placement allocation – for example, when they expressed their preferences for placements in a particular locality or in a specific area of clinical practice, both of which were often hard to accommodate. Not being able to meet the personal requirements of individual students often led to students simply not having a placement allocation available to them and to some placement vacancies not being utilised.

As I shall discuss later, student placements are not readily available and are easily affected by staffing, funding, changing practices, new policy and general resources. Equally, when placements are available to meet the needs of the student cohort, some students will be dissatisfied by their placement allocation because it may mean they have to travel or live away from home. More often than not, when all students were matched appropriately and happily to the allocated placements, cancellations started to arrive from the practitioners, which caused a further dilemma for myself and for the students. Brookfield (p17) talks about the 'good teacher' trying to meet every student's needs and being under the false assumption that they are being student-centred and compassionate. But the reality is that this can lead to what he calls a 'burden of guilt' and make the task virtually impossible to achieve. I felt this acutely in my own situation with almost 400 placements to source and allocate each year.

Another reason I chose to adopt the critical reflection process was that it would enable me to look not only at my role and the influences upon it – and, as a consequence, the effect this had on the students – but also to get inside the students' shoes and experience practice placement from their perspective. This, as Brookfield (1995 p43) points out, can lead to changes in practice and 'habitual exercises' and to finding 'new ways of connecting to the students as people and learners'.

The following chapter will provide a context for this research and will explore literature relating to occupational therapy and practice placement, as well as literature relating to educational issues.

Chapter 2

Literature Review and the Context of the Research

Introduction

This chapter explores the literature relating to the research that I carried out. To do this, the chapter has been divided into various topic headings related to students on practice placement. The intention is to consider the variety of issues that impact on practice placement and to present the existing research which can be reflected upon in light of the findings of this study.

Occupational therapy practice placement education takes place within a continually changing environment. It is rooted within a number of guiding processes and procedures but these too are regularly reviewed, amended and updated by the universities, the professional body (the College of Occupational Therapists – COT) and the regulatory body (the Health Professions Council – HPC). There are many elements to practice placement education and the aim of this chapter is to explore the following contexts in which this work is carried out:

- The Nature of Practice Placements
- The Placement Process
- Standards of Practice Education
- Accreditation Process
- Supervision and Supervisors
- Models and Styles of Supervision
- Reflective Practice
- Experiential and Self Directed Learning
- Assessment
- Debriefing and Briefing of Students
- Associated Research

The Nature of Practice Placements

Practice placements are an integral part of the education of occupational therapists (Tompson & Ryan 1996b). They are believed to forge a sense of professional identity and ability which is crucial to the development of the individual and for the future of the profession, especially at a time when it is felt that the identity of occupational therapy is becoming indistinguishable from other professions such as social work and physiotherapy (Ikiugu & Rosso 2003).

Practice placements account for one third of the total education programme in occupational therapy. The College of Occupational Therapists' standard document (SPP 1993) explains that practice placement education is a partnership between the placement educator and the student while the COT's document on 'Standards of Education' (2003 p5) identifies practice placement to be 'central to the curriculum as a means of achieving the programme outcomes'.

Several professional bodies have an interest in occupational therapy practice placement education in the UK, including the College of Occupational Therapists and the Health Professions Council. The HPC has a responsibility to establish and review the standards of conduct, performance and ethics of registrants and prospective registrants – that is, students. Both bodies are responsible for the formal approval of occupational therapy programmes leading to registration.

A further body is the World Federation of Occupational Therapists (WFOT), an official organisation which promotes occupational therapy world-wide. WFOT has established standards which are internationally recognised as a measure for training and practice placement. The standards relating to practice placement require that students do a minimum of 1000 hours placement experience, are supervised by a qualified occupational therapist, and experience a range of different placement settings with individuals with differing needs. The Quality

Assurance Agency for Higher Education has also emphasised the importance of quality practice placements in its major review of healthcare programmes (QAA 2004). The QAA recognises the importance of teaching and learning within the practice setting as well as in higher education institutions.

Various authors identify the value of practice placement to the development of the occupational therapy student. Tryssenaar (1999) indicates in her study on the transition of students to practitioners that professional socialisation takes place during practice placements. Practice placements are viewed by many as being essential for students to make links between theory in the academic settings and the realities of practice (Lindstrom-Hazel & Bush1997, Cohn & Crist 1995). Currens & Bithel (2000) point out that placements offer students the unique opportunity to work with patients and clients in clinical and social settings alongside qualified staff which could not be realistically replicated within the confines of the university. Furthermore, by going out into a variety of placement settings, the student is able to experience the current healthcare contexts and how care is delivered within these contexts (Aiken et al 2001).

Practice placements are believed to offer students the opportunity for rehearsal and reflection and both complement and supplement academic studies. Practice placement offers the opportunity to develop and achieve competence which is assessed in the workplace (COT 1993). Alsop and Ryan (1996) see placement education as providing a context where students can develop attitudes and interpersonal skills for professional practice which help students in developing an understanding of the needs of individuals. Steele-Smith & Armstrong (2001 p551) state clearly in their short report on occupational therapy students on placement that 'student fieldwork placements are critical for the integration of theory into practice'.

The general impression given about the education of the occupational therapy student is that the academic setting emphasises the acquisition of knowledge and cognitive growth of the student, whereas the clinical setting emphasises the direct application of this knowledge through intervention with clients (Hays 1996).

Various authors such as Hummell (1997), Alsop and Ryan (1996) and Ryan (1987) have identified that successful practice placements also depend upon a close collaboration between the education establishments, the practice educators and the students.

The Placement Process

At the University where this research was based, a well established process exists for placement provision for students and an extensive database is held of all accredited practice placement educators and co-ordinators who have provided placements in the past. Throughout the year, the placement co-ordinators are contacted and requests are made for placements to identify if they are able to offer any to students at this time. Meanwhile, following the debriefing of the students from their previous placements, a placement request form is allocated to each student which offers them the opportunity to identify learning and personal needs and put forward a 'wish list' for their next placement. For first-year students, placements are allocated on consideration of any previous experience and any pressing personal needs.

Once placement offers arrive from the educators and requests are submitted by the students, an attempt is made to find suitable matches. This is a laborious task but the effort taken in trying to get good learning experiences for the students is worth the invested time. Once all the placements have been allocated, lists are sent out to the placement co-ordinators and practice placement educators, and

students are advised to write to their allocated educator to secure their placements. Before going out on placement, students are given a briefing session.

The students are visited a minimum of once on placement by a dedicated team of practice placement tutors from the University who have a multiple role of quality checker, teacher, advisor, pastoral carer, even arbitrator in some instances. In the case of failing students or those with significant personal problems, a greater number of visits is undertaken.

Following placement, the students are debriefed and a debriefing day is organised for the educators. This process takes place throughout the whole year and goes beyond the academic calendar. Students at this University currently undertake full-time, 10-week placements, which may be split between two areas of practice if this provides a valuable learning opportunity.

If students fail a placement at any stage throughout the course, they have the opportunity to 'resit', but only once. Further fails result in removal from the course and the inability to be registered to practice. Essentially, most universities follow a similar process although they may vary the number and length of placements provided.

Standards for Practice Education

In June 2003, the College of Occupational Therapists introduced a new set of standards for education and practice. The relevant document includes a self assessment profile for both academic and practice placement settings. The aim of the development of the new document was to reflect the college's positional statement on lifelong learning and to encompass the many changes that have taken place in education, health and social care since the issuing of the last document in 1997. These changes include the launching of the Health

Professions Council in 2002, the NHS Plan (2000), the establishment of the Workforce Development Confederations, benchmarking statements from the Quality Assurance Agency, and the widening participation process (HEFCE 2001).

The college identifies that the new standards are different from previous documents because they involve the recipients of occupational therapy; they encourage scholarship and research for academic staff and practice placement educators, and they consider the inter-relationship between theory and practice and establish evidence based and auditable standards (COT 2003). Although these standards were approved by the College of Occupational Therapists Council in April 2003, there was to be an implementation pilot year until May 2004. Therefore, the changes made through the introduction of these standards did not take effect until the academic year 2004-2005.

The Accreditation Process

The accreditation process for practice placement educators is a well defined process and the current system within this University has been in place for 10 years. The foundation for the accreditation process within this particular University is based upon a study by Kenyon (1993) who recommended a system of accreditation for occupational therapists and that this should be a co-operative venture between the two undergraduate occupational therapy programmes in the Trent region. The College of Occupational Therapists also issued a document (COT 1994) providing recommendations for the accreditation of fieldwork educators that were intended to support and enhance accreditation arrangements already in place and to provide guidance for 'good practice'. Both documents were used by the University where this research took place to establish the current accreditation process.

The Trent accreditation process for occupational therapists is identified as being an example of a 'good quality initiative for fieldwork education' (Carman 2000) and has continued to be a collaborative exercise between the two occupational therapy programmes in Trent. The accreditation process has a number of distinct features. These include attendance at a two- or three-day problem-based training course; the supervision of an occupational therapy student for a minimum of six weeks; the completion of a reflective piece of work based on the supervision process; and the award of a pass grade for the assessment. Educators are then accredited for two years. In order to maintain their accreditation, they are required to accept a further Trent student on placement every year and, where possible, attend 'up-date' workshops and study days on practice placement related topics which are made freely available by the University. Approximately 1000 educators have been trained through this system (Baxter 2004), providing a constant supply of practice educators for the supervision and assessment of students on placement.

However, in 2005 the College of Occupational Therapists launched a new national accreditation scheme for occupational therapists called APPLE, that is the Accreditation of Practice Placement Educators. It was developed in order to:

- Give recognition to the role of Practice Placement Educator

- Establish a nationally recognised scheme for the accreditation of practice placement educators that is transferable between universities

- Support the requirements for CPD activity through evidence of learning and application in the work place (COT 2005)

This new scheme brings the registration of practice placement educators back under the responsibility of the professional body – that is, the College of Occupational Therapists – as opposed to individual universities. The intention is

to give the role more prominence and provide a more flexible and workable practice placement system across the country.

However, in a study carried out at Brunel University (Craik et al 2004), it was found that, although occupational therapists attended the accreditation training course provided by the university to become a practice educator and accepted a student on placement, only 10% went on to submit for assessment the academic component of the course in order to complete the accreditation process. The study concluded that accreditation was proving to be a disincentive to therapists and 'the system designed to ensure quality may paradoxically, therefore, have had the opposite effect' (Craik et al 2004 p406). It will be interesting to see whether practitioners do go on to register with the APPLE scheme, or if they see the completion of yet another set of documentation as an additional disincentive to registration.

The May 2006 issue of OT News, a monthly news magazine for occupational therapists, indicates that uptake of this accreditation scheme is slow, with only 341 practice placement educators out of a possible 12,500 having now been registered. Certainly, when I was practice placement tutor at the University in this study, I found that the accreditation courses were over subscribed with practice educators queuing up to attend. Demand was so high that extra courses had to be organised. However, when it came to the educators having to submit their assessments for final accreditation, the return rate was slow and many reminder letters had to be sent out. In fact, some educators never submitted their work.

Because occupational therapists do not have to become practice placement educators, there is no guarantee of placements being made available for students during their training. Without adequate placement hours, students are unable to qualify and register as therapists with the Health Professions Council. In an attempt to address this, the College of Occupational Therapists (COT 2000)

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emphasised in its Code of Ethics and Professional Conduct that each individual practitioner has a responsibility to participate in the education of students, especially on placement.

However, Fisher and Savin-Baden (2002) carried out a study of occupational therapists in the West Midlands and found that, out of the 815 qualified therapists in the region, only 303 were fulfilling the role of accredited placement educator and offering placements to students on a regular basis. If these figures were assumed to be similar across other regions, the reality would be many more potential practice placements available if therapists would only provide them. Healy (2005) asks why having a student is an option rather than a given in occupational therapy, and Craik and Turner (2005) suggest that the culture should be changed and an automatic assumption made that services and teams will take students at least once or twice a year.

As a result of these pressures to take students, potential and existing supervisors could feel uncomfortable, not least because they may think that they have little to offer students when they are on placement. They may also find it stressful having to juggle workloads as well as dealing with the additional tasks involved with having a student on placement. This does not appear to be a strong foundation on which to build a healthy and viable supervisory relationship.

Supervision and Supervisors
Herzberg (1994) identifies supervisors or practice placement educators as 'the gatekeepers who maintain the quality standards of the profession'. Being a supervisor is generally viewed as an important and valued role (Jung & Tryssenar 1998) but it is also recognised by some as being very time consuming, especially with the limited resources available (Tompson & Proctor 1990). As previously stated, occupational therapists are not obliged to take students on placements, although it is identified as good practice by the profession. Within the Code of

Ethics and Professional Conduct for Occupational Therapists (COT 2000), there are statements relating to 'professional responsibility' and 'recognising the need' to fulfil the role of being a practice placement educator.

However, many therapists feel constrained from taking students because of a range of factors. These include time, skill level and knowledge, the inability to support a student emotionally, staffing shortages, and lack of payment (Steele-Smith & Armstrong 2001; Huddleston & Standring 1998). Also, the additional expectations placed upon the therapists associated with the NHS modernisation agenda (DoH 2006, DoH 2004, DoH 2004a, DoH 2000), clinical governance and the implementation of the National Service Frameworks often deter therapists from accepting students on placement (Fisher & Savin-Baden 2002).

These additional expectations can destabilise the context of healthcare practice and put extra demands upon the practitioner (Higgs & Titchen 2001), making the delivery of care more challenging. Practitioners may feel less secure in accepting students on placement if they do not feel confident themselves in the new ways of working. Also, the added demands of meeting various Government agendas can mean that there is limited time left to be able to offer students an adequate learning experience.

In the conclusions of a report produced by the Regional Health Authorities (undated) on the costs and benefits of clinical placements in healthcare education, it was identified that there were net benefits to Trusts/Units that provided clinical placements and, therefore, the sum of the benefits outweighed the sum of the costs. However, the benefits were seen as largely long-term and qualitative, while the costs tended to be short-term and quantifiable, including decreased throughput in patient care, increased staff stress and extra demands on staff time.

Interestingly, Butterworth (2001) recognised the relationship between clinical supervision and effective clinical governance within the NHS. He identified that participating in clinical supervision allows the individual to address issues under the requirements of clinical governance and, in turn, this will help to ensure the provision of a competent and effective service to patients. Therefore, it seems essential that student therapists are given the opportunity to experience effective supervision in practice, not only to ensure their competence to practice and to register with the Health Professions Council but also to provide them with the necessary skills and experience to continue to engage in meaningful supervision once qualified. Clinical governance has for the first time made a link between the responsibilities of the organisation, the service and the individual in offering the patient an effective quality service (DoH 1998). In turn this has led to the formalising of supervision within NHS Trusts.

However, it is clear that there is no universally agreed method of delivering supervision in practice (Butterworth 2001) and, although each Trust is responsible for ensuring that supervision is in place for all staff, differing methods have been chosen.

Supervising students on placement carries with it a number of responsibilities for the occupational therapist, including the co-ordinating of the students' activities, providing feedback, evaluating and assessing students' performance (COT2003, COT 1993), role development of future occupational therapists and facilitating the students' learning (Jung & Tryssenaar 1998).

Studies such as those of Tompson & Ryan 1996, Neville & French 1991 and Christie 1985 have identified the characteristics of effective supervisors as being many and varied. These include basic interpersonal skills of being friendly and

approachable, being knowledgeable, aware of students' need for feedback, as well as being a good role model and being an enthusiastic and effective communicator. Martin (1996) found that supervision was seen as the most important element of practice placement education. The relationship between the supervisor and the student is important in facilitating the students' learning but it is seen that this may be affected by the level of experience a placement educator has in supervising students (Best & Rose 1996). Kautzmann (1990) describes new supervisors as feeling totally responsible for the success or failure of the placement, whereas experienced supervisors have a more flexible approach and allow the students to have more responsibility and independence.

There is an awareness that none of us is a blank canvas, all of us bring with us our personal history, experiences, prejudices and misconceptions (van Ooijen 2000). This inevitably spills over into the supervision session and the relationship between supervisor and supervisee. The supervisory relationship is not widely researched, according to Carroll & Tholstrup (2001), and yet it is seen as central or 'key' to the success of the supervision process. There needs to be transparency in the process and explicit attention paid to the development of the supervisory relationship. There is a need for collaboration as well as commitment to the process, with a focus on learning, development and a willingness for both parties to move beyond what is 'safe' and to become pro-active.

Development of the supervisory relationship takes time, as shown in a study by Cerinus (2005) in which she set up an action research project in an acute general hospital with nurses of all grades. Half the participants had chosen their partner for supervision and the rest had been allocated a clinical supervision partnership. Not knowing one another caused initial difficulties in establishing a sound relationship for supervision, although knowing the person was no guarantee for the easy establishment of a clinical supervision relationship. Other factors came

into play, including trust. The conclusion of the study was that offering supervision is importance and valuable, but that the quality of the relationship directly impacts upon the quality of the supervision taking place.

Ideally, the aim for the supervisory relationship should be to adopt a collaborative style where both parties would be 'talking with a phenomenological attitude' (Carroll & Tholstrup 2001 p47), where the supervisor and the supervisee would aim to 'bracket their prejudices', adopt a non-judgemental stance, gain a greater sense of the here and now, engage with the experience, and listen and reflect upon the issues at hand. In adopting a phenomenological approach to supervision, the supervisor and supervisee can seek to understand the perspective of the other, and develop a richer understanding of the process and value of supervision. For the student, this is particularly important if they are struggling with finding a professional identity or feel challenged by the harsh realities of clinical practice. In supervision, all relationships go through various phases (van Ooijen 2000) and flourish or flounder depending on whether both parties feel engaged with the process or not.

Choice can have a strong influence upon the success of the supervisory relationship. For qualified staff, there may be a choice between consultative or managerial supervision. In consultative supervision, the supervisor does not have day–to-day managerial responsibility for that individual; and they may even work in a completely different area. With managerial supervision, it is the line manager who carries out the supervision. Managerial supervision tends to be the style most commonly used because it is a 'top down' process and is easier to implement.

With managerial supervision, there is a compulsory unequal relationship which is usually not the choice of either individual. If the direct line manager is not the

supervisor, it is often someone who is viewed as a figure of authority, if only by virtue of their seniority in the organisation (Bond & Holland 1998).

For students, there is usually no choice in who will be the supervisor and this can lead to a great deal of anxiety at the pre-placement stage. Also, because supervisors are regularly 'recycled' due to the limited number of placement offers, the students often share details about placements and supervisors which can lead to even greater anxieties and fears.

There are many other factors that may need to be addressed in the supervisory relationship such as gender, age, or cultural and educational background. We all form opinions of people when we first meet them and it is important that we aim to adopt an anti-oppressive approach to supervision.

Honesty is crucial within the supervisory relationship and confrontation and challenge needs to be done in a constructive and not a destructive way. The key features of a supervisory relationship need to be trust and mutual respect, but these must be underpinned by effective procedures for skill development or the goals of enhanced practice and self efficacy may not be reached (Kavanagh et al 2002).

There are ethical issues related to supervision, and Best and Rose (1996 p91) warn of the difficulties attached to the 'multiple roles required of the supervisor', with the uneven balance of power between supervisor and supervisee leading to possible ethical misconduct. In all but peer supervision, there is the concept of power which is intrinsic to the supervisory relationship (van Ooijen 2000). For supervisory relationships to be successful it is important, where possible, to acknowledge this inequality and imbalance of power and, at the same time, to make every effort to minimise its effect. Again this points to the value of using a

clear model of supervision with students and drawing up a supervisory contract to establish the limits and boundaries of the supervisory relationship. The University in the study has an established supervision record and learning contract which is made available to every student and practice placement educator.

Within occupational therapy, as in other professions, there have been major changes in the nature of student supervision and the role of the supervisor in practice. For example, there has been a change from the title of supervisor to fieldwork educator and, currently, to practice placement educator with the emphasis being on the education of the student. The literature on clinical reasoning in occupational therapy (Robertson 1996, Mattingly & Fleming 1994) and reflective practitioners (Schon 1983) leads to an assumption that present and future occupational therapy graduates need to be educated to think independently (Esdaile & Roth 2000) in order to become effective practitioners and not to be trained as technicians. In social work, the role has similarly evolved, from the emphasis on the students' work being *supervised* to the emphasis on the practice teacher facilitating learning and enabling the student to practice to the best of their ability (Shardlow & Doel 1996).

Models and Styles of Supervision

There are many models of supervision in practice and they have emerged from within the areas of psychotherapy, counselling and social work (van Ooijen 2000). Clinical supervision has been developed and implemented in Healthcare Trusts across the UK (Butterworth et al 2001) and is seen to be an essential activity to ensure the best possible care for individuals and to maintain the competency of staff. Most Trusts have a clearly defined process for supervision and have identified a set of procedures that must be followed and documented.

However, there is not one particular model of supervision recommended for supervising occupational therapy students and, generally, supervisors select a style which best fits their needs and, hopefully, the needs of the student. In their text on fieldwork education for students, Alsop and Ryan (1996 p133)identify three models of supervision which are common in clinical practice, 'apprenticeship' or 'sitting by Nellie' – learning to do things the same way as the supervisor; 'growth' – focussing on personal growth and self awareness; and 'educational' – with the emphasis on learning. Alsop and Ryan highlight that learning is likely to be enhanced where the education needs are addressed. There is also a suggestion that models of supervision should be used as a tool in order to structure the supervision process and enhance the learning of the student, while facilitating the development of the supervisory relationship (Shardlow & Doel 1996).

In recent years within the NHS, there has been a range of projects investigating provision of placements for students and models of supervision (Holland & Hurst 2001, Wilby 2001, Carman 2000, Huddleston & Strandring 1998, McCrea & Rogers 1995). In these reports, the reference to models of supervision is not related to those described by Alsop and Ryan. Instead they use the term 'model' to describe the number of students ascribed to a given supervisor in a given setting. These are labelled as 2:1, 1:2 type models, where one supervisor accepts two students at one time on placement, or two part-time supervisors are responsible for one student. This has arisen because there is a perceived shortage of practice placements for healthcare students and there appear to be many barriers preventing students from being provided with quality placements (Critcher & Kenney 2005, Healey 2005, Fisher & Savi-Baden 2002, Wilby 2001). Traditionally, occupational therapy has adopted a one-to-one supervision model with the benefits being identified as that of role modelling, promotion of professional socialisation and the development of confidence and professional skills (Aiken et al 2001).

The Huddleston and Standring report (1998) recommended developing non-traditional models of fieldwork education, specifically the 'role emerging' and 'collaborative' models. The 'role emerging' model is a model whereby a student is placed in a setting with an approved placement educator who is not an occupational therapist, and the collaborative model is also known as the 2:1 model mentioned earlier, with two students being supervised by one educator (Ladyshewsky 1990). One of the benefits of these models is that they address the ever increasing demands of practice placements for students. They also encourage students to be self directed in their learning and not to set unrealistic expectations as graduate therapists of being able to have such a close mentorship with a senior therapist in the work setting.

The Wilby report (2001) investigates the 'role emerging' model, whereby the placement for the student occurs in a site where there is neither an occupational therapy service nor an established occupational therapist role. These placements are usually community based in voluntary settings. The conclusions of this study present a diverse range of opinions which reflect the complexity of the issues associated with this model of placement provision. The general consensus about this model is that students may struggle to establish a professional identity. It may also be difficult to 'gate keep' the profession without the involvement of an occupational therapist. My view is that this model can be used effectively in initial placements, but not at the final placement stage where the competence of the student needs to be assured for professional registration.

As can be seen in the Fisher & Savin Baden study (2002), the idea of a 'role emerging' placement caused some concerns to the occupational therapists being interviewed. They felt that the students would be unable to develop a strong sense of occupational therapy and may be unclear about the philosophy of the

profession. However, in a personal account given by a student from the Glasgow Caledonian University (Totten & Pratt 2001) about her role emerging placement in a day service for the homeless, she said that she felt she was able to bring to the placement her sense of occupational therapy identity, adapt to the new setting and learn to explore all the 'unknowns of a new placement setting' (p562).

In a study by Currens and Bithell (2000), exploring barriers to the increase in clinical placements for physiotherapy students, a complex picture emerges with no single solution identified. For example, while it was found that educators did not widely use anything other than the traditional model of supervision, what emerged as a more interesting barrier to placements was the conflict in responsibilities that physiotherapy managers felt between their profession and service delivery. In the end service delivery won out over educating students on placement within their units. As a result, educators felt undervalued in their role as supervisors to students and so fewer placements were offered. In contrast, students in the study could see the benefits of collaborative models of supervision and valued the support and peer learning available in 2:1 models of supervision (that is two students to one supervisor).

In a study carried out by Holland and Hurst (2001) on the use of the collaborative model of supervision with undergraduate occupational therapy and physiotherapy students, it was felt that the collaborative model was a feasible model of supervision for these students. However, clinicians felt a need for more management support in reducing direct caseloads as well as a need for more time to spend with the students, rather than having to show a 'throughput' of patients.

With the proposals in the NHS Plan (Secretary of State 2001) to increase training places by a further 4450 for allied health professionals by 2004, there has been increased pressure in accessing quality placements for students. McCrea (1995)

found that healthcare professionals were 'wrestling with the same problems' trying to ensure adequate quality placements for students and suggested benchmarking as a means of identifying ideas and improving processes without 're-inventing the wheel'. This emerged in higher education with the Quality Assurance Agency benchmarking exercise (2001). The Quality Assurance Agency produced occupational therapy subject benchmarking statements as part of a series of health subjects with the aim of providing a common health professional framework. These subject benchmarks are reference points which define fitness for award and are used to inform decisions about the intended outcomes of a programme.

Reflective Practice

Reflective practice is the theme which underpins this thesis. As the researcher, it encompasses my own position within the research and it is a fundamental requirement of the students involved in the study. In recent years, there has been a 'proliferation of literature concerning the use of reflection' (Minghella & Benson 1995), with most of the work drawing on that of Schon (1987). Reflective practice is an attempt to provide a way of understanding the complex processes involved in professional practice. It offers a means of analysing by exploring critical incidents or events occurring in practice which fall beyond the bounds of conventional, technical practice.

Reflective practice is concerned with thinking about what an individual does and provides the practitioner with the opportunity to improve aspects of their work (Ghaye & Lillyman 2000). In other words, it is about learning from experience. Reflective analysis is seen to be a powerful tool in helping practitioners to apply theory to practice, develop theory from practice and to shape future practice (Castle 1996). According to Johns (1998), reflective practice is about the need to tell and retell our stories and experiences. It also allows us to critically examine

our actions in order to increase our understanding of ourselves and our practice. Indeed, it is more than just self reflection; it is about examining the political and social context in which professional practice takes place. Bolton (2001 p3) believes that this takes the practitioner beyond 'mere navel gazing' to something far more useful.

This in-depth process of reflection is important to achieve because, although reflective practice has proved to be very popular with many professional groups, it has also proved to be a weak defence in the battle to support professionalism. Particularly with recent Government requests for targets and league tables, it is difficult to explain that professional knowledge is 'essentially personal and situationally specific' (Atkinson & Claxton 2000), especially when evidence based practice and effective financial management are seen as the main priorities.

According to Bolton (2001), effective reflective practice encourages the development of understanding and meaning about the practitioner's work and is a valuable process to undertake. Reflective practice can certainly be seen as a powerful approach to professional development (Ostermann & Kottkamp 1993) and Schon (1991) advocates a model of practice learning where professionals reflect in order to develop skills for practice. Schon (1983) believes that the nature of professional practice is littered with uncertainty, instability and complexity, which cannot be easily resolved by applying technical rational approaches. Schon believes that knowledge is embedded in, and demonstrated through, the artistry of everyday practice but that it is difficult for the practitioner to articulate this experience clearly. Therefore, Schon, along with others such as Boud and Walker (1991), advocates reflecting in action and on action as a means of uncovering the knowledge used by the practitioner, thus identifying the links between theory and practice. However, Boud and Walker (1993) acknowledge that conceptualising learning is difficult due to the many complex interactions a

person experiences, along with the influences of culture and context in which they may find themselves at a given time.

Schon concentrates mainly on the development of a person's ability to address problems and develop skills within a particular context. He does not concern himself with making challenges to the curriculum or advocating major educational reform (Palmer 1994). Similarly, Boyd and Fales (1993) consider reflection to be the 'process of creating and clarifying the meaning of experience' (p101) in terms of self and the world and, as a consequence of reflecting, to begin to view the world differently through new insight and meanings.

It has to be considered that there are also significant barriers that may affect a person's ability to reflect. These may be related to emotional factors that inhibit a person from returning to the experience (Boud 1993). In this is why it is important that encouraging reflective practice is done in a responsible manner and the student is made aware of the consequences of this type of learning (Hunt 2001, Kember 2001). A further barrier to reflection and self directed learning can be the level of understanding the students have about learning, teaching and the gaining of knowledge. Throughout formal education, much of a student's learning experience involves being a passive recipient of knowledge. For this reason, the higher education establishment has a responsibility to wean students from this style of learning to a more active learner role. Downs (1993) identified a passivity towards learning to be a major blockage in facilitating a more self directed approach to learning. Downs also indicated that teachers often exacerbate this situation by being over protective towards students, or in some cases impatient and jargon-bound in their teaching styles. In addition, the student has to believe that the learning experience is meaningful to them (Knowles et al 2005, Lovell 1979) and their development. If they lack interest in the topic, and it

does not make links with existing knowledge, or they find the environment to be disruptive, they are less likely to engage with the learning process.

Experiential and Self Directed Learning

Student centred teaching and learning has been familiar for many years (Brandes & Ginnis1986) and was introduced as a concept by Carl Rogers (1969, 1983) who believed that the education system was failing to meet the needs of society. He was passionate about helping children and young people to learn and, most importantly, learn how to learn. However, even in the 21st century, some teachers and lecturers seem to feel safer and more comfortable using didactic methods of teaching. Jarvis (2001) claimed that education was traditionally about teaching facts and passing this on through the generations.

It appears that some occupational therapy practice placement educators prefer to adopt this traditional method of teaching. In practice, some are still known to adopt an apprenticeship model of supervision, where the expectation is for the student to learn to do things the same way as their educator, to model their behaviour on the experienced clinician's (Alsop & Ryan 1996, Gaiptman & Arlene 1989), and essentially participate in 'doing what Nellie does'. Yet, it is known that there are fundamental differences in the way people learn (Honey & Mumford 1992, Entwhistle 1981) and it has been suggested that occupational therapy practice placement educators adopt a supervision style with their students which matches the supervisor's own learning style. This works satisfactorily if the student has the same learning style, but it can go fundamentally wrong if styles differ considerably. For example, the student might have difficulty understanding what is required of them if they struggle to make sense of the meaning of what the educator is trying to teach them.

The University where this research is based routinely uses Honey and Mumford's learning style questionnaire with the occupational therapy students prior to going out on placement. The University placement tutors also advocate the use of the questionnaire when training placement educators on the accreditation course. The reasoning behind this practice is to try to enlighten the placement educators to the notion that not all students learn in the same way, and that there is value in focussing the learning with the student and encouraging them to direct their own learning on placement. However, recent research by Coffield et al (2004) identifies that many of the learning style questionnaires (71 in total) in present use in education are flawed, with low reliability and validity, and lacking in theoretical coherence. The implications for their future use is limited because these questionnaires may have little impact upon student learning and, in some cases, may even be detrimental to it. Coffield noted that a key benefit of using a learning questionnaire could be not in diagnosing the student's learning style, but in encouraging discussion between the student and educator and trying to introduce a cultural change in how knowledge is presented.

The trend in occupational therapy education over the last 10 years has been to encourage a more self directed, reflective approach to practice (Kolb 1984), with students taking greater responsibility for their own learning (Whitcombe 2001). Many occupational therapy programmes have adopted the use of learning contracts as a tool for facilitating self directed learning on placement (Heath 1996) or, in some cases, as an assessment device (Whitcombe 2001). Learning contracts are essentially negotiable working agreements drawn up by the student and agreed by the placement educator based on a set of self determined learning outcomes. The aim of the learning contract is to make explicit the expectations of the student and the placement educator. The contract is not set in tablets of stone and should be reviewed regularly by both parties. Soloman (1992) learnt from surveying a group of physiotherapy placement educators that, although they

found learning contracts to be a useful tool to use with their students, they also considered them to be time consuming to complete.

Heath (1996) discovered that placement educators' attitudes towards andragogical principles (Knowles 1975), had a major effect on how students engaged with self directed learning. Heath's research demonstrated that when the placement educator was supportive of a self directed style of learning by the students, the use of the learning contract was valued, but when the educators adopted a more prescriptive and authoritarian supervisory style, there was limited opportunity for the students to use the learning contract to direct their own learning. As far back as the Gaiptman study in 1989 and latterly in the Whitcombe study in 2001, it has been acknowledged that a model of self directed learning on practice placement for occupational therapy students is valuable in preparing students for their role as professional therapists because it enables them to deal with the complexities of practice.

Assessment on Placement

During each period of practice placement, students receive both a formative and summative assessment report from their practice placement educator. At this particular University, students are expected to self assess and negotiate their practice placement reports with their practice placement educator, essentially because it is felt that self assessment is an important part of professional practice. The process involves each party preparing a pre-negotiated report and then formally meeting together at a pre-arranged time to review the reports and agree a negotiated report. There is opportunity for both the student and the placement educator to contribute to the written comments on the report; however, following negotiation, the educator has the 'final say' in the allocation of the marks and the grade awarded. This grade is allocated on a scale from A+ to F- and is incorporated into the final degree classification award.

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The report form is criterion-referenced and the judgements are made about performance against a set of pre-specified standards. The four areas considered are:

- Interpersonal skills
- Management skills
- Professional & Practical skills
- Communication skills

Within each of these areas, aspects of practice and competency are reviewed, and the elements considered are guided by the requirements of the World Federation of Occupational Therapists (WFOT), the College of Occupational Therapists (COT), the Health Professions Council (HPC) and the University's academic requirements. The Health Professions Council (2004) has recently produced a set of standards for placement practice as part of its standards of education and training document. These provide a baseline for all the training courses under the auspices of the Health Professions Council. Standard 5.7.4 addresses assessment specifically and requires clear procedures for assessment and issues of failure. The College of Occupational Therapists within their 'Standards for Education' document (2003 p39) states that there must be 'robust and effective assessments that measure safety, competence and professionalism during practice education'.

Students become very concerned about the assessment process, and 'many will express fears about getting a negative assessment and not being able to pass the placement' (Mackensie 2002 p86). A major concern in the assessment process is the issue of objectivity and students often complain about the subjective way in which the assessment can be completed by the educator. As Illott (1999 p94) points out, assessments generally involve a series of subjective decisions and interpretations and, because they are devised by humans and completed by

humans, they will inevitably be fallible. Stengelhofen (1993) believes that a criteria referenced assessment is an appropriate measure for considering the parity of standards across a number of students based in a range of institutions, although an influencing factor is how specific and detailed that criteria should be. Practice has to be assessed in order to safeguard the patients or service users. At its minimum, assessment is about 'selecting out' those people who are unsuitable to practise (Doel, Sawdon & Morrison 2002), but at the other end of the scale it is about encouraging good practice and offering the best available care to patients and service users.

In professional education, assessment and competence are interlinked and the College of Occupational Therapists (1993) stressed that fieldwork education or practice placement is about competence to practice. The expectation of a competent occupational therapy practitioner is that they are able to be critically reflective, proactive, innovative, and able to work independently as well as part of a team (Alsop & Ryan 1996). However, there is an awareness that there are many levels of competence and that it is a relative term which only has meaning in the context it is used. Therefore, the requirement for the occupational therapy student is to attain the minimum level of competence required by the Health Professions Council in order to be registered. Once qualified, the expectation will be to continue to develop 'mastery' in their area of practice and to engage with a process of continuing professional development (COT 2002). Without this continuous learning, 'fossilisation' may occur and competence is questionable (Caney 1983).

Debriefing and Evaluation

After each practice placement in this study, the students submit an evaluation questionnaire of their placement. They also have the opportunity to feedback during an hour-long debriefing session with the practice placement team.

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However, both activities provide limited interaction and information because the majority of questions on the evaluation form ask only for a 'yes' or 'no' reply to a range of standard questions, they fail to give an in-depth picture of what is really happening on placement. Also, due to limited resources and time allocation the debriefing session is held with the whole cohort of over 100 students, which means it is very difficult for students to express any deeply personal or confidential issues. Mackenzie (2002) identifies that because practice placement is a 'powerful form of experiential learning' (p83) and is highly subjective, it is not surprising that students do not necessarily wish to speak out in such a large forum. There is also the issue of confidentiality since students are often aware of where their peers went on placement and who their placement educators were, so it would be unethical for students to express personal feelings about specific placements in such an open forum.

When I was a placement co-ordinator, students would occasionally write a comment on their evaluation form which gave me an indication that I needed to follow up this student on an individual basis. Sometimes, students made appointments to see me to express their concerns.

Briefing and debriefing are seen as valuable activities in developing the awareness of clinical reasoning and reflective practice in occupational therapy students (Alsop & Ryan 1996). Debriefing offers the opportunity for students to disengage from their placement experiences, acknowledge their new learning gained on placement, and identify their new learning needs and objectives (Mackenzie 2002, Best & Rose 1996).

I felt a great sense of responsibility for the success of students' practice placements and became very concerned if students expressed displeasure or unhappiness about their experiences. But, equally, I recognised it was impossible

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to 'please' everyone with such a diverse range of personalities, backgrounds, ability levels and personal needs (Brookfield 1995).

Associated Research

Occupational Therapy students are required to undertake a minimum of 1,000 hours of practice placement experience to become registered therapists with the Health Professions Council. Practice placement is recognised as being a fundamental component to the students' learning in occupational therapy education (Mackenzie 2002). The NHS Executive (1995) re-emphasised the importance of fieldwork experience in the training of healthcare professionals. Yet, as Bonello's (2001) study points out, there is a dearth of studies that explore the holistic experiences and impressions that student occupational therapists have of their practice placements. There are a number of studies which have been documented concerning practice placements but few concern themselves with the experiences of the student and the impact that placement has upon the learning experience, the assimilation of theory with practice, and the evolvement of effective, efficient and competent practitioners.

In 1995, Lyons identified that occupational therapy students' views were infrequently presented within the literature analysing professional practices. Indicating that there was something worthwhile to be learned from students' perspectives of their education, he went on to interview and observe 16 occupational therapy students in community mental health settings. Following his inductive analysis of the data, he advanced the view that community based mental health settings were a potentially rich learning environment for students. This research was carried out at a time when qualified therapists were reluctant to accept students on placement in the community because it was considered an uncertain area in which to develop skills to practise, while a possible element of risk to the students.

Due to the changes within mental health services, it which it is considered advantageous for the patient to be treated within their home environment, it is now deemed acceptable practice for students to go on practice placement in the community. This is regarded as good preparation for working within the area of mental health. However, Mason and Bull (2006) suggest that there is still a reluctance to take students on placement in this area of practice, because the role of the occupational therapist has become less discipline specific and this has created difficulties in maintaining a professional identity. Also, these occupational therapists are usually accountable to a line manager of a different profession who may not see offering placements for student occupational therapists as a priority.

Much research related to practice placement is based on the perspective of the supervising therapist or the educational institution; for example, the work done by Herzberg (1994) which explored the supervisors' perceptions of learning style characteristics required for student success in fieldwork. This qualitative study used a focus discussion group of eight registered occupational therapy supervisors representing practice areas of mental health and physical disabilities from one large urban hospital in America. From the study, Herzberg identified 5 key themes - teamwork, doing, active experimentation, flexibility and adaptability, as the preferred learning characteristics selected by supervisors for successful students. An interesting aspect of this study is that these learning characteristics were not only identified by the supervisors but were also clearly demonstrated by them throughout the interactions in the focus group. This study has its limitations in terms of subject numbers but does provide some interesting findings relating to supervisor expectations of students. This will be explored later in the thesis.

A study by Reid and McKay (2001) used a survey design with postal questionnaires to identify what strategies occupational therapy supervisors used

to evaluate their own supervisory skills. These self administered questionnaires were circulated to a random sample of fieldwork educators who provided placements for students from Glasgow Caledonian University. The majority of the respondents stated that they used self evaluation strategies to assess their own skills as practice placement educators. However, a worrying aspect of the study is that only 55% of the respondents seemed to understand fully the meaning of self evaluation. Respondents were deemed to have understood the meaning of self evaluation if they knew the correct definition identified by the researchers and could select the advantages of self evaluation from a given list. This in itself is a limitation of the study because the questionnaires will have been completed from personal understanding of the term 'self evaluation' rather than from a stated description given by the researchers. Even with a clear definition, the respondents are likely to interpret the questionnaire from their own perspective and understanding of the term.

This study has implications for these therapists' abilities to evaluate others' abilities; that is, those of the students on placement. Anecdotally, this is a recurrent theme raised by the students during debriefing sessions in the University after placement. The students believe that the assessment process is very subjective and inconsistent, that it is very much influenced by the practice educator's attitudes and experiences rather than by the assessment criteria provided by the University. As can be seen later, the students in this study expressed similar concerns about their experiences of the assessment process on placement.

Jung & Tryssenaar (1998) carried out a small scale research study, again with practice placement educators exploring the lived experience of supervising a student. They used an interpretive approach requiring the keeping of reflective journals by 13 educators during a six week practice placement experience. The

study highlighted a sense of pride that many of the participants had in contributing to the future of their profession. However, there was also a constant theme of 'worry' about the process of supervising students and self doubt about having the necessary skills and knowledge to be an effective educator. The study had its limitations because it drew data from one specific context and the sample may have been biased towards highly motivated educators who valued reflection and learning and were therefore willing to participate in the research process.

Alternatively, there is a range of small scale research studies found in the literature designed around a specific theme or hypothesis. A good example is Whiteford and Wright St Clair's phenomenological study (2002) about cultural diversity and the value of inter cultural learning experiences. This study is based in Auckland, New Zealand, and focuses on students' lived experience of working with people from different cultural and social backgrounds. In this study, the students' perceptions are given through narrative accounts of practice placement supplied during participation in three different interviews throughout their course. In this way, the study provides excellent insight into the student experience and the value they place on having the opportunity to have contact with a diverse group of clients. The students' view was that 'fieldwork experiences were absolutely central to the development of intercultural understandings and, subsequently, competence' (Whiteford & Wright 2002 p134).

Totten & Pratt (2002) describe the perceptions of one occupational therapy student who undertook an elective placement in a day centre for homeless men in Glasgow. This explores an alternative model of fieldwork supervision for students on placement, moving away from the more traditional model of 1:1 supervision with a named educator within a given setting. Although limited to one student's account of placement, it does present a rich and honest picture of the student's experiences. This type of placement was seen to be very valuable in

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deepening the student's understanding of social care needs and issues. As a result of this work, Glasgow Caledonian University embraced this model of fieldwork supervision and, on revalidation, extended it to all their second year students.

Whitecombe (2001) researched the use of learning contracts on practice placement. He used a postal survey which was circulated to occupational therapy students and placement educators exploring the advantages and disadvantages of using learning contracts on placement. The limitations of this study were that much of the survey consisted of closed questions, so perceptions and ideas could not be explored. Also, it was limited to one year-group of students on their first placement with little experience of using learning contracts in the clinical field.

Martin's (1996) study into supervision in action during practice placement presents results from three pairs of student and supervisor respondents. She found that supervision took place at a fast pace, that a traditional model of supervision was favoured, and that there were many lost opportunities for learning due to the lack of reflection taking place. Martin does highlight in her conclusion that her method of study using semi-structured interviews was flawed in that she found she did not allow the subjects to lead on the discussion, 'thus missing many opportunities for them to express themselves' (p232). The quality of supervision was a topic which was raised many times throughout the focus groups in my study and will be explored later in this thesis.

A study by Martin & Edwards (1998) looking at students' feelings towards sharing a supervisor with another student on placement is limited to 14 students who were surveyed through a postal questionnaire. This research highlights potential benefits of allocating more than one student to a supervisor as well as the many real and potential problems that can occur. However, because the

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questionnaire is researcher-led, it does not allow for in-depth exploration of the students' experiences and, therefore, valuable material may have been overlooked.

Heath's (1996) study considers the use of learning contracts in placement and allows for students' perceptions to be taken into consideration. However, the main focus of the study is on the researcher's agenda of looking at the opportunity for the application of self directed learning during the placement experience. For this reason, the study presents a broad view of findings rather than in-depth coverage of the specific themes emerging. On the positive side, the study does present some valuable material about students' experiences of placement with the quality of the supervisory relationship being identified as an important factor in influencing the use of self directed learning on placement. To strengthen the study, purposive sampling rather than convenience sampling could have been used in order to identify the selection of the students who participated in the interviews.

Tompson and Ryan (1996a) carried out a naturalistic study which focussed on the influences on students during their early placements, followed by a further study (1996b) on the influence of placement on the professional socialisation of occupational therapy students. While these studies allowed for the emergence of themes from the analysis of the data, they were only carried out with four students and, as such, have a limited application to a wider population.

Emery (1984) considers physical therapy students' perspective about the training needs for clinical instructors. This study, undertaken in Vermont, outlines the importance of clinical education and sees it as an essential extension of the academic programme. However, the study does not give rich personal insight into the perspectives of the students because of the research design tool. A questionnaire was designed by Emery following a literature review listing 43

observable behaviours of clinical instructors. The students were then asked to complete the questionnaire twice first, ranking how important the behaviour was to achieving effective clinical education and, second, how frequently they had observed the particular behaviours. Opportunity was not given for personal reflection from the students. The outcome of the study identified communication, interpersonal relations and teaching behaviours as most important from the students' perspective.

The research which most resembles my investigations is a study by Bonello completed in 1998 as partial fulfilment of her masters dissertation entitled 'Fieldwork Education: The Maltese Experience'. This qualitative study collects data through one-to-one interviews with 18 recently qualified therapists reviewing their past fieldwork experiences. Bonello (2001) identifies four interrelated themes of; administration influences; disempowerment through assessment; fieldwork educators' responsibilities for enabling learning; and personal autonomy in learning. The study was carried out on qualified therapists rather than students which may have resulted in a 'softening' of views because the perspectives of the participant may have changed due to their differing role – that is from within the work place - that of a professional therapist rather than a student under assessment conditions. However, it is a valuable study and gives insight into the retrospective feelings and experiences of occupational therapy students on placement.

Summary

This chapter has considered some of the background to the many contexts in which this study is based. I have explored a variety of issues which may impact upon the students' practice placement experience. What is apparent is that it is not a simplistic process and that the students' experience may be affected by a

number of factors throughout their placements. The need to be a critically reflective teacher is identified and underpins the development of this research. The following chapter will discuss the methodological issues considered in order to gain insight into the students' experiences on practice placement.

Methodological Considerations

Introduction

This chapter will revisit the aims of the study in light of the research design and I will discuss what influenced my approach to the research. Secondly, I will explore my positionality within the context of the research. The remainder of the chapter will explore the methodology used to carry out the study, leading finally to the results of the thematic analysis.

Aim of the Study

The main purpose of this study is to gain an understanding of the perceptions and expectations of occupational therapy students of their practice placement experiences. The curriculum of the occupational therapy education programme is a traditional model with a foundation year of basic sciences, followed by applied modules and then moving on to advanced professional topics (Tompson & Ryan 1996). Practice placement is an integral part of the total curriculum and students are required to complete a minimum of 1000 hours of practice placement education in order to be eligible for registration with the Health Professions Council (WFOT 2002).

At the University site where this research was undertaken, the practice placement education aspect of the programme consists of three placements, each of 10 weeks in length, and students are expected to pass them all to enable them to be registered as practitioners on graduation. The general view of the profession is that practice placement education is an opportunity for students to gain insight into the reality of work and the pressures of the work environment (Alsop &

Ryan 1996) as well as to integrate knowledge, professional reasoning and professional behaviour in practice.

Because this study focuses on occupational therapy students with the aim of gaining a deeper understanding of their experiences during practice placements, it seems appropriate to work within an interpretive research paradigm. The central concern of this approach of inquiry is the understanding of human experiences at a holistic level (Berry 1998). My intention as the researcher is to attempt to interpret the complexities of meaning and understanding embedded in the students' experiences. Cohen et al (2000p22) describe the focus of the interpretive paradigm as to be able to "understand the subjective world of human experience". My goal is the 'location of meaning' (Huberman & Miles 2002) in the experiences of the occupational therapy students.

Ideally, the study should have been conducted within its natural context – that is, during the students' practice placement location – because, as Berry (1998) identifies, it is in natural settings where human behaviours can be truly reflected and the meanings of these behaviours can be interpreted more accurately. However, this would have been inappropriate because the students were in an assessment setting and may have felt that their responses would have an effect on the outcome of their final grade. This would have not only put added pressure on them but may have also influenced the responses to the research question. Practically, too, it would have been difficult to arrange because the students are dispersed throughout the East Midlands and beyond for their practice placements. Therefore, the use of focus groups held within the University following the end of placements was chosen as the most effective way of gaining the students' perspectives of their practice placement experience.

One of the advantages of giving the students the opportunity to meet within a focus group following their practice placement experience was that this would offer them time for significant reflection and the opportunity to "dig down a bit and try to get below the surface" of their experiences (Ghaye & Lillyman 2000p7). It was hoped that by meeting to discuss their experiences after the event, the students were enabled to see beyond their immediate narrow range of experience, having been isolated from fellow students for 10 weeks, and to engage in a more dynamic process of opening themselves up to their own experiences and that of others (Bolton 2001).

Fortune (1999) found in her studies on reflective supervision with occupational therapy students that they valued the subsequent opportunity to discuss their experiences on placement and were able to highlight the type of learning environment and supervisory actions which best promoted their learning. Similarly, Errington and Robertson (1998) carried out a research project with a group of occupational therapists to enable them to reflect on clinical practice and to examine if this process influences practice and offers effective staff development. The outcome of this study was that the participants valued the opportunity to engage in the reflective process and they felt it contributed to their professional development. The value of working in a reflective group setting was also recognised; the therapists commented on the usefulness of having the opportunity to reflect informally and to be able to access the diversity of expertise and experience within the group.

When writing about the use of reflective practice in physiotherapy, Clouder (2000) states that dialogical reflection broadened the scope of reflection and, subsequently, can be more valuable than reflection at an individual level. She sees the "complexities of practice" (p520) being unpacked through reflection and more effective practice emerging as a result.

The occupational therapy students involved in this study were all familiar with the process of reflective practice because it underpins the philosophy of the programme. At each stage of the course programme, the students are required to complete a written reflective piece of work. At stage one, this work is based around a critical incident within a small closed group setting. At stages two and three, it is based around their reflections of practice placement and their interventions with patients. Therefore, the concept of individual reflective practice is familiar to them, although the reflective group format is not.

A qualitative method was felt to be the most suitable approach for studying this group of students because it allows for the collection of intricate details about phenomena such as feelings, emotions, and thought processes that would be difficult to extract through more conventional or positivist methods of research (Strauss & Corbin 1998). The setting of the focus group allowed me the opportunity to listen to the students and to learn from them (Morgan 1998). As an interpretive researcher, I see myself setting out to understand the experiences these students have had related to practice placements and the meanings they have made from these experiences. Also, I am allowing for the theory to emerge from the particular experiences and situations the students describe (Cohen et al 2000, Strauss & Corbin 1998). Finally, my aim as a qualitative researcher is to look 'beyond the obvious' (Anderson 1998p134) and to understand what the students are telling me from their perspective, through their lens.

My Positionality
It is a challenge for me as the researcher to set this study within an interpretive paradigm. Within interpretive research, the researcher 'begins with individuals and sets out to understand their interpretations of the world around them' (Cohen and Manion 1994 p37). The theory emerges from the particular setting

and it is grounded on the data generated from the research. Because each individual within the study comes with their own set of meanings, the researcher presents to the reader 'what the researcher sees the subject(s) see' (May 2002 p150). Therefore, the theory is likely to be as diverse as the subjects and the situations in which they find themselves and, the challenge for me as the researcher is to ensure the findings presented are as representative of the subjects' experiences as possible.

My professional background is scientific and medically oriented, having trained to be an occupational therapist in the late 1970s. Until fairly recently, this scientific approach has been the basis of the educational model and curriculum design for occupational therapists. The training has been slowly changing its focus and reclaiming its occupation-centred practice – namely, that occupation is a natural state which is linked to health and, therefore, can be used as a therapeutic agent (Turner, Foster & Johnson 2002). However, the training has essentially been based upon a positivist scientific frame of reference, with its foundations built largely upon biomedical science sculptured around a medical model of practice, and hence the degree award of a bachelor of science and not bachelor of arts.

This emphasis on the 'scientific' approach to research relates in part to occupational therapy being a comparatively young profession which still needs to gain acceptability from other health professions. The profession of occupational therapy emerged from a need to provide occupation and activity to patients in psychiatric asylums. When the usefulness of this type of intervention was recognised, articles were written and the foundations of practice explained to others. Following these early origins, there was a move towards the medical model during the professionalisation era (Paterson, Higgs & Wilcox 2005, Higgs & Titchen 2001). However, while this model is still evident in some acute areas of

practice, it has been largely replaced by a more social and community orientated model of practice.

During the professionalisation era, occupational therapists sought to gain credibility by working within a medical model using scientific and technical approaches to care. Yet, in reflecting on the history of occupational therapy, it is seen that the philosophy of occupation came first. Early practitioners had to understand thoroughly the belief system underlying the use of occupational therapy in the absence of a scientific background (Kramer et al 2003). Although Dutton, one of the founders of occupational therapy in 1928, advocated the need for research to justify the use of occupation with patients, occupational therapy itself faced a methodological problem. Clearly, the profession at that time did not lend itself to the reductionist paradigm of the physical sciences due to its humanistic philosophy and broad definition of practice.

A paper presented at the American Occupational Therapy Conference back in 1980 (Gilfoyle 1980) gives a flavour of this pressure to research in order to develop "professionalism in occupational therapy" (p517). It goes on further to discuss the fact that occupational therapy "has not attained the scientific status that elicits guaranteed funding for research", although it does address the fact that while occupational therapy is not about science, the essence of practice "lies in the art of therapy". Twenty six years later, little seems to have changed. Occupational therapy is still under increasing pressure to work towards genericism, partly due to the profession's inability in some clinical areas to convince others of the scope of its skills or the ability to research them (Pollard, Alsop, Kronenberg 2005).

These, then, are the challenges that makes up the background of research in or about occupational therapy – a need to be on a par with the medical profession in

order to get recognition for our research and our practice, while at the same time connecting with our philosophy of facilitating health and well-being through engagement with occupation. This is why the research approach within healthcare generally, has been dictated by a hierarchy of research evidence which has been developed within a medical context, where systematic reviews and meta-analyses of randomised control trials are seen as the gold standard.

Until recently, there has been only limited acknowledgement of the value of qualitative research (Taylor 2000), yet much of occupational therapy research is qualitative and descriptive (Siddons & Rouse 2006, Mason & Bull 2006, Martin et al 2004), which is interesting considering the generally scientific approach to the undergraduate curriculum. However, Sackett (1997) has indicated that best evidence may depend on the question being asked and how effectively the research process is carried out, rather than whether a qualitative or qualitative approach is used. Gray (1997) identifies that qualitative research can not only be used to gain an understanding into health services but it also has a role to play within a science-based health service, not only to complement or supplement quantitative research, but to generate and test hypotheses to find a solution to a problem.

Since interpretative and qualitative research lends itself well to the exploration of the complexities of human life, it should be recognised as a valuable method of research within health and social care. Much of the work carried out within occupational therapy, like nursing, is about dealing with complex and uncertain situations (Schon 1991 p50) and concerns the needs of individuals. To this end, a qualitative approach to research is often the most appropriate method of exacting the necessary information (Trinder & Reynolds 2000).

However, as a result of this historical approach to medical and allied health professionals' education, assumptions are made about the way in which the student will experience practice placement. Many researchers see practice placements providing a learning experience where students can integrate theory and practice as well as develop professional behaviour, professional identity and competence to practice (Mason & Bull 2006, Hays 1996, Tompson & Ryan 1996, Cohn & Crist 1995). At times, these aspirations can be perceived as being quite naïve, hinging on the belief that practice placement will some how *magically* enable the student to develop, demonstrate and achieve competence to practice.

As mentioned earlier, the World Federation of Occupational Therapists (2002) sees the purpose of practice placement to be the integration of knowledge, professional reasoning and professional behaviour in practice, and expects that this attainment will be assessed by qualified practitioners. From my perspective, this sounds very sanitised and prescriptive, and does not consider the notion of the culture or the composite behaviour or experience surrounding these students during placement (Holliday 2002). It does not seem to consider the wholeness of the practice, what the student is feeling, their perceptions and their reactions to particular situations (Ryan and McKay 1999), and is more concerned about the product and outcome rather than the process.

It also needs to be acknowledged that there is a very uncertain world developing within current professional practice. There is a rapid rate of change taking place within health and social care and traditional approaches to educating health professionals, including sending students out into practice on block placements, may no longer be valid.

Obviously, there is a need for minimum standards to be measured and attained in order to safeguard the public, but practice placements can have a great impact

upon the student and it is my belief that this needs researching. My aim has been to avoid this prescriptive view of practice and to discover, rather than presume, what happens for the student on placement.

And yet, as identified earlier I was required within my role of practice placement co-ordinator to ensure that the Standards for Education produced by the College of Occupational Therapists (COT 2003) were met. How far these standards match the reality of practice for students will be discussed later.

Phenomenology

A phenomenological approach to this research appeared to me to be the most appropriate way of gaining insight into the experiences of the students. It offers the opportunity to understand, describe and interpret human behaviour from the perspective of the person being studied (Finlay 1999, Scott & Usher 1996). It also enables the researcher to take at face value (Cohen et al 2000) the experience of the student and to see their behaviour as determined by the phenomena of the experience – that is, the placement – and not by external influences or assumptions made by others.

Because the student cohort consists of individuals from a variety of backgrounds and cultures, who vary in age from 18 to 50, and, who bring with them a wealth of life experiences into education and placement, it felt important to view the world of placement practice through their eyes (Brookfield 1995). By seeing placement from the students' perspective I believed I would gain a deeper and more meaningful understanding of the placement experience.

Essential to the philosophy of phenomenology is the notion of allowing nothing to be taken for granted (Holliday 2002). As the researcher in this process, I needed to be open to new meanings and to set aside my judgements and my way

of seeing things. There is a need to temporarily suspend my common sense assumptions and 'taken for granted' notions (Holliday 2002 p185) in order to allow the essence of what the students are saying to be heard and presented clearly.

My intention with this research study is to recreate the meaning of the placement experience for the student and to try to highlight what it was like for the students to live with/through/in the experience of practice placement. Also, my intention is to use their language, to try to understand the original experience, to construct conceptual categories from the information given, and to explore these findings alongside the existing theory.

There is much debate and critique concerning the approach among phenomenologists (Gorner 2003, May 2002, Denzin & Lincoln 1998, Cohen 1994), particularly about the extent to which a researcher can bracket their own assumptions and understandings. This certainly was a challenge for me when reviewing the transcriptions and listening to the tapes from the focus groups, particularly when still in my post as a practice placement co-ordinator at the University. For example, when one of the students describes her difficulties in being observed by her supervisor while carrying out an interview with a client in the community, my reaction as a co-ordinator would have been that this is part of the assessment process and the student would have to get on with it. In this way, my position may have led me to put this statement into an inappropriate category when analysing the scripts. However, I feel my approach to the analysis has been markedly different since leaving my academic post, and this change has enabled me to have a much more detached view of the research and its findings.

Despite these misgivings, phenomenologists do have general agreement on some key points. Namely, the importance of the subjective consciousness, in that the

consciousness can bestow meaning and that knowledge can be gained through reflection. Therefore, my belief in using this approach was that the students would enter the world of occupational therapy practice placement with their stock of knowledge and life constructs and would apply these to the placement experience to derive meaning from it. The focus of the study would be the subjective meaning and experience created by the students and the aim would be to try to understand how this 'fits in' with the professional and academic understanding of the purpose and value of practice placement.

Grbich (1999) describes five steps essential in the research process when approaching a study from a phenomenological stance. I found this to be a useful reference throughout the study.

The initial step suggests developing a general question and gathering together a sample group which has experience of the topic. In this piece of research, the general question was to explore the experiences and perceptions of occupational therapy students on practice placement. The sample group was easily identifiable from the student cohort.

Secondly, Grbich recommends implementing a process of phenomenological reduction – that is, to try to explore the experience as removed from my own, to try to suspend theoretical perspectives and to confront the phenomena with a blank sheet. Although it has to be acknowledged that value-free research is unachievable, aiming to 'tell it as it is' is certainly possible by using a reflective framework (Evans 2002). Confronting the phenomena was achieved by holding focus groups and allowing the students to lead the process without any influence from myself as researcher. This technique forced me to confront my assumptions and to focus on the meaning from the students' perspective.

Thirdly, Grbich recommends documenting a detailed description of the experience, and this has been achieved by taping focus groups and transcribing them. This leads on to the two final steps of examining the experience and then critiquing the essence of the experience of the students.

Reflexivity

Alongside this process, it was essential for me to engage in a reflexive analysis to evaluate how my own positionality impacted on the research process. Reflexivity offers a tool to the researcher where the 'problem of subjectivity' can be turned into an opportunity (Finlay 1998). Being reflexive involves thoughtful analysis and acknowledges the central position of the researcher in constructing the research and in its outcomes.

Being reflexive offers me the opportunity to increase the integrity and trustworthiness of my findings and to monitor continually the research process (Finlay 2002). Ellingson (1996) identified in her research that many post-modern and humanistic researchers have rejected the notion of value-free research and consider research to be part of a 'conscious partiality' that is achieved through partial identification with the people in the study.

I recognise it could have been very difficult for me to suspend my involvement with the research subject. I have been a student, I have been on placements, I have been a placement educator and I have been responsible for 10 years for co-ordinate practice placements and preparing, supporting and debriefing both students and placement educators through the placement process. However, by engaging in a reflexive process alongside the research process, I am acknowledging, as identified by Primeau (2003), that I am part of that social world and that I will bring to it my own biography, assumptions, and personal

values which then provide the context in which the analysis and interpretation of the data is completed.

My position within the research has been about accepting that I have to compromise between being the 'ideal' self as a researcher and the 'real' self within the research setting (Ball 1993). As a qualitative researcher, I have had to recognise that I am the central figure within the research process that influences the 'collection, selection and interpretation of the data' (Finlay 2002).

With this in mind, the aim behind the development of the research design has been to try to eliminate some of the subjectiveness of the research process, such as taking a low moderator stance within the focus groups, focussing on a single topic, and choosing not to ask any questions during the taping of the sessions. However, it is inevitable that my values, beliefs and experiences are going to be an influence throughout the study, particularly in the analysis and theoretical exploration of the findings.

Consequently, being reflexive enables me to listen more effectively to the material presented by the students and to be aware of my personal prejudices or judgements impacting on the analysis and writing of the study findings.

To avoid reflexivity altogether, because of the hazards and challenges I may have encountered on the way, could have resulted in the research being compromised, and so it was necessary for me to choose a pathway and navigate my way through it (Finlay 2002). During the gathering of data in the focus groups, for example, I needed to be aware of my body language because, although I was not actively participating in the discussions with the students, it would have been very easy for the students to take cues from the way I responded to their statements in the sessions. There was a need to be self-aware and to have a continual dialogue with

myself throughout the whole research process, to self-appraise and self-critique, and to make it known to the readers of this study where subjectivity may have permeated the research process (Primeau 2003).

Finding my pathway through the data was undoubtedly challenging so it may be worth considering at this stage how the approach I took compares with the 'blank sheet' phenomenological approach. I believe being reflexive offers the opportunity for me to be authentic and transparent as the researcher because I can identify when I am applying my beliefs and values to the identification and interpretation of data. Smyth & Shacklock (1998 p7) see being reflexive as being 'honest and ethically mature in research practice' and accepting the embodied roles of researcher, methodology, research accounts and subjectivity that exist in any piece of research.

During the process of the focus groups and the transcribing exercise, I found I was learning about myself in relation to the students' accounts as well as the experiences of placement.

Reliability and Validity

Issues of reliability, replicability and validity are important because the objectivity of the research study is at stake (Huberman 2002, Perakyla 1997). However, it has to be acknowledged in qualitative research that objectivity will always be at stake because we are dealing with people and events and, as researchers, we become part of that world and to some extent 'we contribute to the shape of what we discover' (Huberman 2002 p276). The researcher inevitably influences the form and content of the findings of the research because they bring to the research their own beliefs and experiences.

To try to ensure reliability and validity in this study, importance is placed upon the analysis of the focus groups or conversational analytic research. The tapes and transcripts are the 'raw material' and so their quality has important implications for the reliability of the research. Because the tapes are the 'evidence' of the interactions or groups which are being studied, the transcriptions need to be an honest representation of these events for data analysis to take place.

In conversational analytic research there is some concern that, by taping single encounters with participants, some long-term temporal processes will be lost (Perakyla 1997). This is why the use of longitudinal studies is often recommended.

However, in this study, six focus groups took place over a period of time (one year), with the aim of producing both depth and richness of data. This meant that there was a reduced likelihood of true representative material failing to be recorded from the student cohort. Reliability was also substantially improved by the detailing of the process of data collection and analysis, enabling another researcher to replicate the study and its findings because, as Flick (1997) states, 'reliability of the whole process will be increased by documenting it'. Furthermore, this process does not simply involve noting the individual steps taken; but it was also extremely important that I ensured that I recorded my involvement, relationships and happenings during the focus group sessions (Holliday 2002).

A basic challenge in assessing validity of qualitative research is how to specify that what is being studied is actually what is presented in the version produced by the researcher. There is concern about how much of what is being interpreted through the perceptions of the researcher is truly grounded in the data produced

by the participants and how far this grounding is transparent to others (Flick 1997).

In qualitative research, it is essential that the researcher is as explicit as possible in their writings so that they are able to be fully accountable for how they dealt with their own subjectivity, at the same time being very honest about their sensitivities for and relationships with the research participants. The internal validity of this study is demonstrated in the quality of the transcripts and tape recordings, and the reflective thinking activities that take place throughout the process. As Anderson (1998 p134) states, an audit trail or chain of evidence should be clearly seen throughout the study and any personal bias or beliefs should be acknowledged.

Guba and Lincoln (1985) suggest substituting different criteria for judging qualitative research using the term 'credibility' to complement the use of validity, and 'dependability' in place of reliability. Scott (1996) identifies the potential problems of using such an approach that is so closely associated with the positivist perception of research, as did Guba and Lincoln (1989) in their later work.

Trustworthiness is another term recommended as more appropriate to use in the context of qualitative research (Denzin & Lincoln 1998). As Hammersley (1998) identifies, the debate about methodological purism is a difficult issue and still very much under discussion. Therefore, I feel that whatever term is used, my aim as a researcher is to present an account of the findings that is as honest, open and transparent as possible.

To ensure the trustworthiness, dependability and credibility of my research process, the guidance given by Huberman and Miles (2002 p258) was used. They

suggest four steps towards achieving trustworthiness of interpretations of narrative analysis. These include 'correspondence', or returning the script to those who were studied, and 'persuasiveness', that is gaining a sense of the 'of course' when reading the transcription. To this end, a process of peer and subject examination was undertaken by a colleague who had completed a PhD and been involved in practice placement education, as well as by a student who had taken part in one of the focus groups. Of course, this technique can be flawed since experiences of the reviewers will shift as the consciousness, memories and interpretations of events change over time. However, each of them was presented with the same transcription to review and was asked to identify themes they felt were evident. I was then able to compare theses analyses with my own.

Data Collection Method

The process was explored through the use of a longitudinal study using focus groups and meeting with different cohorts of students at various stages of the academic programme. The focus groups were organised to take place at the end of a period of practice placement after the assessment of the module had taken place and the grades had been allocated.

Focus Groups

Flick (2002) sees the use of focus groups to be a quasi-naturalistic method of study and identifies them as having a place in generating studies of social representations or social knowledge in general.

Focus group interviews are a type of group interview, based on the classic work of Merton et al (1956). They allow access to participants who may find face-to-face interviewing intimidating and offer a safe environment in which people can share ideas, beliefs and attitudes with people from a similar background (Madriz 2003, Fallon and Brown 2002). It is not just a group of people gathered together

for a chat, but a special type of group in terms of its purpose, size, composition and procedures.

Participants in focus groups are seen to interact with one another and the groups are concerned with listening and gathering information from participants who have certain characteristics in common (Krueger & Casey 2000). Focus groups have been frequently used as a data collection tool in market research (Morgan 1988) and, more recently, have been used in social research (Gibbs 1997), medical research (Powell & Single 1996) and in a range of health-related professions (Hollis et al 2002). Although it has taken some time for qualitative and ethnographic social researchers to accept focus groups, they are now gaining popularity among feminist and postmodernist social researchers (Madriz 2003).

Within my own profession of occupational therapy, focus group methodology is only just beginning to be reported (Hollis et al 2002). Yet, it is a valuable method of exploring intervention with patients, as can be seen from the Laliberte-Rudman (2000) article in the American Occupational Therapy Journal exploring quality of life issues for individuals with schizophrenia. This article identified seven factors that had an impact on the quality of life for the informants, supported beliefs regarding occupation that are central to occupational therapy, and identified areas of practice which needed further refinement. The major limitation of the study, as with any focus group, related to the characteristics of the sample.

The main reason for using focus groups in this study was to draw on the students' attitudes, feelings, beliefs, experiences and reactions (Gibbs 1997) to their practice placements. The use of the focus group allows for the participants' perspective to be presented (Bryman 2001) and for a dynamic interaction to take

place between the participants, enabling the eliciting of a diversity of opinions and views to be presented.

It was hoped that the students would find a focus group less intimidating than one-to-one interviews and that this safe environment would allow them to share ideas and experiences (Denzin & Lincoln 2003). Lewis (2004) identifies that some people need company to be emboldened to talk and some topics are better discussed by a small group of people who know one another. This was clearly the case with my focus groups. The students seemed to value each other's contributions and were supportive of each other's viewpoints, making such comments as 'you have a good point there' (Tape 12/03). This form of qualitative research taps into human tendencies where attitudes and perceptions are developed through interactions with others (Lewis 2004).

I chose not to be an active moderator in the focus group but to adopt 'low moderator involvement' (Morgan 1997). As a result of this choice, success of the group was essentially dependent upon the group itself, as well as the clarity of the introduction to the purpose of the group, the framing of the question and the boundary setting for the session by me at the beginning of the session.

I adopted a low moderator position because I did not wish to influence the respondents in their replies and wanted to encourage the emergence of information from the students' perspective, not mine. It would have been very easy for me to follow areas of interest and 'lead' the process, which would have risked creating a situation where the ideas generated were mine and not the students'. Morgan (1997 p52) identifies the value of using the low moderator stance when running relatively short focus groups consisting of a single topic.

Since this study is about theory emerging from the process (Krueger 2000), it was not considered essential that there was consistency across the groups, because this was not a goal of the study. Morgan (1997) believes that when the purpose of the research is exploratory, the low moderator stance is a good match. I was also aware that the occupational therapy students were well versed in participating in groups, had a clear understanding of the group process, and were used to reflecting on their practice. For these reasons, I believed that they would be able to 'manage' a group discussion effectively without intervention from me as a moderator. Happily, this proved to be the case when tested in the pilot study.

However, as Krueger (2000) recommends, I avoided mixing cohorts of students who would have had different levels of expertise so that there was not a knowledge or power differential within the focus group. I believed that this would enable all participants to feel comfortable, to be willing to talk freely, and to feel that their contributions were valued.

My aim was to take a non-directive approach, with the emphasis being on the students and not myself as the interviewer. The interactions among the student participants combined with the low moderator stance I took — namely, non-involvement in the focus group other than switching on/off the tape recorder — ensured that as the researcher I reduced considerably my influence over the process and so gave greater weight to the opinions being expressed by the students. The low moderator involvement can result in the starter question being the basis of the whole discussion but, since the brief of the student group was to discuss experiences on practice placement, this stance was ideal.

I had no fears about the groups being able to self-manage the sessions without my input because all of the students had experience of working in groups. The low moderator role also allowed for spontaneous discussion and, since there was

not a need to produce conformity and consistency (Morgan 1997) across the groups, this opportunity for 'free' thought was felt to provide rich data for the study.

However, it has to be acknowledged that using focus groups is a 'contrived form of research' (Fallon & Brown 2002) because it involves the bringing together of chosen groups from a targeted audience to discuss a particular topic. I also needed to recognise that my presence inevitably could alter the behaviour and topic of discussion taking place between the students.

The conducting of these focus groups offered me as the researcher the opportunity to observe the ways in which the students collectively make sense (Bryman 20001) of practice placements and construct meanings around their experiences. There was a commonality or homogeneity among the group (Krueger & Casey 2000); they were all studying on the undergraduate programme in occupational therapy and they had all experienced at least one practice placement.

It is assumed that interaction between the group members will be productive in widening the range of responses and activating forgotten details of experience, while releasing inhibitions that may otherwise discourage participants from disclosing (Catterall & Maclaren 1997, Merton 1956).

Krueger (2000) states that the group possesses the capacity to become more than a sum of its parts, to exhibit a synergy that individuals alone do not possess. Compared with individual interviews, it is recognised that the focus group will elicit a multiplicity of views and emotional responses within the group context and this can lead to insights that may not otherwise have come to light through one-to-one interviews (Madriz 2003, May 1997).

My intention was always that the students would feel empowered by the setting, and in this way would validate each others' experience and, consequently, reduce my influence on the topic of discussion.

The strength of a focus group is that it will not only reveal 'meanings' about the discussion topic but also that there is some negotiation of those meanings through the group process. Secondly, it generates diversity and differences both in the groups (Flick 2002) and between the groups and this brings about a rich source of data.

This can be seen as a negative factor because of 'comparability' between the groups, and in the identification of opinions or views of individual members. However, since it was not my intention in this study to do a multi-category design with cross-group comparisons, this difficulty was not expected to arise. However, one of the many benefits of the focus group approach is that it allows for a gathering of a large amount of information in a short space of time.

The method I used is not necessarily economic in terms of the production of material to transcribe and analyse. It can prove to be very time-consuming and this extra time needed to be built into the study. Transcribing of focus groups is difficult in other ways – for example, it is not always easy to hear every word with great clarity due to participants talking over each other and, in this particular case, students laughing, joking or exclaiming about topics that arise during the discussions.

Ethical Considerations
Application for ethical approval was sought through the University programme committee. A written summary of the proposed study was presented prior to the

committee and a formal request was made at the meeting. Approval was given by the chair of the board following agreement from the committee members and this was documented in the minutes. Since this study has its base in educational research and not in professional practice in terms of having a client focus, it seemed more appropriate for me to follow the ethical guidelines developed by the British Educational Research Association (BERA 2004) rather than the occupational therapists' professional ethics and code of conduct guide, which is fundamentally about professional practice issues. BERA's guidelines focus on the responsibilities the researcher has towards the participants, the sponsors and the community of educational researchers.

For this reason, I considered the important issue of informed consent. The general ethical principle governing research is that respondents should not be harmed as a result of the study and that it should be performed with the consent of the individuals concerned (Bowling 1997). This is why I chose to canvas for volunteers from the student cohort by posting a notice about my study on the students' notice board, with consent forms attached for them to sign and place in my correspondence drawer if they wished to participate.

Once the consent forms were received, a memo was placed in the students' contact drawers thanking them and notifying them of the date, time and venue of the focus group. They were also given the names of the other students taking part in their session. I considered this to be important because the students may be discussing sensitive material in the focus group. Being informed of the composition of the group allowed them the opportunity to 'censor' their response or choose not to attend if there was someone in the group they were uncomfortable with. At this stage, students were given the opportunity to withdraw from the process. As Cohen et al (2000 p56) state, "Informed consent also implies informed refusal".

Blaxter et al (2001 p158) identify that informed consent is much more than informing subjects about the nature of the research; it is about reaching agreement on how the data is used and how the analysis will be reported and disseminated. To this end, the students were informed how the material would be analysed through the development of themes from the focus group discussions. They were also told that if quotations were used they would be identified as from the 'group' or 'student'. Individual names would not be used.

In addition, students were advised that the copies of the completed study would be held at the University of Sheffield, and further copies would be lodged with the base University, but only when their cohort had completed the programme of study, and also with the library of the College of Occupational Therapists. Further advice was given that any publications or conference materials generated through the study would ensure the anonymity of the participating students so that their identity could not be determined by others from the information provided.

In essence then, students were given the fullest possible scope to make an informed decision to protect their own interests (Seale & Barnard 1999).

At the start of the focus group sessions, the students were also advised about the issue of handling sensitive material (Gibbs 1997) which might emerge from the group and about the need to keep confidential what they heard during the session. And they were advised about respecting each other's contributions to the group and giving everyone the opportunity to contribute.

Although it is recommended to take notes during focus groups sessions (Krueger 2000), I made an active decision not to undertake this process because I felt the

students may have found it inhibiting and, perhaps, invasive. I considered the use of a tape recorder to be intrusive enough without me making notes while they spoke. Instead, after each group session I took the opportunity to write a small reflective summary of my reactions to the group and highlighted any critical events that occurred.

In addition to being sensitive to the students' needs, I needed to ensure the anonymity of the practice placements and the practice educators. It was agreed with the students that they would not use names during the focus groups and if this occurred that they would be removed at the transcript stage. This was particularly important because of the sensitivity of the material that might be presented during the discussions.

I could have chosen a multi-centre design which would then have allowed me more flexibility in the reporting of the data. However, my concern was local and I wanted to know about the experiences of the students that I was responsible for, in the practice placements I allocate to them. I could have also chosen to alter data (Baez 2002), that is anonymise or change the names of the places and people, but I felt uncomfortable in making any significant or substantial changes because I wished to uphold the trustworthiness of the study.

In dealing with confidentiality issues, I needed to protect the participating students, respect their privacy, ensure the integrity of the research and maintain ethical standards (BERA 2004 p8, Baez 2002). Since the study was self-funded, it was not necessary to consider ethical relationships with funding agencies.

Grbich (1999) also highlights the importance of having a reflective critique as part of the ethical process, that is considering the relationship between the researcher and the researched. This was particularly important for me in my position as

placement co-ordinator because the students may perceive me as being in a position of power or control. Therefore, it was important for me to adopt a 'low moderator' position within the groups and for me to make very clear the reasoning behind the study and what will result from its outcomes.

Sampling

Due to the design of the study, a non-probability sampling approach was used. Since the sample selected itself by volunteering (Blaxter 2001), and the numbers of volunteers were small (39 students including the pilot study), all the self-selected respondents were allocated to focus groups. This can yield information-poor cases (Grbich 1999) in some situations because self-selecting subjects may not always be those with the richest data. However, in this study, the approach highlighted to me that these were respondents who were willing to participate and so would actually produce information-rich material by reporting on their insights into placements.

Although I was also equally aware that by using 'volunteering' and 'self-selection', students may have a particular motive for participation. My thoughts fluctuated between them choosing to do it because they valued the study I was undertaking, and them wanting to make some dramatic statement about their placements and the way I do my job. I also wondered about who would volunteer and whether they would be students who would be able to articulate their thoughts clearly in a focus group setting. However, having reflected upon these thoughts, my feelings were that they all had a contribution to make and that negative as well as positive comments would be valid.

Recruitment was influenced by the ultimate number of focus groups needed. This was unpredictable at the beginning of the study because it was to be determined by analysis of the data to see if the point of theoretical saturation had been

reached (Krueger et al 2000). This is when, with the researcher having heard a range of ideas being discussed, it is perceived that no new information is being provided. Therefore, recruitment was undertaken on a termly basis following each practice placement. Recruitment was also affected by the willingness of the students to volunteer to participate but this seemed to improve as the research progressed. It is assumed that students who participated told other students of their experiences and that it was 'OK' to volunteer.

Pilot Study

Before embarking upon the main part of the study, I organised a pilot study to ensure that the use of focus groups to elicit information for the study was the most suitable method to use. At the same time, it was essential for me to familiarise myself with the technique of using focus groups. Having obtained permission from the programme committee to undertake the study, I posted a notice on the students' information board asking for volunteers to take part in the piloting of the study. The cohort of students approached were full-time stage 2 students who had experienced one practice placement the previous term. These students were chosen out of convenience because they were the only full-time cohort of students on site with placement experience.

Four students volunteered and a convenient time and location was organised. The outline of the reasoning behind the study was given and several quotations about practice placement education were written on the white board identifying how the professional bodies view the purpose of practice placement education. This small number of students proved to be ideal and was used as the model for the main study. Morgan (1997) states that small groups work best when the participants are interested in the topic. The students were more than happy to discuss the topic of practice placement.

From a transcribing point of view, the smaller number of participants makes the process easier and the quality of the material richer. Following the introductions, I retreated to a chair by the tape recorder and allowed the students to facilitate the discussions. The session lasted for one hour.

During the pilot study, a critical event occurred which highlighted a point to consider for future focus groups – one of the students became very tearful when talking about her experiences on placement. She did not want to talk about her feelings because she did not want to 'bad mouth' her supervisor. The student and I left the room while the other students continued with the discussions. After a short time, the distressed student felt able to return and we rejoined the group.

From this experience, I identified that I needed to put in place a safeguard to ensure that any future students who found the process distressing could be supported by another member of the teaching staff. I approached a colleague who worked alongside me on the practice placement team and asked if she would make herself available on site during my focus groups for students to approach if the focus groups raised any distressing issues for them. As it turned out, no students in the subsequent focus groups needed to seek support outside of the session.

Following the transcription of the pilot tape and some basic thematic analysis, it became evident that the process of using focus groups was going to be ideal for capturing the emerging theories and themes from the students' perspective.

Method
Following the success of the pilot study, I canvassed the students through notices pinned on the students' board with consent forms attached and waited for the

volunteers to arrive. This activity occurred each term after cohorts of students returned from practice placements.

All students who came forward as volunteers were allocated to focus groups. The groups contained between four and seven students because this was found to be a manageable number during the pilot stage of the study. Not only did it allow all the students adequate time to participate (Bryman 2001, Merton 1990) and explore the topic in depth, but it also made it easier to accommodate my limited skills of transcribing the tapes following the discussions. Kruger (2000) also advises the use of smaller focus groups when it is believed that individuals have considerable knowledge of and a great deal to share about a particular topic.

The students were informed in writing about their allocation to the focus group and were invited to attend on a given day. Preparations for the session included the organisation of a multi-dimensional microphone, tapes and tape recorder, provision of drinks and biscuits (Krueger 2000, McNamara 1999, Bowling 1997), a table and some comfortable chairs.

On arrival, the students were invited to make themselves comfortable, were offered drinks and generally allowed time to settle into the process. A sheet of paper giving some brief details about the purpose of the focus group was handed out and clarification of my role as a low involvement moderator was given, along with points relating to confidentiality. The students were encouraged to facilitate the session between themselves and to use the opportunity to question one another about (Bryman 2001) and reflect upon their practice placement experiences. At this stage, I asked if there were any questions and advised them that I would not contribute to the session other than to monitor the tape recorder.

The sessions lasted between 45 minutes and one hour 15 minutes, depending on the amount of interaction in the group and the level of contribution by participants. All tapes were transcribed at the end of each academic term when a series of groups had been completed.

DATA ANALYSIS
Phenomenological/Grounded Theory Approach

To analyse the data, I was influenced by the grounded theory approach which is regarded as being influenced by the phenomenological tradition. It offers a 'systematic and well recognised approach' (Stanley and Cheek 2003 p143) to studying the richness and diversity of the human experience. Grounded theory, according to Stanley and Cheek (2003), is useful to apply when there is little known about the 'phenomenon of interest', giving further support to it being used during this study. However, as a novice researcher, I am aware that within my research design not all the mechanics of grounded theory or phenomenology have been followed.

While the method of data analysis chosen is based on a series of steps, it was never intended that these should be followed rigidly since there is a need to move backwards and forwards through the material to develop deeper understanding and to allow the meaning to emerge (Holliday 2002, Scott & Usher 1996). According to Huberman & Miles (2002 p374), the fact that it is not a linear approach is its strength because it allows for 'introspection, intuition and rumination'.

The value of using this technique is not only to generate theory (Strauss & Corbin 1998), but also to ground theory in the data and from this to offer insight, enhance understanding and provide a meaningful guide to future practice and developments in practice placements. It is important to acknowledge that the

attaining of 'pure' grounded theory is impossible since, as the researcher, I will bring to the study my own experiences, beliefs and values.

Once again, then, the use of reflexivity is highlighted as being an essential component of this study in 'enabling the theory to emerge' (Stanley & Cheek 2003 p146), rather than forcing it through my preconceived ideas.

The process I used to analyse my focus groups was as described by Orona (2002). Although based upon the original formulation of the method by Glaser and Strauss (1967), Orona presents a lived experience of using grounded theory in her own doctoral study about care givers of persons with Alzheimer's disease. I found her techniques to be manageable and approachable and this helped to give me confidence in using the grounded theory approach. Once the tapes were transcribed and printed out, I read through the scripts again while listening to the tapes, firstly to check for accuracy and secondly to submerge myself in the material.

Then I started to do line-by-line coding and making notes in the side margins. For example:

> **Student:** *Yes, it was an excellent team to work with and felt very much part of the team.* **[team working]** *Never made to feel like a student. Sometimes I was the only OT in the office* **[seeing self as OT not student – important]** *if something came through it would be passed to me and they would say 'are you happy to deal with this?' They appreciated if I didn't because there were some extreme and complicated cases out there.* **[being able to say 'no']** *On the whole I was never really made to feel like a student.* **[not feeling like a student, student role]** *I was treated like a basic grade OT* **[being seen as the OT]** *and the team were great; the dynamics were great, they respected each other's professional judgements* **[team working, team dynamics]** *so again it helped with the change of supervisors.*

Memo: Why was it important to this student to be seen as a qualified member of staff, why did they describe themselves as the OT?

From this process, concepts and categories such as supervision and assessment emerged and I highlighted these and made notes on the sheets. I also jotted my thoughts in a notebook, a process known as 'memoing', about emerging themes, categories and the links between each theme and focus group.

This was not an orderly process but one where I kept returning back to the transcripts and tapes, using the tapes to guide me as to the value the students gave to a topic. I found it very helpful to listen to how long the students spent talking about a particular subject or experience, how many people contributed to a particular discussion, what feelings were being expressed and where the silences fell. I feel this helped me to some degree to keep focused upon the meaning as viewed through the students' eyes rather than me following a particular topic because it interested me and confirmed my beliefs.

I found that by developing my analysis of the transcriptions in the way recommended by Strauss and Corbin (1998) – that is, using microanalysis – I was able to be more questioning about the data. It also helped me to move from description to conceptualisation. As Strauss and Corbin (1998) indicate in their work, the continual asking of questions and looking for meaning help to unstick the researcher (p88) and extend awareness.

Huberman and Miles (2002 p224) discuss the notion of transcribing as being incomplete, partial and selective and that it can be difficult to capture the essence of what is being said on the tapes. The context of the discussions during the focus groups is multi-layered in that there are outbursts of laughter, facial expressions, wit and emotion expressed, all of which are difficult to capture

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during the transcription and analytical process. I was also very aware when transcribing the tapes that it would be easy for me to transcribe what I thought I heard rather than what was said. As the researcher, I am acutely aware of not working from a neutral stance and the decisions I made during the transcription process, and later in the analytical process, will ultimately lead to a particular representation of what was discussed during the focus groups with the students.

Gradually, from this dogged approach to the analysis, I was able to group together categories to highlight major factors and issues (Lincoln & Guba 1985). I was then able to combine these into four larger themes through the process of theorising, which involved examining relationships between factors (Laliberte-Rudman 2000). I then returned to the literature to see what had been said about these topics previously and started to make theoretical connections. Again, there is an acute awareness that by turning oral stories of the students' personal experiences into written form there is 'something different' being presented from the original context and form.

I transcribed the tape recordings of the focus groups then read and re-read the scripts at the same time as listening to the tapes again in order to get a sense of the data. From here, the process of reducing the data via inductive content analysis, developing codes and categories evolved (Huberman & Miles 2002, Strauss and Corbin 1998, Morgan 1997).

I made many notes on the transcripts as suggested by Sheldon (1998) to allow for a level of analysis aimed at encapsulating as succinctly as possible the students' own meanings of the placement experiences. I constantly tried to use the students' perceptions and words rather than superimposing my own words and thoughts on theirs. There was a constant need for me to compare emerging

theories with existing ones from previous tapes, mainly to guide me on the number of focus groups I needed to run and also when saturation point had been reached. However, the carrying out of focus groups came to an abrupt end with my resignation and change of employment. Fortunately, by this stage, six focus groups had taken place over the period of a year with 35 students providing me with more than an adequate amount of data for the study.

The transcribing was a painstaking process and in reality, as Huberman and Miles (2002) suggest, it was challenging to capture the complete essence of what was being said on tape. Deciding how to transcribe the tapes became a dilemma, particularly what to include and what not to include, such as silences, false starts, nonlexicals and discourse markers like 'y'know'. I became very aware of the fact that, as the researcher, I was influencing the representation of the students' discussion purely by typing them up into my computer! I needed to recognise that the decisions I made at this stage would ultimately create a particular representation of the content of the focus groups.

Because my concern was about themes arising from the focus groups rather than a study of the language used, I adopted a simplistic approach to transcribing the tapes. Although making note of laughter and silences, I did not record every little nuance and pause.

As mentioned earlier, I needed to be aware that once the taped sessions were turned into a written format, they became something different from the original context and form. However, I did go back and listen to the tapes again while reading the transcripts in order to remind myself of the emotions, meanings, and expression behind the words on the paper. Therefore, the coding, analysing and theorising took place simultaneously as discussed by Strauss & Corbin (1998).

Results of the Analysis

Following coding, categorising and recatogorising of the data, the information gathered was reduced into the following categories:

- Supervision

- Supervisory relationship

- Good and bad supervisor

- Feedback

- Induction

- Expectations of the student

- Team working

- Roles and identity

- Equity of working

- Working environment

- Ethics and professional conduct

- Marking criteria

- Method of assessment

- Psychological game playing

- Failure

- Inequalities of assessment process

- The student as a person

- Stress, anxiety and fear

- Emotional issues

- Future practice, future career

Further reduction of these categories was made by grouping them into the following emerging themes:

1. **Supervision and the supervisory relationship**
   - Supervision
   - Good and bad supervisors
   - Coping strategies
   - Feedback

2. **Assessment of the student**
   - Marking criteria
   - Method of assessment
   - Psychological game playing
   - Failure
   - Inequalities of the assessment process

3. **Student Expectations**
   - Team working
   - Role and identity
   - Ethics and professional conduct
   - Working environment

4. **The student as a person**
   - Emotional issues
   - Fear and anxiety
   - Future practice, future career

Subsequent chapters will address the major themes in turn, making reference to material identified in the literature review, where appropriate, as it relates to the

emerging issues from the data. Finally, consideration will be given to the impact of these findings on practice placements in occupational therapy.

Limitations of the study

This is a small study restricted to one UK university. The recruitment methods used means only the views of volunteer students were heard rather than that of the whole cohort. Focus groups can be inhibiting and, therefore, the students may have found the experience limiting and one which prevented them voicing their opinions, resulting in consensus and conformity among the group. The dynamic interactions and the cognitive reframing during the focus groups could have had an effect on the responses given. The fact that I was present during the focus groups and that I transcribed and analysed the transcripts will also have had an influence upon the outcomes of the study. This means that the study cannot be generalised or transferred to another context. Alternative methods could have been considered such as interviewing, a multi-centre study, use of an external facilitator within the focus groups, set questions posed within the focus groups, or the use of the Delphi technique as used by Maxwell (1995) in considering clinical education with physiotherapy students. However, this technique is time-consuming and has been 'criticised for creating a notion of experts' (May 2002 p264) as well as diminishing the sense of participation and ownership for the researcher and subjects alike.

C h a p t e r   4

Supervision and the Supervisory Relationship

Introduction

This chapter discusses how the data from the focus groups indicates the importance the occupational therapy students place upon the supervisory relationship with their practice educator in the placement setting. Unlike in the academic setting, where working relationships with individual tutors do not necessarily have a direct impact on success or failure, when the students are out on placement they invest a great deal in the relationship they have with their practice placement educator because of the need to impress the educator in order to pass the placement. This chapter will present the emerging themes of 'good and bad supervisor', 'coping strategies' and 'feedback' in relation to the supervisory relationship. Links will be made with identified literature and exploration made as to why these themes may have arisen for this group of students.

Practice placement is the learning environment in which occupational therapy student experiences the working practices of occupational therapists and work towards integrating theory with practice. As indicated in an earlier study by Tompson and Ryan (1996), which involved observing occupational therapy students on placement, it became clear – as it has in this study – that one of the most influencing factors which has considerable impact on the students' performance and engagement in the placement is the placement educator. The students in this study see the supervisory role as pivotal to their learning and future as occupational therapists – not only in facilitating the learning process during the placement, but also in assessing the final outcome of the placement.

In undertaking this study, it had been expected that the students' perceptions of their supervisor would be rated against how well they did on their placements in terms of their final gradings. However, this was not necessarily the case. The students' opinions were based more around the level of job satisfaction and well-being factors, such as enjoyment and sense of worth, that they experienced during the placement. There was a strong belief among the students that these elements had a direct link to the supervisor's behaviour and supervisory relationship with them.

As one student identifies:
— *"It seems to me, talking to different students, part-time and full-time, that the experiences on fieldwork are very dependent on the fieldwork educator and the relationship there."*

The results from this study reinforce the findings of a recent study by Gilbreath & Benson (2004) who, in researching organisations and industries in America, showed that supervisory behaviour made a statistically significant contribution to the well-being of employees. Earlier studies by Stout (1984) also found that where supervisors were considerate and interested in their employees, the stress levels of the employees were lower. Equally, Duxbury (1984) found that nurses managed by inconsiderate supervisors suffered 'burn out' and low job satisfaction.

In discussing the need for placement educators, Healey (2005) identifies the important role that they have with occupational therapy students. Not only do they provide through supervision the opportunity for students to reflect, clinically reason, and face up to the contradictions of practice, but on many occasions, the supervisors are seen to be more than just facilitators of learning. They are also considered to be role models who provide inspiration to students and contribute to the future development of the profession.

The 'good' supervisor v the 'bad' supervisor

As mentioned earlier, the research carried out by Gilbreath & Benson considers the subject of supervision and supervisors, and the findings are supported further by the results of this study. This study identifies that occupational therapy students place a great deal of emphasis on what they consider to be 'good and bad supervisors'. The qualities of 'good' supervisors were seen to be many and varied but especially include such traits as empathy, support, providing opportunities, being open to questions, knowledgeable, using an appropriate style of supervision, and being approachable and available. This reinforces the findings of previous work carried out by Tompson & Ryan (1996), Neville & French (1991) and Christie (1985). These 'good' supervisors subsequently seem to contribute to students being positive about their placement and generally appearing to have a better psychological health towards clinical placements.

Furthermore, the outcomes of this study support the work of Kilminster and Jolley's (2000) interdisciplinary literature review about effective supervision in clinical practice settings. The traits they identified as important in placement educators included empathy, support, and a keen interest in providing supervision. As a result of this style of supervision, their work showed, the trainees' gains included greater confidence, refined professional identity and a feeling of being valued and respected. Again, this is further reinforced by the findings from Hummel's study (1997) which, when looking at what Australian occupational therapy students considered to be effective fieldwork supervision, found that the category within the questionnaire which received the most responses was the interpersonal section.

It is interesting to note that one particular student in this present study describes herself as 'blessed' when talking about her placement and her supervisors:

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– *"I think I've been blessed, I've listened to lots of people who, you know, come back having been on placement and people moaning about this and grumbling about that, and by comparison I seem to have sort of sailed through and had lovely supervisors who have been incredibly supportive and given me as much rope as I've wanted to potentially hang myself. I haven't managed it yet, but there's still time. But seriously, you know, I think I have had really positive experiences."*

Another student places value on her placement and supervisor because the relationship was run on "egalitarian lines":

– *"I've found within all three placements, but particularly the last two, they were run very much on egalitarian lines, which I enjoyed, and was able to take account of the experience I'd had through my nursing training and current work experiences in social services."*

A student on a mental health placement identifies her supervisor to be 'good' because:

–*"The fieldwork educator was very good at reflecting on experience, because in the field of enduring mental health, the client has very complex problems, and we'd go out on joint visits, or sometimes separately, and then have that time afterwards to reflect, and I found this fieldwork educator was very open to listen to my perceptions."*

Here, the student sees the importance of reflecting on practice with the supervisor and this in turn helps the student address the uncertainty and ambiguity of practice. It is clear that students need time to explore current practice and examine their perception of given situations, and in this way they will be facilitated towards developing new meanings and will learn the importance of examining practice.

For one student, a good and happy placement did not mean that the supervisor had to be perfect:

– *"My first placement was really good and the lady there was really enthusiastic. In fact she was a bit too enthusiastic, she was here, there and everywhere and you were chasing after her. I felt I learned loads but there was an awful lot that I had to get to know. So this placement I spent a lot of nights reading, she gave me loads of reading to do and I spent a lot of time doing it. But so I feel on that placement I really learned a lot and I was well supported."*

It is evident from the transcripts of the focus groups that there is not an 'ideal' or 'perfect' way of being a supervisor but that much hinges on the relationship between the two individuals concerned. As one of the students says when summing up a discussion about supervisors:

– *"For those that had negative experiences on placement, it often seemed linked to the relationship and personalities."*

In a study by Mitchell and Kampfe (1993) exploring occupational therapy students' perceptions and coping strategies on placement, it was seen that students who were placed within an environment that fostered open communication and structured feedback and where discussion time was allocated, the students felt empowered and in control and performed better throughout the placement. Similar thoughts were expressed by the students in this study. One of the students who was working in an acute hospital setting who experienced personal problems during her placement relating to a sick relative states:

– *"I had wonderful support from those educators, anything I did want to enquire about I would sit and they would give me the space, and then if they didn't have time they would give me a book or give me the notes that were appropriate, but they gave me the responsibility of saying 'yes'. I had a little induction but it was a busy time so she said I feel you are capable, you're mature enough to actually take on a caseload."*

Shanahan (2000) undertook a study using a phenomenological approach to gain insight into the lived experiences of mature students on an occupational therapy

course. She found that, although the mature students found fieldwork easier having worked before, generally they had high levels of anxiety due to them feeling that this was their last chance to succeed academically. The recommendations to the study advise that lecturers reflect back to the student the value of their life experiences in being able cope with the course demands. Similarly, in the scenario discussed above, the student values the educator who acknowledges her maturity and abilities to take on responsibility at an early stage in her placement.

Another student identified the importance of being valued on placement and working as part of an open and honest relationship:

– *"With my supervisor it was a two way process and she even asked me if certain things were OK and seeked assurance from me in certain groups we were running. It was very much a partnership, there wasn't any hierarchy and her feeling threatened, and I felt valued in that partnership because she asked me questions which again raised my self esteem."*

In a study by Cerinus (2005) looking at supervision with nurses, trust was highlighted as an important part of the supervisory relationship; it was seen that effective relationship development led directly to effective supervision. Cerinus states that "If there was no trust, there was no relationship. If there was no relationship, there was no effective supervision" (p35). In considering the supervisory process with social work students, Davys & Beddoe (2000) found that effective supervision needed energy, commitment and a "climate of trust", while acknowledging that this trust takes time to become established between supervisee and supervisor.

The students in this current study recognise that they do not have control or choice over who supervises them and that inevitably, due to a shortage of practice placements, the supervisors are often coerced into taking a student on

placement. As discussed by Ooijen (2000), supervision and choice of supervisor should not be imposed from above if it is to work effectively. However, the students in this study are realistic, if not rather cynical, about the allocation of supervisors on placement. As a couple of students point out:

— *'It's really 'pot luck' with your supervisor what you are going to get out of your placement, anyone of us could have three placements where all the supervisors laughed at MOHO (a model of practice), and so you would never learn about it and you are not likely to go on and use it.''*

— *'I think it's a bit of a lottery every placement you go on. It depends on the area that you are working in, whether that's the area you have natural ability or talents in, but also the most important thing I think is whether you build up that rapport, whether you hit it off with your educator.''*

It was evident from this study that entering a supervisory relationship was not easy for everyone. This may have been due to a number a factors, including students not having choice over who supervises them, and the shortness of time given to develop a meaningful relationship. The students are acutely aware that they are being assessed and, therefore, avoid confrontation with their supervisor in case it leads to failure, or there is seen to be a 'personality clash'. This complex backdrop to the reality of placement does not necessarily help to facilitate the supervisory relationship. With placements in short supply and the supervisory relationship 'founded on availability rather than suitability' (Davys & Beddoe 2000 p439), the many 'theoretical' recommendations for good supervision can not always be guaranteed.

When clinicians find themselves coerced into taking students by university placement co-ordinators who "spend hours on the phone with a begging bowl" (Craik & Turner 2005 p195) in desperation to ensure that students complete their training within the given time frame, the ideals of collaboration and commitment

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to the supervisory relationship are not necessarily uppermost in the clinician's mind. As discussed earlier, clinicians are under considerable pressures within the workplace and, for many, having a student on placement may be seen as yet another added burden in their working day.

This study indicates that the impact of supervisory relationships and practice placement experiences can have repercussions for many years after the end of the placement. This is seen in one of the focus groups, where the students discuss the impact of placements on their future practice:

– *'I think if you've had positive fieldwork experiences yourself you're more willing to put something back by taking on some students when you've actually qualified yourself.'*

This relates to the outcomes of the study by McKenna et al (2001) who, when researching the journey of occupational therapy students through the training course, found that clinical placements and supervisors were the greatest influence upon students' career decisions. They may also be highly influential factors when students become practising occupational therapists and have to decide whether to become supervisors themselves.

For both student and placement educator, there appears to be a need to acknowledge the importance of supervision and to see it as a means of increasing self-awareness and enhancing learning. There is a need for both parties to address the varied myths and phenomena surrounding supervision (Cutliffe et al 2001), which can prove to be restrictive when trying to implement a supervision framework. Although the University has an expectation that supervision will be carried out weekly, students and supervisors need to see this as a minimum standard and to remember that supervision is not a mechanistic process but should be systemic, developmental and constantly reviewed in order to be effective.

This study also highlights that supervisors need to be aware of the importance of trying to understand issues and concerns from a student's perspective and, as a consequence, this will help them with addressing the student's individual needs (Mackenzie 2002). It is clear from this research that the role of the practice educator is pivotal in providing the students with a positive learning experience. If students are to engage in the 'communities of the practice' and learn in this setting, they need an educator who is able to facilitate a positive learning environment for them, help them to be integrated into the community, and guide them in identifying learning opportunities through reflective practice. Brown et al (2006), Hummell (1997), and Christie et al (1985) all emphasise the crucial role of the educator but clearly indicate – as the students have acknowledged in this study – that the educator needs to have well developed interpersonal and communication skills as well as a strong interest in supervision.

What came across very clearly in this study was the students' views of what constituted a 'bad' or ineffective supervisor, although not all agreed on the same factors. Some found their supervisors withheld knowledge from them; others found the supervisory style oppressive; some felt that the supervisor had lost touch with what it was like to be a student; unavailability was an issue; and some students felt they were not allowed to have responsibilities and learn from their mistakes. Similarly, Kilminster and Jolley(2000) found in their work on effective supervision in clinical settings that ineffective supervisory behaviours included such factors as rigidity, low empathy, failure to teach or instruct, being closed, and lacking praise or encouragement.

Discussions in the focus groups implied that the students also listened to 'whispers and gossip' surrounding placements and, consequently, created unrealistic scenarios about their supervisors even before they arrived on

placement. This led to the students virtually predetermining the outcome of their placements before they had visited their clinical educator. This is an example of a conversation in one of the focus groups:

– *"I mean, we all hear the horror stories don't we, and we're going out there thinking we are bound to get the witch."*

– *"That's a really good attitude to have isn't it? In a person-centred profession."*

– *"My first two were excellent, and I think this is it, the third one, down I go."*

– *"You might go on a placement with as you call it a witch, but you may find that's she's actually quite pleasant."*

In the study by Hummell (1997), occupational therapy students identified ineffective supervisors to be poor communicators, unavailable, disinterested in students, rigid and lacking in empathy. Likewise, the occupational therapy students in this study found similar characteristics among the supervisors they had come across on placement.

One placement presented the student with the opportunity to compare two supervisors, one who was recently qualified and therefore still able to identify with the student role, the other far more remote from this role:

– *"I think they forget what it is like to be a student. On my placement in the community I had two fieldwork educators, for one of my educators it was the first time she had had a student but she remembered what it was like and she could see if I was having problems and she would say to me 'I know what it was like 'cause I remember what it was like to be a student'. Whereas the other one didn't really remember because it was such a long time ago."*

Another student who had two placement educators struggled with the rigidity of their approach to student supervision. Although the student was an experienced support worker who felt she had many skills to bring to her placement, she felt that they wanted her to do exactly as they did in all aspects of practice:

– *"They wanted to mould me in the way that they wanted me and I felt suffocated, I like to do things, I like to feel capable of doing something on my own initiative."*

Similar findings are reflected through a study by Herzberg (1994), who in looking at supervisors' perceptions of successful students, found that the supervisors favoured students who demonstrated similar characteristics to themselves, were seen to engage with teamwork and showed themselves to be flexible, adaptable and 'doing' people. Yet, it needs to be considered whether the supervisors held these characteristics as undergraduates or whether these skills were acquired as a result of their training and working environment. Therefore, there is a need to explore whether it is right that the clinicians should judge the students against their own characteristics, when in fact the students are at a different level of learning and development than the practising therapists.

Within the University course, much emphasis is placed on the student being a self-directed adult learner. The use of the learning contract on placement is a means of further facilitating this process. However, the qualities that are equated with self-directedness can be seen as those qualities least valued by the clinicians when supervising students. Such behaviours as separateness, selfishness and pursuit of private self-focussed ends, with a general disregard to the wider consequences (Brookfield 1995a), are not the qualities perceived by the clinicians to be needed for multi-disciplinary teamworking. In some respects, the student needs to adopt some of these qualities because their motivation for being on placement is to learn in order to pass the placement and graduate as an occupational therapist. Their purpose for being in the placement is very different

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from the qualified therapist and their behaviours cannot legitimately be compared.

It could be concluded from the findings of the study that placement educators need to have an increased awareness of how people learn and the various theories underpinning adult learning. In particular, there needs to be an increased appreciation of adult developmental theories (Knowles et al 2005) and the implications these have for students on placement. Consideration needs to be given to the notion that the students' receptiveness to learning can be dependent upon what is happening to them outside of the placement, and also how they are coping with the transition from the classroom to the placement. Havinghurst (1972) talks about watching out for those 'teachable moments' in which people are ready to learn and apply themselves because of their particular life stage or situation.

Other issues which need to be appreciated in the context of students learning on placement relate to the significant contrast between classroom learning experiences and the more abstract, experiential learning which takes place within the communities of practice. The student is on the periphery of the community of practice and needs assistance to engage with the culture of the community and to take on board its beliefs. It needs to be recognised that the students are novices and, therefore, will need time, support, and opportunity to acquire the knowledge and skill necessary to become effective practitioners within the community of practice.

This study also indicates that whether this is a student's first or last placement, they will still need to move from the periphery to the centre of the community. They will need to appreciate the new context and cultures of this community of

practice and become embedded in the new environment in order to develop new learning and to demonstrate their competence.

Students in this study believed that the level of expertise of the educator had a direct impact on their placement learning. A student describes having an inexperienced supervisor who she felt affected her final grading:

– *"I found in my first placement, I was her first student, she was quite newly qualified herself only a couple of years, and she was over-protective of me really and wouldn't let me do things and that affected my marks. I thought 'It's not that I am not capable of doing it'. She'd be looking over my shoulder and like butting in and asking the patient questions that I'd asked only five minutes ago which she hadn't seen because she had gone into another room or something and then she'd mark me down for that. On my second placement my supervisor had 11 years experience. She was a really good supervisor and I was differently marked."*

In Bonello's study (2001), the former students also found newly qualified, newly appointed supervisors challenging because they were rigid in their thinking and created an authoritarian environment, holding all the power and control.

However, as can be seen from the statement earlier, not all students feel the same and some value having someone to supervise them who still remembers what it is like to be a student. The reaction of the inexperienced supervisor highlighted above can be seen as classic, if consideration is given to Schon's argument that people enter practice from a high hard ground of theory and hang on to those theories until they have had time to develop their own adaptations of the theory through experience. This indicates a need to review how practice educators are supported through their first experiences of having students on placement and points to the need to establishing such mechanisms as mentoring schemes, peer support groups, on-going training opportunities and reflective supervision.

In this study, another aspect of 'bad' supervising that students highlighted was the interpersonal relationship with the educator. During the study, one student describes her bad experience with a supervisor and the extremes she goes to in avoiding her because she felt there was a personality clash:

– *"I suppose after the first couple of weeks I was doing my best to keep away from my supervisor. We covered two areas of A&E and the medical assessment unit, and my supervisor loved A&E. So I let her get on with that and I said 'I can start by getting referrals, front sheets, initial interviews'. It was good, I learnt a lot, but if my supervisor had been nice I would have wanted to spend more time with her."*

In one of the focus groups, the students were discussing the importance of personal interaction as part of the supervisory relationship. One of the students found the lack of this personal interaction very difficult:

– *"I didn't get that with my supervisor, there was no personal interaction, I'd been there 10 weeks before she asked me a personal question. Yet, I knew all her personal history, I knew everything which to me was one-sided, and it was something she needed to contemplate in the future when having students, just show a little bit of interest in their personal lives."*

It can be seen here that the theories of supervision do not necessarily match up to what is taking place in practice. Students expect to have a collaborative style of supervision (Carroll & Tholstrup 2001), that is focused upon them and their learning needs. However, the realities of practice are that the supervisor can potentially bring into supervision their personal needs and misconceptions about supervision and, as a consequence, students become dissatisfied at not getting their needs met.

Students' coping strategies with supervisors

Within the study, it was interesting to see the different ways in which students dealt with supervision. The reality of the final grading and assessment was an

influencing factor, in that the supervisor had the 'power' to pass or fail the student .

As one student says:
– *"I think in my head that because you're the student you're always going to make the effort to get on with your supervisor because at the end of the day you're getting a mark and you want to do well. So you are going to do anything you possibly can to get on with them."*

In one of the focus groups, the students explored the importance of 'fitting in' and how it was important to 'fit' into each new experience and supervisor.

One student states:
– *"I had three entirely different supervisors on all of my three placements, you couldn't get so different in all three, and I came away thinking I had to fit each experience, so that was a learning curve if you like, because as I say they were very, very, different characters."*

Here, again, can be seen this need for the student to 'fit in' the community of practice, before effective learning can take place.

Some students in the focus groups talked about the strategies they used in preparing for supervision. Some of the students saw the need to take responsibility for the supervision session to ensure they got from it what they needed. These statements from two students are worth noting:
– *"I would write guidelines, everything. I would highlight my training needs and then ask for her comments – do you think I am covering or, do you think I should be looking into this area, or that area, or it's going fine. It helped to give me a bit more confident feeling that I have got control, not knowing what was going to be discussed with you because I know what is going to be discussed in supervision!"*

– *"I did all the preparation work and filled out the agenda and the objectives of my learning. I completed those every supervision that I had on this last placement, but I expected feedback from my supervisor as well."*

This accords with the studies by Mitchell and Kampe (1990, 1993) on coping strategies of occupational therapy students, where they found that students developed healthy strategies to cope with their supervisors. The students developed problem-solving strategies, that is doing something about the situation themselves rather than taking the passive role and expecting outside influences to come to their aid in the shape of a placement tutor from the University. Mitchell and Kampe further indicate that, in many instances, the students are best placed to deal with a situation because it is "their perceptions of an event that will influence their response to that event" (Mitchell & Kampe 1990 p549). In other words, the students have the control to determine the most suitable strategies to use to help them in any given situation.

Consideration needs to be given as to why the students develop these coping strategies. Is it about the students developing mature levels of learning, being pro-active and recognising that the realities of being out on placement differ from the routine and order of the University learning environment – and, therefore, they are learning to adapt to the 'uncertainty and conflict' presented within these new communities of practice? Or is it that the students are retreating to a safe place and returning to the 'technical-rational' approach of building a safe situation within supervision sessions where they believe they can have control and concrete outcomes. Without seeing the supervision agendas or observing the actual supervision sessions, it is difficult to decide in what way students are using the agendas and how this impacts on their learning or the supervisory relationship.

Feedback

Providing regular feedback to students is one of the most effective ways of assisting them towards professional competence. In the conclusion to Kilminster and Jolly's literature review (2000) on supervision, feedback was viewed as an essential component of supervision. Bulmer (1997) found that the skills nurses rated most highly in their supervisors were being honest and open, giving positive feedback, giving constructive criticism, being good listeners and being supportive. In the Hummell article (1997), occupational therapy students felt that a lack of feedback had limited their effectiveness on placement.

Feedback was a topic which arose in all of the focus groups as being very important to the students because it offered them a means of knowing how they were performing and enabled them to get some recognition for their work.

In focus group 1, the topic of feedback was discussed extensively as a major issue for this group of students. Their discussions also reflect many of the feelings raised by the other focus groups:

– *"I always feel in supervision sessions that I can't be honest until I have established that rapport and had a bit of feedback, then I can take the lead more in the second half. I feel more confident in the relationship with the supervisor."*

– *"What I found was I didn't get feedback whatsoever until halfway and it was awful, I didn't know if I was doing right or wrong. I suppose looking back now because nothing was said I was doing OK. But I had no clue what she thought of me and my confidence was 'nil'. I'd come from my second placement doing really well feeling really confident, then within two or three weeks in this new placement I had no confidence whatsoever. It was dreadful."*

– *"Was there no informal supervision?"*

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– *"No, it was community we travelled separately so there was no interaction going to visits, we went in separate cars. Supervision was set out on a weekly basis and that was it really. I used to say 'How do you think I'm doing' and I used to get back 'How do you think you are doing?'!"*

– *"It's a two-way process, you want to reflect on your own practice but you need that reinforcement too."*

Students seem to get mixed messages about asking for feedback. In some cases, students perceived that asking questions was viewed by their supervisors as a *"challenge to their authority"*. Others describe seeking feedback as being like a *"puppy dog all the time at the feet of the master saying 'have I done well?'"*. Some students even *'pretended'* not to know things when discussing their experiences with their supervisors. The students describe taking this action in supervision in order to make the placement educator feel as though they had taught them something. This type of behaviour does not facilitate honest and open feedback between the two parties, nor does it demonstrate that the student and supervisor have developed a level competence in the process of supervision.

Kavanagh et al (2002) talk of a definition of supervision which sees a working alliance between practitioners, with an aim of enhancing clinical practice and meeting professional standards, as well as providing personal support and encouragement. What some of the occupational therapy students seem to experience in practice is very different from what is perceived in theory to be good practice. It is not only about having supervision in place, far more important is the nature and quality of that supervision.

Some of the students' disharmony with placement supervision may be linked to their lack of confidence as inexperienced practitioners who 'prefer directive and

problem focussed supervision' (Kavanagh 2002 p249). Another reason for their dissatisfaction is that supervisors fail to give positive feedback because they become focussed on what the student is unable to do rather then what they have achieved. This, I suggest, is compounded by the fact that the supervisor is also taking on the role of assessor and 'gate keeper' for the profession and, therefore, is looking for weaknesses and lack of competence in the student.

In her paper about debriefing students after placements, Mackensie (2002) found that students were concerned about their relationships with their supervisors. One of the reasons given for this is that they knew they would be assessed by the supervisor and feared receiving any criticism because this would affect their grade. Bonello's study (2001) presents similar findings, with students adopting a complacent position in feedback in order not to jeopardise their grades. Yet, it is known that positive feedback promotes growth and confidence in an individual, which then allows that person to develop their professional skill base and ultimately feel that being scrutinised and monitored is not a threat but an aid to their future development.

Much anger was expressed by some students at not getting appropriate and timely feedback about their abilities on placement. Their frustrations lay partly in the fact that because the feedback was so late, they felt unable to rectify the situation and, ultimately, this affected their final grade.

As one student describes:
– *"I felt I was doing a lot of the work and, as you say, when you're in that role of the student and you know you've got to really prove that you're doing something, and back it up and justify everything that you are doing, I felt I was doing that but I didn't feel I was getting the feedback. I didn't get any feedback, I mean it went on right through near enough to the end when suddenly I*

was told 'You're not doing this, you're not doing that' and I was so angry that why wasn't this brought up initially, you know, early on, half-way stage even?"

It is important to consider what will be the consequences of students experiencing this inadequate style of supervision on placement. Parker (1991) researched the needs of newly qualified occupational therapists and in her study describes the consequences of not providing support and supervision. She identified that this leads to insecurity, disillusionment, negative attitudes and frustration, which is also evident throughout this current study. The ultimate outcome is that it can lead to therapists leaving the profession.

Some of the students describe their practice placement educators as *'first time supervisors'* who may have very limited experience in supervising others and had only brief training around the topic of supervision. One student found this led to her supervisor *'putting up barriers'* which resulted in poor communication between both parties.

The students felt that they should be able to provide feedback to their supervisors as is illustrated by the following conversation from focus group 1:
– *"Any feedback we can give educators is going to help the next peer group who comes along."*

– *"Especially for younger fieldwork educators, not necessarily young but inexperienced as fieldwork educators, it would be more beneficial for them to know their strengths and weaknesses and what their expectations are of the student."*

– *"I would have liked to have had the opportunity."*

One student describes not having feedback from the educator as being like *"driving through heavy traffic and driving rain and not being able to see where you're going."*

Another student expresses very clearly the fundamental importance of feedback as a learning and development opportunity:

– *"I would always encourage feedback, positive and constructive feedback, as OTs we should all be striving to improve whatever level you are as an occupational therapist, you should be asking for that."*

With the University's recommendation of providing the student with a weekly supervision session, it could be supposed that some supervisors are not providing prompt feedback to students about interventions with patients, but are leaving this to the timetabled supervision session. This must lead to performance anxiety for the student. Also, the student could be misconstruing certain behaviours of the placement educator as some kind of negative message. This can lead the student into catastrophising the situation and imagining they have failed the placement, or reading the educator's behaviours as being a message of disinterest and dismissal.

Within the supervision session itself, there also appears to be misunderstanding taking place. Students set high expectations about supervision and it is evident from some of the discussions within the focus groups that there is a mismatch between student and supervisor. Supervisors can find it difficult to deliver clear, honest feedback and, although some of the students in the study indicate that this is what they want, others may not be ready to accept criticism.

Students are also used to getting feedback for their written assignments in the University. They know that within four weeks of submitting the assignment, they will receive a grade with a written comment and will be given the opportunity to discuss this with their tutor. If the students choose to, they can also compare their marks with their peers and discuss the issues they have about the grade they

have been awarded. These opportunities are not so freely available in the clinical setting and, again, the student is on the periphery of the community of practice, learning what are the 'norms' of this environment.

Summary

The evidence from literature and this current study clearly identifies that the supervisory relationship is the single most important and influential factor in providing effective supervision and a positive placement experience for the student. Most definitions of supervision suggest it is part of an education process which depends on a good relationship being developed between the student and supervisor and on timely feedback being given. However, students do not have control or choice over who supervises them and sometimes clinicians have been coerced into becoming supervisors due to the shortage of placements.

It is interesting to note the wide variation in the students' experiences of supervision in practice and what issues impacted upon the supervisory relationship. There is clear consensus from the students about what constitutes a 'good' or 'bad' supervisor, along with some strong statements about supervisory relationships and feedback. The theme of the academic-practice divide comes through time and again, along with the many learning challenges the students experience in moving between the academic world of the University and the clinical world of practice placement.

Assessment

Introduction

Not unsurprisingly assessment was a topic of discussion in all of the focus groups. This was quite an emotive topic, with both positive and negative views being expressed. The students highlighted particular aspects of the assessment process that were challenging for them during their practice placements. These issues include: inappropriate use of the marking criteria; methods of assessment undertaken; the psychological game-playing students undertake in the assessment and negotiation process; failure; and the inequities of the assessment process.

What particularly stands out is how the students' expectations differ towards being assessed in the workplace as opposed to being assessed within the University. This level of high expectation may relate to the students seeing placement as central to their training and, therefore, they invest far more into getting good grades on placement than they do in the academic setting. Also, their perceptions of the assessment process are challenged because it is so different from their experiences, through both compulsory education and higher education. The following chapter will visit significant themes related to assessment that were raised by the students during the focus groups.

Marking Criteria

The University in this study uses a criteria referenced assessment where judgements of performance are based on a set of pre-specified criteria and standards. The focus is on mastery of skills; a minimum standard is given and the student is considered either not competent or competent, with the range reaching up to an outstanding grade. However, what some of the students describe taking

place with their supervisors is a norm referenced assessment, with a seemingly total disregard for the marking criteria. They also say that their performances are compared to other students' performances on the same placement, regardless of their stage of training.

The following extract from the transcript of one focus group illustrates this point:
– *"One of the things that is worrying me for my next placement is that I know the student my fieldwork supervisor had before and what she got, she came out with a high grade and was very confident. And I'm worried about being compared to her because she very much pushes herself forward, where I in comparison to her will be a bit more of a shrinking violet."*

– *"I think they say they don't because when I went on my last placement they said 'We don't compare any of our students, don't worry about it'. But towards the end when you are coming out with your marks they say 'You did that differently than such and such a person' and I was like 'Hang on a minute, I thought you didn't compare students'. And she was like 'We tell students that'. And I felt well, really, you shouldn't but it's easily done."*

– *"I found on my first placement I was getting compared with the last student and she was actually a third year and so I kept saying 'I'm a first year' but it didn't seem to matter that I was being compared to a third year."*
(Group 6)

The students are very aware that there is a set of criteria laid out in their handbooks for each placement stage, and a clear description of how to use the process. As a result, they get very frustrated by educators who blatantly flout the process:
– *"There's a very strict criteria isn't there and it's broken down very clearly at each stage. It's about reading each stage every step of the way and then checking it against the marks. Certainly when I was marking myself, which I found really, really difficult but very therapeutic, you do*

look at the criteria and the educators should do that as well and they should be objective in their marking and not subjective. I think it is very clear and I don't think you could get it any clearer actually at each step, very detailed." (Group 1)

In the study by Bonello, where she considers students' perceptions of fieldwork education, most participants describe being assessed on fieldwork placements as "a disempowering experience" (2001 p22). Like the students in this study, they find the assessment process to be largely subjective, with different supervisors setting different standards. This challenge of assessing students goes beyond the realms of occupational therapy education. Bridge and Ginsburg (2001 p1), when considering assessment of medical students on clinical practice, state that when students move out of the controlled environment of the classroom 'monitoring and evaluating' achievement of objectives is a challenge. Yet, they recognised that being able to assess the students on placement was 'critical'.

Illot and Murphy (1999) discuss the importance of having an assessment system which is valid and reliable, but note that this needs to be within a framework of training for the supervisors, explicit assessment criteria and student feedback mechanisms. However, even though the University course within this study has these mechanisms in place, it appears that the educators still make up their own rules when it comes to assessment and do not see the impact that their actions have upon the individual student, let alone the whole University assessment process.

Criterion referencing aims to give the fairest and most objective measure of performance (Santy & Mackintosh 2000), particularly with a group of individuals such as occupational therapy students, many of whom have a vast range of work and life experiences before joining the course. Comparing student to student would not be a good option and pressure would be to rank order and try to fit

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these within a normal distribution curve, regardless of the individual's abilities. Having taught for many years on occupational therapy programmes, it has been my experience to come across several cohorts of students who are unusually strong or weak and would not sit in a normal distribution curve, either academically or from a practical skill base.

For the educators, assessment carries with it a great deal of responsibility (Milligan 1998) and, in occupational therapy as in many other professions, it is essential as a gate-keeping mechanism through which students do or do not progress to their chosen profession. Using explicit criteria should aid the assessment of the student and allow the assessment process to be opened up for scrutiny. However, if educators are choosing to ignore this process, then the process becomes highly subjective and invalid.

Method of Assessment

The process for assessing students on the undergraduate course in this study is clearly laid down in the University handbook, which is regularly updated and issued to the practice placement educators. However, the research findings show that students can experience a variety of different assessment processes on placement. The students within the focus groups were in many ways very philosophical about the process. One of them summed it up by saying:
– *"As a student you can talk to 10 different students and you get 10 different perspectives, it's the same and I think it's because we are all human. But unfortunately, some people land lucky and some people don't, and I don't think for all the trying in the world that we're going to get 90-odd percent uniformity." (Group 2)*

One of the aspects of the assessment process that stands out in this research is the way in which the practice placement educators appear to make up their own rules. So, although they have the format of assessment laid out by the University,

many feel that this does not apply for their student in their unit, and that somehow it is acceptable to change the rules. There appears to be a lack of understanding that this would lead to inequitable marking across the cohort. A particularly strong issue raised by the students related to the awarding of an 'A' grade. The following are examples experienced by students on a variety of placements:

– "Both of my supervisors, especially my second one, were really nice, but she had this idea in her head that she had never given anyone higher than a B+ so therefore, she didn't believe it was possible for a student to have an 'A' because if you got an 'A' you're basically good enough to be a basic grade. And I thought well what's the point of having that marking criteria from 'A' to 'fail'." (Group 3)

– "Everyone marks differently though don't they? I had a supervisor who said 'I never give 'A's', and I thought if you never give 'A's then they might as well not have an 'A' on the scale, they might as well just go from 'B' to 'D'." (Group 4)

– "I know somebody who said that their fieldwork educator has said they never got above a 'C' and they didn't think any student was worthy of an 'A'. There's a personal bias as to what mark you might get." (Group 1)

– "Most of us seem to get around a 'B' and most of the educators were saying that they never give an 'A': 'It's not possible to get an 'A'" ... 'We don't see how it is possible to get an 'A'" ... 'We would never give an 'A''. It seems to be quite a common thing. I think well why bother having an 'A' if you can't get it?" (Group 1)

– "The amount of other people, students, that I talked to who said they weren't given fives ('A's), because as a stage one student you couldn't get a five." (Group 2)

– "I had a discussion with the OTs on my second placement. I said how do you kind of set your level for students and she said it's based on me when I was a student and how I was academically. I said to her then, well if you're an 'A' student are you going to expect the students you have in the future to be up to that level, because that is a brilliant standard to be at and it doesn't make them any less, [it isn't] going to make them any less of an OT if they were a 'B' or 'C' student, but are you going to mark them down for the fact they are not where you were?" _(Group 4)_

One student did identify a supervisor who took a totally different approach to marking:

– "One of the places I was in they said that she (a particular supervisor in the unit) always gives the students 'A's, and that student got an 'A', and I'm not saying they weren't an 'A' student but you got an 'A' unless you made a mistake in that area and then you may get knocked down to a 'C', whereas [with] other supervisors your baseline is a 'D' and you have got to really prove yourself to get up to a 'B' and they come from different ways of thinking." _(Group 4)_

These comments from the focus groups lead me on to consider why there is such diversity in the assessment process among the placement educators and why they choose to flout the guidance given by the University. According to Rowntree (1987), assessment serves many purposes – maintenance of standards being one, motivation of students being another. And yet, the experience of the students in this study is that neither of these factors are being considered by the educators. In Duke's study (2004 p206), she considers occupational therapy students' level of competence on placement, and finds that the practice educators 'alluded to an individual mental checklist' which they used to assess students, and that this was done because they found the university guidance 'unhelpful'.

As Ilott and Murphy (1999 p97) state, students have a right to know the set of criteria by which they are being judged. The students leave the academic part of

the course with clear information from their placement preparation sessions that they will be graded on the established criteria set out in their handbooks, but in reality it is apparent they are finding that they are being assessed against a whole host of other benchmarks. This implicit set of criteria laid out by the placement educators is unequal, unfair and random in its application and, therefore, makes a mockery of the established assessment process. Duke (2004 p202) states that assessment of occupational therapy students is 'problematic' and identifies that the 'practice educators appear to be using their clinical reasoning skills but lack the confidence in making their reasoning explicit'.

The profession may need to accept that this model of assessment in practice does not work, due to the range of people assessing and the skills they possess. It should be considered whether too much emphasis is being placed on grading rather than the fundamental concern of being fit for practice, fit for purpose and fit for award (HPC 2003). Yet, it is acknowledged that defining competence or fitness to practice is difficult to achieve and that assessing occupational therapy students remains a 'challenge' (Duke 2004). This indicates a case for exploring what the placement educators consider important to assess in the behaviours and skills of students on placement.

Consideration should also be given to the fact that the placement educators all work within different 'communities of practice'. And because they have their own customs, beliefs and knowledge base, their assessment criteria will not necessarily be in tune with each other or, indeed, with those of the academics using different theories within their 'communities of practice' in the University.

The difficulty may lie with the fact that the occupational therapists in practice are best placed to assess the student in the work-based setting, yet, as Ilott and Murphy (1999 p27) point out: "These are often the least prepared and valued

members of the training community because their primary responsibility is working with service users." As far back as the early 1990s, Yuen (1990) and Tompson and Protor (1990), in separate studies looking at placement educators, found that they received little in the way of formal training and often felt inadequately prepared to meet the needs of students.

In the study carried out by Heath (1996) looking at students directing their own learning, it was found that students' experiences differed greatly between placements, suggesting a lack of continuity between the academic and fieldwork settings. It was also recognised within Heath's study that it takes time to train educators and to change attitudes but that the University assessment procedures are influential, particularly related to the fact that the practice educator has control over the final assessment decision and, therefore, the student needs to appease the educator to pass the placement.

The assessment process provided by the University may be regarded as totally inadequate for assessing students within the educator's particular community of practice. The educators may also have a poor regard of academia and, therefore, do not set much value by the assessment criteria set out in the placement handbook. As noted by one of the students, the educators *'come from different ways of thinking'.* These different ways of thinking can be to do with the fact that the placement educators' expertise lies in assessing patients' occupational performance rather than students' learning and assessment. Also, where these educators may have experience of supervising others, such as junior staff or support staff, the supervision process is mainly based upon looking at patient caseloads and clinical competencies rather than taking a more holistic view of learning, which is needed when assessing undergraduate therapists.

Subjectivity of assessment appears to be the key issue for students, and in Duke's study (2004), looking at how educators define competence in occupational therapy students, the practice educators struggled to explain what constituted competence, particularly when it came to interpersonal skills. Therefore, it could be proposed that there is a need to see assessment as part of an educational and learning process and not a set of hurdles to leap over, with less emphasis on grading and more on feedback and targeted learning outcomes. Also, consideration needs to be given to the complex role the educator has to undertake. The role of assessor and mentor/supervisor should not be the responsibility of one person but of two, with greater involvement from the University staff to monitor the assessment process.

The outcomes of this study indicate that the process of assessment for occupational therapy students could be challenged further, to the point of looking at what is being measured, why it is being measured, and how it is being measured, so that society can be assured that those students assessed will become quality therapists offering a quality service.

Society is dominated by assessment and the NHS now appears to have assessments and measures for virtually everything. This could be judged as a positive approach to patient care and offering value for money. Generally, an assumption is made that if criteria are set, quality can be measured and a judgement can be made. However, it could be said that this over-burdening demand for assessment, appraisal, auditing and monitoring may have a fundamental effect on learning and skill acquisition. It may also lead to people being mechanistic and rigid in their practice and, for those less motivated, can lead to an attitude of only believing it is necessary to reach the minimum standard required.

Looking at assessment, Broadfoot (2000) suggests that existing approaches in education are almost exclusively concerned with explicit learning, which is consciously learnt, presented and measured. Yet, she feels that what will be needed in the future in a post modern society is the acquisition of skills and attitudes, as well as the development of personal qualities since other knowledge will be only too readily available at the push of a button. Broadfoot goes on further to say "we urgently need to rediscover intuition and to engage with the challenge it presents for education. Only by so doing can we exchange the discipline of 'the assessment society' for the liberation of the learning community" (Broadfoot 2000 p216). So, it could be proposed that the educators who chose not to use the criteria laid down by the University for assessing the students on placement are in fact using their intuition to judge the students' abilities. As one student points out:

– *"There's a couple of my educators who said 'I know what grade you deserve, this is the grade I'm going to give you and I'm going to find a way in the marking."* (Group 1)

What the outcome of the focus groups appears to be indicating is that there needs to be a dialogue developed between the University and the practitioners about assessment on placement. There should be significant consideration given over to looking at the differences between assessment in academia as opposed to clinical practice. Research needs to be done around the notion of why the clinician finds it so difficult to use the given criteria to measure student performance, what is it about these communities of practice that leads to each placement educator assessing students in different ways? It could be argued that this is inevitable because each setting is different and, therefore, students' learning will be 'situated' in this community. And it could be said that a more individualised assessment is the only reasonable way to provide an evaluation of a student's performance.

Students obviously find this individualised assessment difficult to accept because it does not relate to their existing understanding of assessment. Yet, subjective assessment and individualised methods of assessment are inevitably going to evolve in practice because of the influences, culture, interactions and opportunities that arise within each individual community of practice. In discussing formative assessment in vocational education, Ecclestone (2001) points to the 'multi-layered, complex picture' of assessment systems. She talks about macro, meso and micro levels, leading from the epistemology of assessment and policy making to institutional requirements and down to the realities of the classroom experience.

These multi-layered assessment systems differ between the clinical setting and the academic setting and so it is not surprising that each placement educator assesses students from a differing stand point. What will be interesting in future years will be to see if their methods of assessment change following the introduction of the NHS Knowledge and Skills Framework (DoH 2004) and the establishment of preceptorships for graduate therapists.

Psychological Game Playing

An interesting aspect of this study was the 'games' students felt they had to engage in with their educators in order to please or pacify them and to get a good mark at the end of the placement. One mature student describes her actions as follows:

− *"I found sometimes that I pretended I didn't know anything, even though I did, just so that my fieldwork educator could feel that they'd taught me something and, because my final placement was in an area I had already been working for a couple of years, and had experience in the community, physical, Social Services sort of placement, and although I did know, I learnt a lot on that placement, but there was quite a few areas where I did know and I was quite straight with the educator and told them I had some knowledge and they were fully aware of that,*

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but there were still times when I felt I almost pretended that I didn't know about a particular area because I thought that if I keep coming across and saying I know this and that, it's just going to get their backs up really." (Group 4).

Another student describes being on placement as:

— *"Treading a thin line between being, appearing to be a know it all, if you're not careful, and that seems to be the trap I always fall into, I always come over as a know it all even though I don't feel as if I know anything at all. And it's either you do or you don't say anything, and if you don't say anything you get punished because you've not said anything." (Group 2)*

Again, the theme of being a 'know it all' came up for the students in group 6. The students consciously hold back information because they don't want to appear 'big headed', and struggle how to inform the educator of their knowledge. However, this next excerpt of a conversation between three students shows both the positive and negative side of the educator recognising the skills and knowledge of the individual student:

— *"I had a problem to start with. You've got to show you are competent to do it in a way. Push yourself forward and things like relating theory to practice and all that kind of thing. It's one of the areas you get marked on. You know that you know it but do you sound big headed if all the time you are saying 'well that's that condition and you do this with that'. So I think it's getting over that and trying to show them that you know your stuff without coming over like a know it all."*

— *"On my placement I was really chuffed with myself 'cause I noticed bottom up processing theory, but I kept it back for ages and didn't tell my supervisor. Then I said 'Can I tell you something?', then I did eventually say and she said 'You've been reading that book again haven't you?'. It was like, you know, it wasn't 'Well done' it was 'Well how do you know that?'!"*

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– 'On my first placement in community paediatrics, we spent a lot of time together, and I found that really useful because when we were in the car my supervisor was questioning me all the time about what we had seen and so it didn't matter if I didn't know the answer but she was finding out what I did know. And she was open to questions. She said that's why she had students, students would question her knowledge and her ways of doing things. I think that was really positive." (Group 6)

Yet again, the issue of an academic–practice gap between what takes place in the University and what occurs in practice is evident. The educators are perceived by the students to see knowledge as a threat to their own position as a qualified therapist and, therefore, the students suppress and hide their knowledge base from the practice educators. In the study by Duke (2004), theory was seen as important by the practice educators but they believed that it should be led by the university, and that their concerns lay with the practical and profession specific information when a student was on placement.

This approach by the practice educators does not facilitate effective learning for the students but does indicate a fear educators may have about their own knowledge base and their role as a practice educator. Yet, if the needs of the profession, the stakeholders and service users are to be met, there is a need to develop therapists who are critical thinkers and have the potential to diversify practice in the future.

Unfortunately, most of the students do not seem to feel as though they are being enabled in their learning, or that their knowledge base is valued. Instead, they feel they have to become a different character to match up to the educator's image of a student. In Bonello's study (2001p 30) of Maltese occupational therapy students, she too found that students were rarely encouraged to be creative thinkers on placement and were bound by "a mechanistic pattern of

supervision". In focus group 4, part of the students' discussions evolved around having to adapt to the situations set before them so they became the person their educators expected them to be:

– *"I had three entirely different supervisors on all three placements, you couldn't get so different in all the three, and I came away thinking I had to fit each experience, so that was a learning curve if you like. In terms of character I know I had to, although I was myself throughout all three, I had to be my different self. Does that make sense?"*

– *"You have to be basically yourself don't you? But you can modify your behaviour can't you? Because you know it's only a temporary situation as well, it's probably the same if you're working, when you start work."* (Group 4)

The students' feelings can be summed up by one student's comments about being on placement:

– *"I found on placement you were like a puppy dog all the time at the feet of the master saying 'Have I done well, have I done well?' (Laughter from the group). I hate it really to be such a creep (more laughter from the group).* (Group 1)

Failure

The topic of failure or fear of failure was part of the discussion within the focus groups. From reflecting on the students concerns about grading, failure for some students appears to be getting anything less than a grade 'A' for their final report. The handling of issues of failure was a concern for the students. The educators were seen not to address the matter until it was too late for the students to try to do something about their weaknesses. Illot (1996) carried out a survey with 113 placement educators to ascertain how they ranked the problem of supervision of occupational therapy students. Failing students was rated as the most problematical aspect of their supervisory role. This was seen to be for a number of reasons, including professional gate-keeping which was deemed to be more

critical than academic marking. Also, the placement educators identified that students were seen to apportion the blame for failure onto the educator. Other factors of concern were the challenge of delivering bad news, the educators' personal experiences of failure in their lives, and the emotions this provoked for them when informing students of failure.

In focus group 5, there was a lot of discussion around one particular student's experiences on placement. This student did not fail her placement but came out with a low mark and felt very bitter about the whole experience. A great deal of her frustrations were around not being told early enough what was required of her and being given a positive report at the halfway stage of the placement. Not surprisingly, she assumed that everything was going well. Some of her feelings are expressed in the following extracts from the discussion:

– *"I think if I had more time and if the information was given to me a little bit earlier, if they had feedback and said this is what we want from you, this is what you need to achieve, I'd have been fine with it. What my disappointment and annoyance is that they left it right till the ninth week to say to me, you know, give me all the negative feedback when I didn't have much time to actually improve on it, or build on it or whatever they wanted."*

– *"The fear stays, you know, I feel if I go for a placement even now that fear will be there, I wouldn't be able to overcome fear."*

– *"The fear is about being observed and assessed and evaluated, the fear is there."*

Another student talked about her experience of failure on placement and was the only student out of all the focus groups to have failed a placement. She describes to the other students the poor communication she had with her placement educator and the lack of feedback given on her performance.

– *"Me and my supervisor, there was a big lack of communication from the word go and the week before the half way report she said 'You will probably get a D' and I said 'That's not very*

good but I can work on that'. The day of the halfway report she failed me but she didn't tell me

beforehand or give me any guidance about how to improve in the meantime."

– *"It must have been a big shock?"*

– *"It was a massive shock, because I didn't know what I'd done wrong. Still at halfway report I*

was still 'What do you want me to do then'?"

In researching materials for this study, very little was found on the topic of failure

in occupational therapy students; only Ilott has provided any significant insight

into this subject. She discusses how the word failure is avoided and that many

other euphemisms are used in its place. These are well meant but do lead to

confusion and students feeling that they have not had clear and constructive

feedback. Illott and Murphy (1999 p6) state clearly that students need honest,

unambiguous feedback and that a failed grade should not be a surprise. In the

fieldwork handbook for occupational therapy students, Alsop and Ryan (1996)

devote only one page to failure within a 230-page text, but do affirm that failure

should not be a surprise to the student. In Bonello's work (2001), the students

express concern that if you got on well with the supervisor you would do well on

placement, but complained of the limited opportunities to discuss their

performance.

Inequalities of the Assessment Process

In exploring the many issues surrounding assessment, perceived inequalities have

been identified by the participants. These include the subjectivity of the process;

the lack of negotiation; the practice educators not keeping to the assessment

criteria when monitoring and evaluating students' performance; and the

imbalance of feedback given to students.

A further topic which emerges is the issue of personalities and so-called

personality clashes, which affect the outcome of a student's placement. Students

in the study firmly believe that personality has a big effect on their ability to do well on placement. As can be seen in an earlier section of this chapter, students go to many lengths to adapt their behaviour and personality to fit in, and to be the student their educator expects them to be, in order to achieve the highest possible grade from the placement. Two students in group 6 describe being in a 2:1 supervisory model with their educators and how they had to adapt throughout the placements:

– *"My supervisors were very different in terms of personality. One was very quiet and one was very outgoing, but I was able to tap into both. I was able to be very quiet. I got on with them both. I was different with them both. I was serious with one and asked more questions and with the other I was a bit more stupid, she was the one with more experience."*

– *"On my last placement it was split. And one team was very loud and very boisterous and outgoing. The other team was very quiet, so two days of the week I was loud and two days of the week I was quiet!"*

Another student from this group picked up the theme of personality and believed that it did influence the mark given at the end of the placement:

– *"I think it has a lot to do with personality and background and what you are. I'm also aware that this student who was there (on placement) before me is now a very close friend and you wonder if that can almost sway the mark. I'm sure she did very well but they are really good friends now."*

It is obvious that the students invest an enormous amount of effort into their placements and, from the information they are given from the university, expect to be assessed fairly against a pre-stated criteria. There is an assumption that every assessment will be objective and clearly justified. However, the reality they experience does not relate to the information they are given. For some, it is

messy, judgemental and irrational, while for others it is a mechanistic process and, in many cases, fails to meet the expectations of the students.

What seemed unfortunate to me when analysing the scripts from the focus groups is that a great deal of time is spent discussing assessment, how it was done, whether it was fair or not, how the criteria was used, and how it was possible to get certain grades in certain circumstances. Far less time is focussed on the learning experience, although some positive views are given. It appears that the students are obsessed throughout placement with the pursuit of an objective assessment and an 'A' grade. This seems to be to the detriment of the learning experience.

In some cases, this pursuit of an 'A' is taken to extremes, with some students appearing to suppress their learning in order to get a good mark by not appearing to be a 'know it all'. Santy and Mackintosh (2000 p38), in looking at nursing education, emphasise that there is a need to see assessment as an integral part of the learning process rather than a mechanistic process. Unfortunately, the findings of this study indicate that the assessment process is not seen as an essential part of the learning process by the students, but merely as an obstacle which must be overcome.

Summary

Perceptions of the students in the focus groups suggest that practice placement educators, academics and employers need to be aware that the future development of the occupational therapy profession rests with the students of today. Therefore, consideration needs to be given over to future planning and implementation of practice placements and how students will be assessed as being competent to practice.

It could be time, as Walters (2001) believes, for radical action to change the nature of placements by strengthening the focus of meeting students' learning outcomes, restructuring placements linking them to specific learning outcomes, and putting in place an internship at the end of the academic course before the student can register to practice. By embracing these ideas, universities could also radically change the way students are assessed, with the need for grading removed and an assessment developed around the professional code of conduct and the standards of proficiency for occupational therapists, as required by the Health Professions Council to register as practitioners.

To achieve this proposition, there is an urgent need to address the academic-practice divide and for a dialogue to commence between both parties so that the education needs of the students can be meet alongside the needs of the profession to produce competent therapists for practice.

Chapter 6

Student Expectations of the Professional Environment

Introduction

It is evident from listening to and analysing the content of the discussion in the focus groups that the students had clear expectations of what they believed they would be experiencing when they went out on practice placement. For some, this knowledge came from their experience as support workers in occupational therapy settings; for others their expectations were formed from the theory presented to them in University. This research has shown that the expectations of many students in the groups were not met, although for others they were exceeded. This was found to be particularly true in relation to the type of practice educator they would be working with on placement and the model of supervision they would receive. This has been discussed in detail in the previous two chapters. The aim of this chapter is to highlight the other factors that impacted on the students' learning experience within the professional environment.

What emerged from the transcripts of the focus groups is a very mixed set of experiences. There is a clear theory-practice divide still in existence in occupational therapy – this has been evident in each of the themes explored in previous chapters – and it appears again in relation to the students' expectations of the working environment. Even though a degree in occupational therapy has been the academic award since the early 1990s, and there is now considerable opportunity to pursue Masters degrees and Doctorates of practice, there is still a mis-match between theory and practice in the healthcare arena (Steward 1996), and this leads to student expectations remaining unmet.

There appear to be other forces driving occupational therapy practice in the clinical field, such as limited resources, restricted treatment times and government policy. Professional autonomy for both the student and qualified practitioner seems to be a challenge and this leads to poor job satisfaction, low motivation and a lack of professionalism. Technical issues seem to subsume mastery of the chosen profession and the educators are focussed on the practice as it is, not as it could become.

The students too cannot affect the practice until they are able to move to the centre of the community of practice, and they seem able to do this only if they accept the practice as it is. However, the result of this can be that once the students get to the centre they may no longer see a need to change practice. This may be a beneficial outcome in that the students are accepting the realities of practice, but it may also be a detrimental outcome since it can lead to stagnation of development for the student and the profession.

This chapter highlights particular concerns the students have regarding the working environment or the community of practice in which they were placed.

Teamworking

The students' experiences of working as part of a team are both positive and negative and seem to impact directly upon their learning and performance within the placement. One of the students' expectations is that they will work as part of a team, either as a member of an occupational therapy department or as part of a multi-professional team with inter-agency involvement. However, for some of the students this was not the reality of placement, as can be seen from this conversation between the students:

- *"[In] my last placement I had a situation where the two OTs in the hospital, [including] the original OT who'd run that department and the day hospital for 11 years, then moved on to the wards. She was quite a grouch and strong willed. And then another OT came and took over the day hospital, and the original OT kept sticking her nose in. As a result, it didn't go down well, there was a lot of tension between the two departments. I personally feel that I could have got a lot from spending time on the ward but because she was so disliked by the OT that was my educator, I knew that if I got involved at all, you know, I'd have really been in trouble."*

- *"It's the impartiality that I think you have to have that's really difficult because you're aware of what impression you're giving, you're aware of how you look to people."*

- *"But in the same way you're only human and, as much as you don't want to take sides, you can see things happening. Like on my second placement, we had just such professional rivalry between everybody, it was unbelievable, I just can't believe that went on."*

- *"They virtually had a fight didn't they?"(Group 2)*

Students anticipate that the reality of practice should in some way emulate the theory and the code of conduct. A student in this focus group clearly states that they consider this type of professional behaviour to be unacceptable:
- *"I just think that it is such a lack of professionalism because patients should not see, I mean in any working environment, but not just in the NHS, patients, clients should not be able to see atmospheres between staff because it's a job and you go there to do your job, you don't go there, you know to create a soap opera or, you know, you go there and have a commitment and you're paid to do a certain job and you do it. I mean you don't get into personal stuff."*

Students express the dilemma they have between the theory and practice divide and the disempowered position they feel they are in on practice placement:

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– *"It's difficult, and when you see things and you're taught all this stuff in college that you're supposed to do this, and do that, and it's always a perfect world, and then you get out there, and I mean, there is bad practice everywhere and you can see it, you know, and that's it."*

However, other students experience a very different situation relating to teamworking. Two students discuss their placements within social services and community learning disabilities:

– *"So how was placement for everybody?"*

– *"It was great. I was in community learning disabilities. Fantastic supervisor, clients and MDT [multi-disciplinary team]. How about you?"*

– *"Again, great, Social Services setting. Change of supervisor after seven weeks, that affected it a bit."*

– *"I was encouraged by teamwork, and the way they all worked and liaised with each other and incorporated me in their team, all different disciplines as well. Did it highlight that for you as well?"*

– *"Yes, it was an excellent team to work with and I felt very much part of that team. Never made to feel like a student. Sometimes, if I was the only OT in the office, if something came through it would be passed on to me and they would say 'Are you happy to deal with this?'. They appreciated if I didn't because there were some extreme and complicated cases out there. On the whole, I was really never made to feel like a student. I was treated like a basic grade OT and the team were great, the dynamics were great, they respected each other's professional judgements."*

It is interesting to note that students valued not being seen as the student but as a team member integrated into the work culture. This will be considered further in the next section.

Role and Identity

Starting out on a placement is a challenge for most students. There is usually a mixture of excitement, enthusiasm and anxiety (Shardlow & Doel 1996). A particular challenge faced by occupational therapy students is that in a short space of time they have to form professional working relationships, develop a familiarity of the working methods, and demonstrate a sound level of competence – all within an unfamiliar clinical or social setting. As adult learners, they are also coming with certain general characteristics, particularly the mature students.

Rogers (1986) saw adult learners as having a package of experiences and values, with clear intentions and expectations for engaging in the learning process, set ways of learning and external conflicting interests. Certainly within the focus groups, these characteristics came to light, especially for the more mature students. Students also felt that the practice educators had differing expectations of them, which in some cases related to their age and not their stage of training. One mature student who had prior experience as an occupational therapy assistant found that, although she saw herself within the role of first year student, her educator did not:

– *"I found being a mature student and having experience before going on placement, fieldwork educators were expecting a lot more of me even as a first year student, and because having experience as an OTA and going into placement as a potential OT, I found it hard that they expected a lot more of me."*

Not being seen within the role of first year student resulted in the student not feeling she was fairly assessed on her final report and, consequently, believing that her grades were unjustly allocated.

– *"I had quite a lot of trouble at final report because instead of the fieldwork educator following the guidelines of the book, she made her own grading system up herself and said 'Well, this is what I expect of you because you have had previous experience and you are a mature student'. And I kept saying 'Well I am a first year student, not an OTA'. And the thing that kept coming up was 'Do you think you are exceptional?' And I thought 'Yeah, I'm a first year student looking after two wards on my own, it's pretty exceptional really'. But they didn't recognise it at all."* (Group 6)

There is a need within the educational setting to consider the issue of learned helplessness (Hall & Hall 1988). If students perceive themselves to be responsible for their success or failure on placement, they are less likely to experience a sense of helplessness. But if they feel that whatever they do it will not be good enough for the practice educator and, therefore, their performance will be marked down on their final report, they may develop a helplessness role within future placements. The students will attribute factors of failure to the community of practice and, if they are unable to change this community of practice, they will feel a sense of helplessness and take it with them to future placements. This may not match other students' beliefs or experiences but, for the student who is getting continual messages of not being good enough, it has to be acknowledged as their 'reality'.

Students may feel there is little point in taking responsibility for their own learning because the practice educator will define their role and learning for them. The behaviour of the educator could result in mature students tending more to conformity and passivity on future placements. Engaging the mature student at a verbal level by discussing their needs appears to be an effective technique to

enhance the learning of mature students and could be used by practice educators in the clinical setting. From the literature review carried out by Paterson (1992), considering verbal participation of occupational therapy students in the classroom, it is apparent that the learning strengths of the mature student lie in their ability to communicate verbally and to participate actively in discussion. Paterson cites a survey carried out at the University of York, the results of which show that mature students had better oral performances in seminars and tutorials than younger traditional-age students.

Further discussions within the research focus groups describe a different role and identity issue experienced by one of the students on placement. She describes the difficulty she had with a support worker. On the placement, she was only recognised in her role as a student and not as an individual and was deeply offended by this attitude. However, as with many of the other situations discussed, the student appears to be powerless in being able to change the situation.

– '*I had an experience with a support worker where I was, she was a lot older than me, in her fifties I'd say. She would just refer to me as 'the student', she wouldn't actually use my name and I was quite insulted by that and I thought 'I'm not here to take over your job'. She knew a lot about experience and things. I thought 'I don't want to tread on anybody's toes here, I want to learn from you'. By half way or three quarters, she was mellowing towards me and that can be quite difficult when other members of staff don't fully understand what your role is as a student. I felt quite insulted when she'd say 'Ask the student' and I'd be 'Use my name it's not difficult'.*"

Other factors to do with role and identity include the expectations students set for themselves when going out on placement. These expectations were seen to be either under-estimated or over-estimated and influenced by the stage of training the students had reached. The students were further influenced by the expectations of the placement educators. One of the students under-estimated

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the knowledge base required as a third year on placement and these expectations differed from her educator's expectations. This can be seen in the next section of dialogue from focus group 4:

– *"As a third year student, I expected to be working independently with a caseload and such like, but when it came to the marking there was a lot more things that got picked up, more were the interventions, and having that kind of knowledge to be independent in problem solving, planning and executing interventions which, I'd like to say I'd got by the end of it, but didn't expect us to be required to work to that standard. I thought I was working very much what I would expect a basic grade to be working at."*

– *"Was you working as a basic grade, you felt you were working at the same level as a basic grade would be?"*

– *"I did, yes."*

– *"But they still marked you down?"*

– *"I got some bits marked down. I felt I was working pretty competently when, the reasoning of it, when we discussed it, I could see it was just a difference of expectations."*

This student's experience at defining her role expectations differs from the experiences of American occupational therapy students surveyed in a study by Vogel et al (2004) about student and supervisor expectations on stage 2 placements. The findings of this study suggest a strong match between students' and educators' perceptions of placement expectations, suggesting that students' perceptions were on target. This may be due to the study being limited to occupational therapists who had direct contracts with the University to take their students, whereas the students in this current piece of research are placed in a wide variety of settings where placement educators take students from other

universities. The study by Vogel does indicate that educators generally have higher expectations of students than previously identified and this relates to the increasing job complexities and the changes in the healthcare system. Also, although Vogel's research results cannot be generalised, it can be assumed that British occupational therapists are having similar experiences due to the many changes taking place under the current Government's modernisation agenda.

Ethics and Professional Conduct

Occupational therapists are bound by a code of ethics and professional conduct and within the University programme this is probably one of the first topics to be addressed. Student therapists are registered with the College of Occupational Therapists and are expected to abide by the same code of conduct as a qualified practitioner. Analysis of the transcripts suggests that the students have a sound understanding of their code of conduct and are clearly aware of the ethical demands of the specialised professional role of an occupational therapist. Because of this knowledge, the students have clear expectations of how they believe their practice educator and other professionals should behave in their professional roles within the health or social care setting. Students also have an understanding from the academic component of the course about the issues concerning clinical governance, which requires staff to be accountable for their actions and prepared to be appraised and audited regularly.

The students expressed concern within the focus groups about what they considered on placement to be examples of lack of professionalism and possible breaches of the code of conduct. This presented them with difficult dilemmas and, again, there is a sense of powerlessness about any action they feel they can take. From previous personal experience in running practice placement preparation sessions for first year occupational therapy students, I am aware that when some students are asked to discuss their expectations of practice educators,

they tend to 'put them up on a pedestal' as being someone who is all-knowing and a near perfect practitioner. If students have such high expectations of their educators and are looking through rose tinted glasses, it is not surprising to find that they are alarmed by some of the realities of practice.

For instance, students will expect that their placement educator works within the standards of conduct, performance and ethics laid down by the Health Professions Council. The students will have learnt about these standards at the University and will assume they will be observed in practice. One of these standards relates specifically to acting in the best interests of the patient and not allowing views about colour, race, culture, or religious beliefs to affect the way care is given. Although not relating to a patient, one student in focus group 3 describes an incident concerning racism which was experienced by a student on the course:

— *'One of the other students on our course said where she was she couldn't believe how racist her team was when she was discussing meeting an Asian friend. She'd say 'I'm going home later and I'm going round to my friends'. The supervisor said 'Oh right, I suppose her dad must own a corner shop then'. She said she couldn't believe just how politically incorrect they were. Whatever you think about something,, as an OT professional you are supposed to be non-judgemental, whatever opinions you might have. And she said she just couldn't believe how racist they all were. I find that really strange. There aren't many bloke OTs and to be honest there aren't many black or Asian ones and you know, you wonder, it's an issue you have to think about isn't it?. How you treat people just because of the colour of their skin, especially in this profession when you are supposed to be client-centred and treat the person as an individual. But if I had a supervisor like that, I would find it really worrying and wouldn't quite know what to do."*

The student who experienced this racist episode felt unable to address the situation, which may be because the practice educator involved was her supervisor and would be giving her a final report and, therefore, had the final say

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as to whether the student passed or failed her placement. Although the University has guidelines for dealing with racist issues, the student appears to have been disempowered from taking action. As Ooijen (2000) notes, within a supervisory relationship, racial and cultural background is an important issue to acknowledge, and Brown and Bourne (1996) advocate an anti-oppressive approach to supervision. The expectation is for professionals to be culturally competent, having a set of congruent behaviours, attitudes and policies which allows them to work effectively in cross cultural situations (Shardlow & Doel 1996). If these processes are not in place, this can have considerable impact on the supervisory relationship between the student and the educator.

Within the same focus group, another student spoke of a practice educator who admitted to engaging in discriminatory practice with patients. And another student spoke of groups of staff *"slating everything about the NHS"* in front of her and then saying *"I know I shouldn't say this in front of you but..."*. It is remarkable that such behaviour is taking place and that the practice educators feel it is acceptable to behave in this manner. The experiences of these students echo the case study carried out by Tryssender (1999), which looked at the 'lived experience' of a new occupational therapy graduate embarking on her first job. This graduate describes the lack of professionalism of staff towards each other and patients, as well as a lack of communication between team members.

Again, another area relating to ethical practice was highlighted by a student in group one. She expressed considerable concern about being allowed to "bash on" as she describes it, that is treating patients without any feedback on her performance. In accepting to supervise students on placement, the therapist is responsible for the actions of the student and is expected to countersign all written records and ensure that what the student is undertaking is safe and

appropriate intervention with patients. This is how the student perceived this process:

– *"In my experience, they seem to want you to bash on and even make mistakes rather than check up on what you are doing is right. I don't actually think that this is ethical, especially when you are dealing with people's lives, people in a fairly vulnerable position. I think they should ask 'Well, how are you intending to deal with this situation? Well, yes that's good, that's bad or I would do it this way or whatever'. I would like more teaching on fieldwork because I had a good placement on the last one and did get a lot of confidence from it. But I bashed on. I'm not really happy bashing on, and she said at one point I shouldn't be seeking assurance. Personally, I can't see that. I did well in the end anyway."*

Although the practice educator may have had very good reasons for trying to encourage this student to be an independent and autonomous individual, from the student's perception the educator's behaviour was unethical and did not meet the student's expectations of how a practice placement educator should behave towards a student on placement.

Yet again, the students are experiencing the incongruences between academic learning and clinical practice. Within the University, they are being taught 'high ground' theory about codes of conducts, ethics, and professional conduct, but on practice placement they are stepping into indeterminate zones of practice, which do not match up to the theory taught in college. These zones of practice involve uncertainty, value conflict and ethic dilemmas not only related to patient care but also to the placement educator. Placement educators do not meet up to the high levels of expectations set out by the students and in some cases are seen to come 'tumbling down from their pedestals!' For the students too, they are struggling with professional identity and role, and are challenged by meeting placement educators who are racist or allow a student to 'bash on' with treatment

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for a patient. These experiences conflict with the students' 'academic' image of the professional therapist.

The Working Environment

The students in this study had considerable expectations of their working environment. These expectations fell into two main areas – one related to working conditions, social context and culture, the other focussed upon clinical practice, underpinning theory and philosophy of occupational therapy. Some students reported very positive experiences of being *"encouraged by the teamwork, the way they worked and liaised with each other and incorporated me in their teams"*, other students remembered placement as being a *"very negative experience throughout, the atmosphere was really bad"*.

Some of the students' negative experiences relate to individual team members who seem to disregard them as individuals. One student explains her experience with a senior occupational therapist:

– *"There was this senior on my first placement who was always a bit hostile towards me but not just to me, there was another student from another university. And, interestingly, since I've left, I've seen her since and she is quite different now, but her opinion is 'It's another first year student'. And she thinks she doesn't want to give them that much time because she feels they're just easy come, easy go. Sometimes she's better with a second or third year when she knows they have done that first year, and now she's quite different to me. Strange really."*

For the students, there is a discrepancy between what is taught in the University about the importance of teamworking, communication and professionalism, and the realities of the working environment. Mostly, the students seem to deal with the incongruence of the situation on placement and speak about being *"diplomatic because there is this barrier between the different areas"*. On the whole, the students are fairly pragmatic about the situation and most of them who highlighted this topic

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had both positive and negative experiences, as illustrated below by a discussion between two students in focus group 6.

– *"I went and spent some time with the OT in social services, but I found when I came back they [the team] gave me a grilling about what each other were saying and I had to be really, really diplomatic about what the services were really about. When I went there the social services one was trying to get at what I was doing on my placement."*

– *"On my first placement, the OTs and physios hated each other. They never communicated, like the only way you would know what the physios had done with a patient was if you read it in the notes. But on my second placement it was all joint sessions and stuff which, being paediatrics, the OTs and physios worked closely together. The first placement there wasn't any team rapport whatsoever. You were all on your own working."*

– *"It's ridiculous, how does it get to the point where you can't communicate with people?"*

– *"I found when you went for handover on the ward you actually worked out who was the best nurse to get information from. There were some nurses who were very abrupt or 'I haven't got time, come back' or there were some who 'Come and sit down, I'll go through it with you'. It was working out which were the best nurses to go to."*

It is questionable as to whether the academic institution is actually doing the students a disservice. Tryssenaar (1999) raises the issue that by grounding the student in the importance of the profession and its contribution to patient care within the academic setting, the students set unrealistic expectations of placement and are then hit with the hard realities of practice. It could be said that there is a need for a radical rethink of how healthcare professionals are trained and the question could be asked: is it really beneficial to have their academic learning so far removed from the clinical component and the realities of practice? The

theory-practice divide is the key thread throughout the findings of the focus groups and is to be addressed in the final chapter of this thesis.

The other major area that concerned the students in this study was to do with clinical practice. The students wanted to be "doing" when they were out on placement, they wanted to be working with individuals and putting into practice what they had explored in theory in the University. Some students found the pace of work too slow, others found it daunting. Some students commented on the fact that one of the realities of practice was that the service the occupational therapists offered was not client-centred, nor did it appear to be based on any models of practice. This could be because in reflecting-on-action in the 'swamp', (Schon1991), the therapist's practice has been altered in such a way that it looks different from the academic models or 'high ground' studied in the classroom. What the students need to recognise is that by reflecting, they are generating knowledge and learning form these experiences in the 'swamp'. Also, there is evidence in this study of the students' realisation that knowledge and practice are different within the 'communities of practice' than in the classroom.

Another aspect of the students' dilemma could be that they were viewing practice from their 'rule-bound novice' perspective (Johns & Freshwater 1998 p22) and expected practice to take place literally 'by the book'. Therefore, they had difficulty understanding 'expert' practitioners because they work intuitively and struggle to verbalise their practice to the student. As highlighted by Paterson et al (2005 p410), there is much to learn about how 'expert practitioners make the many professional judgements that infiltrate and facilitate their daily practice'.

An alternative view could be that the practice placement educators may have abandoned the theory and models of practice taught in the University. This might be because they could no longer see the value or relevance of them against the

harsh realities of practice, which is essentially resource driven rather than needs led and client-centred.

One student described the models used by educators as "elastic". Clearly, the educators did not articulate to the student what model or approach they were using to define and justify their practice. But, as Schon said, practitioners find it difficult to articulate their practice. Also, the communities of practice in which the placement educator is working may well have developed its own ways of practising which do not sit easily within a uni-professional model of practice.

Another student described finding an educator who did use a model called the Model of Human Occupation (MOHO), which she had also been taught in University, and stated how useful it was in practice. She spoke of being able to write up all her patient reports in this model and she even gave a presentation to the multi-disciplinary team on the model. However, when she moved to her next placement she had a very different experience: *"When I got to my next one and asked if they used any sort of model or MOHO, they laughed at me. It was ridiculous."* The student evidently felt secure using knowledge she had gained in the classroom and, when moving placements, lost this level of security and again moved into the swamp of uncertainty.

Occupational therapy students are taught within the academic component of the course that their profession is concerned with promoting health and well-being through occupation, and that clients are actively involved in the therapeutic process (WFOT 2004). Students understand that occupational therapists select particular theoretical models to structure their knowledge and practice, and from these models they develop a particular approach to their interventions with patients (COT 2004). However, the reality of practice for students in this study seems to be very different to what they had learnt, as this next exchange shows:

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— "As well as being in the community, I was doing trauma and orthopaedic out patients and that was fast, that really did knock my confidence. You had 20 minutes to get as much information out of them [patients] as possible and then move them on. First time I did it was totally... I could not go fast enough, it was awful, but it gave me an idea how fast things are ... I really did struggle with it."

— "You can't get off track can you?"

— "No, that's the thing. I did it with a physiotherapist and he was seeing them [patients], I was seeing them after, and I knew I only had 20 minutes before he's going to bring somebody in!" (laughter)

— "It's not very client-centred is it?"

— "No it's not. If somebody's off track to steer them back is difficult. In the end it was OK, but to start off with it knocked my confidence."

— "I bet you felt like you had green, orange and red lights." (laughter)

— "It was so frightening, you've got your patient there, you're being observed on the first one and I had the Head OT watching me and, like you, forgot to ask things. I'd overrun and then the physio would be knocking on the door to bring the next patient in and it was totally..."

— "I think that one of the things that really knocked my confidence was a person I saw in my first clinic and he was obviously upset about his condition, and with me asking him questions made it worse and I could see he was getting upset and that really, really upset me that I couldn't spend any time to discuss it more with him and had to get rid of him." (Group 1)

The students seem to be experiencing formal education within the academic setting but practical training in the clinical setting. That is, they are sitting in the classroom being taught academic theory about occupational therapy and related topics, in preparation for passing exams or assignments. They are then sent out into their allocated practice placement and find themselves struggling with the realities of practice. The students are led to believe by the University that they will have the opportunity to apply the theory to practice, but as they are placed within communities of practice with their own defined ways of working, the students are finding they cannot apply technical problem-solving to the messy realities of practice. This, then, puts added demands upon the students as they try not only to grapple with the 'swamp' of practice but also try to form a professional identity within this setting and try to ensure that they pass the placement.

For the future of the profession and to meet the needs of patients, occupational therapy students, as identified by Esdaile & Roth (2000), need to be educated to become independent, autonomous and pro-active individuals who can lead from the front and develop practice for the 21st century. The result of educating students in this way is that they in turn will become practice placement educators who will ensure that their students are able to meet the needs of the patient, apply theory to practice and adapt to the many changes within health and social care, without losing their professional identity or enthusiasm for their job.

Looking at the transcripts of the students' discussions, it seems likely that if expectations are unmet, the result will be that these future practitioners will be leaving the profession due to poor job satisfaction and loss of professional identity.

Summary

This chapter has considered students' expectations of the working environment of practice placement. Themes that have been raised included teamworking, role and identity, professional conduct, and the placement environment. The notions of a theory-practice divide and the impact of communities of practice continue to emerge. This chapter particularly emphasises the differences in theory and reality in relation to fundamental topics such as ethics and professional conduct, which demonstrates that there is a divide not only in academic theories but in the whole professional role as perceived by the students.

Chapter 7

The Student as a Person

Introduction

Making the transition from University to the practice setting requires considerable personal adjustment for the student. The student has to get used to a different working environment, a new set of colleagues, new practices and new responsibilities. Even those students who have been support workers before, embarking on the programme of study, still need to adjust to being a student in the clinical setting, under assessment rather than an established member of staff. Practice placement can be a very stressful time for students and this may be job related or it may be personal because of home and family demands. It may also be environmental because the student is working in a setting which they find difficult, or due to the fact that the job they are doing does not fit them comfortably.

The students in the focus groups discussed different stress factors and how they managed these stresses as well as what support, if any, they were given by their practice placement educator. This chapter will consider the emotional and personal issues that the student may encounter on practice placement.

Emotional and Personal Issues

Within the focus groups, some of the students were very open and honest about factors which affected them emotionally on placement. Some of these factors related to attitudes of staff members, which has been highlighted earlier, some to patient interactions, and some to the lack of support experienced on placement. Being students, it is generally expected that they will have high standards relating to patient care and caring.

In Sutton and Griffin's (2000) study looking at the transition of occupational therapy students to the role of new practitioners, their most positive expectations were that the work would be rewarding and enjoyable, and that their interventions with patients would make a difference. Although the students in this study highlighted similar positive aspects of being on placement, they also identified difficult clinical experiences which they had to deal with and revealed how surprised, shocked or distressed they felt by the situation.

In focus group 1, the students described a variety of interactions they had with patients and their carers, and the attitudes of their placement educators towards the situation:

— *"I was in an acute oncology setting and it was very advanced cancer. It was such a fast turnover, like I've got to get you home to die basically, and they'd burst into tears and you didn't have the chance to talk it through with them really."*

— *"Really even on that ward, amazing."*

— *"Such a busy ward, such a fast turnover, so equipment focussed, bed downstairs to die really."*

— *"I didn't think that would be the case in oncology, I thought there'd be a lot of…"*

— *"I worked in a hospice and that was a lot better I felt, such a fast turnover, it can have such a huge impact a diagnosis like that."*

— *"There's so many different stages, you are going to have different people at different stages from not acknowledging it at all…"*

— *"And people not knowing…"*

— *"Then you have family to contend with as well."*

— *"Very emotional…"*

— *"Did you have chance to talk to your fieldwork educator about it?"*

— *"Strange really, she kept saying to me 'If you don't feel you can stay on the ward if something upsets you and you need some time out, take it'. But I think I was so busy actually during the placement that I didn't really need that, things really upset me now, reflecting back on it I'm thinking 'Oh my God, what have I seen?'. I think afterwards it affected me more."*

— *"Would you have found it more beneficial at the time if your educator had aided your reflection in supervision more?"*

— *"Yes, I probably would actually."*

Another student describes visiting a terminally ill patient at home and the daughter breaking down into tears after having a difficult night coping with her father. The student goes on to describe that her supervisor was *"quite pleased with how I dealt with it"*, and the student explains that *"because I had lost my own mum it wasn't as bad as that, I knew how she felt and that she needed time to cry and knew that that was alright."*

A further student's experience on placement related to her involvement with a mental health patient with schizophrenia:
— *"I'll never forget the situation in my second week where this guy with schizophrenia actually faked an epileptic attack, and I sort of reacted trying to think whether it was true or not, and I was really shaken up by it because I didn't know what was going to happen, even though it came out to be false, it could have been true, and I just said I could have hit him, but I wouldn't have*

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hit him, because it was just like, a reflection that was just like too deep … I mean I got psoriasis, that's how bad the stress was on that placement."

For the occupational therapy students in this particular study, the caring component of their work seems to cause the most stress. In a study carried out by Tan (2004), the greatest source of stress for qualified occupational therapists was lack of resources and the demands of the job. Lloyd and King (2001) found that, although there was limited empirical literature relating to stress in occupational therapy, it could be argued that occupational therapists shared the same risk factors of stress with other health professionals. These factors include difficult and distressing behaviour, prolonged intervention and uncertain outcomes for patients.

Clearly, the students in the focus groups cope with such stressful experiences in different ways. Those that felt in control of a situation – like the student with the experience of bereavement – felt able to respond to the distressed carer and, although this was an upsetting event for her, she was able to manage the situation effectively. However, the student within the mental health setting had no control over the event and limited understanding of what was taking place and, therefore, became distressed and even angry towards the patient.

One of the students summarised succinctly what they generally felt about being occupational therapists and treating patients, and maybe why they find the realities of the clinical setting difficult to deal with at times:

– *"I like treating people and seeing people get better, knowing that what you've done along with a group of other people in your team, you've made somebody's life better. It's brilliant, it gives you such a high to know that what you're doing is worthwhile."*

Research by Sutton and Griffin (2000) indicates that new practitioners expect to receive quality supervision and feedback on their performance, and that educators are in an ideal position to provide realistic information beyond the basics of patient intervention. It is suggested from the reactions of students in the focus groups that supervision, feedback and honest debate are essential components of practice placement education if the students are to prepare for employment. Indeed, Rugg (2003) believes it is important for junior therapists to be idealistic – she even feels that without this, the profession would falter. However, she does say that these therapists, as with students, need to receive the support they deserve in order to remain in practice and have their expectations met.

Ross and Altmaier (1994) talk about 'considerate leadership' from supervisors and how this can lead employees to experience less stress. 'Considerate' supervisors not only offer the supervisee the opportunity to discuss their concerns, but they also empower individuals towards active decision-making and give them a sense of control over their working environment. So, again, it is seen that the role of the practice placement educator is key in helping students effectively manage stress in the workplace setting. However, for this group of students, the University's academic programme appears not to have met the needs of some of these students in preparing them for practice.

Although it would be difficult for the University to address every possible scenario, the experiences of these students suggest that insufficient training leads to uncertainty in the practice setting and results in distress for the individual. Uncertainty for the students may also come from being unable to put into practice the theories and models taught in the academic setting. The realities of practice, where the focus is on human beings with complex conditions and needs, do not easily resonate with textbook answers.

Fear and Anxiety

Some of the discussions in the focus groups raise the topic of fear and anxiety on placement. Although not a major topic of discussion, it is worth highlighting. Some of these fears may seem irrational, but for the students they are very real. The students' fears relate to a range of issues, including clinical settings, the 'types' of supervisors they may get, and the expectations others may have of them.

One student speaks of her fear of the acute hospital setting:

– *"I think that's something that scares me about my next placement. I went to a large [hospital] on my second placement, just for the day. And I went to hand over and I was like 'Oh my God, I can't do this!'. It is absolutely awful, it's so fast, it's a lot faster than the community setting. And I know I need to do that acute setting, to not rule it out, but to say I've done and can cope with it. I was totally phased by it all, it was so fast, and it was 'I want these out in a day, and those out tomorrow'. It worries me for my next placement."*

As highlighted in chapter 5, assessment has a huge impact upon the student during placement and, as a consequence, raises the students' anxiety levels and can often detract from the enjoyment of the placement. Here, a group of students talk about their fear of placement and of being assessed:

– *"The fear stays, you know. I feel if I go for a placement even now that fear will be there, I wouldn't be able to overcome the fear. You are in a different situation of ... it's not an unknown situation, but it is unknown in a way, it's a strange situation and you do have control and you can direct your learning needs and things, still you don't have full control of the situation."*

– *"What is the fear about, though?"*

– *"It's obvious, the fear that ... the fear of being observed and assessed and evaluated, the fear is there. The learning outcomes are great, you know, you come back every evening and you're*

thinking, and you're writing and you ... it's nice to see new things, but the fear stays, the anxiety stays."

Another group of students mention the same fears about being assessed:

− *"I know all the placements, I felt, that you worry about, you are so worried about being watched and observed, and the pressure you go through, and the evaluation and the assessment is at the top of your mind, what is happening. The marking and the grading stays with you."*

− *"I enjoyed the placements and can definitely say that going on placements I could see other, different aspects of OT jobs. Maybe, you know, you need to evaluate what other training or course you go on, to finish it off, to judge it, but it would have been nice if there was no evaluation, just go, you do your course, you do your placement and enjoy it."*

As well as being formally assessed, the students found that the effort of being on placement was stressful in itself − especially the need to appear keen and interested at all times for fear of being judged otherwise. Students felt that everything they did was observed, how they sat in meetings, how they ate their lunch, how they behaved on visits, how they used their non-programmed time, and how enthusiastic they were to take on extra workload. The students spoke of placement as being similar to doing a *"10-week exam"* and of it being *"a complete nightmare"*. One very telling moment was when one student described the constant observation as making her feel *"like a mouse in an experiment"*.

However, in summing up this section, I feel the following comment from a student encapsulates most effectively the level of 'stress' associated with going out on practice placement:

− *"I found if you're having a tough time, one of the hardest things is being cheerful all day. When you have people coming up to you all the time saying 'Are you enjoying your placement,*

are you having a nice time, your supervisor, isn't she lovely?' (laughter). That's the most draining thing, going around with a smile on your face.''

The underlying message coming through from these students is two-fold. On one level, there is performance anxiety, which is understandable in the circumstances since these students have so much invested in their placements. This performance anxiety is linked to the need not only to pass but to attain a high grade. This implies that the academic demands of the course are requiring the student to perform rather than to experience practice *per se*.

On another level, there are styles of supervision that seem to be mismatched to the students' needs. As Bonello (2001) found in her study, while occupational therapy students in higher education are encouraged to be independent and critical thinkers, on placement many of them succumb to hierarchical forces and adopt a passive attitude. The students "felt conditioned to accept anything the supervisors demanded or instructed and, even when they found this unacceptable, they still got on with it" (2001 p25). Control is a critical component of occupational stress. It is known that the combination of a sense of low levels of control and high work demands can lead to an individual being prone to stress (Ross & Altmaier 1994).

How these levels of stress can be overcome with the present assessment process is hard to imagine. Even with the opportunity to negotiate their reports, the students know that at the end of the day the practice educator has the final say as to the grade that is awarded. However, perhaps this points to the fact that if the University wishes to impose graded assessment on placement, it then has a responsibility to prepare the students for dealing with high levels of stress by addressing the use of effective coping strategies.

Future Practice and Career Choices

Discussing practice placement experiences led some of the students, particularly third year students, to share their feelings about their future employment.

Because of the eclectic experiences on placement that the students had, there was a wide variety of emotions and concerns about what employment might hold for them. For one who experienced a "personality" clash with her practice educators, there were concerns about her ability to fit into a new working environment:

– *"What happens if I go to a workplace and I can't click with those people, then do I leave the job in two months and come back, you know?"*

In the groups, the students discussed various work areas – some that they had experienced and some that they had concerns about when taking up their future employment. In particular, there were concerns raised about the area of learning disabilities and working on acute hospital wards:

– *"I wouldn't want to work on a ward, it's a bit scary for me when I'm going to be a basic grade when it is more than likely I'm going to end up on a ward to start off with, yet I have never worked on one."*

Also, one student who had been convinced she would work in mental health when she graduated, felt very different following her placement in a mental health setting:

– *"My first placement was in mental health and I did enjoy the placement, but afterwards I found it very frustrating and I almost felt depressed at the end of it and it put me off that area, and I don't think I'll work in that area now, I think a lot is down to that one placement."*

It is a common fear for students to be anxious about their mental health placements but one student described how, having had the fear, she *"had a phobia about mental health, I was really dreading my second placement"*. She had an enjoyable placement, and much of that was due to her "facilitating" practice educator and

the team she worked alongside. She concludes: *"I think I would quite happily go back to any of the placements, including mental health."*

Some of the students were philosophical about what the future might hold:
– *"I realise that even when I graduate I'm not expected to be all-singing, all-dancing, superhuman, with healing hands and who walks on waves."*

Along with this theme, another student recognised that:
– *"Any job you go to there will be those first couple of weeks or even months where your head hurts, because you're trying to concentrate so much to take everything in. But eventually it comes naturally you know, and the more you know, its about experience isn't it?"*

The students also recognised themselves becoming practice educators in the future, which sees them embracing their future roles and responsibilities as qualified clinicians: *"It's something I'd like to do, to be a fieldwork educator. I think I would like to take a little bit from each of my educators 'cause they have all been so good and brilliant. I think a lot of educators probably are only as good as the student, but the student can only be as good as the educator lets them."*

Occupational therapy has a diverse range of practice areas to work in on graduation. Usually, students apply for rotational basic grade posts in order to extend their range of knowledge at a post graduate level. It is thought that the key factor in choice of future employment is the fieldwork or practice placement experience (Crowe & Mackensie 2002).

In the research carried out by Crowe and Mackensie, which looked at the influence of fieldwork on future practice for occupational therapy graduates, it was seen that a combination of the supervisor's ability to teach, along with their attitude and support towards students, influenced the perceptions of the

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graduates about practice preference. Equally, the students were drawn to areas where they felt comfortable due to their level of knowledge and skills gained on placement.

The Crowe and Mackensie study also indicates that students are unlikely to develop an interest in a clinical area if they have had no fieldwork experience in this setting. However, this could not be said of the occupational therapy students in this study who discussed the likelihood of working in an area they had not experienced on placement. Tompson and Ryan (1996) considered the influences upon students on placement, and they again found that the placement educators were highly influential, particularly in the early placements. But alongside this influence were three other factors – time, environment and clients. These themes have also been discussed throughout this study as being important to the students.

Summary

It can be seen from this chapter that many factors from the practice placement experience impact upon the student as a person, but that much can be alleviated by the practice educators if they can provide sound and timely feedback, a strong professional image and a positive attitude to their work. Also, it must be recognised that the students' personal responses to their placements, and their willingness to engage with the process, can have a considerable effect on the placement outcome and on the students' attitude to particular clinical areas as potential future suitable employment.

Practice placement educators need to be aware of the significant influence they have on students during practice placement. They need to realise that not only are they the gate-keepers of the profession, but they are also the mentors and guides for the people who will sculpt the future of occupational therapy itself.
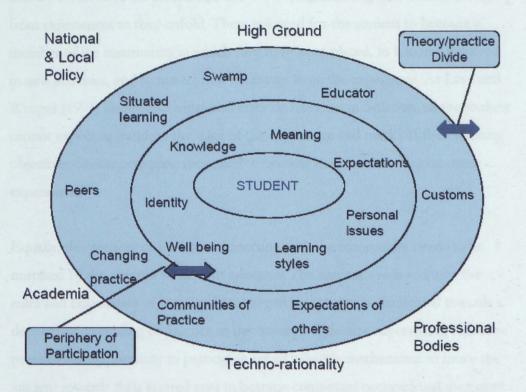
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The Final Debate

The previous chapters have reflected the multi-dimensional factors which impact upon student occupational therapists' experiences whilst on practice placement. The students reported a range of experiences and clearly pin-pointed those issues they saw as having the greatest effect upon their learning and future practice as occupational therapists. The main themes to emerge, as discussed in the previous chapters are supervision, assessment, expectations and the student as a person. It can be seen that roles and relationships are critical components to success on practice placements, as are the non-technical competencies such as communication and being able to integrate into the community of practice.

What emerges from exploring these themes is that the so-called 'theory-practice divide' still exists between the University in this study and the practice educators. As a consequence of this divide, students' learning – including their ability to learn and succeed in practice placement settings – is affected. The 'theory-practice divide' also impinges upon the assessment process, with students appearing to be the 'victims' of an on-going debate between education and practice, particularly in relation to competency to practice and academic education. In reflecting on the students' experiences and perceptions of practice placement, there are arguably some excellent practice placement educators meeting the needs of the students and working towards a collaborative way of working with the University. However, there are clearly others who, for a number of reasons, choose to work in isolation from the University and see practice placement education as something very separate from the rest of the educational programme. It can be deduced from this that these educators do not see themselves as a part of the whole educational process.

Much onus is put upon students by the University to be self-directed learners on placement, to use learning contracts to identify learning needs, to reflect on practice, and to self assess. However, when students move into a practice placement, they are stepping into a totally different learning environment from that of the classroom. This responsibility for learning carries with it considerable challenges, because not only does each placement have its own idiosyncratic modus operandus, but students also have to develop the ability to interact and learn within specific customs and distinct 'communities of practice'.

It has become evident through this study that there is a multitude of factors that impinge upon the students' experiences on placement. These can be seen to emerge in differing strata as outlined in the diagram below:

Factors that influence students' experiences of practice placement

In the centre sits the student with a unique sense of identity, knowledge, sense of well-being and perception. They have specific expectations about what they will experience on practice placement. However, after arriving on practice placement, the students undergo a whole new world of experiences. They find themselves on the periphery of a new environment with its own customs, traditions and language – a place unrecognisable from the 'high ground theories' of the classroom, not least because one of the realities of practice is that the student tends to spend a great amount of time in the 'swamp' (Schon 1987).

Although students may arrive with a range of transferable skills such as communication, problem-solving, and prior academic and practical knowledge, they soon come to recognise that placement is about situated learning, being actively involved in the placement, and developing meaning and understanding from experiences as they unfold. There is a need for the student to become a member of the community in which they have been placed, to become involved in new activities, and to master new meanings from the experience. As Lave and Wenger (1991) discuss, activities and tasks do not exist in isolation, so the student cannot expect to stand on the edge of the experience and mark off their learning objectives or competencies; they need to become immersed in the placement experience.

Equally, this process of students connecting with the community needs to be nurtured by the practice placement educator. The student needs to know the rules and boundaries of the placement experience and to be facilitated towards a deeper understanding of practice in the 'swamp'. Effective supervision, reflective practice and opportunity to participate are all valuable mechanisms to move the student towards their aspired goal to become competent occupational therapists.

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However, it is evident from this research study, in viewing practice placement experiences through the 'students' eyes' from the students' perspective, that some educators appear to have difficulties facilitating this process of integration into the 'communities of practice'. Some students appear to struggle to move from the periphery of practice. This may be largely related to the placement educators' limited understanding of the process of learning within the practice setting. The concepts of 'communities of practice' and 'situated learning' are new to occupational therapy practice placement education and, it is hoped through promoting the findings of this study, they are concepts that can be taught to practice placement educators in the future.

It is also apparent through the findings of the study that practice placement educators and students often fail to recognise what an important role they have in trying to close up the 'theory-practice' gap between practice and education. Theory is emerging all the time in the 'communities of practice' and yet very little appears to be integrated with classroom theory.

It can be seen from the experiences of the students in this study that they expect a great deal from their practice placement educator, as does the University. It could be said that the University reinforces this high level of expectation by placing the responsibility for the student upon named therapists in each placement, rather than upon the unit as a whole. Yet, as can be taken from the work of Lave and Wenger in looking at apprenticeships, the practice placement educators in occupational therapy are a product of the community in which they work, and learning for the student resides within the community of practice rather than with the individual educators.

However, culturally there is still a strong historical adherence to the traditional 1:1 placement (Martin et al 2004 p198) and it 'remains very popular with the

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educators'. Therefore, it is evident that there would need to be a considerable shift of traditional thinking to enable change to take place, and a new way of delivering placement experience to students to be adopted both locally and nationally.

Also, as this study demonstrates, some students are able to learn and develop mastery over their subject despite their relationship with their placement educator. As one of the students describes her experiences, she talks about '*doing my best to keep away from my supervisor*' but she also states that '*it was good; I learnt a lot*'.

Some students in this study can be seen to have developed a sense of situated reasoning, that is to say they learnt within the placement to interpret their experiences, to develop coping strategies and to create rules and boundaries for themselves when none were forthcoming from the placement.

Beyond the placement itself, there are further influences upon the student's learning experiences. Firstly, there are the demands of the academic institution, with its high ground techno-rationality. This requires that the student, on re-entering the University after placement, has developed the ability to contextualise the placement experiences with the formalised theories presented in the classroom.

Secondly, there are the expectations of the professional bodies for the student to be fit for practice, which in reality means one day being the student graduate and the next day being available for employment as a competent practitioner. Yet, as Tryssenaar (1999 p107) identified when studying newly graduated therapists, 'The transition from student to professional is complex and takes time'. Therefore, if students during their practice placements learn how to access the communities of

practice, they will be better able to balance their learning needs with the demands of the service, and will recognise that a substantial amount of learning comes from being part of the community itself.

In a study by Adamson et al (1998), looking at the perceptions of newly qualified occupational therapists identified significant gaps between the knowledge and skills gained in the undergraduate course and those required for the workplace. Some of this was due to the rapid changes in health and social care. This is because not only are patients and service users moved quickly through the healthcare system, but the role of the occupational therapist is evolving alongside the changing needs of the patient and the working environment. Here is a further indication that students need to develop the skill of learning within the community of practice if they are to maintain their competencies as qualified practitioners.

As to the future of practice placement and occupational therapy education, this study clearly indicates that there is a need for change. Consideration should be given to the purpose behind sending students out on placements, as well as to the length of placements and the minimum hours requirement to permit registration. But beyond these practical details, the findings of this study indicate that some serious thought needs to be given to how the two facets of education can be brought closer together in order to overcome the academic-practice divide that is still blatantly in existence in current practice.

On reflecting on the work of Steward (1996), little seems to have changed from her study exploring the 'theory-practice' divide in occupational therapy. Many of the innovations developed, such as placement co-ordinators and placement tutors, have failed to address the gaps they were meant to fill. This seems to indicate that there is still much work to be done in bridging the gaps and that

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maybe, by applying the theories around communities of practice and situated learning, a better understanding between practice and education may evolve.

The Researcher Perspective

Having completed this study, I need to reflect upon what I feel I have gained from the process. In returning to the work of Brookfield (1995), I believe I have learnt a great deal from listening to the students. In viewing my practice through their eyes, I have been enlightened as to my assumptions and beliefs around practice placement. As a result, rather than viewing the students as being 'difficult' or 'weak' students, I now see that there is considerably more involved in practice placement success than placing a student with an educator for 10 weeks. I have come to realise that although I have extensive experience of practice placement from being a student, a placement educator, a tutor and a placement co-ordinator, mine is still a highly personal experience and cannot be said to be representative of others' experiences.

I have come to realise that my application of formalised theory has previously been selective and maybe even naïve and, through this research, I have learnt the need to question, to critically appraise, and to widen my understanding of how people learn. What has had considerable impact upon my learning has been the reflecting upon issues to do with how students learn and the many factors that impact upon learning within a placement setting as opposed to the classroom.

I recognise that in my role as a practice placement tutor within the University, I became deeply embedded in the culture and beliefs of the occupational therapy programme and a substantial amount of my work was essentially endorsing others' views about practice placement. As a result, although I tried to do my best by the students, I rarely questioned the processes I was undertaking. My work became prescriptive and power and control lay outside my level of influence.

To be able to take time out to research, read and question has been the most valuable aspect of this study. However, it also leaves me with so many more unanswered questions and many frustrations as to how I might be an agent of change in occupational therapy education in the future.

I do feel that one of the most significant factors impacting upon this research is my position as one of very few occupational therapists to have held all the roles associated with practice placement. I believe that this has provided me with a truly unique view of such research. Moreover, I have had the opportunity during the research process to visit or re-visit the varied roles of practice placement tutor within the University, practice placement educator with a student placement in clinical practice, and practice placement co-ordinator within a primary care trust. Because I have had to take on the responsibilities that each of those roles afforded me, I have had to engage with the University, the students, other placement educators and visiting tutors. I have even had to host a Quality Assurance Agency visit.

On reflection, these experiences have helped me to engage with the theory and have enabled me to contrast the theory against the realities of day-to-day practice. I feel they have also enabled me to maintain my transparency throughout the research because I have been able to consider all aspects from a personal perspective, including being a student studying for a degree.

Recommendations

In completing this piece of research, I have identified many aspects of practice placement in occupational therapy which require further attention and investigation. This section discusses possible recommendations to improve the practice placement experience for the occupational therapy student.

I believe there needs to be greater collaboration between the University and the practice placement setting to minimise the theory-practice divide. This could be achieved by redesigning the curriculum to embrace the practice element of the course and to utilise lecturer-practitioners to provide meaningful application of theory to practice, not just as guest lecturers but as members of the core teaching team.

Consideration could also be given to redesigning the role of the practice placement tutors within the University to facilitate learning across the theory-practice divide. These tutors may need to be more grounded within the 'communities of practice' so that they can build bridges across the divide between education and practice and try to bring closer together the social and professional worlds of both environments.

There needs to be recognition and acknowledgement on the part of the University programme that lecture-based approaches cannot adequately prepare students for the technical and professional aspects of being an occupational therapist in 21st century health and social care practice.

Also, consideration should be given as to how to ground educational experiences of students to practice placement experience and learning beyond registration. There is a need to develop valid and reliable ways of measuring student learning on placement and to assist placement educators in knowing and appreciating what they are doing by understanding the educational processes taking place.

The placement educator needs advice and support in creating a learning environment where the student can explore, question, interpret and conceptualise the knowledge gained. This means making the 'communities of practice'

accessible to students so that they can become active members of the community. Collaborative learning needs to be encouraged, with the aim of preparing future occupational therapists to be responsible for their own learning and professional growth rather than be dependent upon 'the expert' to provide knowledge for them.

I also believe that undertaking a multi-centre research project into the use of alternative models of supervision for students on placement would be beneficial. It would not only prove valuable in informing universities as to the most appropriate supervision models to use that will equip students more readily for future healthcare practice, but it would also enhance the students' learning experiences on placement. Various small-scale studies have been undertaken (Martin et al 2004, Fisher & Savin-Badin 2002, Wilby 2001, Carmen 2000, Standring & Huddleston 1998, McCrea & Rogers 1995) making useful recommendations, but a large-scale study would bring to light best practice that could be adopted nationally, with a focus on education and not purely on management of placements.

The result may well be to adopt a broad range of placement models in order to provide for growing numbers of students and new and alternative roles of occupational therapy in future healthcare practice. Ultimately, practice placements should be structured in such a way as to prepare students as comprehensively as possible for the varied professional roles they may encounter on graduation.

In addition, I believe it would be valuable to undertake a national review as to how students are allocated to practice placements by the various universities. It should be considered whether this is about convenience, custom and practice or whether it is focussed on the need to enhance student learning.

It might also be useful to take a closer look at the practice placement allocation of 1000 hours as recommended by the World Federation of Occupational Therapists and review it in light of current practice in each of the recognised countries. Also, in ensuring depth and breadth of placement for students, allocation should no longer be simply related to offering a physical, mental health and community placement, but more about exposing the students to learning opportunities that consider occupational issues for individuals.

Furthermore, I believe there is a strong case for reviewing the accreditation process for practice placement educators and for considering how the universities and the College of Occupational Therapists are preparing occupational therapists for the responsibility of educating students on placement. As this study has clearly highlighted, expertise in clinical practice does not imply expertise in clinical education and supervision. Being a placement educator is a complex and demanding role, and two or three days attending a course, or simply submitting a self-reporting form on aspects of placement education, will not create a healthcare educationalist who understands the principles of adult learning and developmental psychology.

Resources and time need to go into offering a formalised training course for occupational therapists who wish to take the lead in facilitating practice placements for students. Through this training, uniform practices could be developed nationally so that students receive equitable experiences.

This study graphically illustrates that there is much work to be done in relation to improving the standard and quality of practice placement education for occupational therapy students.

Conclusion

Although this qualitative research study is based upon the experiences of occupational therapy students in one university, and therefore the findings cannot be generalised, the outcomes of the study would add to the knowledge of the wider audience of occupational therapy education and would provide useful insight into healthcare education and practice placement for other professional groups, including nursing, physiotherapy and social work.

REFERENCES

Alsop A & Ryan S (1996) *Making the Most of Fieldwork Education.* London, Chapman and Hall.

Aiken F, Menaker L, Barsky L (2001) Fieldwork Education: The Future of Occupational Therapy Depends on It. *Occupational Therapy International 8(2)p86-95*

Anderson G (1998) *Fundamentals of Educational Research* (2nd Ed) London, Falmer Press

Atkinson T & Claxton G (2000) (Eds) *The Intuitive Practitioner.* Buckingham, Open University Press

Baez B (2002) Confidentiality in qualitative research: reflections on secrets, power and agency. *Qualitative Research 2(1)p35-58*

Ball SJ (1993) Self Doubt and Soft Data: social and technical transjectories in ethnographic fieldwork. *Cited in* Hammersley M 1993 *Educational Research: Current Issues.* London, Paul Chapman Ltd.

Baxter T (2004) Credit due for Accreditation. *Occupational Therapy News 12(1)p14*

Bell J (1999) *Doing Your Research Project - a guide for first time researchers in education and social science.* (3rd Ed) Buckingham, Open University Press

British Education Research Association (2004) *Revised Ethical Guidelines for Educational Research.* Nottingham BERA.

Berry RSY (1998) Conducting a piece of educational research: choice of topic, adoption of suitable research methodology, and narrowing down of investigative focus. Sourced from: http.www.leeds.ac.uk/educol/documents

Blaxter L, Hughes C, Tight M (2001) *How to Research* (2nd Ed) Buckingham, Open University Press

Bloomer M & James D (2001) *Educational Research in Educational Practice: The Promise of the Transforming Learning Cultures in Further Education (TLC)* Project. Paper Presentation. Sourced from: www.ex.ac.uk/education/tlc 5/5/06

Bolton G (2001) *Reflective Practice - writing and professional development.* London, Paul Chapman Publishing Ltd.

Bonello M (2001a) Fieldwork within the Context of Higher Education: A Literature Review. *British Journal of Occupational Therapy 64(2)*

Bonello M (2001b) Perceptions of Fieldwork Education in Malta: Challenges and Opportunities. *Occupational Therapy International 8(1)p17-33*

Boud D & Walker D (1991) *Experiencing and Learning: Reflection at work.* Geelong, Deakin University Press

Boud D, Cohen R & Walker D (1993) *Using Experience for Learning.* Bristol, Open University Press

Boud D & Walker D (1993) *Developing Models of Learning from Experience.* Reproduced from 1993 Conference Proceedings p17-19. SCUTREA 1997 Accessed from: www.leeds.ac.uk/educol/documents/00002884htm 15/01/06

Bowling A (1997) *Research Methods in Health - investigating health and health services* Bristol, Open University Press

Boyd EM & Fales AW (1983) Reflective Learning; a key to learning from experience. *Journal of Humanistic Psychology 23(2)p99-117*

Brandes D & Ginnis P (1986) *A Guide to Student – Centred Learning.* Hemel Hempstead, Simon & Schuster.

Bridge PD& Ginsburg KA (2001) An Integrated Approach for Evaluating Students' Achievement of Clinical Objectives. *Med. Educ.Online 2001;6-9.* Available from URL http://www.med-ed-online.org

Bright B (1992) *Theories-in -use, reflective practice and the teaching of adults: professional culture in practice.* Reproduced from conference proceedings pp24-27. SCUTERA 1997 accessed from www.leeds.ac.uk/educol/documents/00002884htm 15/01/06

Broadfoot P (2000) *in* Atkinson T & Claxton G 2000 (Eds) *The Intuitive Practitioner.* Buckingham, Open University Press

Brookfield S (1995) *Becoming a Critically Reflective Teacher.* San Francisco, Jossey-Bass

Brookfield S (1995a) *Adult Learning: An Overview In International Encyclopaedia* of *Education*. Oxford, Pergamon Press

Brown A & Bourne I (1996) *The Social Work Supervisor*. Buckingham, Open University Press

Bryman A (2001) *Social Research Methods*. Oxford, Unipress

Bulmer C (1997) Supervision: how it works. *Nursing Times Vol93p53-54*

Butterworth T (2001) Clinical Supervision and Clinical Governance for the Twenty First Century. In: Cutcliffe J, Butterworth T & Proctor B 2001 *Fundamental Themes in Clinical Supervision*. London, Routledge.

Caney D (1983) Competence – Can It Be Assessed? *Physiotherapy* (69)8

Carman S (2000) *Fieldwork Education: Educating the Workforce of the Future*. Commissioned by Lincolnshire and Leicestershire Education Consortium.

Carroll M & Tholstrup (Eds) (2001) *Integrative Approaches to Supervision*. London, Jessica Kingsley Publishers.

Castle A (1996) Developing an Ethos of Reflective Practice for Continuing Professional Development. *British Journal of Therapy and Rehabilitation 3(7)p358-359*

Catterall M & Maclaren P (1997) Focus Group Data and Qualitative Analysis Programs: Coding the Moving Picture as well as the Snapshots. *Sociological research Online2(1)* www.socresonline.org.uk/socresonline/2/1/6

Cerinus M (2005) The Role of Relationships in Effective Clinical Supervision. *Nursing Times Vol101(14)pp34-37*

Clouder L (2000) Reflective Practice: Realising the Potential. *Physiotherapy 86(10)p517-522*

Cohen L, Manion L & Morrison K (2000) *Research Methods in Education* (5th ed). London, Routledge and Falmer

Cohen L & Manion (1994) *Research Methods in Education* (4th ed). London, Routledge.

Cohn ES & Crist P (1995) Back to the Future: new approaches to fieldwork education. *American Journal of Occupational Therapy, 49(2)pp103-106*

Colfield F, Moseley D, Hall E, Ecclestone K (2004) *Learning Styles for Post 16 Learners – What do we Know?* London, Learning and Skills Development Agency.

College of Occupational Therapists (1993) *Guidelines for Assuring the Quality of Fieldwork Education of Occupational Therapy Students.* SPP165 London, College of Occupational Therapists.

College of Occupational Therapists (1994) *Recommended Requirements for the Accreditation of Fieldwork Educators.* SPP166. London, College of Occupational Therapists.

College of Occupational Therapists (1997) *Curriculum Framework Document for Occupational Therapy Education*. London, College of Occupational Therapists

College of Occupational Therapists (2000) *Code of Ethics and Professional Conduct for Occupational Therapists*. London: College of Occupational Therapists

College of Occupational Therapists (2002) Position Statement on Lifelong Learning. *British Journal of Occupational Therapy 65(5)p198-200*

College of Occupational Therapists (2003) *College of Occupational Therapists Standards of Education: Pre Registration Education Standards*. London, College of Occupational Therapists.

College of Occupational Therapists 2004 *Definitions and Core Skills for Occupational Therapy*. www.cot.org.uk (accessed July 2004)

College of Occupational Therapists (2005) *Apple*
www.cot.co.uk/members/education/accreditation/practice.php

Craik C, McIntyre A & Gallagher M (2004) Accreditation of Practice Educators: An Expectation Too Far? *British Journal of Occupational Therapy 67(9)p404-407*

Craik C & Turner A (2005) A Chronic Shortage of Practice Placements: Whose Responsibility? *British Journal of Occupational Therapy Vol68(5)p195*

Critcher S & Kenney C (2005) A group Model of Practice Placement Co-ordination. *OT News March 2005 p23*

Currens JA & Bithell CA (2000) Clinical Education. *Physiotherapy 86(12) p645-654*

Davys A & Beddoe L (2000) Supervision of Students: a Map and a Model for the Decade to Come. *Social Work Education Vol 19(5)pp437-449*

Denzin n & Lincoln Y (1998) *Strategies of Qualitative Inquiry.* London, SAGE Publications.

Denzin N & Lincoln Y (2003*) Collecting and Interpreting Qualitative Materials.* London, SAGE Publications

Department of Health (1995) *Methods to promote the implementation of research findings in the NHS – priorities for evaluation.* Report to the NHS Central Research and Development Committee. Leeds: DoH/NHSE

Department of Health (1998) *A First Class Service Quality in the New NHS.* Health Services Circular (1998)/113

Department of Health (2000) *The NHS Plan.* London, DoH Publications

Department of Health (2004) *The NHS Knowledge and Skills Framework and Development Review Process.* London, DoH Publications.

Department of Health (2004a) *Choosing Health: making healthier choices easier.* London DoH Publications.

Department of Health (2006) *Our Health, our care, our say White Paper.* London DoH Publications.

Doel M Sawdon C & Morrison D (2002) *Learning, Practice & Assessment*. London, Jessica Kingsley Publishers.

Downs S (1993) Developing Learning Skills in Vocational Learning. *In:* Thorpe M, Edwards R & Hanson A *Culture & Processes of Adult Learning*. London, Routledge.

Duxbury ML, Armstrong GD, Drew DJ & Henley SJ (1984) Head Nurse Leadership Style with Staff Nurse Burnout and Job Satisfaction in Neonatal Intensive Care Units. *Nursing Research Vol 33p97-101*

Eakin P (1997) The Casson Memorial Lecture 1997: Shifting the Balance – Evidence-Based Practice. *British Journal of Occupational Therapy 60(7)p290-294*

Ecclestone K & Pryor J (2001) *'Learning careers' or 'assessment careers'?: the impact of assessment systems on learning*. From a paper given at BERA, University of Leeds September 2001. Sourced from http://leeds.ac.uk/edcol/documents/00001889htm

Ellingson LL (1998) "Then you know how I feel": Empathy, Identification and Reflexivity in Fieldwork. *Qualitative Inquiry 4(4)pp492-514*

Emery M (1984) Effectiveness of the Clinical Educator: Students' Perspective. *Physical Therapy 64(7)p1079-1083*

Entwistle N (1981) *Styles of Learning and Teaching*. Chichester, John Wiley & Son.

Errington E & Robertson L (1998) Promoting Staff Development in Occupational Therapy: a Reflective Group Approach. *British Journal of Occupational Therapy 61 (11)p497-503*

Esdaile SA & Roth LM (2000) Education not Training: The Challenge of Developing Professional Autonomy. *Occupational Therapy International 7(3)p147-152*

Fallon G & Brown R (2002) Focusing on focus groups: ;lessons from a research project involving a Bangladeshi community. *Qualitative Research (2)p195-208*

Flick U (2002) *An Introduction to Qualitative Research*, London, SAGE Publications

Finlay L (1998) Reflexivity: An essential component for all. *British Journal of Occupational Therapy 61 (10)pp453-455*

Finlay L (1999) Applying Phenomenology in Research: Problems, Principles and Practice. *British Journal of Occupational Therapy 62(7)pp299-306*

Finlay L (2002) Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research 2(2)p209-230*

Fisher A & Savin-Baden M (2002) Modernising Fieldwork, Part 1 Realising the Potential. *British Journal of Occupational Therapy 65(5)pp229-236*

Fisher A & Savin-Baden M (2002a) Modernising Fieldwork, Part 2 Realising the Agenda. *British Journal of Occupational Therapy 65(6)pp275-282*

Fortune T (1999) *In* Ryan S E & McKay E A (1999*) Thinking and Reasoning in Therapy - narratives from practice.* Cheltenham, UK Stanley Thornes Ltd.

Gaiptman B & Arlene A (1989) Contracting in Fieldwork Education: The Model of Self Directed Learning. *Canadian Journal of Occupational Therapy 56(1)p10 – 14*

Gilfoyle EM (1980) Caring: A Philosophy for Practice. *American Journal of Occupational Therapy 34(8)p517-520*

Gray JA (1997) *Evidence-based Healthcare: How to Make Health Policy and Management Decisions.* Edinburgh, Churchill Livingstone.

Grbich C (1999) *Qualitative Research in Health.* London, SAGE Publications

Ghaye T & Lillyman S (2000) *Reflection: principles and practice for healthcare professionals.* Wiltshire, Quay Books.

Gibbs A (1997) Focus Groups *Social Research Update 19.* *www.soc.surrey.ac.uk/sru/SRU19*

Gilbreath B & Benson P (2004) The Contribution of Supervisor Behaviour to Employee Psychological Well-Being. *Work & Stress Vol 18(3)255-266*

Gorner P (2003) Heidegger, Phenomenology and the Essence of Technology. *www.abdn.ac.uk/philosophy*

Guba E & Lincoln Y(1985) *Naturalistic Inquiry* London, SAGE Publications

Guba E & Lincoln Y (1989) *Fourth Generation Evaluation*, London, SAGE Publications

Hall E & Hall C (1988) *Human Relations in Education*. London, Routledge.

Hammersley M (1998) *In* Walford G (1998) *Doing Research about Education* London, Falmer Press

Havinghurst R (1972) *Developmental Tasks and Education* (3rd ed). New York, McKay

Hays C (1996) Statement: Purpose and Value of Occupational Therapy Fieldwork Education. *American Journal of Occupational Therapy 50(10)p845*

Healy J (2005) Practice Placements: at breaking point? *Occupational Therapy News Vol13(2)p35*

Heath L (1996) The Use of Self-Directed Learning during Fieldwork Education: the Students' Perspective *British Journal of Occupational Therapy 59(11)pp515-519*

Holland K & Hurst B (2001) *A Collaborative Project to Investigate the Effectiveness of the 2:1 Model of Clinical Placement Supervision with Undergraduate Occupational Therapy and Physiotherapy Students in the Northwest Region of the NHS*. Merseyside Education and Training Consortium and NHSE (Northwest).

Honey P & Mumford A (1992) *The Manual of Learning Styles*, 3rd Ed. Peter Honey, Linden Ave, Maidenhead, Berkshire, England.

Higher Education Funding Council for England (2001) *Research in Nursing and Allied Health Professions: Report of the Task Group 3 to HEFCE and the Department of Health*. Bristol: HEFCE 01/63

Holliday A (2002) *Doing and Writing Qualitative Research.* London, SAGE Publications

Hollis V, Openshaw S, & Goble R (2002) Conducting Focus Groups: Purpose and Practicalities. *British Journal of Occupational Therapy 65(1) pp2-8*

Health Professions Council (2003) *Standards of Proficiency : Occupational Therapists*. London, HPC.

Huddleston R & Standring J (1998) *Clinical Placements for the Professions Allied to Medicine*. A project commissioned by Lancashire and South Cumbria Education & Training Consortium and NHS Executive North West

Huberman AM & Miles MB (2002) *The Qualitative Researcher's Companion*. Thousand Oaks. SAGE Publications.

Ikiugu MN & Rosso HM (2003) Facilitating Professional Identity in Occupational Therapy Students. *Occupational Therapy International 10(3)p206-225*

Ilott I (1996) Ranking the Problems of Fieldwork Supervision reveals a New Problem: Failing Students. *British Journal of Occupational Therapy 59(11)p525-528*

Illott I & Murphy R (1999) *Success and Failure in Professional Education: Assessing the Evidence*. London, Whurr Publishers Ltd.

Jarvis P (2001) *The Age of Learning: Education and the Knowledge Society.* London, Kogan Page Ltd.

Johns C & Freshwater D (Eds) (1998) *Transforming Nursing through Reflective Practice.* Oxford, Blackwell Science

Jung B & Tryssenaar J (1998) Supervising Students: Exploring the experience through Reflective Journals. *Occupational Therapy International 5(1) p 35-48*

Kavanagh DJ, Spence SH, Wilson J, Crow N (2002) Achieving Effective *Supervision. Drug and Alcohol Review (21) p247-252*

Kautzmann L (1990) Clinical Teaching: Fieldwork Supervisors' Attitudes and Values. *American Journal of Occupational Therapy. 44 (9)p835-838*

Kember D (2001) *Reflective Teaching & Learning in the Health Professions.* Oxford, Blackwell Science Ltd.

Kenyon J (1993) *Accreditation of Fieldwork Education in Occupational Therapy.* Unpublished MEd Thesis University of Sheffield.

Kilminster SM & Jolly BC (2000) Effective Supervision in Clinical Settings: a Literature Review. *Medical Education Vol34 pp827-840*

Knowles M (1975) *Self – directed Learning: A guide for Learners and Teachers.* New York, Association Press.

Knowles M, Holton 111 E, Swanson R (2005) *The Adult Learner (6th Ed)* London, Elservier.

Kolb D (1984) *Experiential Learning.* New Jersey, Prentice Hall.

Kramer P, Hinojosa J, Royeen CB (2003) *Perspectives in Human Occupation.* Philadelphia, Lippincott Williams & Wilkins.

Krueger RA & Casey MA (2000) *Focus Groups - a practical guide for applied research (3rd Ed.)* London, SAGE Publications

Lave J & Wenger E (1991) *Situated Learning – Legitimate peripheral participation.* Cambridge, Cambridge University Press.

Lave J & Wenger E *Communities of Practice.* Accessed from infed. www.infed.org/biblio/communities_of_practice.htm 23/01/2006

Lewis M (2004) *Focus Interviews in Qualitative Research: a Review of the Literature.* http://www.scu.edu.au/schools/gcm/ar/arr/arow/rlewis. Accessed 19/2/04

Laliberte-Rudman D, Yu B, Scott E, Pajouhandeh P (2000) Exploration of the perspectives of persons with schizophrenia regarding quality of life. *American Journal of Occupational Therapy 54(2)p137-147*

Lindstrom-Hazel D & Bush MA (1997) What can be done about home health fieldwork. *American Journal of Occupational Therapy, 51(6)pp464-466*

Lovell R B (1979) *Adult Learning.* London, Routledge.

Lloyd C & King R (2001) Work-related Stress and Occupational Therapy. *Occupational Therapy International 8 (4)p227-243*

Mackenzie L (2002) Briefing and Debriefing of Student Fieldwork Experiences: Exploring concerns and reflecting on practice. *Australian Journal of Occupational Therapy 49 p82-92*

Madriz E (2003) Focus Groups in Feminist Research. In Denzin N & Lincoln Y (ed) (2003) *Collecting and Interpreting Qualitative Materials.* London, SAGE Publications

McKenna K, Scholtes A, Fleming J & Gilbert J (2001) The Journey through an Undergraduate Occupational Therapy Course: Does it change students' attitudes, perceptions and career plans? *Australian Occupational Therapy Journal Vol 48p157-169*

Martin M (1996) How Reflective is Student Supervision? A study of Supervision in Action. *British Journal of Occupational Therapy 59(5)pp229-232*

Martin M & Edwards L (1998) Peer Learning on Fieldwork Placements. *British Journal of Occupational Therapy 61(6)pp249-252*

Martin M, Morris J, Moore A Sadlo G & Crouch R (2004) Evaluating Practice Models in Occupational Therapy: Comparing 1:1, 2:1 & 3:1 Placements. *British Journal of Occupational Therapy 67(5)pp192-200*

Mason L & Bull B (2006) Practice Placement Education: the Educator's Experience. *British Journal of Occupational Therapy 69(1)pp22-30*

Mattingly C & Fleming M (1994) *Clinical Reasoning. Forms of Inquiry in Therapeutic Practice*. Philadelphia, F A Davis.

Maxwell M (1995) Problems Associated with the Clinical Education of Physiotherapy Students: A Delphi Survey. *Physiotherapy Vol 81 (10) p582-587*

May T (1997) *Social Research Issues, Methods and Process (2nd Ed)* Open University Press

McCrea C & Rogers S (1995) *Best Practice for Training on Placements*. Department of Psychology, University of Leicester

McNamara C (1999) Basics of Conducting Focus Groups, www.mapnp.org/library/evaluatn/focusgrp.

McNamee M & Bridges D (2002) *The Ethics of Educational Research.* Oxford, Blackwell Publishing.

Merton R K, Fiske M, Kendall P L (1956) *The Focussed Interview* Glencoe IL, Free Press

Merton RK, Fiske M & Kendall PL (1990) *The Focused Interview: A manual of Problems and Procedures.* (2nd ed.) London, SAGE.

Milligan F (1998) in Downie CM & Basford P 1998 *Teaching and Assessing in Clinical Practice – A Reader*. London, Greenwich University Press

Minghella E & Benson A (1995) Developing Reflective Practice in Mental Health Nursing through Critical Incident Analysis. *Journal of Advanced Nursing 21p205-213*

Mitchell MM & Kampe CM (1990) Coping Strategies used by Occupational Therapy Students: An Exploratory Study. *The American Journal of Occupational Therapy Vol 44 (6)p543-550*

Mitchell MM & Kampfe CM (1993) Student Coping Strategies and Perceptions of Fieldwork. *The American Journal of Occupational Therapy Vol 47 (6)pp535-540*

Morgan D L (1998) *The Focus Group Guidebook*. Thousand Oaks CA, Sage.

Morgan D L (1997) *Focus Groups as Qualitative Research* (2nd Ed.) London, SAGE Publications

Neville S & French S (1991) Clinical Education: students' and tutors' views. *Physiotherapy 77:p351-353*

Occupational Therapy News (2005) Apple Routes *OT News 13(11)p15*

Ooijen van Els (2000) *Clinical Supervision A Practical Guide* Edinburgh, Churchill Livingstone

Opacich K (1995) Is an Educational Philosophy missing from the Fieldwork Solution? *American Journal of Occupational Therapy vol 49p160 –164*

Orona CJ (2002) Temporality and Identity Loss Due to Alzheimer's Disease. Chapter 15 In: Huberman AM & Miles MB *The Qualitative Researcher's Companion.* Thousand Oaks, SAGE Publications.

Osterman K & Kottkamp R (1993) *Reflective Practice for Educators: Improving Schooling Through Professional Development.* London, SAGE

NHS Executive (1995) *Non-medical Education and Training. Planning Advice for 1996/7 Education Commissioning..* NHS Executive, Leeds.

Palmer A, Burns S & Bulman C (Eds)(1994) *Reflective Practice in Nursing: the growth of the professional practitioner.* Oxford, Blackwell Science.

Pollard N, Alsop A & Kronenberg F (2005) Reconceptualising Occupational Therapy *British Journal of Occupational Therapy 68(11)p524 –526*

Patterson M, Higgs J & Wilcox S (2005) The Artistry of Judgement: a Model for Occupational Therapy Practice. *British Journal of Occupational Therapy 68(9)pp409 – 417*

Powell R A & Single H M (1996) Focus Groups, *International Journal of Quality in Health Care 8(5)pp499-504*

Perakyla A (1997) *In* Silverman D *Qualitative Research - theory, method and practice* London, SAGE Publications

Primeau LA (2003) Reflections on Self in Qualitative Research: Stories in Family. *American Journal of Occupational Therapy 57 (1) p9-16*

Quality Assurance Agency for Higher Education (2001) *Subject Benchmark Statements: Healthcare Programmes – Occupational Therapy*. Available at http://www.qaa.ac.uk/crntwork/benchmark/newpdfs/ot%2Dtext.htm.

Reid A & McKay J (DATE) Self Evaluation and Occupational Therapy Fieldwork Educators: Do they Practise what they Preach? *British Journal of Occupational Therapy 64 (11)p564-571*

Quality Assurance Agency for Higher Education (2004) Major Review of Health Care Programmes. Available at:
http://www.qaa.ac.uk/health/health_handbook.htm.

Radford KA, Walker L, Glanman J, Rothera I, Hewitt D (2006) Evaluation of the Daisy Chain Service: the role of the Specialist General Practitioner of Occupational Therapy – Executive Summary. *British Journal of Occupational Therapy 69 (4) p196-198*

Robertson LJ (1996) Clinical Reasoning part 1: The nature of Problem Solving, a literature review. *British Journal of Occupational Therapy 59:178-182*

Rogers C (1969) *Freedom to Learn* New York, Merrill Publishing Company

Rogers C (1983) *Freedom to Learn for the 80's* New York, Macmillan Publishing Company

Ross RR & Altmaier EM (1994) *Intervention in Occupational Stress* London, Sage.

Rowntree D (1987) *Assessing Students: How Shall We Know Them?* London, Kogan Page.

Royeen CB (2001) Reflections on Education and Learning in Occupational Therapy for the 21st Century. *Education for Occupational Therapy in Health Care.* Haworth Press Inc.

Rugg S (2003) Stressful Expectations of Junior Occupational Therapists:2 *British Journal of Therapy and Rehabilitation 10(1)p17-21*

Ryan S (1987) A Preparatory Program for Occupational Therapy Fieldwork Supervisors: Analysis of Results. *Canadian Journal of Occupational Therapy 54(5)p256-262*

Sackett DL, Richardson WS, Rosenberg W & Hayes RB (1997) *Evidence Based Medicine: How to Practice and Teach EBM.* New York, Churchill Livingstone.

Santy J & Mackintosh C (2000) Assessment and Learning in Post-Registration Nurse Education. *Nursing Standard 14(18)p38-41*

Schon DA (1983) *The Reflective Practitioner* London, Temple Smith.

Schon D (1987) *Educating the Reflective Practitioner: Towards a new design for teaching and learning in the professions.* San Francisco, Jossey Bass

Schon D (1991) *The Reflective Practitioner* 2nded. London, Temple Smith

Scott D & Usher R (1996) *Understanding Educational Research*, London, Routledge

Seale JK & Barnard S (1999) Ethical Considerations in Therapy Research. *British Journal of Occupational Therapy 62(8)pp371-375*

Shacklock G & Smyth J (1998) *Being Reflexive in Critical Educational and Social Research*. London, Falmer Press

Shardlow S & Doel M (1996) *Practice Learning and Teaching*. Hampshire, Macmillan Press Ltd.

Sheldon L (1998) Grounded Theory: issues for research in nursing. *Nursing Standard 12(52)pp47-50*

Siddons S & Rouse S (2006) An Exploration of the Perceptions and Experiences of Basic Grade Occupational Therapists employed in a Development Post within an NHS Trust. *British Journal of Occupational Therapy 69(5) p224-230*

Stanley M & Cheek J (2003) Grounded Theory: Exploiting the Potential for Occupational Therapy. *British Journal of Occupational Therapy 66(4)p143-150*

Steele-Smith S & Armstrong M (2001) 'I would take more students but...' Student Supervision Strategies. *British Journal of Occupational Therapy 64(11) p549-551*

Stengelhofen J (1993) *Teaching Students in Clinical Settings.* London, Chapman & Hall

Steward B (1996) The Theory/Practice divide: Bridging the Gap in Occupational Therapy. *British Journal of Occupational Therapy Vol 59(6) p264-268*

Stout JK 1984 Supervisors' structuring and consideration behaviors and workers' job satisfaction, stress and health problems. <u>Rehabilitation Bulletin Vol 28pp133-138</u>

Strauss A & Corbin J (1990) *Basics of Qualitative Research.* London, Sage

Strauss A & Corbin J (1998) *Basics of Qualitative Research - Techniques and Procedures for Developing Grounded Theory,* London, SAGE Publications

Strohschein J, Hagler P, May L (2002) Assessing the Need for Change in Clinical Education Practices. *Physical Therapy Vol 82 (2) p160-166*

Sutton G & Griffin MA (2000) Transition from Student to Practitioner: the Role of Expectations, Values and Personality. *British Journal of Occupational Therapy 63(8)p380 –388*

Tan BL (2004) Irrational Beliefs and Job Stress among Occupational Therapists in Singapore. *British Journal of Occupational Therapy 67(7)p303-309*

Taylor MC (2000) *Evidence-Based Practice for Occupational Therapists.* Oxford, Blackwell Science

Titloye VM & Scott AH (2001) Occupational Therapy Students' Learning Styles and Application to Professional Academic Training. *Occupational Therapy in Health Care Vol15 (1) p145-155*

Tompson MM & Ryan AG (1986) Influences on students during their early fieldwork placements. *Canadian Journal of Occupational Therapy 63(3)pp173-182*

Tompson M & Proctor L (1990) Factors affecting a Clinician's Decision to Provide Fieldwork Education to Students. *Canadian Journal of Occupational Therapy 52(4)p179-183*

Tompson MM & Ryan AG (1996a) The Influence of Fieldwork on the Professional Socialisation of Occupational Therapy Students. *British Journal of Occupational Therapy 59(2)p65-70*

Totten C & Pratt J (2001) Innovation in Fieldwork Education: Working with Members of the Homeless Population in Glasgow. *British Journal of Occupational Therapy 64(11) 559-563*

Trinder L & Reynolds S (2000) *Evidence-Based Practice: A Critical Approach*. Oxford, Blackwell Science.

Tryssenaar J (1999) The Lived Experience of Becoming an Occupational Therapist. *British Journal of Occupational Therapy 62(3)pp107-112*

Turner A, Foster M, Johnson S (2002) *Occupational Therapy in Physical Dysfunction*. Edinburgh, Churchill Livingstone

Vogel K A, Grice KO, Hill S, Moody J (2004) Supervisor and Student Expectations of Level 11 Fieldwork . *Best Practices in Occupational Therapy Education. p5-19.* http://www.haworthpress.com/web/OTHC

Walford G (1998*) Doing Research about Education* London, Falmer Press

Waters B (2001) Radical Action for Radical Plans. *British Journal of Occupational Therapy 64(11)p577-578*

Wellington J (2000*) Educational Research – contemporary issues and practical approaches.* London, Continuum.

Wenger E (1998) *Communities of Practice – learning, meaning and identity.* Cambridge, Cambridge University Press.

World Federation of Occupational Therapists (2004) *Defining Occupational Therapy.* http.www.wfot.com (accessed July 2004)

Whitcombe SW (2001) Using Learning Contracts in Fieldwork Education: the views of occupational therapy students and those responsible for their supervision. *British Journal of Occupational Therapy 64(11)pp552-558*

Whiteford G & Wright St Clair V (2002) Being Prepared for Diversity in Practice: Occupational Therapy Students' Perceptions of the Valuable Intercultural Learning Experiences. *British Journal of Occupational Therapy 65(3)pp129-137*

Wilby H (2001) *Perceptions of the Role-emerging Model of Fieldwork Education.* The Cheshire & Merseyside Workforce Development Confederation.

Yuen HK (1990) Fieldwork Students Under Stress. *American Journal of Occupational Therapy 44 (2)p80-81*