

# **Speech and Language Therapists: Learning to be Placement Educators**

Submitted by Karen Julia Stewart, to the University of Exeter as a thesis for the degree of Doctor of Education in Education, October 2012.

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## **Abstract**

Only two years after graduating themselves, speech and language therapists are asked to act as placement educators and supervise student speech and language therapists. The role of the placement educator is to supervise, teach, support and assess the student in the clinical environment and as such is a complex and demanding role. Some previous research has suggested that the training and support provided to developing placement educators does not adequately prepare them for the role. However, the development of speech and language therapists as placement educators is a relatively under-researched area in the UK.

This interpretive study explores how ten speech and language therapists feel they develop the necessary skills to be successful as placement educators, through the stories they tell about their experiences. This exploration of clinical education and professional development is set within a social constructivist perspective on learning.

The participants talked at length of their own early experiences as students and described these as the starting point for their own enactment of the placement educator role. They also emphasised the importance of continuing to learn and develop their skills as they gained experience in the placement educator role itself. The themes of talk, collaboration, reflective practice and experiential learning were central to the stories told by the participants and underpin how these speech and language therapists learnt to be placement educators. It is suggested that in describing how she felt she learnt to be a placement educator each participant created a unique and dynamic map of that learning.

This study contributes to the on-going discussion about the role of critical reflection in understanding and challenging established practice and reinforces the place of reflective practice as integral to both the clinical and placement educator aspects of the SLT's role. The findings highlight the importance of peer support and shared opportunities for critical reflection with colleagues in ensuring that placement educators do not feel isolated or disillusioned.

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And finally, but most importantly, thanks to my husband Nigel, who has walked beside me every step of the way.

This thesis is dedicated to my mum – she would have been so proud of me and I thank Becky for reminding me of that.

*'Come to the edge, he said.*

*They said, 'We are afraid'.*

*'Come to the edge', he said.*

*They came*

*He pushed them....*

*And they flew!*

*(Guillaume Apollinaire 1880-1918)*

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## List of abbreviations

HPC	Health Professions Council (name until 31.7.12)
HCPC	Health and Care Professions Council (new name as of 1.8.12)
HEI	Higher Education Institution
RCSLT	Royal College of Speech and Language Therapists
SIG	Special Interest Group
SLT	Speech and language therapist

## Chapter 1

# INTRODUCTION

---

Speech and language therapy is an allied health profession and is part of the group, which includes physiotherapy, occupational therapy, radiography, dietetics and paramedics, regulated by the Health and Care Professions Council in the United Kingdom. Speech and language therapists work in a range of health, education and social settings with people of all ages with speech, language and communication needs and swallowing difficulties. These impairments may be developmental or acquired through illness or trauma. Speech and language therapists have a high level of autonomy in their work yet also frequently work as part of a multi-disciplinary team.

Students typically undertake a three to four year undergraduate programme. They graduate with an honours degree and are eligible to apply to the Health and Care Professions Council to register as a speech and language therapist (SLT). Alternatively it is possible to complete a pre-registration course at Masters level in two years. The education of SLTs employs a concurrent system of professional education (Eraut 1994) in that periods of professional practice are built into the degree programme structure. These periods of professional practice are typically called 'clinical placements' and take place in a wide range of settings such as hospitals, community clinics, rehabilitation units, day centres and schools. Typically, after two years post-graduate practice, SLTs are asked to supervise SLT students on clinical placement; in England we usually refer to these supervisors as placement educators. The placement educators are responsible for teaching, supervising and assessing the students during the placement.

### **The development of the focus for the research**

Throughout the pre-thesis stage of my doctoral studies my particular interest was in exploring speech and language therapy students' experiences and understanding the issues that were relevant to them. My role as a senior

lecturer in speech and language therapy ensures that I read as much of the literature specific to that profession as possible and so I was familiar with the seminal work by McAllister and Lincoln which noted that at that time there was no research exploring 'the experience of being a speech-language pathology student' (2004 p8), therefore this seemed a potential area for me to address. Focus groups are often used to identify themes and topics for subsequent research (Cohen *et al* 2000) and so, in order to refine the focus of my research, a focus group of SLT students seemed to be a sensible starting point. At this stage I used opportunistic sampling and targeted local final year SLT students who had three years of pre-registration higher education experience on which to draw.

An email requesting volunteers from the SLT student cohort in my higher education establishment brought immediate responses from final year SLT students who were willing to talk about their experiences on the programme. Having explained that I hoped the focus group would enable me to identify specific and relevant issues that might form the basis of my doctoral research, I invited the group to tell me about their experiences as SLT students. These data were transcribed and a brief thematic analysis was conducted using first order descriptive coding as described by Coffey and Atkinson (1996).

The topics that emerged from the students in the initial focus group were distilled into three key themes: the significant demands of the SLT course; the support network that this particular cohort of students had created in order to cope; and their experiences of clinical education. They talked specifically about the roles of, and differences between, placement educators in how they approach the placement and the subsequent impact on students. The theme of clinical education dominated the focus group conversation and so presented itself as a potential research focus. The students had indicated that they would be happy to meet again if I wanted to follow up any topics they had raised. Therefore, following the initial thematic analysis of the data, we met again and I asked the students to expand on their experiences of clinical placement. One comment about the impact of the clinical placement experience made in the focus group appeared particularly telling – '*You hold on to it*', suggesting that the experiences had whilst on placement had a significant and lasting impact on the students as they developed into speech and language therapists. The

conversations with these students, together with my own particular interest in the field of clinical education, both past and present, led me to identify the experience of being a placement educator as the broad focus for this research.

Whilst I now lecture in higher education full-time, I retain my professional registration as a practising SLT. My current role as a professional tutor on a BSc Speech and Language Therapy programme underpins my interest in the area of clinical education as an area for research and I also have experience myself as a placement educator in clinical practice. As a professional tutor I am responsible for the sourcing, planning and monitoring of clinical placements for a large group of students. I am also involved in delivering post-graduate training to clinicians who are preparing to become placement educators.

A decade ago McAllister (2001) suggested that clinical education was a topic that appeared under-researched in the United Kingdom. She had drawn extensively on Australian and American literature in support of her doctoral research. The subsequent seminal text on the subject: 'Clinical Education in Speech-Language Pathology', written with an Australian colleague (McAllister and Lincoln 2004), and widely used by SLT tutors in the UK, is based on that thesis. I was interested in discovering more about this subject ten years later and on the other side of the globe, and also interested in contributing to the theoretical base in the UK. A literature search revealed an extremely limited research base into the topic of clinical education in speech and language therapy over the past ten years. Almost all of the peer-reviewed papers appear to emanate from Australian academics with the most recent paper from a British researcher being by Stansfield (2005).

Recent research in the area of clinical education has considered: the use of language in student-supervisor conferencing (Ferguson *et al* 2010); establishing an international baseline in current clinical practice (Sheepway *et al* 2011) and issues and innovations in clinical education (McAllister 2005a; Cruice 2005; Stansfield 2005 and others in a special issue of the journal 'Advances in Speech-Language Pathology'). The most recent textbook in the UK is Brumfitt's (2004) 'Innovations in Professional Education for Speech and Language Therapy'. The focus in all of these is typically directed towards student learning and professional development or to the teaching and assessment methods

employed, rather than on the placement educator's development and this therefore suggested an under-researched area to me.

McAllister (2001) had asked 'What is it like to be a clinical educator?' and from this had developed a model that described 'The lived experience of being a clinical educator' consisting of six dynamic dimensions (this model is discussed in chapter two of this thesis). For my research, I decided to focus on one specific aspect of the experience of being a placement educator described by McAllister and explore this in greater depth than she had been able to within the broader scope of her project. I am interested in exploring the professional development of SLTs as placement educators; specifically how do clinicians learn to be placement educators once they have qualified as SLTs and are ready to supervise students themselves. My research question therefore is:

'How do speech and language therapists learn to be placement educators?'

Continuing professional development is a dominant theme in the discourse of the allied health professions' literature. From my experience of both being, and working closely with placement educators, I am extremely interested in how the relevant skills and knowledge are developed in those whose primary focus is clinical yet who are quickly expected to become educators and assessors of developing practitioners. Thus in identifying the focus for my doctoral research I was able to use both past experience as a placement educator myself and my current professional role as reference points.

## **Significance**

Of over 140 presentations, workshops and posters at the 2011 4<sup>th</sup> international clinical skills conference in Prato: 'Showcasing Innovation and Evidenced Based Clinical Skills Education and Practice', none appear to have addressed the professional development of the placement educator. The focus of the presentations was primarily on the student or the teaching method employed rather than on the placement educator. Only one presentation seems to have considered the role of the placement educator in any way and this explored the qualities and characteristics of the placement educator as reported by students. The dearth of peer reviewed papers in SLT specific journals also supports my

assertion that there is a need for more exploration of the issues involved in clinical education in the UK.

Further, my current professional role as a tutor with specific responsibility for both the training of clinical educators and also student learning through placement experience means that this research has direct relevance to my own professional development. It has implications for the content of training delivered to prospective placement educators and to work with students both pre- and post placement.

## **Terminology**

The terminology used to refer to the various concepts relevant to this research varies within the body of literature consulted. Whilst in the UK the term speech and language therapy and therapist are the accepted and regulated titles, in Australia and the United States for example, the term is speech-language pathology/pathologist. SLTs commonly use the term 'client' to refer to those with whom they work, although in a hospital setting 'patient' is also used. Clinical placement is also referred to as 'practice-based learning' in some literature. Those who supervise allied health professions' students on placement may be referred to as: practice or placement educators; supervisors; mentors; or clinical tutors. The term 'clinical educator' has also been widely used until very recently in the area of England in which I am based. However, in my discussions, I will use the term 'placement educator' as I acknowledge that there has been a change in the use of terminology recently and the Royal College of Speech and Language Therapists (RCSLT) document on practice based learning uses the term placement educators: '*Placement educator refers to the individual speech and language therapist who is acting as the educator on the placement*' (RCSLT 2006 p5).

However, while as a profession the term placement educator is the most current, it takes some years for the change in terminology to filter down to practice level. The participants in my research used the term 'clinical educators' in the interviews and so this is the term used in my conversations with them and thus it appears in this work where direct quotes from participants are used.

On 1<sup>st</sup> August 2012 the Health Professions Council (HPC) changed its name to the Health and Care Professions Council (HCPC). Therefore throughout this thesis I use the new term of HCPC to refer to the organisation but literature published by that body is still referenced as the HPC as it was published prior to the name change.

I refer to the SLT as 'she' throughout to reflect the extreme gender imbalance in the profession; as of 1 December 2009, there were 360 male speech and language therapists registered with the Health and Care Professions Council, compared to 11,857 female speech and language therapists (RCSLT email response to request for information, 14.12.09). This equates to only 3% of registered SLTs being male.

Where direct quotes from the participants are included in the main text italics are used, followed by the participant's chosen pseudonym.

## **The SLT undergraduate curriculum**

Speech and language therapy can be studied at either undergraduate or post-graduate level in the UK. Three different bodies are responsible for regulating and guiding the provision of pre-registration training for SLTs in the UK. They monitor the quality of pre-registration programmes to ensure quality and equity between higher education providers. The Quality Assurance Agency (QAA) has established benchmarks for SLT education and monitors academic quality through quality assurance mechanisms. The Health and Care Professions Council (HCPC) and the Royal College of Speech and Language Therapists (RCSLT) also contribute to this regulatory and audit process in terms of both statutory and professional requirements (Stansfield 2005; RCSLT 2010). In 2004 the HCPC published its Standards for Education and Training (revised 2009) which describe the standards that must be met by an education provider in order for the graduates to be admitted to the HCPC register. Most recently the RCSLT published its new 'Guidelines for pre-registration speech and language therapy courses in the UK' document (RCSLT 2010).

The pre-registration programme covers a great breadth in its curriculum content and includes speech and language pathology and practice; biological and



medical sciences, behavioural sciences; phonetics and linguistics; and research methods (RCSLT 2010). As well as these theoretical aspects, students must also develop the appropriate clinical skills through a series of placements in the workplace. Students graduate as speech and language therapists only when they are able to demonstrate competence in both theory and practice.

At present (2012) health profession training is supported by funding from the Strategic Health Authorities, rather than by local authorities.

## **Clinical Education**

All allied health professions' pre-registration curricula include elements of clinical placement as vital preparation for developing professionals. This has been described as an:

Experience-based teaching and learning process...which occurs in the context of client care....Clinical education occurs in an environment supportive of the development of clinical reasoning skills, professional socialization, and life-long learning (McAllister 1997 p3).

While the amount of clinical placement provided varies between programmes, the RCSLT does specify a requirement for a minimum of 150 placement sessions across a programme (a session is typically 3.5 hours or half a day) (RCSLT 2010). This therefore equates to a substantial amount of practice-based learning which can be seen as a core learning experience for the student. The RCSLT has also published the 'National Standards for Practice-based Learning' document (RCSLT 2006) which articulates the standards expected for practice-based learning for all those involved: higher education institution, placement providers, placement educators and students.

Whilst the higher education tutors work collaboratively with placement educators in planning, preparing and monitoring the placement, it is the placement educator who is responsible for providing the appropriate learning experiences and for assessing the student's progress. Thus placement educators have a vital role in undergraduate health profession education and are faced with a demanding and complex task as defined by Higgs and

McAllister (2007 p51):

Clinical educators are expected to prepare students to be competent beginning practitioners, ready to enter the workforce and meet the demands of evidence-based practice.

Some allied health professions have introduced accredited clinical educators' schemes, for example: the Accreditation of Clinical Educators Scheme (ACE) (physiotherapy) and the Accreditation of Practice Placement Educators' Scheme (APPLE) (occupational therapy). Both the ACE and APPLE schemes, while not mandatory, provide professional recognition for the role of the placement educator and aim to raise the quality of clinical education in those professions (Chartered Society of Physiotherapy 2004; British Association of Occupational Therapists 2008). However, as yet there is no similar scheme in place for speech and language therapy placement educators and training for the latter remains unaccredited, despite recognition that this would improve the status of placement educators (McAllister and Lincoln 2004).

### **Student learning on the clinical placement**

The student's learning during the clinical placement has been described as a 'complex, multi-faceted process' that has a powerful influence on their socialisation, acculturation and motivation to learn (Best and Edwards 2001pp165-166). However this aspect will not be discussed in depth here as the focus is on the placement educators, although I recognise the interconnectedness of the two. Student learning is explored in tandem with placement educator development by McAllister and Lincoln (2004).

### **Theoretical underpinnings**

This research is firmly situated within a social constructivist perspective. Social constructivism as a theory of learning refers to the idea that learners construct meaning for themselves through their interactions in a socio-cultural context (Adams 2006), challenging the modernist, behaviourist view of learning through the one way transmission of knowledge (Jarvis *et al* 2003). In the social constructivist perspective knowledge is not seen as independent of the learner,

as something waiting to be discovered, but as individual to the learner who constructs their own model of understanding. Learning is understood as a social and contextual activity and as such cannot be divorced from everyday life (Bandura 1977; Jarvis *et al* 2003; Moon 2004). Here, social constructivism as a concept is used to underpin exploration of the participants' learning to be placement educators. Social constructivist theories of learning, specifically experiential theories of learning are explored in depth in chapter two.

Traditionally, health professionals have drawn predominantly on research from an epistemologically positivist stance to provide the required evidence base for effective clinical practice. The biomedical experimental model's use of random controlled trials has long been considered the 'gold standard' (Dean 2004). However, it was clear to me, that in order to explore the clinical educators' experiences in depth an interpretive approach would be required, and a narrative approach would tap in to the natural storying approach often used in therapy.

This study is a small-scale in-depth exploration of the experiences of a group of ten SLTs who have varying amounts of experience as placement educators. Methodologically this qualitative study draws on narrative inquiry to inform the data collection phase (Clandinin and Connelly 2000) and uses thematic analysis (Coffey and Atkinson 1996) to underpin my interpretation of the participants' stories. The data are represented in an in-depth discussion of the themes that I identified as key to my understanding of these ten SLTs learning to be placement educators. The discussion of my findings therefore reflects my interpretation of the participants' development as placement educators.

### **Structure of the thesis**

Chapter two of this thesis presents a review of the literature that underpins this research and as such explores the concepts of clinical education and the role of the placement educator both of which are underpinned by an understanding of professional development and McAllister's (2001) model of being a placement educator. Social learning theories are discussed with a specific focus on experiential learning and reflective practice as the context for understanding how speech and language therapists learn to be placement educators.

In chapter three the methodology for this research is presented through an exploration of research paradigms, epistemology and the specific methods used in the data collection, analysis and representation stages. Important issues concerning ethical considerations and trustworthiness are considered. Reflections on the methodology and my role as a researcher are also discussed in this chapter, with a particular focus on the advantages and challenges of 'studying sideways' (Plesner 2011).

The research participants are introduced to the reader in chapter four through the use of brief pen portraits which give a flavour of the tenor of each interview. My interpretation of the participants' stories is presented and discussed in chapter five through an exploration of the themes which dominated those stories. The final chapter presents a summary of key issues relating to learning to be a placement educator with reference to the theoretical frameworks discussed in the literature and makes suggestions for future practice.

## Chapter 2

### REVIEW OF THE LITERATURE

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The research literature concerning clinical education focuses primarily on the health profession student's development and learning. While the placement educator's role is recognised in that literature as key in supporting student learning, there appears to be little research focusing on the placement educator's view of her own learning. This thesis seeks therefore to explore that gap and asks:

*"How do speech and language therapists learn to be placement educators?"*

In this literature review the development of the SLT as placement educator is explored within the specific context of clinical education and more broadly as part of the clinician's continuing professional development. Both clinical education and professional development are understood here from the theoretical perspective of social constructivism where experiential learning, reflective practice and role modelling are seen as central to the clinician's learning.

#### **Clinical Education**

Clinical placements are fundamental to all allied health professions' education programmes (Heale *et al* 2009; Higgs and McAllister 2005; Sheepway *et al* 2011). McAllister *et al* (1997p6) state that:

Clinical education is about the real world of professional practice where learning is holistic and involves the transfer, reorganisation, application, synthesis and evaluation of previously acquired knowledge.

The practice-based learning on placement provides the opportunity for the student to develop the necessary skills in a client-focused context with the support of the placement educator. This is the student's opportunity to integrate the high ground of university based theory learning with the swamps of clinical

practice (Schön 1983) and to develop their professional identity (Webb *et al* 2009). Practice-based learning in speech and language therapy aims to develop the necessary skills and abilities required for professional practice. It is an essential component of all pre-registration training as it is the context for students to integrate all the knowledge they have acquired (Mulholland *et al* 2005; Sheepway *et al* 2011).

The benchmark skills required of future speech and language therapists are detailed by the QAA and in the HCPC Standards of Proficiency as well as the RCSLT competencies framework (QAA 2001; HPC 2007; RCSLT 2007). Three aspects are clearly described in the QAA benchmark statement: integration of practice with theoretical knowledge; procedural knowledge of profession specific resources; and interpersonal skills. These areas of skill and ability are exemplified as follows:

1. Ability to understand, critically evaluate and apply relevant theoretical knowledge to clinical practice
2. Technical skills such as the manipulation of assessment and therapy tools, materials and the environment
3. Interpersonal and communication abilities, used to set up and maintain a therapeutic atmosphere, where patients/clients are facilitated in an optimum communication environment.

(RCSLT 2006 p24)

All UK speech and language therapy programmes must ensure that their students attain the necessary professional standards. However, unlike in Australia where one competency based assessment tool, COMPASS®, is used (Ferguson *et al* 2010), in the UK each HEI develops its own assessment protocol.

### ***Clinical Education in context***

Sheepway *et al* (2011) recently sought to describe current clinical education practice for speech and language therapy across seven English-speaking countries including the UK. Whilst the traditional model of one to one clinician-

student supervision still prevails, it appears that other, non-traditional options (such as group placements, project placements and international placements) are increasing in use. However there is a lack of research evidence for the effectiveness of either the traditional or non-traditional models (Sheepway *et al* 2011). In the area of England in which the research reported in this thesis took place, the traditional model is still used most widely. The majority of students experience a one to one supervisory model with an experienced SLT, with some students experiencing a 'peer' placement where two students are assigned to one placement educator (Grundy 2004). However, in response to working practice changes such as an increase in part-time working amongst SLTs, students are often supervised by more than one therapist across the span of a placement. This is particularly the case for block placements (where a student is out on placement full-time for several weeks at a time).

The challenges involved in providing high quality clinical placements for students were described by McAllister (2005a p139) in her discussion paper and continue to resonate today; she noted the following issues:

- Changes in the workplaces of speech and language therapists
- Changes in the education of speech and language therapists
- Standards required by accrediting bodies
- Continued use of outdated approaches to clinical education
- Preparation and support for placement educators

SLTs are under a great deal of pressure to see more clients, to deal with more complex needs and to respond to an ever increasing number of workplace policies (Lincoln 2012). Additionally, student cohorts have not only grown in size but are more diverse and so educators must also consider the extra pressures on mature students who may be carers, or on those who have a disability (Clayton 2000; La Valle *et al* 2002). All educators, whether academic or clinical, must also respond to the requirements of accrediting bodies and ensure that learning opportunities enable the student to meet the professional requirements (Mulholland *et al* 2005). McAllister (2005a p145) also described the use of 'outdated approaches' in the design of clinical education, citing the

traditional model where the student spends all day with her placement educator and is under direct SLT supervision at all times. The content, timing and availability of training for placement educators is the final issue in McAllister's list and is key to my research question 'how do speech and language therapists learn to be placement educators?'

It must also be noted that a new challenge has emerged in the past 24 months. Whilst McAllister (2005a) highlighted issues with recruitment and retention in the profession as an international concern, there is now a severe problem in the UK with a lack of employment posts available for new graduates. Students are currently struggling to find employment as SLTs on graduation because of financial cuts to speech and language therapy services in this country (Mir 2011). With many empty SLT posts frozen and departments shrinking, the knock-on effect is that there are fewer clinicians available to offer the placements required by Higher Education Institutes (HEIs). Many clinicians also feel that having students will have a negative impact on productivity when the pressure of working in a context where the number of clients seen is a powerful driver, yet research suggests the opposite. Studies have considered both direct financial cost and the impact on client throughput and found no significant impact on either (Lloyd Jones and Akehurst 2000; Ladyshevsky *et al* 1998 cited in McAllister 2005a).

### ***Models of clinical education***

McLeod *et al* (1997) describe how numerous models of clinical education have been developed and employed over time and propose that an understanding of these models enables placement educators to articulate the approach they are taking with their students and enhance the clinical education experience (see McLeod *et al* 1997 for a full discussion of models). It has also been proposed that knowledge of these models may even impact on client care by reducing stress for both clinician and student, and, in the long run, raising the standard of clinical practice (Joffe 2005).

There has been a paradigm shift in the health professions away from a traditional model where the student was seen as a passive receiver of the clinician's wisdom, to an understanding of the importance of a collaborative



approach where knowledge is co-constructed in context (Baxter 2004). This approach to learning and teaching also contributes to the development of future clinicians who can respond to a health care context that recognises collaboration between team members as vital to effective client care (McLeod *et al* 1997). The differences between traditional and collaborative approaches to clinical education are reproduced in Table 1 and can be understood to reflect the move from a behaviourist to a constructivist perspective of learning.

**Table 1: Differences between traditional and collaborative approaches to clinical education** (McLeod *et al* 1997 p42)

<b>Traditional/Product oriented</b>	<b>Collaborative/Process oriented</b>
Competitive	Co-operative
Clinical educator is held as an expert by student	Clinical educator is co-learner in group
Clinical educator controls timing and response	Group membership shares timing and responses
Clinical educator is in control of content and transfers knowledge to student	Group decides content and sequence, knowledge is jointly constructed and modified by the group process
Clinical educator establishes structure of learning experience	Group shares responsibility for the structure
Clinical educator is an autonomous individual	Group is interdependent, roles are shared
Students are passive learners	Students are active learners
Students work on their own with little interaction, impersonal transaction between students	Prolonged interaction, sharing and helping, oral rehearsal of material being studied, peer tutoring/learning and general support
Predictable learning objectives	Objectives are formed by the group
Traditional assignments	Multi-dimensional activities

Collaborative learning models draw on the work of Vygotsky (1978) who saw learning as occurring through social interaction. Social constructivism as a philosophy of learning has also been seen to be valuable in clinical education as it incorporates the key tenets of experiential learning, reflection and problem-based learning. However it must be acknowledged that placement educators might also draw on educational theories learned as part of their pre-registration training when behaviourist, cognitive and humanistic perspectives would have been studied (Best *et al* 2005). Theories of learning that might underpin both the students' and clinicians' learning on placement are explored further later in this chapter.

Placement educators also benefit from an understanding of how a placement might be designed, implemented and evaluated and for this Romanini and Higgs (1991) have proposed the 'Teacher as manager' model (Table 2). This model draws on collaborative models of clinical education as well as various aspects of developmental, integration, interactive and descriptive models (McLeod *et al* 1997). The model provides a framework for conceptualising the organisation of the placement and the various stages through which the student and placement educator pass (McAllister and Lincoln 2004): the preparation stage; the implementation stage; and the evaluation stage. Romanini and Higgs (1991) explain that the emphasis in this model is on interactive learning that requires co-operative decision making between educator and students, as well as self-directed learning on the student's part. McAllister and Lincoln (2004 p26) use this model as the basis for their consideration of the placement learning experience as it 'provides a structured way of thinking about the clinical placement process in its entirety.' A further strength of this model is the inclusion of a feedback loop during the implementation stage and also, if necessary, in the preparation sub-stage of identifying the focus for learning and the student's readiness to learn (McLeod *et al*; 1997 p46).

While the responsibility for the detailed organisational planning of placement elements such as types of client, learning environments and timetabling lies with the placement educator, often in collaboration with the HEI, the student must also ensure they are logistically and both mentally and cognitively prepared through reading, reflection and revision (RCSLT 2006).

**Table 2: The stages in the teacher as manager model of clinical education**  
(Romanini and Higgs 1991)

The preparation stage	<ul style="list-style-type: none"> <li>- Clinical educator's pre-placement planning and preparation</li> <li>- The initial encounter of placement educator and student</li> <li>- Preliminary exploration of learning goals and strategies</li> <li>- Focus on area for learning</li> <li>- Assessment of learner readiness</li> <li>- Preparatory activities for students</li> </ul>
The implementation stage	<ul style="list-style-type: none"> <li>- Clarification and planning of learning goals and strategies</li> <li>- The learning experience</li> <li>- On-going review of progress with students</li> </ul>
The evaluation stage	<ul style="list-style-type: none"> <li>- Evaluation of programme input, process and outcomes</li> <li>- Application – the student's application of what they have learned</li> <li>- The end – summative assessment of the student's performance</li> <li>- Entering a new cycle</li> </ul>

Clinical education can be understood through an exploration of professional development which is a common discourse in many professions.

### **Professional development**

Professional development has been defined as:

The enhancement of the knowledge, skills and understanding of individuals or groups in learning contexts that may be identified by themselves or their institutions (Nicholls 2000 p371)

In most professions today, particularly nursing, teaching and the allied health professions, the discourse of professional development, and more specifically 'continuing professional development' (CPD), is a dominant one. Professional guidelines, a great deal of literature, and even entire journals, are devoted to the topic and its impact on the working life of the professional. The requirement to demonstrate continuing professional development is not only demanded by the relevant professional bodies but is also stipulated in many employment contracts.

A large part of the professional development literature focuses on the teaching and nursing professions (for example Craft 2000; Bailey *et al* 2001; Forde *et al* 2006) and while there has been some work relating to some of the professions allied to health (for example French and Dowds 2008), very little has been published relating specifically to speech and language therapists' professional development. Therefore the literature considered in relation to professional development has a broader focus than SLT alone.

### ***Being a professional – what might this mean?***

Over seventeen years ago Eraut (1994) noted the difficulties inherent in defining the boundaries of what constitutes a profession and it seems that some of the same issues continue to be problematic: there is a lack of consensus relating to the interpretation of, and characteristics relating to, the concept and it has been described as meaning many different things to different people (Colley *et al* 2007; Evans 2008; Kolsaker 2008). In seeking definition of the concept it is apparent that there is, however, some agreement that it: may be externally imposed; requires that a group has a shared knowledge base with identifiable boundaries; and that members possess tacit expertise and competence. The specialist knowledge base is suggested to be the most important aspect in the ideology of professionalism; it gives a profession social recognition and forms the basis of the professional skills and expertise offered to the client (Eraut 1994).

The concept of being a professional has been described as 'an attitudinal and behavioural orientation that individuals possess towards their occupations' (Boyt *et al* 2001 cited in Evans 2008 p23). However it is not an absolute but is

socially constructed with practitioners themselves inherently bound to shaping that construct; it therefore changes and develops over time (Watts 2000). A more prosaic description of professionalism is that it should be considered: 'not as a state of arrival, but as an eternal wandering, beset by trials of the spirit and political sandstorms that threaten erasure of known features, and possibly extinction' (Colley *et al* 2007 p177). It is this journey that SLTs, and other professionals, must negotiate.

Service to the client is a key aspect of professionalism usually identified in any consideration of the concept (Bottery 1997; Evans 2008; McLean and Blackwell 1997; Watts 2000). Traditionally however there has been an inequality of power in the client-professional relationship with the professional holding the dominant position; the professional was seen as the expert who held the specialist knowledge about which the client knew little. This has been changing in allied health professions, with a focus on client-centred and client-driven practice becoming the norm in recent years (Morris *et al* 2010).

Over the past few decades professionalism in education has also been much debated (see Beck 2008; Hargreaves 2000; Poulson 1998). Fifty years ago teachers were more directly involved in determining education policy and were described as the bedrock of the new welfare society (Gillard 2005). It has been suggested that the increase in distrust of professionals and of professional autonomy by society in the 1980s and 1990s led to far greater emphasis on monitoring, quality and accountability for professional service (Eraut 1994; Evans 2008). More recently Furlong (2008) and Beck (2008 p3) have decried the 'appropriation of professionalism' by policy makers. Since the 1980s, in the UK, education professionals of all types have been subject to increased external control, mainly from the government. Thus teachers, like many other professionals, are working in a rapidly changing context, responding to policy changes that have been described as de-professionalising (Evans 2008; Gillard 2005; Rowland 2002). This de-professionalisation of teachers is seen as deriving from their disempowerment to the point of being only implementers of policies and strategies devised by others. Bottery (1997) suggests that this reduction in teachers' self-determination seriously erodes the key tenets of expertise, autonomy and altruism and this is also neatly encapsulated by Evans in her discussion of professionalism and the development of education

professionals. She sums up the radical change to new professionalism: 'autonomy has evidently given way to accountability' (Evans 2008 p21). However, the allied health professions have not undergone such a painful process (as yet) with speech and language therapists retaining their professional autonomy to date, although accountability looks set to be the discourse of the new 'payment by results' NHS as recently described by David Flory, NHS Deputy Chief Executive (Department of Health 2010).

### ***Professional Development – the developing clinician***

In stating that 'professionals continually learn on the job' Eraut (1994 p10) seems to encapsulate the various aspects of professional development. The first aspect is the link between practice and developing knowledge and skills: professional knowledge and skills develop as theory is integrated into practice through experiential learning. Secondly, while technical-rational knowledge may be acquired through study, and applied to the problems encountered on the job, it is only in the context of 'the job' that many aspects of the messiness of practice will be encountered and the necessary skills acquired (Schön 1983). Finally, there is the need for this learning to be on-going; the process is without an end point as professionals need to ensure they continue to learn across their working life (Ferguson 2008); this is a point to which I will return.

Professional development is a continuum of learning with professional identity development, thought to start when the student first enrolls on a pre-registration professional programme (Reid *et al* 2008) and thus begins to become acculturated into their chosen profession (Dall'Alba 2009), as they are exposed to a specific set of knowledge, skills and traditions (Nyström 2009). This continuum ultimately leads to the experienced 'expert practitioner' status where the clinician still recognises the need for, and has an enjoyment in, lifelong learning (McAllister and Lincoln 2004). Speech and language therapy programmes need to equip their graduates with the knowledge and skills for competent professional practice in a wide range of contexts. It is considered vital that these graduates have an understanding of the need for lifelong learning in order to cope in the rapidly changing world of health and social care (Frost 2010).

Students choose to enrol on a specific health profession programme for a range of reasons such as: previous contact with that profession; a desire to satisfy personal goals such as a wish to support others; wanting to work with children or because of perceived career opportunities (Smart 2006). Direct contact with an SLT has also been found to be a positive influencing factor for students choosing this as a profession (Smart 2006). On application, then, students have a concept of speech and language therapy as a profession and indeed prospective SLT students are interviewed and are expected to demonstrate some understanding of the profession in order to secure a university offer on the programme. However on entry to the BSc programme, the students could be described as having a naive concept of what being a SLT entails which will develop across the subsequent period of studying. The very commitment to train as a SLT begins the process of 'learning professional ways of being' (Dall'Alba 2009 p34) and prior experiences may underpin the beginning of 'becoming.' On the BSc SLT programme on which I lecture, the majority of the lecturers are also SLTs. This, together with the clinical practice elements of the programme, means that the students are quickly exposed to various enactments of what it means to be a SLT – the language, dress, behaviour and attitudes demonstrated by some of those in the speech and language therapy profession. This, together with some use of problem-based learning as a pedagogical approach that mirrors clinical decision making in the work context, contributes to the formation of professional identity (Reid *et al* 2008). However professional identity is not something that remains static once developed, but is dynamic and changing. It has been described as 'something we do' rather than 'something we have' (Watson 2006 p509) and is continually negotiated through our interactions with others in a range of contexts (Nyström 2009).

It is worth noting here that some sources suggest that the 97% dominance of females in SLT, mirrored by the white, monolingual culture, may not present the most useful role model to students who are male or from minority ethnic groups. However, the consideration of this contested issue is beyond the scope of this thesis.

For many years the model of professional development that dominated undergraduate professional programmes was that of the acquisition of technical-rational expertise where the curriculum was based on what the

practitioner needed to know in order to practise safely (Eraut 1994). Dall'Alba (2009) discusses the role of higher education institutions in preparing students for their role as a professional and argues that the ontological aspect (theory of being), is usually overlooked as an epistemological focus on the acquisition of knowledge is favoured. Drawing on Heidegger's theories of transformation of self, Dall'Alba concludes that professional programmes fail the students if they do not focus on ways of being, as well as knowledge and skills. However the regular clinical practice placements throughout the under-graduate programme are an important forum for the student's professional development and learning ways of being; it is where the student is immersed in the professional environment and socialised into a community of practice (Lave and Wenger 1991) through observation of others and perhaps by modelling herself on those she observes.

Lester (1999) uses the analogy of map-reading to describe what students learn on the typical professional programme with its focus on curriculum and knowledge acquisition. He proposes that practitioners need to move beyond map-reading to become 'map-makers' who are able to employ creative, and evidence based, approaches to their clinical practice. To do this, programmes should focus on enquiry, critique, reflection and reconstruction (Lester 1999 p47), as well as prescribed curriculum content. Both map-reading and map-making would seem to be necessary in the development of competent practitioners who are lifelong learners.

### ***Clinical education as professional development***

In their consideration of clinical education as professional development for both students and placement educators, McAllister and Lincoln (2004) use the Dreyfus model (Dreyfus and Dreyfus 1986) as the basis for their own model, describing the development of both student and educator through clinical education. The Dreyfus model of skill acquisition is commonly referred to in discussions of professional development and describes a continuum of skills and competency development. It describes five levels of skill acquisition with an emphasis on experiential learning rather than propositional knowledge (Table 3). The Dreyfus model has however received some criticism for appearing to



suggest that at the expert level the practitioner can rely on tacit knowledge without acknowledging the role of more deliberative and rational decision making (Eraut 1994).

**Table 3: Summary of Dreyfus Model of Skills Acquisition**  
(Dreyfus and Dreyfus, 1986)

<b>Level 1</b>	<p><b>Novice</b> Rigid adherence to taught rules or plans</p> <p>Little situational perception</p> <p>No discretionary judgement</p>
<b>Level 2</b>	<p><b>Advanced Beginner</b> Guidelines for action based on attributes or aspects characteristics of situations recognisable only after some prior experience)</p> <p>Situational perception still limited</p> <p>All attributes and aspects are treated separately and given equal importance</p>
<b>Level 3</b>	<p><b>Competent</b> Coping with crowdedness</p> <p>Now sees actions at least partially in terms of longer-term goals</p> <p>Conscious deliberate planning</p> <p>Standardised and routinised procedures</p>
<b>Level 4</b>	<p><b>Proficient</b> See situations holistically rather than in terms of aspects</p> <p>See what is most important in a situation</p> <p>Perceives deviations from the normal pattern</p> <p>Decision-making less laboured</p> <p>Uses maxims for guidance, whose meaning varies according to the situation</p>
<b>Level 5</b>	<p><b>Expert</b> No longer relies on rules, guidelines or maxims</p> <p>Intuitive grasp of situations based on deep tacit understanding</p> <p>Analytic approaches used only in novel situations, when problems occur or when justifying conclusions</p> <p>Vision of what is possible</p>

Eraut (1994) also suggests that the period immediately following graduation is as important as pre-registration training, to the practitioner who is developing a professional identity and proficiency in the professional role. Initially the student is a 'novice' but she moves along a continuum of professional skills and competencies to eventually, at graduation, reach 'competent practitioner'. Further professional development across her working life may mean she reaches the 'expert status' as described by McAllister and Lincoln (2004).

Clinical education competency assessment models now frequently use this language of 'novice', 'advanced beginner' and 'competent practitioner' as stage markers and this model has been further adapted in the design of a competency-based assessment of SLT students' performance on clinical placements. This assessment tool, called COMPASS © (McAllister *et al* 2006), is currently used by all SLT programmes in Australia, New Zealand and Singapore but not in the United Kingdom.

Newly qualified SLT practitioners, like newly qualified teachers, are expected to spend approximately a year under close supervision in a clinical setting before they are accepted as fully independent practitioners. The Royal College of Speech and Language Therapists (the SLT professional body) describes the expectations and standards required in a competency-based transitional framework for newly qualified practitioners (RCSLT 2007). This acknowledges the on-going nature of professional development and the heavy demands of the early stages of post-registration practice.

Placement learning can be understood to contribute to the professional development of both the SLT, who is the placement educator, and the student (McAllister and Lincoln 2004). In relation to this research context it is of particular relevance as part of the continuing professional development (CPD) of the clinician.

### **Continuing professional development**

It has been apparent since the 1970s that on graduation the professional is not fully equipped for working life, that the knowledge and skills achieved by that point do not ensure lifelong competence (Ashton 1992) and, like other health

professionals, SLTs work in a constantly changing environment (Lincoln 2012). Dubin (1972 cited in French and Dowds 2008) proposed the half-life concept to describe how knowledge and technological skills can become out of date very quickly following professional qualification. The concept, taken from physical chemistry, describes how quickly an individual becomes only half as competent to practise as they were on graduation. A half-life of five years was suggested for medicine and engineering, and a period of 10 - 12 years was applied to psychologists. Speech and language therapy draws on a wide range of academic subjects (for example biosciences, psychology, linguistics) and could be described as falling somewhere between medicine and psychology in the type of knowledge required, so a 6-8 year half-life might be a feasible suggestion. Further, as Frost (2010) discusses, contemporary professionals have to cope with a faster pace of change than ever before; information technology means that they have access to more information and faster communication with others than ever before. These professionals are aware of new developments and knowledge in their particular field and this adds to the pressure they might feel as they endeavour to stay up to date. CPD then has an important role in ensuring professional knowledge and skills are maintained (Peel 2005).

Like other allied health professionals, SLTs must actively review their own practice and ensure that they engage with the most current theories in the field to keep their knowledge current (French and Dowds 2008; Higgs 2009). One of the goals of higher education therefore, must be to produce graduates who are lifelong learners and understand the importance of engaging with continuing professional development (CPD) activities (Kell and Owen 2009; Stansfield 2004).

The national regulatory body, the Health and Care Professions Council (HCPC) defines CPD as:

A range of learning activities through which health professionals maintain and develop their skills and knowledge throughout their career to ensure they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.

(HPC 2011)

There is a wide range of activities for the SLT that can be included under the umbrella term of professional learning and these include the following:

- Attendance at training days, seminars or conferences
- Membership of special interest groups (SIGs)
- Reading professional papers and journals
- Peer review of client management
- Supervising students
- Journal clubs
- Personal reflection (for example writing a reflective journal)
- Formal study (for example post-graduate awards)
- Research
- Receiving/giving mentoring
- Involvement in special projects (for example developing a new therapy resource)

(HPC 2011)

This list, while not exhaustive, does illustrate the recognition that there is a broad spectrum of activities that contribute towards professional development and it is not only formal learning situations, delivered by others, that have value. Eraut (1994) describes the term CPD as encompassing both work-based and off-the-job learning and this is also reflected in the list above. Different people find different types of experience formative so professional bodies tend not to be prescriptive in promoting certain learning experiences over others.

SLTs have been asked to keep a formal record of their CPD activities since 1991 as a pre-requisite for continuing professional registration. This coincides broadly with the time at which CPD moved from being seen as voluntary engagement with further learning, usually to support career ambitions, to recognition that it is vital for maintenance of quality services (Craft 2000). It is worth noting that today, twenty years later, the expectation for health professionals to demonstrate a commitment to CPD is as strong as ever but the economic climate, and performance driven ethos of the Health Service, can severely limit opportunities for this (Morgan *et al* 2008). Indeed speech and

language therapy colleagues regularly report that they have had no option but to pay themselves to attend formal training, so becoming the employer's ideal worker; someone who 'willingly pays for their own continuous learning' (Coffield 2002 p185 cited in Crowther 2004). Added to this, time pressures also severely restrict opportunities for attendance at learning events and any opportunities offered are usually linked to what is seen as vital for one's job. So a recently qualified therapist might attend a short course to learn a specific therapeutic approach such as Lidcombe therapy for working with children who stammer (Onslow 2011) or a dysphagia course for the management of people with eating and swallowing problems. Fortunately it is frequently the case that while a particular training course might be specifically focused on therapy for clients, there are often generic transferable skills to be learnt or approaches that can be applied more widely; from, for example, cognitive behavioural therapy or Solution Focused Brief Therapy (Macdonald 2007). Short preparatory training courses for placement educators have also been integral to the clinical education process for many years but recent funding changes have limited the number and type offered locally, with 'advanced training days' being withdrawn.

The commitment to CPD for allied health professionals is mandatory and tightly regulated by the HCPC who operate a cycle of random audit to check compliance with their standards. Failure to comply can ultimately result in the loss of registration to practise in the UK. Given the rare opportunities then for attending external or formal CPD events, most clinicians must rely on 'in-house' peer events or self-directed learning opportunities to develop their skills and contribute towards the mandatory number of CPD hours they require for continued professional registration (Morgan *et al* 2008).

Clinical education can be firmly positioned as contributing significantly to the process of professional development (McAllister and Lincoln 2004). In considering the goals of clinical education, they suggest that there are, in fact, four goals for professional development which apply to both the student and the placement educator in the practice context:

1. Continuous development of clinical knowledge and skills
2. Development of knowledge and skills in education
3. Development of personal and interpersonal knowledge and skills
4. Development of cognitive skills

(McAllister and Lincoln 2004 p2)

Further, in consideration of the process of clinical education, which is the focus of this research, it is also important to note that part of the placement educator's role is to model engagement with CPD and lifelong learning to the students placed with them:

All professionals should accept that they have a professional obligation to facilitate the learning of others...They should be aware that their own practice and behaviour may, possibly unknown to them, be proving particularly formative to others. Others... may be observing them closely, even seeing them as a role model.

(Chivers 2010 p129)

Given the limited opportunities currently available for formal learning activities to contribute to a SLT's CPD, the use of critical reflection for self-evaluation and development becomes critical in the continuum from newly qualified to expert practitioner (Anderson 2001). The importance of critical reflection in professional development and adult learning is widely stressed in the literature (Alsop 2000; Ghaye 2011) and is also a dominant discourse in many health professions (Kinsella 2007). Professional courses often include taught elements linked to reflective practice (Boud 2010; Dalley 2009; Thompson and Thompson 2008). On the BSc SLT programme on which I lecture, it is explicitly linked to the clinical placement element requiring students to keep a reflective diary during the course of the whole programme, in common with many other professional programmes (Bradbury *et al* 2010; Hill *et al* 2012). It is hoped that this will then be seen as a precursor to the post-graduate requirement to complete an online CPD diary that requires reflection on learning activities.

## **Reflective Practice**

*Without critical reflection, expert practitioners run the risk of fossilization of the very patterns that defined their expertise (Ferguson 2008 pvii)*

Consideration of professional development leads to, and is inextricably linked with, reflective practice which has been described as both encouraging engagement with continuing education (Page and Meerabeau 2000) and integral to professionalism (Peel 2005). With roots in the works of Aristotle, and more recently Dewey in 1933 (see Thompson and Thompson 2008), it was

Schön (1983) who extended and popularised the image of the 'reflective practitioner' that today is firmly embedded in a wide range of professional disciplines. The wealth of literature on reflective practice acknowledges Schön's seminal work as most influential and important in this area (for example: Brookfield 1995; Erlandson and Beach 2008; Thompson and Thompson 2008; Wilson 2008). Schön developed his work as an alternative to technical rationality which he saw as 'the positivist epistemology of practice' (1983 p31) and as inadequate in explaining the complexities involved in professional practice. The rise in popularity of reflective practice could be seen as a reaction to the previous dominant positivist orientation (Berman Brown and McCartney 1999).

Central concepts in Schön's *The Reflective Practitioner* (1983) are those of reflection-in-action and reflection-on-action, the former describing how practitioners reflect on professional action contemporaneously. It differs from reflection-on-action which signifies reflection on practices before or after the event. Schön claimed that the work of teachers, amongst others, requires thinking that is based on experience rather than technical rationality, in solving problems that arise from the unique situations encountered (Erlandson and Beach 2008). At the heart of reflective practice is the process of becoming aware of the knowledge that informs our practice. To be a reflective practitioner one must examine experiences in context in order to make sense of them. Thompson and Thompson (2008 p31) add that:

Reflection although a cornerstone of practice is not the only skill needed...reflective practice entails the synthesis of self-awareness, reflection and critical thinking.

While the terms reflection and critical reflection are often used interchangeably, Fook (2010) feels it is important to acknowledge that there is a distinction between them. Critical reflection can be described as thinking about the 'how' rather than the 'what' of actions (Leitch and Day 2000) and involves unearthing and challenging assumptions (Fook 2010; Larrivee 2000). Brookfield (1995) also makes the distinction between reflection and critical reflection, explaining that it is not the depth of reflection that signals criticality; reflection becomes critical when it serves two purposes: firstly to understand how power relationships act on educational processes and secondly to question

assumptions and practices that may appear to work in practitioners' favour but actually have a detrimental effect in the long term. Hence it is through becoming aware of our ways of thinking, becoming critical of them and seeking to change those perspectives that transformative learning occurs (Gravett 2004).

Therefore it would seem apt that critical reflection has been described as a 'process of both change and challenge to professional practice' (Delany and Molloy 2009 p4).

While Schön described the two concepts of reflection-in-action and reflection-on-action, Wilson considers the further chronological dimension of 'reflection-on-the-future' (2008 p177), arguing that contemplating what might happen in the future should be given more prominence. I would suggest that the key point in critical reflection is that it is pointless if it does not engender change for the future and so reflection-on-action is inextricably linked to reflecting on the future. Wilson (2008 p177) has labelled this the 'reflective elephant in the room syndrome'. Reflection for the future must be made more explicit in order that reflective practitioners can understand the drivers behind the need for reflection in- and on- practice.

Boud (2010) argues for the extension of reflective practice to acknowledge the complexity and social context of practice. For this the following characteristics need to be incorporated: contextualisation (being mindful of the needs of particular settings); transdisciplinarity (responding to the needs of a range of healthcare professionals); embodiment (the need for emotional engagement) and co-production (ensuring ownership by all participants). Being mindful of these characteristics extends the concept of reflective practice for use with groups and responds to a changing healthcare context (Boud 2010).

Reflective practice is now a core concept in most healthcare professions with most again citing Schön's (1983) work as seminal in facilitating learning from practice (Mulholland *et al* 2005). The use of critical reflection has been shown to have positive effects on clinical practice and these include: encouraging continuing education (Moon 2004; Page and Meerabeau 2000); integrating theory and practice (Mulholland *et al* 2005; Paget 2001); increasing confidence in decision-making (Page and Meerabeau 2000) and aiding goal setting (Ghaye and Lillyman 2000). And of course, reflection may also raise awareness of the



actual process of learning (metacognition) and highlight the need for further reflection on experience (Moon 2004).

Like CPD, reflective practice is considered an obligation for continuing professional practice for SLTs (HPC 2007; RCSLT 2006) and its relevance and benefit to practitioners has recently been discussed in the RCSLT monthly magazine (McCormick 2012), hence raising its profile again. While various models of reflective practice have been devised to support the process (see Thompson and Thompson 2008), a procedurally driven, operational approach to reflective practice has been criticised as reductionist and disconnected from its philosophical roots (Boud 2010). Further, reflective practice may risk becoming a tick box activity used only as an instrument of surveillance and monitoring (Saltiel 2010; Zukas *et al* 2010).

Having explored the concepts of clinical education and professional development, I now move forward to consider the placement educator who is the specific focus of this research.

## **The Placement Educator**

### ***The role of the placement educator***

The RCSLT clearly defines the role of the placement educator as central to the student's learning, emphasising the importance of adequate preparation and support:

The placement educator plays a central role in facilitating the student's learning opportunities. Part of the placement educator's role is to help the student access and apply relevant theoretical knowledge for practice. The placement educator should be appropriately prepared and supported by the HEI for taking on this role, and for effectively managing the placement educator/student relationship.

(RCSLT 2006 p6)

The decision to become a placement educator may be motivated by a number of factors although it is important to acknowledge that the main driver might be pressure from service managers or HEI tutors to respond to the shortage of placements. Some clinicians are motivated by opportunities for further professional development and updating of theoretical knowledge, while others

are driven by the wish to present a more positive experience for students than the one they themselves experienced as a student (Lincoln *et al* 1997). In the UK, SLT placement educators are not currently offered any monetary reward or accredited learning credits for acting as placement educators; the reward can only be intrinsic, deriving from personal satisfaction in the role (Heale *et al* 2009). As previously noted, physiotherapy and occupational therapy placement educators are able to achieve an accredited status but this opportunity is not currently available to SLTs.

Clinicians are asked to volunteer to be placement educators and the expectation locally is that as soon as a therapist has completed two years post-graduate clinical experience, then they will start offering placements. The author's institution delivers regular placement educator training days which all clinicians are required to attend before they receive a student on placement. These are one day courses that provide basic information about the programme curriculum, placement expectations, assessment procedures and learning and teaching styles. Whilst the content provides only a brief overview of those topics, it does go some way to address what has been described as a 'chronic problem' in the lack of preparation of placement educators (Higgs and McAllister 2005 p156). For many years the author's HEI also offered further advanced training days for placement educators. These workshops used actors to provide simulated scenarios in which participants could explore the role of the placement educator (Stoneham 2001). These advanced workshops were very popular and feedback indicated that placement educators valued the learning experience they provided (personal communication with colleague 2011). However, at present, these workshops are no longer offered due to funding restraints.

McLeod *et al* (1997 p53) consider seven aspects of the role of the placement educator: role model, colleague, teacher, evaluator, counsellor, administrator-manager and researcher (as illustrated in Table 4).

**Table 4: The seven aspects of the placement educator's role (from McLeod *et al* 1997)**

Role model	<ul style="list-style-type: none"> <li>- As a clinician</li> <li>- As a lifelong learner</li> </ul>
Colleague	<ul style="list-style-type: none"> <li>- Establishing and maintaining a collegial relationship</li> <li>- Colleague versus friend</li> </ul>
Teacher	<ul style="list-style-type: none"> <li>- Instructor</li> <li>- Demonstrator</li> <li>- Facilitator</li> <li>- Observer</li> <li>- Planner</li> </ul>
Evaluator/Assessor	<ul style="list-style-type: none"> <li>- Giving on-going formative feedback</li> <li>- Summative assessment at end of placement</li> <li>- Assisting student in evaluating own performance</li> </ul>
Administrator	<ul style="list-style-type: none"> <li>- Planning the placement</li> <li>- Creating an appropriate learning environment</li> <li>- Ensuring client care is maintained</li> </ul>
Counsellor	<ul style="list-style-type: none"> <li>- Responding to personal and professional issues raised for the student by clinical work</li> <li>- Career counselling</li> <li>- Signposting the student to appropriate formal counselling where necessary</li> </ul>
Researcher	<ul style="list-style-type: none"> <li>- Researching the clinical education process</li> <li>- Teaching the students skills of clinical inquiry</li> </ul>

Each of these roles may present specific challenges to the placement educator and each makes demands on the skills, abilities and personal attributes of the individual. As well as enacting the role of the placement educator the individual must, at the same time, also fulfil their legal, ethical and professional commitment of providing evidence-based, effective care for the clients in their care. It is also important to note that the role of the placement educator is likely

to change over the course of a placement as the student becomes more independent and skilled. The enactment of the various roles will also vary in working with different students and in different situations (Baxter 2004).

In considering the description of the placement educator's role outlined by McLeod *et al* (1997) one over-arching vital aspect appears to have been omitted; at all times the placement educator is also modelling the enactment of that very role, of being a placement educator, to the student. The modelling of the role of placement educator is apparent in each of the seven aspects listed above. For example, from observing how the placement educator enacts the role of teacher or counsellor, the student's perception of that role is being shaped for the future. Learning from a role model has been described as a very powerful form of learning (Schön 1987) and is discussed later in this chapter.

### ***Being a placement educator***

A (relatively) recent and influential piece of research into the role and development of the placement educator in speech and language therapy was conducted by McAllister (2001). Lindy McAllister is an Australian academic, and together with a small group of colleagues, she has been highly influential in exploring clinical education (for example Higgs and McAllister 2007; Higgs and McAllister 2005; McAllister 2005a; McAllister and Lincoln 2004). Using a methodology that combined hermeneutic phenomenology (which she describes as interpretive, descriptive and relying heavily on text) with narrative inquiry, McAllister's original doctoral research asked 'What is it like to be a clinical educator?' (2001). The research was unusual in examining the 'day-to-day lived experience' of placement educators longitudinally (McAllister 2001 p219) and in reporting the richness of the data through themed stories. From her findings, McAllister designed a model called 'The lived experience of being a clinical educator' which conceptualises the being and development of the placement educator in six 'dimensions', as illustrated in Table 5. This model, with its emphasis on the importance having a sense of self and of relationship with others, has been used in the design of placement educator training and development (Higgs and McAllister 2005; Higgs and McAllister 2007).

**Table 5: Model of the lived experience of being a clinical educator  
(McAllister 2001 p92)**

<p><b>Dimension 1: A Sense of Self</b></p> <p>Having self-awareness and self-knowledge</p> <p>Having self-acceptance</p> <p>Having a self-identity</p> <p>Choosing a level of control</p> <p>Being a lifelong learner</p>	<p><b>Dimension 2: A Sense of Relationship with Others</b></p> <p>Being people-oriented</p> <p>Perceiving others</p> <p>Values in relating to others</p> <p>Seeking to implement values and perceptions in relating to others</p>
<p><b>Dimension 3: A Sense of Being a Clinical Educator</b></p> <p>Understanding of role</p> <p>Motivations for becoming a clinical educator</p> <p>Desired approaches to clinical supervision</p> <p>Affective aspects of being a clinical educator</p>	<p><b>Dimension 4: A Sense of Agency as a Clinical Educator</b></p> <p>Perceptions of competence and capacity to act as a clinical educator</p> <p>Creating and maintaining facilitative learning environments</p> <p>Designing, managing and evaluating students' learning programs</p> <p>Managing self</p> <p>Managing others</p>
<p><b>Dimension 5: Seeking Dynamic Self-Congruence</b></p> <p>Bringing a higher level of attention to the role</p> <p>Drawing the selves together</p> <p>Striving for plan-action congruence</p>	<p><b>Dimension 6: Growth and Development- Possible Stages and Pathways</b></p> <p>Embarking on the journey of becoming a clinical educator</p> <p>Moving from novice to advanced beginner</p> <p>Developing competence in the role</p> <p>Pursuing professional artistry</p> <p>Suffering burnout</p>

McAllister (2001) identifies the four aspects that the placement educator brings to the role as a sense of self, a sense of relationship with others, a sense of being a clinical educator and a sense of agency. These work together as the placement educator seeks what is described as dynamic self-congruence in reconciling the various aspects of her role.

The final dimension of McAllister's model focuses on 'Growth and Development— possible stages and pathways' which she describes as 'over-arching' (McAllister 2001p92) and uses the concept of developing from novice to professional artist (Dreyfus and Dreyfus 1986) to present the participants' journeys. McAllister's vivid descriptions describe how the participants enacted the role of the placement educator at various stages in their development; whether they were novice, expert or even apparently suffering burnout. My research, exploring how SLTs learn to be placement educators, focuses specifically on that sixth dimension and seeks to provide further interpretation of how the clinician might develop her skills and on what resources she may draw.

Several of the implications identified by McAllister as a result of her research, would seem very pertinent to my research. These include recognition of the need for both on-going professional development and support for placement educators, including for those who are very experienced, in order to prevent stagnation or even burnout. McAllister advocates that this support should be provided both by the HEI and in the workplace and include adequate preparation before placements and peer support in the form of critical friends and mentors. Placement educators should also be encouraged to use reflection both on and in action. Finally, and perhaps rather optimistically, there is a call to promote being a placement educator as a career pathway that leads to future expert practice (McAllister 2001 p226).

### ***The development of the clinician as a placement educator***

We can be both an expert and a novice in different areas of our practice (Alsop 2000), an observation that would seem particularly applicable to those clinicians who undertake the placement educator role. It must not be assumed that the clinician who is an expert in her area of clinical practice can move easily into the

role of placement educator without support and education (Girard 2003) as the role of the placement educator is complex and demanding. Yet clinicians in all allied health professions move relatively quickly from graduation to becoming a placement educator (Delany and Bragge 2009) and are typically asked to supervise students after two years of post-graduate practice. It has been suggested that historically placement educators, across the health professions, have been expected to understand instinctively how to educate students (Hook and Lawson-Porter 2003) regardless of their past experiences. Like doctors, SLTs are expert in *what* they teach but have little preparation for *how* to teach it to others (MacDougall and Drummond 2005).

Stansfield (2001) called for more training to be available for placement educators as an outcome of her doctoral research into developing competence in SLT students. Anderson (2001) also noted the lack of prescribed, accredited training in the UK, and this continues to be the case over a decade later. This view of a lack of adequate preparation is not confined to SLT but has been reported across other health professions (Hook and Lawson-Porter 2003; Mulholland *et al* 2005). More recently, the current lack of an accredited scheme and the reduction in easy access to CPD activities for clinicians would suggest that this area is still problematic for SLTs. However, the RCSLT (2006 p14) does advise that placement educators should 'engage with placement educator training as arranged by the HEI and/or placement provider'

McAllister and Lincoln (2004 p164) detail recommended content for initial workshops for new placement educators which includes elements linked to both theories of adult learning, models of clinical education and logistical elements such as stakeholder expectations that may be specific to the HEI concerned. As recommended by the RCSLT (2006) and McAllister and Lincoln (2004), the BSc SLT programme at the author's HEI aims to provide introductory training to all placement educators before they receive their first student on placement. The use of experienced placement educators to support novice educators through mentorship, as well as using peer groups as a supportive strategy for placement educators has also been advocated (McAllister and Lincoln 2004; Mulholland *et al* 2005). Both of these approaches would provide opportunities for growth and development through critical reflection with colleagues.

An understanding of McAllister's model of being a clinical educator (2001) would seem beneficial in designing workshops to support the professional development of placement educators. The development from novice to expert relies on such an understanding and a willingness to engage with an interactive, reflective approach to exploring the placement educator experience (Higgs and McAllister 2007). Becoming a placement educator has been described as a 'developmental process' (Higgs and McAllister 2007 p51) and as such it is akin to the process that students go through in learning to be allied health professionals. In considering the development of teacher mentors (those who supervise student teachers) Orland-Barak (2001) used the metaphor of learning a second language, describing it as a process of 'learning a second language of teaching' (Orland-Barak 2001 p53) and this would also seem an appropriate analogy to apply to speech and language therapists who, as placement educators, also have to learn this second language of teaching.

Knowledge of various models of clinical education enhances placement educators' success in the role, from initial pre-placement organisation to final assessment (Joffe 2005). Yet it has been noted that placement educators may lack an understanding of any theoretical or philosophical framework for their role and so fall back on 'received wisdom' or myths as they develop their skills (Heale *et al* 2009; Higgs and McAllister 2005). Alternatively, as suggested by Baird and Winter (2005), clinicians may use reflective practice to support the development of their skills as placement educators; so responding to the assertion that 'being a quality clinical educator is about taking a good look at ourselves' (Best 2005 p47).

Reflective practice, used in this way, as a tool for development as a placement educator, involves not only reflecting on recent experiences of supervising students but also, like teachers, drawing on memories of their own time as students on placement and as children in school:

Teachers often tell stories about their own experiences as learners. They learn a great deal through reflecting, through their stories, on their experiences as children. They learn about teaching through reflecting on their experiences as learners.

(Connelly and Clandinin 1988 p188)



Therefore in recognising the central role that reflective practice plays in the clinician's development, one can identify that placement educators are: modelling the use of reflective practice themselves in their therapeutic work with clients in order to 'deconstruct fluid performance' (Lazarus 2000 p114 cited in Baird and Winter 2005); promoting the use of reflective practice by their students to support experiential learning; and thirdly, using reflective practice to develop themselves in the role of placement educator.

Having considered how clinical education might work and the role of the placement educator, I will now discuss how this research is underpinned by theories of learning. Central to this are experiential learning, reflective practice and role modelling. One particular perspective to understanding this is as a form of social constructivism where the social element is key.

## **Learning theories**

*Learning.... any process that in living organisms leads to permanent capacity change and which is not solely due to biological maturation or ageing.*  
(Illeris 2009 p7)

After a century of new theories and development, understanding of learning has evolved considerably from a cognitive perspective to current acknowledgment of the social, cultural and situated nature of learning (Illeris 2009). Different authors use various classificatory systems to summarise the main approaches to learning theories. Wenger describes the classic psychological theories as: behaviourist, cognitive, constructivist and social. He adds activity, socialization and organizational theories as more recently developed concepts that have moved away from a purely psychological perspective (Wenger 2009). The key element of the active building up of knowledge from experience is reflected in the metaphor of construction as a principle of constructivism (Ernest 1996).

Illeris (2009) distinguishes between four types of constructivist learning: cumulative, assimilative, accommodative and transformative, all of which may be used by learners at different stages and in different contexts of lifelong learning. These can be described respectively as: learning something new;

learning something that can easily be linked to existing knowledge; learning something that challenges existing schema and results in the changing of that schema to accommodate the new elements and, finally, a 'far-reaching' type of learning described by Mezirow (1991 in Illeris 2009) as transformative which impacts so deeply on the learner that it results in changes to personality or understanding of self.

More than one perspective on constructivism has also been presented in the literature; for example, Ernest (1996) describes trivial constructivism, radical constructivism and social constructivism while firmly positioning himself within a social constructivist epistemology which foregrounds the social and cultural dimensions of learning. It is the social-constructivist perspective that underpins this research project.

### ***Social Constructivism***

Piaget has been described as possibly the 'first constructivist' (Fox 1996 p10) in his work on children's learning and the development of his concept of schemas, although his emphasis was on the internal cognitive processes rather than the social interaction dimension of learning (Ernest 1996). Vygotsky (1978) also developed constructivist theories of learning but placed more emphasis on the social and cultural construction of learning and as such is termed a social-constructivist, recognising that the learner constructs knowledge through social interaction, interpretation and understanding. Social constructivism, as a philosophy of learning, is applicable to learning across the age range and is particularly relevant in the context of learning in clinical settings. Vygotsky's most influential idea is the concept of a 'zone of proximal development' (ZPD) which describes how adults can scaffold children's learning so that children move from assisted to unassisted performance (Vygotsky 1978). Both Piaget's concept of schemas and Vygotsky's ZPD are very familiar to SLTs who encounter the concepts as part of the pre-registration curriculum and certainly use the theory of ZPD when working with individuals with communication impairments. The concept of ZPD can also be applied to adult learning situations; and is particularly relevant here in the clinical placement context

where the student's learning is closely supported by the placement educator (Webb *et al* 2009).

It is helpful to have some definition then of learning as described from a social-constructivist perspective; Jarvis has developed and refined his theory of learning over many years to acknowledge the complexity of human learning and defines it as:

..the combination of processes throughout a lifetime whereby the whole person....experiences social situations, the perceived content of which is then transformed cognitively, emotively or practically (or through an combination) and integrated into the individual person's biography resulting in a continually changing (or more experienced) person.

(Jarvis 2009 p25)

This definition positions the whole person learning in a social situation as the key principle. It is this socially constructed aspect that is key to social constructivism and which Ernest (1996) sees through the metaphor of persons in conversation: learning takes place in a 'social context of meaning and is anyway mediated by language and the associated socially negotiated understandings' (Ernest 1996 p82). Not only does learning occur in a social and cultural context, but it is influenced by the learner's biography and is cyclical: the learner influences the experience and the experience affects the learner as that experience becomes part of the learner's biography and so on (Bandura 1977; Hodkinson *et al* 2008; Jarvis *et al* 2003; Moon 2004).

For the individual, then, meaningful learning takes place as part of participation in social activities. Further, learning is not seen as the accumulation of facts, or memorisation of the 'right' answers but as sense making and an integration of knowledge to, or the adjustment of, existing schema. Learning through the co-construction of knowledge, as seen through the social constructivism lens, is therefore a process rather than a product (Eun 2010). Past experiences also influence the response to present experience and so the nature of an experience can be seen as both particular to an individual and also as mediated by the social context (Moon 2004). Learning on clinical placement then can be seen as the result of the student's participating in the social context and constructing their own knowledge through this participation (Kilminster 2009).

Eraut reinforces these contextual and social aspects of learning stating that:

Learning is always situated in a particular context which comprises not only a location and a set of activities in which knowledge either contributes or is embedded but also a set of social relations which give rise to those activities.

(Eraut 2009 p130)

Speech and language therapy has a strong theoretical background in this social learning theory which has influenced both pre-registration curricula and the delivery of therapy (Ferguson 2008).

### ***Experiential learning and reflective practice***

Central to social constructivism is the tenet that learners construct meaning for themselves through reflection on their experiences (Moon 2004). This therefore leads to a consideration of experiential learning. Experiential learning has gained prominence in the contemporary discourse of adult learning (Hodge *et al* 2011), for example, with the move from formal didactic teaching to the growth of problem-based learning curriculum design (Vardi and Ciccarelli 2008). It is of particular relevance here in relation to placement based learning which is based on practical experience. Key to experiential learning is the recognition of experience as the key source of learning.

The characteristics of experiential learning have been summarised as:

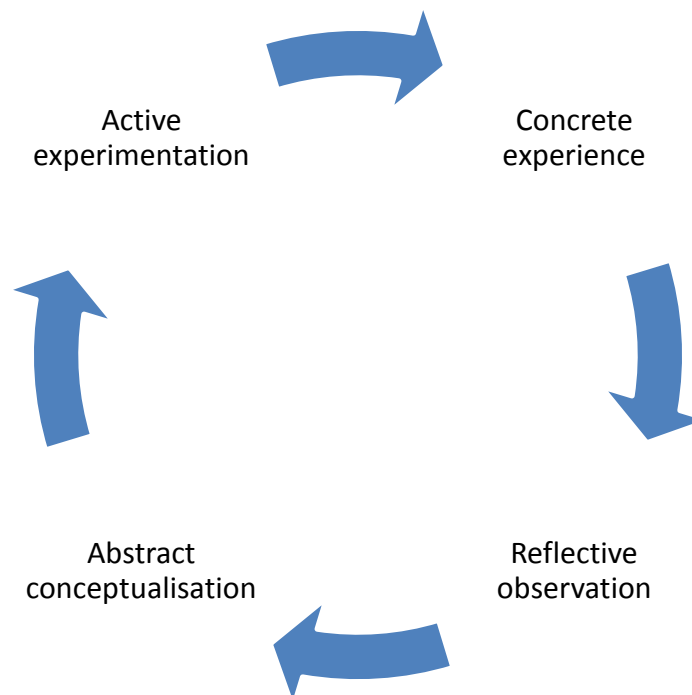
- The transformation of experience to create knowledge
- Holistic learning that is socially and culturally constructed
- Learning that is actively constructed by the learner through a continuous process of exploration and discovery that integrates perception, experience, behaviour and cognition

(Best *et al* 2005; Jarvis *et al* 2003)

Further, it is widely accepted that experiential learning is not taught by others (Moon 2004) and that the participatory and sequential characteristics of the learning process are explicit (Hodge *et al* 2011). Kolb (1984) built on the work of Dewey (1933) to devise a model of experiential learning that identifies four different activities involved in the learning process, each of which are seen as

vital for successful learning. Kolb's model describes how reflection on experience is critical in transforming the latter into learning: "learning is the process whereby knowledge is created through the transformation of experience" (Kolb 1984 p38). It is this transformation of experience through reflection that is core to this understanding of experiential learning (Kreber 2001). The developing clinician will draw on both reflection-in-action and reflection-on-action as part of the experiential learning cycle. Kolb's (1984) model of an experiential learning cycle (figure 1) has been extremely influential in pre-registration training for health professionals where teaching of clinical skills is often explicitly linked to the model.

**Figure 1: Kolb's Experiential Learning Cycle (1984)**



Kolb's model is cyclical but allows for movement in either direction and acknowledges that learning can start at any of the four different activities which constitute the learning process: concrete experience (carrying out a task), reflective observation (observing and reflecting), abstract conceptualisation (integrating reflections with theory) and active experimentation (modifying actions in response to new information) (Best *et al* 2005; Moon 2004). In Kolb's

model learning is derived from and continually modified by reflection on experience (Dyke 2006 p110).

Yet Kolb's model is not without its critics and has been described as too simplistic and lacking the social and interactional dimensions of learning (Jarvis 2009) which are regarded as key to a social constructivist perspective on learning. However, Dyke (2006) asserts that Kolb does acknowledge that learning is situated in context, involving a transaction between the individual and the environment. Moon (2004), while acknowledging the limitations of Kolb's model, proposes that in fact it is often the reinterpretation of the model as some sort of recipe book for practice, by those advocating its use, which is the problem. The strength of Kolb's model, however, may lie in its very simplicity and flexibility which ensure that it is accessible and easily applicable to both pre and post registration SLTs who want to engage with a formal model to guide their reflective practice.

### ***Communities of Practice***

One way of understanding how learning takes place through social practice is through Lave and Wenger's (1991) situated learning theory which uses the concept of 'communities of practice' to explain the importance of social interaction and lived experience in constructing knowledge. A community of practice is a group of people with a shared focus, profession or interest; this common interest creates the context in which the identities and practices appropriate to that community develop (Handley *et al* 2006). Lave and Wenger's theory has strongly influenced research into learning at work (Fuller *et al* 2005) where behaviour and understanding are shaped through participation in a community of practice. For example, research has explored how teachers learn much of their knowledge about their role through watching and talking to other teachers in the school setting (Ng and Tan 2009).

Participation in a community of practice creates shared narratives and also offers mutual support to its members. Members share similar objectives but may have different levels of expertise meaning that individuals both contribute to and learn from these communities. More experienced members can offer advice and tips based on their own experience to those with less experience.

However this relationship is also reciprocal and experienced teachers learn not only from each other but also from novices, as they take on one another's ideas and adapt them to suit their own needs and in this way the learning within a community is on-going (Fuller *et al* 2005). However being a member of a community of practice does not mean necessarily adopting all the common standards and values; individuals may conform to or reject the prevailing standards (Handley *et al* 2006) as they develop their own identity.

Another factor to consider is that within a workplace there can be multiple communities of practice to which an individual might belong. Within an SLT's workplace this might describe being part a SLT team, a hospital ward team, a management team, a school team or being one of a group of placement educators. For the SLT, these sites of learning provide the social context for shaping actions and identity within the shared discourse of professional practice. The practices of different communities of practice impact on an individual's behaviour, learning and construction of identity:

....we engage in different practices in each of the communities of practice to which we belong. We often behave rather differently in each of them, construct different aspects of ourselves and gain different perspectives.

(Wenger, 1998 p159)

However the boundaries between these communities of practice are necessarily imprecise and one can move from being a full, experienced member of a community of practice to being a novice if one changes roles (Fuller *et al* 2005). This would seem relevant to those experienced SLTs who become novices within the community of placement educators when they first start supervising students.

Those experienced members of a community of practice, from whom the novices learn, have also been described as role models and this is the final aspect of learning theory discussed here.

### ***Role Models***

Role modelling can be described as teaching by example by demonstrating the behaviours appropriate to a specific role (Bluff 2001) and it has been proposed

as a powerful influence on learning in clinical contexts (Bluff and Holloway 2008; Donaldson and Carter 2005; Elzubeir and Rizk 2001). Bandura's social learning theory describes role modelling as a means of transmitting values, attitudes and behaviour patterns to the observer (Bandura 1986) and has the basic tenet that the observer's behaviour can be 'substantially modified as a function of witnessing other people's behaviour and its consequences for them' (Bandura 1977 p30). This observational learning aspect of Bandura's theory is characterised by four interrelated processes: attention, retention, production and motivation. These describe in turn the learner: paying attention to the behaviour of the role model; remembering what was seen; acting on what was seen and retained; and finally being motivated to learn in this way (Althouse *et al* 1999). Some attempt has been made to describe the strategies used by positive role models that are effective in supporting students' learning. They have been listed as:

Setting goals, teaching to the learners' needs, observing students, encouraging reflection, supplementing instruction with additional readings and mentoring, and creating a positive learning environment

(Althouse *et al* 1999 p120)

Students consider the personal qualities, clinical skills and teaching skills of their clinical role models and value enthusiasm and a positive interaction style (Bligh 1999). However, not all role models present a positive picture for others to emulate, and students may also learn from negative experiences (King *et al* 2009).

Bluff (2001) describes being a role model as one expectation of the role of the health professional supervising a student. In working with students the placement educators act as role models, as both clinician and placement educator. Placement educators may shape both the personal and professional development of the student through the model they provide (Elzubeir and Rizk 2001; McLean 2006; McLeod *et al* 1997). Positive role models can influence both student satisfaction and motivation (King *et al* 2009) and are associated with the student's development of clinical competence (Price and Price 2009). Therefore students on placement are likely to learn from the role models they encounter whether they are positive or negative (Bluff 2001).



While much of the literature has discussed the *student's* learning from role models (Bluff and Holloway 2008; Donaldson and Carter 2005; Elzubeir and Rizk 2001), in this research the focus is on the *clinician*. The role models influencing the SLT who is learning to be a placement educator may not only be clinicians from her own time as a student, but also her SLT peers whom she observes enacting the placement educator role. McAllister (2001) noted that there had been little research into the importance of role models in the placement educator's development and this appears to remain the case in 2012.

However it must also be acknowledged that the concept of a role model is a contested one, particularly in relation to claims for the positive impact of role models on identity formation, as espoused in some educational discourse, most notably with regard to gender (Carrington *et al* 2008; Cushman 2008; Martino 2008). Recent debate has concerned the call for more male teachers as role models for boys in schools and has disputed the necessity and effectiveness of this supposed panacea (Carrington and Skelton 2003; Carrington *et al* 2008). While some political and educational discourse has called for the active recruitment of more male teachers as an antidote to the perceived feminisation of primary schools, research questions the generalisations made about the influence of these male teachers as role models (Martino and Rezai-Rashti 2012). The discourse of male teachers as role models has been specifically explored through the politics of gender and race where use of the term 'role models' may be criticised as taking a reductionist view in those contexts and homogenising specific groups (Rezai-Rashti and MKartino 2010). Martino and Rezai-Rashti (2010 p43) argue for a 'disarticulation' between the positioning of males as role model teachers and the need for representation of minority teachers.

Here however, role models are not presented as an antidote to perceived social ills (Martino 2008 p194), but as one way of understanding learning in the clinical placement context.

## Summary

All health care profession students spend a significant part of their programme in a practice placement setting and the placement educator is key to developing the students' learning from this practice. Once qualified, speech and language therapists quickly move to being both autonomous practitioner and then placement educator, and they continue to develop in both of these roles through both formal and informal learning opportunities. However specific training for placement educators is still limited in scope and access in the UK and consequently many practitioners will rely on their own experiences, together with critically reflective practice, to inform their enactment of this very important role.

There has been very little research into the development of SLTs as placement educators in the UK and, for this reason, I wanted to ask 'How do SLTs learn to be placement educators?' and so contribute to the field of clinical education research. Exploring the experiences of a group of UK placement educators also has direct relevance to my own professional practice as a tutor responsible for organising and supporting student placement education. A social constructivist perspective on learning has shown that experiential learning, reflective practice, communities of practice and role models may all be central themes in my research.

The remaining chapters of this thesis present a research project that explores the experiences of ten speech and language therapists as they develop as teacher, colleague, role model, assessor, administrator, counsellor and researcher (McLeod *et al* 1997) while learning to be placement educators.

## Chapter 3

# METHODOLOGY

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### Introduction

The aim of this study was to explore the experiences of a small group of SLTs in learning to be placement educators and this chapter describes the methodology and methods employed to do this. It details my exploration of various paradigms in a search for the most appropriate and acknowledges the confusion that this engendered at times. Narrative inquiry is discussed and presented as the basis for the data collection stage of this study. Following this the specific methods used to generate, analyse and represent the data are described. Ethical considerations and issues of trustworthiness and credibility are also considered in depth.

### Paradigms

*Each theoretical perspective embodies a way of understanding what is (ontology) and a certain way of understanding what it means to know (epistemology). (Crotty 1998 p10)*

Positivist and interpretivist; quantitative and qualitative, these are the paradigms and approaches that have been commonly juxtaposed in the educational research literature and, as discussed below, each paradigm is characterised by an agreed perspective and methodological position (Wellington 2000).

My formal exploration of interpretivism began only with my doctoral studies and has seen me at times thoroughly confused by the muddiness of the water and inconsistencies in use of terminology (Crotty 1998) as I attempt to understand the philosophical nature of this stance. I recognise however the importance of presenting a clear and convincing argument for the inquiry approach used in this study (Butler-Kisber 2010). In this chapter I will briefly consider three of the dominant paradigms in educational research; positivist, interpretive and critical

theory, before returning to my research and framing it within the most appropriate paradigm.

The ontological perspective of positivism sees reality as 'out there', to be 'identified, predicted, manipulated or controlled' (Laverty 2003 p26) and maintains that objective research can discern this reality (Pring 2000). Further, in the context of positivist educational research, social reality is regarded as external to the individual (Cohen *et al* 2000). Crotty (1998) suggests that in much of the education research literature ontology and epistemology are merged so that realism (ontological) and objectivism (epistemological) are seen as directly linked. If the ontology of positivism recognises a structured reality that can be discovered or predicted then it also positions the researcher as objective and separate from the object of inquiry. The methodology will traditionally be quantitative and experimental, with tightly controlled variables and purportedly generalisable results. Positivist research is judged within the parameters of validity, reliability and generalisability where findings are presented as objective truths that others can apply to their own situation (Crotty 1998). However, there has been much criticism of the employment of a positivist paradigm in education research as, in controlling all the variables and restricting the scope of the research, it is suggested that the findings can have little relevance to those working in the practice environment with its complexity and individualism (Cohen *et al* 2000; Pring 2000). With a background in a medical profession I was strongly schooled in the positivist paradigm, valuing randomised controlled test designs as the gold standard in providing an evidence base for my practice. However, in my clinical work with children, this positivist stance has not proven to be satisfactory; children develop, there are innumerable variables to consider and the role of the therapist is not as objective outsider but is integral to the process of managing an individual's communication impairment (Gardner 2006) and this should be reflected in the research informing my practice.

Often described as paradigmatically opposed to the positivist tradition is interpretivism, which exemplifies a constructionist ontology of reality as relative rather than realist. Reality is seen as a 'social construction of the mind' (Pring 2000 p 47) and as such is not a given, waiting to be found, but is of multiple forms that are constructed and changed by the individual (Laverty 2003).

Interpretivist researchers see lived experience as socially constructed, contextual and influenced by an individual's cultural and historical experiences. Therefore the epistemological stance recognises the relationship between the inquirer and the knowledge; the researcher's subjectivity is acknowledged, as is their participation in the research process. Central to research within the interpretive paradigm is an understanding of the subjective nature of an individual's experience. As the aim is to understand and reconstruct experience then qualitative methodologies are often used, such as ethnography, hermeneutics, narrative inquiry or phenomenology. Interpretivism does not claim to produce generalisable theories of knowledge and is often judged alternatively; by its trustworthiness, credibility, authenticity and rigour (Cohen *et al* 2000; Pring 2000).

A third paradigm is briefly considered here, critical theory, although it is described as closely aligned to interpretivism, in being a constructionist approach. Critical theory identifies the neglect of political, social and ideological contexts in most education research as a problem. Research in this paradigm, which is often closely linked to Marxist models, aims not only to understand phenomena but to change them by empowering the oppressed and underprivileged, thus producing societal transformation (Cohen *et al* 2000; Harris 2003). Critical theory is heavily influenced by the Frankfurt School of philosophy, particularly by Habermas (see Crotty 1998) who describes this perspective as having an emancipatory interest that subsumes the other two paradigms. Praxis is central to critical theory; actions must address social injustice and repression. As such 'action research' is a key tenet of critical theory methodology. The critical theory paradigm is judged on its degree of historical situatedness and its ability to produce action (Crotty 1998).

It would seem that at the point of framing the particular research interest the researcher reveals their epistemological perspective. In this study I am not presenting a hypothesis or asking specific questions, but seeking to understand 'something' of the development of clinicians as placement educators. Thus my understanding of learning as socially constructed and subjective to the individual determines an interpretivist approach to researching it. By firmly stating this, I allow myself to move forward in the research process to consider

the methodology of the project and the particular methods that might be employed within that chosen methodology.

## **Research Methodologies**

Consideration of ontological and epistemological assumptions necessarily shapes research methodology, where the goal is to clarify the goals and means of research through reflection on, and analysis of, the methods chosen. Within a chosen framework one must consider how the phenomena being investigated can be best understood and to then use the particular research strategies that can achieve this and reflect on these. Hammersley (2005) suggests that it is only through actually doing educational research that methodological guidance can be developed; research does not mean following an explicit set of rules or having preconceived ideas about the use of scientific methods. I did not seek a prescription for how to proceed but rather sought to use my exploration of methodologies as a tool to guide my research design. So it was that I came to my research which asks how speech and language therapists learn to be placement educators and sought the most appropriate approach to exploring this topic.

This small-scale research project aimed to explore the clinicians' perspective in depth and "the goal of qualitative research is to understand the particular in depth rather than finding out what is generally true of many" (Merrriam 1995 p57). People have different stories to tell and the in-depth nature of qualitative methods allows the participants to express their feelings and experiences in their own words (Liamputtong 2007). Qualitative inquiry also allows the researcher to focus on what is happening in a particular context and to interpret the participants' experiences in seeking an explanation (Butler-Kisber 2010). Key to exploring these lived experiences are rich descriptions from the participants (O'Leary 2005).

The aim was to gather information from the clinicians themselves, through face-to face contact that was structured in such a way as to allow and encourage full exploration of the issues. Working from the starting point that I wanted the participants' voices to be heard, I explored narrative inquiry (Clandinin and Connelly 2000) in the design of this research. In order to explore the

experiences of the placement educator, and the myriad of influences on them, my aim was to capture 'context-bound narratives' (Wicks and Whiteford 2006 p95) that recognised the importance of each participant's specific context. To do this the data had to provide their perspective to understanding the issues and be iterative in nature, allowing any unexpected or new findings to emerge. The research question; 'how do SLTs learn to be placement educators?' was kept deliberately broad so that any potentially important dimensions were not excluded (Butler-Kisber 2010 p27).

### ***Narrative Inquiry***

*'Experience happens narratively ...therefore, educational experience should be studied narratively.'*

*(Clandinin and Connelly 2000 p19)*

As Denzin discussed (1989), there are many different interpretive research approaches using a range of methods to make sense of people's lived experience. One distinct approach is the narrative inquiry approach (Bold 2012; Denzin 1989; Goodson and Sikes 2001; Liamputtong 2007; Riessman 2008; Webster and Mertova 2007), which uses the stories that people tell about the things they do as the starting point for understanding. Narrative is typically described as the process of using reflection to thread events together to make a story that organises knowledge and makes experience meaningful (Bruner 1986; Clandinin and Connelly 2000; Lai 2010).

In education research the term narrative inquiry was first used by Connelly and Clandinin in 1990 to describe research that employed personal storytelling; establishing it as a research methodology (Clandinin *et al* 2007). The use of narrative approaches has increased in more recent education research (Conle 2000; Webster and Mertova 2007) as it is thought to successfully render human experience meaningful and situates that experience within personal, social, economic, historical and geographical contexts (Clandinin *et al* 2007). In collecting, analysing and critiquing stories, narrative inquiry aims to capture the 'whole story', allowing the researcher to present complex data holistically (Webster and Mertova 2007). The vital role of chronology in narrative research is seen by Cortazzi (1993) to set this approach apart from others. It is through

telling stories about our life experiences that we reflect on and understand our own and others' thinking, actions and reactions (Bold 2012; Bruner 1990). Fundamental to Clandinin and Connelly's development of narrative inquiry is the work of Dewey (1933); specifically his writing on the nature of experience. Dewey's exposition of experience as both personal and social reminds us to consider not only the individual but to see them in relation to the social context. It reminds us that we learn with and through others, through our professional practice and classroom experience, in both professional and personal environments.

The value of using narrative inquiry to research practical experience is recognised in the literature (Conle 2000; Clandinin and Connelly 2000; Cortazzi 1993; Riessman 2008) and is relevant here. As Cortazzi (1993) noted, narrative inquiry provides a means of finding out about educators' practice, beliefs and culture from the inside. Cortazzi frames his proposal for the value of narrative inquiry to the study of teaching through three key aspects: reflection, teachers' knowledge, and 'voice', and details how these are linked to narrative. As discussed in chapter two, reflection and reflective practice are key discourses for both SLTs and teachers, and both have been heavily influenced by Schön's (1987) concept of reflection on action. Cortazzi (1993) explains how narrative inquiry uses both autobiographical and biographical stories and can be used as a means of reflection on experience. This reflection provides a space for the teacher to make sense of lived experience and contributes to professional and personal development. The use of narratives by health care professionals has also been described as instrumental in empowering individuals as it promotes reflection on practice (Ghaye 2011).

In discussing teacher knowledge, Cortazzi (1993 p9) refers to 'personal practical knowledge', that is knowledge that is event structured. He differentiates it from academic knowledge and emphasises its important role in how teachers deal with specific problems through reference to examples from their own experience. By adopting a narrative approach to data gathering and eliciting stories about their experience from my SLT participants, I am drawing on Cortazzi's proposal that this might be a productive way of finding out about educators' knowledge through the stories they tell. Finally, in discussing the role



of 'voice' as a means of empowerment, Cortazzi emphasises the importance of hearing the teachers' own voice in aiding others' understanding of what that experience is like: 'teachers telling their own story in their own way' (Cortazzi 1993 p12). The benefits of using narrative inquiry for the very same reasons of reflection, access to knowledge and giving a voice to SLT placement educators which is lacking in current literature, seems justifiably transferable to this study.

Bleakley (2005) promotes the use of narrative inquiry in the field of medical education specifically, juxtaposing it with science-orientated analytical methods, and suggests that it provides a medium for understanding patients' stories of illness. However a positivist influence from his medical training is apparent in his concluding call for empirical evaluation of the specific benefits of using a narrative approach.

There is no one prescribed methodological approach for narrative inquiry (Bold 2012; Hunter 2010; Webster and Mertova 2007) which is both an advantage and a disadvantage to the inexperienced researcher. Narrative inquiry as an umbrella term incorporates three aspects:

- Stories collected as data: participants are asked to tell their stories in response to open questions from the researcher
- Narrative analysis of the data: these stories are then deconstructed and analysed according to the perspective of the researcher
- Presenting findings in a narrative form: findings are re-presented in a storied form to illustrate emergent themes.

Yet my reading does not answer the question of whether any or all of these three aspects are prerequisites in applying the label 'narrative inquiry' to my research. My pragmatic approach therefore involved gathering placement educators' stories and analysing these stories as data; hence 'stories as data, data as stories' (Bleakley 2005 p535). From a social constructivist perspective one must acknowledge that narratives are not intended to represent truth but reflect the historical, social and biographical context of both the one telling the story and the listener (Hunter 2010). Stories change each time they are told according to the speaker's purpose in telling them; therefore they reflect the speaker's intention at the time of telling and are not seen as the only possible account of events (Zepke and Leach 2002). It is also acknowledged that the

social context influences the way a story is told, so for example, in re-counting events, the speaker may try to frame their stories to amuse the listener or arouse their sympathy (Marsh and Tversky 2004). Another note of caution is that narratives can become de-contextualised and fragmented in their re-presentation; or freeze their teller in a particular frame or moment that reinforces a stereotype of self or others (Riessman 2008).

While chosen because it seemed the most appropriate methodological approach for my research focus, it seems that as a therapist I am not alone in being drawn to a narrative approach. Narrative inquiry has been reported as common amongst therapists who are highly skilled in their interaction and communication with others, and so are skilled at eliciting others' stories (Hunter 2010; Stuhlmiller 2001). McAllister (2001) included an element of narrative inquiry in her phenomenological study of the experiences of placement educators through her storied accounts of their data. She explained the use of this approach as a means of preserving the unity and cohesiveness of the participants' accounts of their experiences.

In summary, this is an interpretive study which explores the experiences of SLTs learning to be placement educators. It draws on narrative inquiry to elicit the participants' stories for analysis and representation as described below.

## **Methods**

The methods described here detail the sampling, data gathering and analysis and, running throughout all of these strands, the ethical considerations that had to be considered throughout this project.

There were two distinct phases in this research:

1. An initial brief exploratory phase which enabled me to identify the specific focus for the subsequent study
2. The main phase which focused on the exploration of speech and language therapists learning to be placement educators

Therefore in discussing the research methods I have separated this section into two parts. Firstly I will discuss the exploratory phase to explain how I gathered my data, what I learnt and how this then informed the main research phase.

### **Phase One: Initial enquiries – the exploratory phase**

As discussed in chapter one, I had initially identified the broad area of 'SLT student experience' as being of interest and professional relevance to me. However, in order to refine my research focus I wanted to identify particular themes that resonated strongly with both the students and myself. In order to do this I needed to speak to the students themselves and hear about their experiences.

The focus group, a form of group interview, is commonly used within the interpretivist paradigm and has been described as useful for orientation to a focus and development of themes in research. In this type of interview the interviewer supplies a broad focus for discussion and the data are generated through the interaction of the participants (McLafferty 2004). The focus group method of gathering data therefore seemed an appropriate method of exploring the students' experiences as it would provide an interactive and dynamic forum in which a range of topics might arise.

#### ***The participants***

I emailed all of the final year SLT students at my institution asking for volunteers to take part in a focus group. I explained that this was as part of my doctoral studies and was a research project into student experience. Four students volunteered immediately and I decided that this was a suitable number with which to proceed both for expediency purposes and because the four represented a range of student experience in their age, previous experience and placement practice. Four participants has also been recommended as the minimum suitable number for a focus group (Cohen *et al* 2000). We met initially over lunch, in a quiet SLT tutorial room which provided a familiar and private venue. The meeting lasted approximately 45 minutes. Informed consent was given by all student participants (Appendix 1).

I explained my research process to the participants, outlining my interest in the SLT student experience and their professional learning. I was very open that I wanted the focus of my research to come from their experiences rather than my direction. I then invited them to tell me about their experiences as SLT students both in the academic setting and on clinical placement. Following my opening request of “Tell me about being an SLT student”, I did not try to steer the conversation at all but aimed only to facilitate and focus discussions (McLafferty 2004) through occasional questions or requests for clarification.

At the end of this first focus group I obtained the students’ agreement to meet again to follow up on any key themes that had emerged.

### ***Data***

The conversation was audio-recorded with the students’ permission. I listened to the data in full twice and noted the discussion themes and some direct quotes which related to those particular themes. The audio data were then erased and the written notes kept.

Both during and after this initial focus group, I reflected on this method of gathering data, (reflection both in- and on- action: Schön 1983), and quickly determined that I would not feel comfortable undertaking in-depth, interpretative research with students whom I both taught and mentored. Significant issues relating to ‘studying down’ (Plesner 2011) became apparent. It is typical that issues of power relationships and perceptions of the interviewer’s agenda must be considered in this type of insider research context (Gibbs and Costley 2006; Thomas 2002). Although the students had appeared to speak freely and openly about sensitive topics, I was constantly aware of the imbalance of power in the group dynamic particularly as we were potentially discussing sensitive topics linked to other lecturers and placement educators.

The themes that arose in the students’ discussion during this first meeting were:

- Placement experiences – both positive and challenging
- The diversity of the SLT programme curriculum
- The importance of peer support
- Assessment challenges

- Financial challenges
- Enthusiasm and motivation for being an SLT

As the theme of placement experience resonated both with my current role as a professional tutor responsible for organising placements, and with my previous experience as a placement educator myself, I decided to pursue this strand.

Having decided to situate the main study outside of my institution, I felt comfortable in returning to the same four students for a second time and asking them specifically about their clinical placement experience. This conversation lasted for 30 minutes and was again audio recorded and notes were made from this recording before the recording was erased. Consideration of this data identified the following issues as important to the students, (italicised quotes from the student data are included to illustrate each point).

***Placement issues raised in the student focus group:***

- The placement educators' enthusiasm for the role; older placement educators: *'surprised she kept up to date'*
- NHS pressures – *'can get in the way'*
- The relationship between student and the placement educator: *'Some treat you like you're their friend and then others treat you like you're a student or you're the child'*
- The placement educator's level of experience and perceived lack of supervision for placement educators – *'isolated, no one checking or guiding her'*.
- Placement educators' expectations and feedback to student *'expecting a way of being from you'; 'Clinical educators know how hard the course is and they expect you to be motivated to learn and be better'*
- The impact of clinical placement – *'Praise and criticism have a massive effect'; 'You hold on to it'*

My reflection, informal discussion with colleagues and subsequent reading on the pivotal role of the clinical placement in undergraduate SLT student learning, and the students' perceptions of the role and approach of the placement educator, gradually led me to refine the research focus to 'speech and language therapists learning to be placement educators' and the main phase of the research began.

## **The Main Phase of the Research – Exploring how speech and language therapists learn to be placement educators**

### ***The Participants***

The participant group was clearly defined from the outset by the research focus as practising SLTs who support students on clinical placement; these are the 'placement educators'. This dictated that the sampling was purposive as the research aimed to explore a very specific experience (Creswell 2009). In purposive sampling the researcher 'handpicks the cases to be included...on the basis of their judgement of their typicality. In this way they build up a sample that is satisfactory to their specific needs' (Cohen *et al* 2000 p103). An email was sent to placement organisers in one area of England, asking them to forward the message to the placement educators in their area. The initial request briefly described the research focus and asked for anyone interested in volunteering to contact the author (Appendix 2).

Interpretive research does not aim to produce generalisable results and the scale of the research project suggested a pragmatic limit on the number of participants to include. The aim was to generate rich meaningful data that would allow an in-depth exploration of the topic but recognise that there would be a point of data saturation when no new insights arose. Ten has been suggested as an appropriate number of participants for this (Smith *et al* 2009).

Over thirty people responded to my initial email and from these I purposively selected ten placement educators who would bring diversity through a range of factors such as: age, clinical education experience, location and patient group experience. All the participants were women which reflects the 97% female bias in the profession and, interestingly, the fact that no male SLTs responded to my email.

Table 6 gives information regarding participants' experience as a SLT and as a placement educator. Clinical experience ranged from between five and thirty two years. One of the participants was, at the time of her first interview, about to take her first student while the most experienced placement educator had twenty nine years' experience in that role. Each participant has been given a

pseudonym which they were told when the pen portraits were sent to them at a later date (discussed below).

**Table 6: The Participants**

Participant	Years experience as an SLT	Years experience as a placement educator
Aida	32	29
Amy	21	12
Ann	18	10
Justine	7	5
Paula	5	0
Rose	3	2
Marie	15	13
Beatrice	25	21
Lucy	5	3
Jane	14	10

***Generating the data - the interviews***

The interview is widely used as a method for data collection in qualitative research but the characteristics of that interview vary according to the methodology adopted. The descriptor ‘thick’ is often used in relation to the descriptions required in data which presents ‘detail, context, emotion and the webs of social relationships’ (Denzin 1989 p83) from interviews in which participants have been able to speak freely and reflectively.

Working with emergent themes rather than *a priori* theories precludes the use of questionnaires or structured interviews, and extended interviews are often used to generate narrative data (Bleakley 2005; Cortazzi 1993). As I was concerned with generating stories from the participants on a specific topic without excessive steerage, the semi-structured interview was used (Creswell 2009; Liamputtong 2007; Smith *et al* 2009). Mills (2001 p287) describes these as pre-planned conversational interviews in which participants are able to talk at length within a loosely framed interview schedule which deters 'aimless rambling'. The format of the semi-structured interview is flexible enough to allow for exploration of any tangential topics while offering adequate structure to elicit reflections on the relevant areas from all participants. The interviewer is the listener, not the talker, and any questions or prompts from the interviewer are not pre-scripted but are responses to each individual participant's situation and story (Denzin 1989).

Using the invitation: "Tell me about how you learnt to be a placement educator", participants were asked to tell their story in their own way (as advocated by Clandinin and Connelly 1994). The use of prompts that opened up the discussion, rather than cutting off emerging themes, was vital to the aim of responding to the themes and issues introduced by the participants themselves. Active listening skills such as nodding, mirroring and affirmations (Mills 2001) were also used to respond to the participants' stories in a positive and encouraging way.

After the first interview, which was with Aida, preliminary consideration of the data revealed several themes:

- The impact of the student on the placement educator's learning
- The placement educator as role model
- Professional development

I then developed a short list of prompts for the remainder of the interviews and these prompts were short phrases about key topics, such as 'any challenges arising from having a student' and the list evolved during the interview process (Appendix 3).



The communication skills I employ as a speech and language therapist have been invaluable in developing sensitive research interviewing skills. I feel that these skills certainly contributed to the success of the interviews where participants appeared relaxed, open and forthcoming in telling their stories of, what were at times, very personal events. I was also aware that as the interviewer I had an impact on the way the participant chose to tell their story (Riessman 1993); as Cortazzi notes, the teller is not the only person telling the tale, the listener also shapes the story (1993 p21).

Interviews took place between March and July 2011 and varied in length from 40 to 65 minutes. Paula was the only participant interviewed twice and this was done in order to hear her stories from both before and after her first placement educator experience. There were, therefore, eleven interviews in total.

### ***Place***

While telephone interviews have been used successfully in research on similar topics, for example students' experiences of higher education (Marks *et al* 2003; Quinn *et al* 2005), a face to face interview seems to give the best opportunity for a rapport to be developed between participant and researcher and allows plenty of time for in-depth discussions to develop. As an SLT, I am very aware that non-verbal communication is as important to an interaction as verbal communication (Rustin and Kuhr 1998), and this aspect would be missing from a telephone conversation. Participants were asked to choose the time and place for the interview as they were all busy clinicians constrained by their working contexts. Six participants chose to be interviewed in or near their work setting, three came to talk to me on the university campus and one was interviewed in her own home.

### ***Studying sideways***

Ethical considerations relating to problems inherent in qualitative research interviewing are usually discussed within the context of either the insider or outsider dynamic (Bridges 2001) or the inherent power dynamic of studying down (Gibbs and Costley 2006). The implications of studying up, to those in a

position of power or influence over the researcher, have also been discussed (Cassell 1988).

In this research I did not position myself as either insider or outsider, studying neither up nor down; however the concept of 'studying sideways' (Plesner 2011) as a descriptor seems apt. Plesner's description of a research project where 'researchers and their participants share professional background.....shared or common vocabularies..[and] bring interests to the table that both sides are familiar with' (2011 p471) defines this type of inquiry. Like the participants I have worked as a clinician and have also experienced being a placement educator; however I am now, in my current academic role, a step removed from them. Due to the nature of the purposive sampling which drew on my contacts in the clinical context, all the participants knew of me and my current role. I was therefore familiar to them, in at least name, and could not be considered a complete outsider; but neither was I an insider as I no longer share a working context with them. I was not studying down as I have no influence or power over the participants; neither did I feel that they could manipulate me in any way so it was not a studying up situation. However, the author's speech and language therapy programme relies heavily on the placement educators' provision of clinical placements for students and my awareness of this may have impacted on some of my responses to points made by the participants in the interviews.

### ***Advantages of studying sideways***

My position as a professional tutor with responsibility for organising clinical placements did bring advantages in the recruitment of participants and enabled me to use my existing knowledge to purposively choose clinicians with a diverse range of experience, and from across a wide geographical area. This contributed to a trouble free participant recruitment period. During the interview process I was comfortable visiting the different settings to meet participants and could fully appreciate the working pressures on them that might affect the interview schedule. I shared a vocabulary of 'professional jargon' with the participants and this meant that I did not need to seek explanation of any profession specific terms that they might use. I was also able to use shared experiences and understanding of the SLT role and placement process to

contribute to creating a relaxed interview environment. Finally, having experienced the role of placement educator myself, some of the stories that the participants told resonated with me. All of these points meant that the interviews flowed easily with few interjections from me. All of the participants seemed happy to speak to me and were very talkative; the transcripts evidence that I contributed very little to the hour's conversation.

In response to my opening question of 'Tell me how you learnt to be a placement educator' one of the participants said "That is a qualitative question!" which reveals an understanding of research methodology herself and perhaps surprise at how broad a question I was posing. This also illustrates that all of the participants in this study were familiar with the use of research to inform their work and were not naive participants. They understood the implications of taking part and how their data might be used; which of course may also have influenced what they were prepared to share with me and how they framed their stories. The participants did appear to welcome the opportunity to talk at length about their experiences yet some may have been very guarded in what they told me.

### ***Challenges of studying sideways***

Despite the many perceived advantages it is also vital to acknowledge that there were aspects of studying sideways with colleagues, whom I at the very least knew of, that were challenging.

Several of the participants asked me specific questions about our HEI programme and when this happened I told them I would return to their questions at the end of the interview when the tape recorder had been switched off. While participants were asked not to refer to students by name, they did at times talk about experiences linked to specific students or events that I could recognise from their descriptions. On these occasions I aimed to be non-committal in my response and did not get involved in any discussion of those specific students' performance. There also seemed, at times, to be an element of 'off-loading' in the participants' stories about students from our institution, where the former felt they could pass on points they felt I should be aware of as a tutor rather than as a researcher and so there was an occasional crossover

and blurring of my roles. It was at these times that I reflected in action that while as a tutor it was helpful to have this information and be able to act on it at a later date; I also wanted the participant to see me in the researcher role rather than as a tutor. Plesner (2011) advocates that when studying sideways we should in fact cultivate confrontation and disagreement but this is perhaps easier said than done. She also reminds us that either party could make assumptions about what has been said and not check that they have fully understood the point being made.

Ultimately I decided that, although there was occasional tension between my roles as a researcher and as a placement tutor, there were positive outcomes for both my data collection and the professional relationships involved. Perhaps reflecting, that that this research, as a part of a professional doctorate, is strongly aligned to my professional practice.

The SLTs involved, by very definition of their professional roles, possess advanced communication skills, as do I. This is of note and could be perceived as affecting the interview process in different ways. In this type of narrative inquiry, where the participants are asked, through open questions, to tell their stories, their ability to express themselves easily contributed to the rich and detailed stories I collected. However it must also be acknowledged that these advanced communication skills mean that the participants are skilled at presenting themselves to others and are aware of the power of both verbal, and non-verbal, language. I also reflected that the participants were always aware of my tutor role, particularly as we were talking about placement issues, and so they may have been constructing a picture that fitted with my expectations of them as placement educators.

### ***Recording the stories***

Narrative inquiry requires an accurate and full transcription of all data (Riessman 2008) and so audio-recordings of all interviews were made. For this, of course, participants' permission was obtained and attention paid to data protection legislation (MacFarlane 2007), particularly with regards to confidentiality and long-term storage of data. These audio data were then transcribed verbatim. For health reasons I was only able to transcribe one of the

interviews myself and so for the other ten interviews I employed the services of a professional transcription service based some 300 miles away. This was a deliberate policy as I was aware that some students act as freelance transcribers for a local transcription service and I wanted to avoid any conflict of interest or breach of confidentiality.

I acknowledge that if I had been able to transcribe all the data myself this process would have in fact contributed to my immersion and familiarity with the data and is the first stage of analysis. In fact researchers argue it should be seen as “a key phase of data analysis within interpretative qualitative methodology” (Bird 2005 p227). To redress this I listened to all the interviews in full again, checking their accuracy against the transcripts, before immersing myself in the hard copies. I also returned to the audio versions at various times during the analysis and discussion of the data.

## **Data analysis**

Key to this type of qualitative research design is that the process of analysis can begin before all the data has been collected so that analysis of early interview data runs concurrently with later interviews (Creswell 2009; Tesch 1990). Analysis also continues into the writing up stage as that writing continues to shape thinking about the data (Butler-Kisber 2010; Hunter 2010) and develop understanding (Coffey and Atkinson 1996). There is no one prescribed method for working with narrative data but rather, a set of principles and common processes that are typically employed (Coffey and Atkinson 1996; Tesch 1990). Analytical approaches used with narrative data include thematic analysis, structural analysis, dialogic analysis and even visual analysis (Bold 2012; Riessman 2008). My aim was to ‘expose and track particular themes as they arose from the original research question’ (Mills 2001 p288) with a focus on ‘what’ was said rather than ‘how’. Therefore the method employed here was one of thematic analysis which has been described as a flexible approach to data analysis that is not tightly bound to one methodology (Braun and Clarke 2006; Coffey and Atkinson 1996; Tesch 1990). Thematic analysis of the data necessarily fragments the data, apparently working against the aims of a narrative approach that facilitates coherent storytelling (Riessman 2008).

However the decision to use thematic analysis with narrative data allows the researcher to identify specific issues of interest and then structure the findings coherently for discussion (Bold 2012).

The approach used to thematic analysis was one of open, or inductive, coding where the codes emerge from the data and are then used to label points of interest as they are identified (Tesch 1990). Bold (2012 p131) describes how the use of this type of open coding in the thematic analysis of narrative data allows participants' narratives to provide 'the information they want you to hear'. Here, thematic analysis enabled the researcher to understand the complexities of learning to be a placement educator through an exploration of the different parts that constitute this complexity (Van der Veer 2001); these 'parts' are the experiences that were important to the participants. The data are presented under thematic headings and sub-headings and are illustrated by extracts from the participants' stories.

In representing the data and discussing the findings in chapters 4 and 5, the issue of fragmenting the participants' stories has been addressed in specific ways, designed to resolve any perceived problems. Chapter four presents each participant to the reader through a brief pen portrait (as described on page 82) and chapter five is summarised with a 'representative construction' (Bold 2012), also discussed later in this methodology section.

Initial coding for each participant's data involved noting apparent themes and sub-themes on each transcript as they emerged from my reading and thinking about the data (Appendix 4). Table 7 illustrates this open coding of a small piece of Amy's data.

Following this, the themes and sub-themes coded within each participant's data were grouped into apparent super-ordinate themes which shared meaning; this created a preliminary organisation system (Tesch 1990); see Appendix 5 for an example of this. These themes were then compared to, and collated with, themes from all the participants' narratives. The coding of the super-ordinate themes was re-worked and refined and examples included from across the whole data corpus. Thus I employed a process of analysis and interpretation that worked both within and across all of the data sets.

**Table 7: An example of open coding**

Data excerpt	Themes	Sub-themes
<p>Partly by how I was taught as a student; <u>I had 2 really good clinical educators myself</u>, one of whom I met on the [<i>university name</i>] gathering. I know, really strange. And then one I had who was very poor, not from [<i>university name</i>], and so I learnt from that as well. Then I've also learnt through the <u>clinical educator training</u> that [<i>name</i>] ran was really effective in honing my skills but making it more consistent and more logical</p>	<p>Own student experience</p> <p>Role models</p> <p>Training</p>	<p>Positive role model</p> <p>Negative role model</p> <p>CE training</p> <p>Honing skills</p> <p>Benefits</p> <p>Learning preference?</p>

In this type of thematic analysis the identification of themes and their categorisation is used to develop a conceptual understanding of the experience being explored. Text is de-contextualised and reconceptualised to produce an explanation that is firmly grounded in the data (Butler-Kisber 2010; Tesch 1990). Through a cycle of identifying emergent themes both within and across participants' data, an interpretative account, supported by data extracts was produced. The steps used in the data analysis procedure for this project are summarised in Table 8.

The move from coding to interpretation (Coffey and Atkinson 1996) was supported by a thematic, or concept mapping, process (Braun and Clarke 2006; Butler-Kisber 2010). Concept maps are 'a visual way of expressing ideas...in a non-linear and visual format on paper or on the screen to show the thinking as it emerges, or to represent ideas in their embryonic stages' (Butler-Kisber 2010 p39) and can be similar in appearance to mind maps (Buzan 1974).

**Table 8: The phases of thematic analysis used in this research**

(The process used in this research was based on the work of Bold 2012; Braun and Clarke 2006; Butler-Kisber 2010; Silverman 1993; Tesch 1990)

1. Familiarisation with the data: listening to audio recordings, transcribing data; checking transcriptions for accuracy; reading and re-reading transcriptions; noting initial ideas on emerging themes (concurrent with data collection)
2. De-contextualising: detailed identification of ideas/topics within each participant's data Open coding of these topics for each data set
3. Identifying topics within data sets: grouping codes: seeking connections between codes to generate themes; looking for repeated patterns of meaning
4. Collating all examples relating to each theme for each participant
5. Writing pen portraits for each participant
6. Re-contextualising: Identifying themes across data sets and collating examples from each participant
7. Reviewing the themes within and across data sets
8. Organising: using concept maps to group themes in super-ordinate categories; identifying sub-themes that constitute each theme
9. Writing up: shaping thinking as one writes; striving for a deeper level of analysis through continuing interpretation and reading of the literature; writing a representative construction; devising visual illustrations to support discussion

There were many re-workings of the concept maps which reflect my visual approach to working with data organisation procedures. As I wrote up my findings I also continued to refine the theme and sub-theme organisation so that the writing up stage was intertwined with the analysis process (Coffey and Atkinson 1996; Hunter 2010). This eventually led to the identification of six superordinate themes and their sub-themes as illustrated in Table 9.



**Table 9: Learning to be a placement educator: themes and sub-themes identified in the data**

Themes	Sub-themes
Reflecting on one's own experience as a student	Critical incidents Role models Learning on placement Impact on planning as a PE
Learning and growing through experiences as a placement educator	Critically reflective practice Feedback from student 'Honing skills' Learning from challenging experiences The clinical context
Drawing on SLT skills	Transferable skills Being a critically reflective practitioner Advanced beginner to professional artist Imposter syndrome?
Learning through peers/colleagues	Observation of colleagues in the PE role Peer support
Formal learning	Clinical education training Post-graduate study/self-directed learning Transferable skills
Further growth and role models	Lifelong learning Being a placement educator as CPD Being a role model as a placement educator Professional artistry/Burnout?

I acknowledge that discussing the findings using decontextualized data to illustrate my thematic interpretation risks 'fracturing' the narrative sequence of the data (Riessman 1993 p3) and may allow some participants' voices to dominate (Hunter 2010). However, through the pen portraits and the writing of a representative construction (Bold 2012) (explained below), I have endeavoured to retain some of the coherence of each participant's story.

### ***Pen portraits***

Following my immersion in the data through repeated listening and reading of the scripts, I wrote brief descriptions of each participant that aimed to summarise my interpretation of the tenor of each interview. Doing this alongside the analysis of the data helped to maintain the holism and narrative component of each interview which can be lost in the fragmentation of the data in thematic analysis (Hunter 2010). These brief summaries, or pen portraits, were then sent to each participant for their comment and are presented in chapter four as an introduction to the participants in this study.

### **Representing the data**

In my interpretation of the participants' stories I was constantly mindful that, while I could interpret their language as a route to understanding their knowledge, I did this through my own conceptual constructs and the participants' realities were independent of my own (Ernest 1996 p87).

I present and discuss my findings in chapter five through an exploration of the themes and sub-themes identified as important to the SLTs in this study. These discussions are supported by direct quotes from the participants, whose voices are heard directly speaking to the reader. Within these direct quotes, I have retained the exact wording of the participants which, inevitably as spoken discourse, contains syntactical errors that reflect unfinished sentences and re-direction of thoughts. I have also illustrated my interpretation with some long excerpts of participants' stories and again this was a deliberate choice as I hope to retain some of the narrative element of their responses rather than reducing the data to short 'sound bites'.

While writing up, the obvious fracturing of the narrative sequence through thematic analysis (Riessman 1993 p3) was apparent and, as a response, I wrote a short story to re-present the narrative element of the participants' stories. The data were configured into a storied format which, while fictional, is 'parasitic on the factual narrative' (Bridges 2003 p96) in the data. The use of this device aims to re-connect the discussion of the thematic analysis with the original narrative form in the participants' accounts. I have entitled this composite story 'Eve's

Story' and it is used to conclude chapter five. Words, themes and ideas were taken from the whole data corpus and re-worked into a cohesive account of one possible story of learning to be a placement educator. This story is not claimed as the 'true' account of how SLTs learn to be placement educators but is included so that readers can make comparisons with their own experiences. Readers may judge its credibility in relation to their own experience and decide whether it represents a plausible account. Bold (2012) calls this form of reporting a 'representative construction' and describes how it can be used to capture and collate data from a range of sources. Information from the data is reconstructed, or represented, in a way that aims to present the author's interpretation of events in the same way that the participants' stories are their interpretations (Bold 2012). I hope that fictional Eve's story will help the reader to better understand the story I am telling about these SLTs' experiences.

## **Ethical Considerations**

*As researchers (and human beings) we act as 'morally responsible selves'...we need to be flexible and reactive, but above all, accountable for our actions*

(Hallowell et al 2005 p149)

The ethical considerations around a piece of research are of fundamental importance and should not be considered as the 'extras' tagged on the end. At all stages it is important to anticipate any ethical issues that might arise (Creswell 2009). Ethical guidelines such as those from the British Educational Research Association (BERA) set out clear guidelines for education research on such matters as voluntary informed consent, right to withdraw, deception, incentives and privacy, which must all be considered (BERA 2011). Pring (2000) makes the point that it is not possible to devise a set of rules to cover every potential issue; it is more useful to consider principles which embody the core values embodied in the rules. In his discussion of research integrity and the development of a positive framework to describe that integrity, MacFarlane describes six 'virtues': courage, respectfulness, resoluteness, sincerity, humility and reflexivity (2009 p42). The values and principles exemplified by these virtues are those which I sought to adopt in my research. Beyond gaining ethical approval and adhering to the BERA guidelines (2011), I believe that

consideration of these principles ensures that any research undertaken is ethical and moral.

Ethical approval from Exeter University was sought at two stages in the research process; firstly at an early stage, for the focus group conversation with a small group of final year SLT students. I explained fully to the students that I was in the very early stages of shaping my research question and wanted to explore their experiences of being an SLT student. A second application for ethical approval was then submitted for the placement educator interview stage when I had refined my area of research. The right to withdraw from the study at any stage was made explicit to all participants.

Given the small scale nature of the research and the specific target group to be interviewed, there are concerns that it might be possible for some readers to deduce the identity of a participant; MacFarlane refers to this as 'deductive disclosure' (2009 p66). While pseudonyms were used there is still a danger in this type of qualitative study that contextual factors could allow for participant identification. For this reason care has been taken to remove all unnecessary contextual information in the thesis such as reference to geographical location of the participants and their specific clinical setting.

As practising SLTs, the participants had some understanding of many of the ethical issues relating to the research; for example informed consent, confidentiality and use of data. Liamputtong (2007) suggested that providing feedback and a transcript of the interview to participants is one way of demonstrating respect towards the participants. Therefore each participant was sent a full transcript of their interview and asked to comment as they wished. Eight of the ten participants responded and none asked for revisions to be made beyond reassurance that any identifying remarks would be removed.

I must also acknowledge my own position as a lecturer on a BSc SLT programme and reflect on whether there is any bias and partiality in the findings I present. Given the subject of the research, placement educator development, it is sensible to acknowledge that the finished work may also be of interest to my colleagues, the Dean of Faculty, and to the Strategic Health Authority (SHA) who currently commission the SLT programme. MacFarlane (2009) warns against the 'vice' of partiality; a particular type of bias engendered by concern

about the views of powerful interested parties. Further, the research report should not ignore any findings that do not marry with predominant themes or concepts; as Pring (2000 p 153) clearly states “the virtuous researcher would be horrified at any attempt to ‘cook the books’ or to stifle criticism or to destroy data or to act partially”. One must be ready to accept that themes identified in the research may be incompatible with prevailing assumptions and this may challenge all those involved to change those assumptions.

Issues of power relationships and perception of the interviewer’s agenda were considered in this specific research context. Here, the participants were all clinicians who have offered or provided placements to SLT students from the programme on which I lecture. They therefore all either know me or have come across my name on institutional documents. I was careful to explain my doctoral research role clearly and fully to participants before I interviewed them in order to differentiate between the role of researcher and that of my usual role as a professional tutor. Participants were given a full explanation of the topic to be explored, the interview process and the interpretive approach before being asked for their informed consent; for most it was a first encounter with this type of interview process and I was concerned that their expectations might not be the same as the interviewer’s.

Each set of interview data was assigned a code number for the recording and transcription process, with a pseudonym being assigned to each participant once each transcript was complete. Biographical details for each participant were recorded separately and not included in the transcript. Audio recordings were immediately uploaded onto a password protected computer before being erased from the digital recording device. Audio files were stored under the participants’ pseudonyms.

## **Trustworthiness and credibility**

While positivist research is judged within the parameters of validity, reliability and generalisability, interpretivist research does not claim to define any 'truth' as demonstration of its validity. Nor does it claim to produce generalisable theories of knowledge but is judged by its trustworthiness, credibility, authenticity and rigour (Butler-Kisber 2010; Silverman 2010; Webster and Mertova 2007). The description of the context for the study in chapter one and the detailed explanation of the research methods employed in the methodology chapter are designed to demonstrate the credibility and rigour of the study. The use of participants' voices in direct quotes from the data contributes to a judgement of the authenticity and trustworthiness of my interpretation in the findings chapter as it enables the reader to follow the trail from raw data to discussion.

Detailed notes were kept during the thematic analysis process showing how themes and concepts were drawn from the data. A reflective diary was kept during the course of the whole study and this includes reflections on each interview, the analysis and writing processes. This critically reflective writing exercise enabled me to examine my motives, biases and feelings at every stage of the research process and contributes to the credibility of the work by ensuring my awareness of any assumptions impacting on my work (Butler-Kisber 2010).

Member checks (Lincoln and Guba 1985) were also included at two stages in the research process. Transcripts of the interviews were sent to each participant for their verification and to allow them to make any changes or additions they wished. Eight of the participants acknowledged receipt and indicated that they were happy with the content of the transcript. The pen portraits were also sent to the participants at a later stage in the research process. Nine of the participants responded at this stage and all indicated that they were happy with the pen portrait and with their pseudonym.

As is typical in interpretive research, the concepts and ideas generated by me from the data represent only my identification and understanding of the themes from this small group of SLTs and as such, are not claimed as generalisable to a wider population (Pring 2000). However my hope is that on reading my interpretation there will be what has been termed 'particularizability' (Butler-

Kisber 2010 p15) for some readers who will find that themes and ideas resonate with their own experience and offer a space for their own critically reflective practice.

## **Summary**

This research began with a small-scale exploration of issues that SLT students felt were important to their learning and, from this, developed into an in-depth study of speech and language therapists learning to be placement educators. This chapter has described the research methodology and methods employed as the research evolved. A small number of placement educators told their stories during semi-structured interviews and then an inductive, thematic analysis approach was used to identify key concepts both within and across these stories. A diagram illustrating the research process is included in appendix 6. The remaining chapters of this thesis discuss and evaluate my findings with reference to the literature of professional development, experiential learning and reflective practice as reviewed in chapter two.

## Chapter 4

# MEET THE PARTICIPANTS

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### Pen Portraits

I preface the discussion of my findings with a brief introduction to each participant. I do this to provide context and preliminary understanding for the following discussion while acknowledging that these are my subjective interpretations of each individual's essence. Using both my field notes, and the notes from the process of analysing and coding the interviews, I have endeavoured to capture something of the flavour of each interview; the impressions I gained of the overall tenor from each participant's telling of their experiences. I illustrate my points with examples using the participants' own words. A copy of each of these pen portraits was sent to the relevant participant for validation and comment. This was the first time that participants had been told their assigned pseudonym. Nine of the ten participants responded, all affirming that they were happy with the summary; comments included: "Your introduction for my interview is spot on"; "Love the name. Yes that is fine"

### Aida

Aida, the oldest and most experienced clinician, appeared the least comfortable in the interview situation and did not feel that she had much of interest to tell me; *I'm sorry, I told you it wasn't going to be very interesting* (p12). She lacked confidence in her own skills as a PE *I still don't think I'm very good at it* (p7) and was self-critical *it must be because I'm not a very good educator that they're not getting it* (p10); *I was probably too, what's the word? Interfering* (p1).

What came over very strongly in the interview was Aida's thirst for knowledge, passion for her clinical work and her client centred approach: *I wouldn't want the clients to be at the butt end of what was going on* (p1). *I think your ultimate responsibility is to the client* (p8).



*Before the internet the only way that you found out what was new and happening in the field was to ask your students (p5).*

The main foci of her interview, which was the first I conducted, were: a reflection on how the student learning experience has changed over the past three decades; the student in the workplace; and Aida's self-perceived limitations as a 'good placement educator'.

### **Amy**

The lasting impression of Amy is of a deeply reflective, highly skilled practitioner who has positivity in her approach to the role of placement educator: *I have an interest in how people learn (p1).*

*If you are a reflective therapist...then you'll be a reflective educator (p3).*

*You have to take quite an active, analytical way of thinking about the student learning (p3).*

She feels a great sense of responsibility for the student's experience and recognises her role as being powerful in shaping the clinicians of the future *you can make or break somebody's experience by how you are...I really want therapists of the future to have those skills....I don't want to waste the opportunity (p4).*

### **Ann**

Ann appeared very focused on the students' learning experience: *I do try very much to make sure they have clients who aren't too complex...to give them the opportunity to achieve their objectives on the placements (p1).* Her experienced, pragmatic approach is apparent as is a measured, reflective approach to designing suitable placement experiences. This is summed up in her own words:

*But as a therapist, if you're going to take on students, you've got to accept that they come with different ages and different levels of life experience and can bring different very valuable things to your team during that time and you just*

*have to be very flexible with them. And you have to adapt according to each individual because they're all different (p4).*

## **Justine**

Justine is a relatively young clinician who expresses her passion for SLT: *I was like, I love dysphasia and I want students to grasp dysphasia and love it as well (p3).*

The 'we' voice of herself and her student is very strong in her narrative of placement experiences as she describes events *I was like, bring it, we can do it together...and then we did it and we were like, yeah! (p9).*

Justine was very open in telling 'horror stories' from both her own, and her students' experiences. These she used to illustrate how a 'good placement' should look. Her focus was very much on the student learning experience and the PE-student relationship *they'll be like, oh you'll be alright with Justine. And that's really nice because they already feel like it's gonna be okay (p10).*

## **Rose**

Rose in her very first response refers to *the journey of having students*. She recognises and talks about her own development: *So I think I've kind of grown in my role as a clinical educator. I've become much more assertive, much more confident and I just know a lot more what I need to aim for, especially I think with third year students (p2).*

She is a relatively recent graduate who expressed pride in her role as a placement educator and in the profession of SLT *And the last students I've had, I think I felt like I did the best job compared to the first student that I had (p2).*

Her recollection of her own student experiences is, on the whole, a positive one that has shaped her approach to the PE role: *I think I really enjoy having students because I really enjoyed being a student (p3).*

## **Marie**

Marie is a very experienced, skilled clinician who is both a manager and an occasional lecturer. In the interview she presented as someone who is confident in her own style yet is open and accepting of different approaches;

*“I like to establish what their learning style is first because I’m quite directive and I’m quite, this is the way I like to do it, but I also do maintain that placement is about the students becoming their own clinician. It’s about them discovering how they want to deliver therapy and that’s not necessarily gonna be the same as me or the same as the other clinicians who work here. This is my teaching style, how do I need to adapt it for your needs? (p3)*

She reflects on how others perceive her and actively seeks and acts on student feedback. She talks extensively about both her own and the student’s responsibility in the learning experience and has high expectations for both.

However, even after many years of skilled practice Marie still has occasions of doubt in her own practice: *that’s one of the nerve-racking things about being a clinical educator, what if they don’t like what I do? What will they think? There’s a lot of that whole professional fraudulence comes into it. Oh my God, you know. Yeah, I’ve been working all these years but there’s still that side of it (p11)*. And a recent, challenging experience of supervising a student who subsequently failed the placement coloured much of Marie’s reflection on her role as a placement educator.

## **Beatrice**

Beatrice is an experienced and highly skilled clinician who has supervised students for many years; has lectured and is a manager. She is confident in her practice expertise and her responsibility to the quality of the SLT profession is paramount: *ultimately I still have that responsibility to my profession and my patients and I’m not gonna let somebody get through just because they’re nice (p4)*.

She refers to herself as having high standards (p5) for both herself and her students and again it is challenging students who dominate her stories of placement experience. Beatrice refers to a probable ‘peak’ in being a

placement educator and seems to imply that she is now past that peak although she still seizes any opportunity for professional development *I like taking opportunities and that's what keeps you fresh and enthusiastic* (p9).

### **Lucy**

Lucy is developing her expertise as both a clinician and a placement educator and *actively seeks* opportunities to have students. Having recently changed jobs she is finding it *harder to have students than [she] did before* as she faces the challenges of a new clinical role. It is obvious that Lucy values the support of colleagues as she develops as a placement educator but recognises that her own confidence and skills are developing. Reflecting on the experience of having to fail a challenging student forms a substantial part of the interview *we never really got to the bottom of what was happening but I found that really difficult* (p6).

### **Jane**

Jane is a very busy clinician who works part-time which means she has less time to prepare for student placements *I do only have 2 days and I've just got a massive job to fit into that and having students* (p4).

Jane is confident in her own skills as both educator and clinician and is able to identify key characteristics to illustrate this *I'm generally quite good with people...I'm quite intuitive and fair and good at bringing people out and I think I've got good skills for being an educator* (p4).

The student's responsibility for learning is a strong theme *I hope and expect the students to be able to tell me this is what I need* (p3) and *I am often disappointed by how little they know and I feel like I'm having to teach them as well* (p10).

### **Paula**

Paula was the only participant who had not actually had a student on placement at the time of the first interview. She had completed a day's generic placement educator training and was expecting her first students a few weeks after our first

meeting. Paula was unique in that I interviewed her twice as I wanted to capture her experiences and reflections of her first placement experience immediately after the event.

Interview 1: Paula appeared excited and enthusiastic about both her clinical role and about becoming a placement educator: *We've got some really exciting things for them [students] to do and I hope they really enjoy it and actually it will help our young people [the clients]* (p8).

*I love talking about speech therapy. I bore a lot of people if I get the chance* (p9).

Paula was very optimistic about all aspects of the impending placement and even when she considered the challenges she quickly identified ways to overcome any problems: *Space. Where are they going to work? We already have few spaces at the best of times...but it's all good and we can manage those definitely but that is a slight kind of challenge* (p9).

Much of the interview centred on her recollections of her own experience as a student and she appeared to have been heavily influenced by some difficult learning experiences: *so that was a really awful experience and I felt the demands on me were too high* (p4)...*it just got very nasty, it got very negative ...and I'm never, ever, ever, doing that* (p5). However it was Paula's positivity and enthusiasm that was most apparent in the first interview *Anyway it'll all be good* (p10).

Interview 2 with Paula (12 weeks later)

My second interview with Paula enabled me to talk to her in depth about her first experience of enacting the placement educator role. What is apparent from reading the interview transcript is the high level of critical reflection Paula employs:

*I need to look and reflect.....I need to look into that....I need to reflect on how I can do that better.....I think this is about how I can be a better clinical educator* (pp1&8)

Paula has spent a lot of time reflecting on this placement and the challenges that it presented. From these reflections she has already made concrete plans

for how she might do things differently next time. She refers to several 'critical incidents' that had a great impact on her, in some cases causing her *hurt* and to feel *embarrassed and silly*. Her enthusiasm for the role is still apparent but is now tempered by a sense of responsibility, surprise and self-blame. The overriding sense is of an educator who questions her own role and skills, never blaming the students for problems but seeing it as her responsibility to find solutions *for it to work I'm the one more able to change than they are.....I need to make [that] more explicit* (p8). Yet at all times Paula retains her enthusiasm and positivity - *we had so many exciting opportunities* (p3) and *but great learning, all brilliant learning and it's not negative experience at all, it's been the most exhausting experience I've had* (p7).

These then are the ten SLTs who told me their stories. The next chapter of this thesis present my interpretation of those stories through a discussion of key themes in those SLTs' stories learning to be placement educators.

# PRESENTATION AND DISCUSSION OF DATA

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## Introduction

The opening question in the interviews asked the participants how they felt they had learnt to be placement educators and this generated rich stories of their experiences. In the same way that storytelling has been used as a medium for teachers to reflect on their own practice, focussing the teller on key incidents and making sense of what has happened (Cortazzi 1993), for my participants, stories were told and experience re-enacted in response to my interview comments.

The thematic analysis of the participants' stories yielded six over-arching themes, each of which is characterised by a number of sub-themes as presented in Table 9 in chapter three. These six superordinate themes have been organised into three groups for presentation and discussion in this chapter:

### **1. Learning to be a placement educator through reflecting on experience**

*Themes:*

- Reflecting on one's own experience as a student
- Learning through experiences as a placement educator

### **2. Other sources of learning used by these SLTs**

*Themes:*

- Drawing on SLT clinical skills
- Learning through peers and colleagues
- Learning through training and formal study

### **3. The placement educator journey**

*Themes:*

- Further growth and role models

The first section, 'Learning to be a placement educator through reflecting on experience' considers how the participants drew on their own experiences as a student, and later as a placement educator, to support their development. The second section, 'Other sources of learning used by these SLTs', describes the importance of using clinical skills, learning through peers, and formal learning. The final section is entitled 'The placement educator journey' and explores themes relating to continuing professional development. The chapter concludes with the story of Eve, a fictional placement educator. Her story is presented as a representative construction (Bold 2012) that draws together the themes which were apparent in the stories told to me by the ten participants. Eve's story illustrates one possible journey in learning to be a placement educator.

## **LEARNING TO BE A PLACEMENT EDUCATOR THROUGH REFLECTING ON EXPERIENCE**

Key to the learning of these participants has been reflection on their experiences as both students themselves and as placement educators. They reflected on their personal experiences and from these derived meaning that they felt explained how they had learnt to be placement educators and what had been important in that learning.

### **Learning through reflecting on one's own experience as a student**

The starting point for many of the participants' stories was memories of their own experiences as students. It was typically the first aspect they talked about, and they illustrated their points with detailed stories of incidents that had had a lasting impact on them both personally and professionally. As such I interpreted these experiences as being highly significant to these placement educators' stories. For some of the participants being a student had been many years ago and yet those experiences remained vivid in their memories. Like teachers in previous research who told stories of their own experiences as learners (Connelly and Clandinin 1988), these placement educators reflected on their own experiences as SLT students and reported that this had contributed



significantly to their learning to be placement educators; they felt that they had learnt to supervise from being supervised themselves. The participants talked at length of these early experiences rather than referring to any formal training they may have undertaken for the placement educator role. This is a common finding in the health professions' literature; for example both physiotherapy placement educators (Delany and Bragge 2009) and doctors (MacDougall and Drummond 2005) have been found to draw heavily on their own student experiences to inform their educational practices.

The SLTs here situated the start of their learning to be placement educators in their own student experience:

*I'd say probably how I learn to become a clinical educator is my experience that I had as a student. (Paula p1)*

*I suppose you do it by reflecting on your own experience as a student. (Aida p2)*

*It starts when you're a student because you take away the best. You look at the best clinical education you had as a student and think that's what I want. (Marie p1)*

*I guess initially your formative sort of influences are the clinical educators that you had, or that I had, as a student (Beatrice p1)*

These responses, to my opening prompt of "Tell me how you learnt to be a placement educator," raise two key themes: the use of reflection and the influence of role models in the clinician's learning. Indeed in their stories of being a student on placement, the participants talked particularly about critical incidents, role models, their own preferred learning styles and the impact of all of these on their planning now that they were placement educators themselves.

The participants reflected on both their own and their placement educators' actions and identified the effect on their learning. In considering how these early experiences impacted on their own practice, the participants' stories often mirrored Kolb's (1984) experiential learning cycle. They would firstly identify a concrete experience (often a critical incident), then, reflect on that experience and form their own conceptualisation of the event and, finally, use this to plan how to enact the role of placement educator themselves in light of what they had learnt (Best *et al* 2005). This cycle is also one of reflective practice as

described by Boud and Edwards' three stage model (1999 cited in McAllister and Lincoln 2004 p126) where the clinician revisits the learning experience, focuses on the feelings that were present during the event and finally re-evaluates the experience with the benefit of hindsight. The interviews themselves afforded the participants another opportunity for sense-making of earlier experiences whereby they could construct meaning and knowledge through their re-telling (Jarvis *et al* 2003). The participants were reflecting on these early events from the viewpoint of now being a placement educator themselves and so brought a different perspective to events as they used their current schema to evaluate what had happened when they were students.

Apparent in these stories of placement experience are the elements of learning through both experience and social context. All of the stories of learning to be a placement educator were set in a social context in which 'others' played a key role in the development of this learning.

While the participants reflected on both positive and challenging experiences, it was stories of difficult times that dominated their stories. Some of these events could be described as critical incidents and are discussed next.

### ***Critical incidents***

The term 'critical incident' as used within the adult learning literature (Brookfield 1995) does not necessarily refer to crises or negative experiences but rather can refer to commonplace events that have a significant and lasting impact on the learner. Critical incident analysis is widely used in health, education and social work as a catalyst for critically reflective practice (Brown and Kennedy-Jones 2005; Lister and Crisp 2007; Thompson and Thompson 2008 ). While critical incidents do not have to be dramatic or negative, many of the stories the participants told were about incidents that had upset them when they were students themselves. The participants shaped their memories of these events into stories that illustrated specific aspects that they considered important to their learning. This use of personal narrative to give shape to experience and illuminate particular themes, as well as construct identity, has been described in the literature (Cohen 2008; Gaydos 2005; Watson 2006).

Ann recalled a specific negative experience when her own placement educator 'just flipped really' and she described this as 'destructive of my confidence levels':

*And I remember actually a senior therapist in the local clinic with a newly qualified therapist... we were running a group and she was trying to lead again. But all the parents and all the kids were just looking blankly at her because they hadn't understood and she hadn't really explained what was wanted. So I just said, oh shall I go first so I can show you? And so I did, and that was the most subtle way that I could just help people understand or help the children understand what was wanted. And she just flipped really, said "don't make me feel like a student again." (Ann p6)*

Ann is still perplexed by what she considers an 'unprofessional' reaction from her placement educator during the incident and even years later feels that her own actions were appropriate; 'I don't know how else I could have done that' (p6).

Paula recounted a story of an unpleasant placement experience and vowed that she would never to repeat what she perceived as mistakes made by her supervisor. It seems from her description that she still finds the recollection distressing and its impact was obvious as she talked of still having:

*Horrible memories of it now unfortunately. Five years on, I can't believe that these ladies are still impacting me.....I'm very aware of why it happened but even then, looking back, it's amazing how it still affects you (Paula p5).*

This resonates with the comment made by one of the third year SLT students in the focus group I ran in the first phase of this research project who, when talking about placement experience, said "It stays with you". While that student was talking from the perspective of recent experiences, it seems that her observation is reflected in how these participants talked about their own student experience many years later.

Paula recounts her story:

*One of the therapists engaged with me in quite unprofessional conversations about another member of the team.....and then I found out something on another student placement and told her in what I thought was a safe kind of environment. She was doing that to me. And then actually I got penalised for it but very, very passive aggressively penalised. And I knew she told the other supervisor but then they never told me so it was very muddy, very unclear and I was trying to use my initiative because that's something that's really pushed through my*

*course is use your initiative, don't bother your clinician. And I used my initiative and unfortunately I used my initiative with some piece of equipment that was broken and I got in a lot of trouble for that and I actually got shouted at in front of the team. So that was a really awful experience and I felt the demands placed on me were too high. (p3)*

The role of emotion and affect in adult learning has become more prominent in recent literature and is regarded as a central theme in experiential learning; it is recognised that the emotional dimension impacts on how the learner makes sense of experiences (Dirkx 2008). Emotions and responses to early learning experiences can have either a positive or a negative impact on future learning (Leitch and Day 2001).

Here, while the experiences may have had a significant negative impact at the time and left a lasting legacy, participants were often able to rationalise them differently with the benefit of hindsight and identify what they had learnt as a result. Paula was left feeling upset and confused by what she perceived as mixed messages from her placement educators. However, in recalling the incident she is able to construe it differently and identify ways it has impacted positively on her practice in shaping what she herself expects of students; *'the demands placed on the students ....and I've tried to think ahead and plan for that '* (p4).

Marie talked of how she *'hated it'* when her placement educator expected her to research the relevant theory before every client as she felt *'there were constant demands on me'* (p2), but on reflection she also felt that these were the experiences where she had learnt most because she had been pushed to extend her learning.

In recounting difficult experiences the participants often used their own story to affirm that they would not repeat those same mistakes and had identified that doing it differently was vital: *'it was like, "so you're just gonna fail me?" She should have sat me down three weeks before that and told me what I needed to do'* (Justine p3). The stories are being used to illustrate the participants' views of what are unacceptable or unhelpful ways of supporting students and help to explain the core values, such as feedback and respect, which they ascribe to the placement educator role.

It is notable that the majority of stories centred on negative experiences that both shook the participants' confidence at the time and had a lasting impact on their memories of being a student. An underlying message here is that, as students, the participants were left perplexed or upset when they felt things had not been explained to them clearly and rationally; this they felt undermined their confidence and their learning. As placement educators themselves now, they assert that they would act differently in working with students.

The perspective presented by the participants on these critical incidents reflects their beliefs about what should have happened in the given situation and so contributes to their 'presentation of self' (Goffman 1959) as placement educators. The stories may also be framed in such a way as to arouse sympathy in the listener and so contribute to establishing the interviewer/participant relationship, as has been found in other research of this kind (Marsh and Tversky 2004). And of course, central to the stories of their own student experience were the placement educators they recalled.

### ***Role models***

The participants often discussed their own student experience in terms of the role models on whom they subsequently tried to base their enactment of being a placement educator. The clinicians who had supervised them as students included those who were seen as both positive and negative role models to be either copied or not, but who, nevertheless, had influenced their subsequent behaviour (Donaldson and Carter 2005):

*And I have really entrenched memories of some of my clinical educators full of their very, very good style or their very, very poor style. (Marie p1)*

*So I would think if I try and emulate that then I would be going along the right lines. (Lucy p1)*

*I also tried to remember the clinical educators that I liked and hated and the ones that were nice but I didn't feel supported me enough because they were too nice. (Rose p1)*

Research shows that in the health professions a positive role model may also influence the client group with which the graduate subsequently chooses to

work (Althouse *et al* 1999; Elzubeir and Rizk 2001). This effect of positive role models on career choices was described by both Rose and Beatrice:

*My kind of two clinical educators that I still remember to this day were very enthusiastic and passionate about aphasia which has obviously been my area. (Beatrice p1)*

*I suppose my placement here was my biggest positive experience and that stuck with me massively, so a really positive experience here and actually the clinical educator that I had here, which was AB; she's not here anymore, she was my all time favourite clinical educator. She probably made it such a good experience for me. .... Totally, how she was with patients, her manner. You know, she was very calm, she was really organised. She was, you know, she was never flustered and she was really supportive. (Rose p7)*

These summaries of positive role models highlight certain key characteristics, such as passion and enthusiasm which are ascribed by these participants as desirable qualities in placement educators. Rose talks of the placement educator's skills with both clients and students, valuing her calmness, support and organised approach. Conversely the participants were adamant that they would avoid emulating negative role models from their student experience. Paula's recollection of what she describes as a 'very negative' placement educator led her to emphasise her desire not to repeat the same mistakes: '*And I'm never, ever, ever doing that*' (p5).

There are also humorous stories from the student experience that illustrate the lasting impact of role models. Marie recounts a story from fifteen years previously which serves to add colour to her '*worst placement ever*' and also to act as a parable for the type of placement educator she does not want to be herself:

*So I'm sat there, it's my first proper block placement, 4 weeks in a geriatric hospital as we called them back then. And I'm sat there with my very, very glamorous 45 year old clinician. Perfectly made up, perfectly dressed, long red nails, bright red lipstick. "Marie, I need to tell you this, there's two things you need to remember as a speech therapist. The first is every morning, you make sure that you walk through the management offices and you say hello to everybody so that they are aware of speech therapy. They need to know that the speech therapist is in the building. And the second thing you must always do is have perfect fingernails and perfect lips because communication Marie is all about mouths and hands. Marie, mouths and hands". (Marie p1)*

Marie's account, while perhaps told in this way to amuse the listener, also reveals something of Marie's belief of how a SLT should act (Marsh and Tversky 2004). It is humorous in its style but implicitly criticises a superficial view of speech and language therapy in a clinician who was concerned with image above everything else.

The role models to whom the participants referred had both a positive and negative impact but certainly shaped the participants' conceptions of how the placement educator role should be performed. This finding is common in the clinical education literature (Bluff and Holloway 2008; Donaldson and Carter 2005) and is illustrative of how educators can shape the professional development of the student through the model they provide (Chivers 2010; McLeod *et al* 1997). They portray a range of ways of enacting the placement educator role and the student appears to make judgements about this and decide, what to use themselves in the future, based on what worked for them personally. These judgements seem to be based on what they perceive as 'good' professional skills.

While the discourse of role models has been criticised in the context of the gender and race of teachers (Martino and Rezai-Rashti 2012), I have chosen to use this term in my discussions as it appears to describe how the participants framed their reflection on their own learning. It was the participants themselves who referred to the concept and described in their stories how different role models had impacted on their development. However, they did not cast their placement educators as idealised versions of 'how to be' but reflected on which specific aspects of their behaviour had impacted on them and served as an important influence. Their stories make frequent reference to those they considered important, with examples of specific behaviours, rather than exhibiting an unquestioning conformity to role expectations as has been described elsewhere in the literature (Crichlow 1999). The participants here described role models in terms of both their positive or negative influence.

The aim therefore is not to simplify a complex learning experience into a reductionist view of learning from a role model but to see this aspect as one part of the participants' development.

It should also be noted that in this research the gender stereotype is female: all the participants are female and none of them referred to either male placement educators or students at any time. This, of course, is an interesting phenomenon but beyond the scope of the current research.

### ***Learning styles***

Understanding of one's own learning style and a willingness to discuss this in the learning situation has been described as helpful in discussions between placement educators and students in planning learning opportunities (Best *et al* 2005). It is typical locally for both students and placement educators to use Honey and Mumford's model (2003) to identify their own learning style as pragmatist, activist, theorist or reflector as this is discussed in both the undergraduate programme and the training provided for placement educators by the HEI. Here it seems that the participants have taken up this discourse of learning styles. However, this is not unproblematic as the use of 'learning styles' in professional thinking and practice has been vigorously contested (Coffield *et al* 2004; Greenfield 2007; Hughes 2012). Uncritical adoption of learning styles in teaching risks shifting the focus away from learning and on to the learner's characteristics. This may lead to unquestioned labelling and stereotyping of students despite the lack of a theoretical basis for the models most commonly used to discern learning styles (Coffield *et al* 2004). However, there is value in having a knowledge of learning styles if it prompts educators to consider their own strengths and weaknesses as learners, and explore the complexity of teaching and learning further (Coffield *et al* 2004).

The participants in this study linked their own student learning experiences and preferences for learning style explicitly to their current approach to supporting students as placement educators themselves:

*I felt as a student I learnt best when I wasn't being watched so I always make sure that I give students some time on their own with clients to kind of relax and make their own mistakes rather than always be watched.  
(Aida p2)*

*You know and actually it's like, well how do you learn best? I'm a practical learner, personally. (Justine p1)*



Lucy's comments would suggest that she is predominantly an activist, who learns best through 'doing'. She identified placement opportunities that she feels are good for learning:

*Having the chance to have almost like a mini caseload and feel like you're really doing the job rather than just playing at doing the job, which is what it can feel like. I think those were the times that I really felt like I was getting something out of it. (Lucy p1)*

However, there were other times that she felt were of less value but she can now reflect on this from the placement educator's perspective and recognise that this may have been partly a matter of expediency:

*I always felt a bit disgruntled when I got bundled into a room for a morning and told read these text books. It kind of felt a bit like I can do that on my own. I don't need to be on placement to do that but, you know, I realise now that sometimes that's just necessary because the demands of the job mean you can't be with a student 24-7. (Lucy p4)*

Marie described how as a student she valued a reflector type approach with her placement educator that allowed them to discuss the clients in a way that enabled them to learn together. Contemporary literature on adult learning in the professional placement setting recognises the value of both the placement educator and student engaging in a learning partnership in which the student's contribution is valued (Ryan 2005).

Honesty in that learning partnership is highlighted by Rose as being of vital importance and her comments illustrate the need for accurate and meaningful feedback given in a timely manner (Marriott and Galbraith 2005):

*The whole thing about constructive criticism; it annoyed me when I knew that I did a bad job and my clinical educator said that it was all great but then when it came to the final assessment, they marked me down because you know, the truth came out then. Well, I would have preferred it if they'd been straight with me all along. I'd have been quite happy with that. (Rose p2)*

Aida, a SLT with many years experience, also reflected on how things have changed across the years reflecting the change in the discourse of adult education from a traditional to a collaborative approach that places the student at the centre of the interaction (McLeod *et al* 1997):

*I think there seems to be far more onus on the student now, you know to identify their own learning needs and, you know, whatever goals they want to get out of the placement. I mean I can't remember ever that being the focus of the discussion really. It was very much more client centred and getting experienced with different sorts of client groups. (Aida p5)*

The practical aspects of being a student on placement also impact on the learning experience and are identified as important factors. So that as well as the formal learning experiences, the participants remembered how tired they were, the demands of travelling, and the time needed to research and prepare for the following session. This gave them an appreciation of the pressures on the students they now supervise and thus the need to consider these in the support they offered:

*I think remembering how hard it was as a student and how tired I was and how everything was really new and how long it took me to plan sessions, to read up on stuff because, you know, you're dealing with new stuff all the time. ....so I always really think about that and whenever I see them tired or looking tired, I'm really, really conscious about that in how much time I give them to reflect or how much time I give them for my notes. (Rose p2)*

*And the good ones that I had who gave me plenty of time, I do try and model it on that, sort of making time and making sure I've got time at the end of the morning or the end of a day so we can have a debrief. (Jane p5)*

The physical experience of placement then is also key as the student struggles to cope with workplace and study demands and, in recalling their own experiences the participants take this into account. This has been remarked on in other studies where an individual's own placement learning experiences impact on how they later plan for and support their own student's learning (Connelly and Clandinin 1988).

Planning, based on her own experience, was a major theme in Paula's story as she emphasised how important it was in preparing for a student placement:

*How I'm planning it is mainly from my experiences. It's what I wanted as a student. .... Yeah, and a lot of reflective practice. I'm thinking, almost running through situations in my head which might occur. (Paula p2)*

So through reflecting on action the placement educator here is reflecting for action as she transfers her abstract conceptualisation into active experimentation (Kolb 1984) in her new role.

However, while Rose was explicit in linking her current approach to her own experiences as a student: '*So always really thinking back to what I experienced and then finding out what other people like because everyone's different. Everyone's different*' (p3), she also acknowledged individual differences in learning preferences, recognising that this is an important element to consider. This was not always the case, as Paula describes how planning based on her own experience did not always serve her well:

*Because I actually presumed, and I'm going off my placements now, and my previous work experience that those things happen all the time in placements but they hadn't ever encountered that and so I hadn't factored in a) how they would deal with that and b) the fall-out from that.*  
(Paula Interview 2 p1)

Planning for action based solely on one's own experiences may not therefore be adequate; it is important to consider other factors, drawing on theories of learning and models of clinical education to support planning (Best *et al* 2005).

As a starting point placement educators learn from having been students themselves; their models of how to 'be' are those who taught them. These are the role models and learning opportunities on which these placement educators based their own enactment or at least used to explain why they felt they now did as they did. As suggested by Dyke (2006), it would seem that experiences do not have to be recent in order to contribute to learning; these placement educators mediated their memories through the lens of their current roles to transform their student experience into knowledge that informs their practice as educators.

These stories of learning through reflecting on being a student suggest that those involved in SLT student education should not under-estimate the lasting impact of early experience in the professional development of the placement educator. This aspect might be included more explicitly in under-graduate programmes, linking students' reflection on placement experiences with their future role as placement educators.

## **Learning through experience as a placement educator**

While memories of being students themselves were often the starting point for the participants' stories, 'learning to be a placement educator through being a placement educator' is also a common strand in all the participants' stories. Reflective practice, both implicit and explicit was a powerful theme here as the participants described their role as placement educators in the context of continuing professional development. The importance of reflection on one's own practice as a placement educator has been highlighted as fundamental to continuing development in that role (Higgs and McAllister 2007). These stories again illustrate the powerful role of experiential learning for adults (Jarvis *et al* 2003) where the individual is striving to make sense of experience and construct knowledge from it (Ernest 1996; Kolb 1984). The individual may feel a dichotomy between their level of skill as a clinician and as a placement educator; in that while expert in her clinical field, she might be a beginner in the area of clinical education (Alsop 2000); this is seen in the participants' talk of challenge and continuing development.

### ***'Honing your skills'***

The ongoing nature of the placement educator's development is described in both Amy and Ann's words as a '*honing*' of skills through practice, also by Amy as '*trial and error*' and by Justine as '*organic*'. The participants described how they had developed in the placement educator role across time, recognising that they had changed their approach in the light of on-going experience. So it was not only their previous experience as students that contributed to their learning but what they had learnt as they worked with a range of students across time.

Ann described her development as a placement educator as on-going and gradual; she saw learning *in* the role and *from* the role as very important to her:

*I suppose a lot of it's by as you go along honing your skills.... yeah my learning has come mostly through having had students and having to tweak things and find out how they're, what's expected of them and their exam process.... But it's been a real learning curve for me and it's mostly*

*from having had students that I've been able to hone the process of giving them something which is a bit of good quality. (Ann p1)*

Rose compared her early placement educator self to her current self and recognised how she has changed in her perception of what constitutes a 'good student':

*I think that as I've had more students, I've kind of been able to gauge what's a good student and what's not a good student. That's been quite an important learning curve because I think to start with, you know, I was saying to X, they're fab. They're so good. They're gonna do so well. And everything was so positive. But as I've met better students, I've realised that actually maybe, the ones that I've thought were really good weren't so good. So that's kind of been quite an interesting experience. (p1)*

It would seem that Rose is recognising specific changes in her perspective as she develops from novice to advanced beginner (McAllister and Lincoln 2004; Dreyfus and Dreyfus 1986) and becomes a more experienced member of the community of practice (Lave and Wenger 1991) as a placement educator. She is using comparisons between different students as one method of learning to rate competence and her expectations of student levels of performance have increased as her own confidence and skill has developed in her clinical role.

Given that many placement educators embark on the task of supervising students with little preparation, using reflective practice is seen as a key tool in developing the necessary skills (Baird and Winter 2005; Higgs and McAllister 2007). In this study all of the participants recognised the value of reflection on their practice as a placement educator, to their continuing development. Here, critical reflection allowed the participants to explore stressful issues such as working with challenging students and to explore their core values as advocated by McCormick (2012). Several of the participants also commented that they had found the research interview process itself invaluable in providing a forum for reflection which they did not normally have. This suggests that reflection in action, or even soon after action, is not always possible for these placement educators in their typical working context.

### ***Using reflective practice***

The discourse of the allied health professions positions the SLT as a critically reflective practitioner with expectations that the individual should engage in reflective practice as part of their professional development (Kinsella 2007). The placement educator is encouraged to use this core skill to reflect not only on her clinical work but also on the experiences encountered in her role as placement educator (McAllister and Lincoln 2004) and the participants here did this explicitly. This element of reflection on being a placement educator is seen as vital in the development from novice to expert practitioner (Higgs and McAllister 2007). Furthermore, part of the placement educator's role is also to encourage and facilitate the student to use critically reflective practice as part of their learning and one way of doing this is to model its use themselves (Chivers 2010).

Amy linked the need for reflective practice explicitly with being an effective placement educator as advocated by McAllister and Lincoln (2004):

*I think the thing that makes the biggest difference is being reflective. If you are a reflective therapist or clinician then you'll be a reflective educator and I think that's where you have to be. You have to be thinking and you have to realise, I do have a role in helping this student to learn and there are things I will do that will help them learn better. (Amy p3)*

Amy is able to link the two dimensions of her role, as clinician and educator, and prioritises reflection as key to both. She directly links her support for the students' learning with her own development and is willing to acknowledge the importance of her contribution to the former.

Aida's reflection on her early placement educator self is more concerned with her sense of self and the aspects of her personality that she brought to the role:

*Yes, I used to like it [being a placement educator] but on reflection I probably wasn't very good at it. They used to be scared of me and then they'd go to somebody else in the team to moan or who would probably be less strict with them maybe, I don't know. And I probably wasn't very organised..... And I was probably too, what's the word? Interfering. Too protective of my patients so if I saw something that wasn't happening I would intercede in the session rather than let the session run its course and then discuss sort of after the event. (p1)*

The theme of reflection, and learning through reflective practice (Ghaye 2011), was most strikingly illustrated in the second interview with Paula as she talked about her first experience of supervising students. She returned again and again to needing to reflect on and re-evaluate what had happened in her first experience as a placement educator:

*'And I need to look into that'* (Interview 2 p1)

*'So I need to reflect on that'* (Interview 2 p2)

*'It was really good, and I've got a lot of really good points to reflect on and to think about.'* (Interview 2 p2)

*So I need to reflect on how I can do that better to help them cope....again I'm going to reflect on how I can make that not a paper exercise, make it functional and I've got some ideas.* (Interview 2 p5)

She had in fact already acted on some of her reflections in preparation for her next experience of supervising students:

*I haven't handled that quite right so that's really made me look and I've now written a little package of what I would talk about in the first meeting, again it's that formalising it, it's having it down on paper.* (Paula Interview 2, p9)

For Paula, as for other recent graduates, the discourse of reflective practice that is common to many health programmes is very familiar, as it would have been part of her pre-registration training, as well as underpinning the approach to CPD that has prevailed for all of her working life. Paula demonstrates engagement with this discourse and has identified it as central to her learning. She not only reflects on events, but identifies ways to change her practice as a result of that reflection. It was striking however that in her reflection Paula was very critical of herself, seeing most of the problems that had occurred as her fault, rather than the students' and she reflected on how she felt her planning had not prepared her adequately:

*And something else that I realised I hadn't even thought about was how to manage different personalities because it was a peer. And I didn't even consider the amount of support I would need to put in for that.* (Paula interview 2 p3)

While the participants placed reflection on their practice as central to their development, it is not only the placement educator's own reflection that contributes to their learning through experience; feedback is often sought from the students whom they supervise.

### ***Feedback from the student***

Feedback from students to placement educators has been identified as an area that is often lacking in the clinical education context. However student feedback can contribute an extra dimension to the placement educator's reflection on the learning environment they are providing. Change in response to student feedback models engagement with lifelong learning to the student (McAllister and Lincoln 2004). Here it was acknowledged that feedback from students contributes to the process of reflection by the participants, although it was recognised that students might find it difficult to give honest feedback to their placement educators because of the student-assessor relationship.

While all the participants in this study valued feedback from students, some were more proactive than others in seeking that feedback through formal measures, such as questionnaires, at the end of the placement. This feedback was then used to inform subsequent practice. Ann saw the feedback process as '*a two-way process*' (p4) from which she also learnt.

Marie particularly, saw student feedback as vital to her development as a placement educator. She actively sought feedback through formal and informal channels and used this as the basis for planning future placements:

*I always do my own feedback forms as well as their uni feedback.... often I'll look for feedback from previous placements (p3) [in order to plan for the next student's learning].*

Some of the participants recognised that the power relationship between the placement educator, as assessor, and the student, might impact on the honesty and usefulness of any feedback when the student is asked to give it directly to their supervisor rather than through the usual channels provided by their university.



Rose (p3) explained:

*We normally give some feedback forms to find out how they like things done differently or what they found was particularly good. And that's usually quite helpful. Though I don't really know, you never know how honest they're gonna be as well other than when they leave crying: you know how they felt! Or you can't get them out the door.*

Jane was more scathing: *'I think it's fairly pointless. I do ask for feedback yeah, but they usually say 'yeah it's really good'* (p10). Neither does Jane think that she would actually have time to look at feedback if she did collect it and prefers it if a student is confident enough to give ongoing feedback throughout the placement experience. She did not elaborate on whether any student had been confident enough to do this.

Justine is more specific in illustrating how she manages asking for feedback and acting on it:

*Tell me if I do something during your placement that's not helpful, please tell me, you know, please tell me. Or I'll say, do you mind me doing this? Yeah so I think that, that's just helpful for me because I don't always know what I'm doing you know, as well, So that was one thing, that I jump in before with an answer, that was one thing that they said. So I'm trying not to do that.* (p4)

Amy remarked that seeking feedback from a student could be seen as *'a huge risk'* (p2), suggesting that placement educators must be prepared to hear both challenging and positive feedback if they request it. However all the participants seemed to welcome the change student feedback might engender in their practice:

*You've got to take [it] on the chin really though haven't you?* (Marie p12)

*Because sometimes if it's all, oh you're just wonderful but actually you know that you're not doing a brilliant job, you'd rather be told so that you can improve.* (Rose p1)

*So I did get good feedback from them but hopefully I can do it even better next time because of all the things I've learnt from this time.* (Paula Interview2 p8)

The participants here described how they value the students' feedback and the change it might engender in them yet they also acknowledge the inherent problems in gathering student feedback. Some had devised specific ways of gathering that feedback while others relied on the student feeling confident to give it as part of the daily interaction.

Perhaps Amy's explanation: '*so therefore I ask them to give me feedback and ask me why I'm doing things*' (p2), is one suggestion of how this issue might be managed. Students' questions about the clinician's practice could be extended to include questions on aspects of the placement educator role as well as client management.

### ***Learning from challenging experiences***

The positive impact of having a student on the participants' practice and development as a clinician was widely reported and is discussed later in this chapter, however Jane's description of working with some students was that '*it can be like pulling teeth.*' (p8)

The participants spoke at length of the impact of working with students whom they had found challenging in some respect, often because the student was at risk of failing the placement. These experiences appear to have upset the placement educator's sense of agency (McAllister 2001) in supporting the student's learning and to have had a significant impact on them both mentally and physically. As a result of working with students who subsequently failed the placement, some participants questioned their own skills as a placement educator while others were able to identify that such challenges might in fact contribute to their own development.

Some of the negative impacts of having a student centre on logistical issues such as time pressure and space. Both Beatrice and Ann comment on the extra demands on their time that working with a student required but Ann added that she felt that this investment was repaid towards the end of a placement when the student was able to contribute to client management and take on tasks that released the placement educator from having to do them.

Experiences such as working with failing or challenging students appear to be highly memorable to the participants. Where the participant had been involved in this type of placement experience it dominated their story and its importance to their narrative was apparent through the emphasis they gave it:

*When they're weak students, it can be really, really draining and tiring and you know if they're on a block and they're really, really hard work, it can be tough. Just the additional time you need to spend with them.*  
(Rose p4)

*I think the biggest challenges are the failing students or the difficult students and the ones that really make you soul-search and reflect as to actually, am I delivering what this person needs? What can I do differently? So, actually failing students is one of the hardest things you can do as a clinical educator.* (Marie p3)

Lucy recounted at length the story of a student who failed her placement, describing it as emotionally draining and difficult to deal with:

*It was hard. I found it really hard because I felt really bad for her as well. You know, I didn't want to fail her, I didn't want her not to become a speech therapist although personally I felt she'd just chosen the wrong profession, it just wasn't for her. You can't really say that to someone.*  
(p6)

Marie reflected on why, as clinicians, some may find failing students so challenging:

*I guess personally there's always a sense of failure for yourself and then there's that challenge. We're helpers and we're healers and our patients, everybody gets better, people don't fail, we don't talk about things in terms of failing, we're not taught to talk about things in terms of failing or I wasn't. You're looking at measuring success, you're not looking at measuring failure so personally, I think one of the biggest challenges is sticking to that strap line. ....Sometimes I think you've got to work through a process yourself like, you know, what am I doing that's wrong for this person? How can we change the placement for this person? What can we do?* (Marie p5)

As Marie commented, telling a student that she has failed her placement sits uncomfortably with the typical ethos of the SLT. It may challenge a SLT's self-esteem and confidence in her own abilities as an educator but might, more productively, lead to a period of self-questioning and re-evaluation that contributes to her development in the role. Paula was able to identify subsequent benefits to herself from dealing with challenging students and felt that she learnt from the experience rather than the outcome being only

negative. She identified several changes to her practice that she sees as being a direct result of this difficult experience:

*I learnt to prioritise a lot more, my organisational skills really improved; my assertiveness skills improved as well with regard to being able to say to the students, and maybe some more of the staff, I really can't deal with this now I will need to speak to you at so and so that was a really good skill that I've learnt so I've definitely learnt a lot of skills (Interview 2 p3)*

The participants also often took a subjective perspective when talking about the negative outcomes of placement: '*I didn't want to fail her*' (Lucy p6), positioning themselves as the agent of the fail rather than seeing it as the result of the student's actions. The placement educators seem to be taking personal responsibility for the negative outcome of the placement and this may challenge them both personally and professionally through their perception of how others might judge them (McAllister 2001).

It seems that these 'crisis' stories had become integral to the participants' narrative of learning to be a placement educator and appear central to their identity in that role. The way in which the stories are told reveals something of the participants' view of the qualities needed in a SLT; they talk of being concerned, questioning of self, feeling guilt, worrying about the student, worrying about the impact of that student on their clients, being helpers and healers and having a responsibility to the profession.

It may also be that these examples of challenging placement experiences are the basis of transformative learning (Mezirow 2009) for some participants. Lucy, Paula and Marie all spoke of having experienced a crisis-like situation that demanded some reorganisation of their approach to being a placement educator. In transformative learning established frames of reference are challenged and then transformed as the result of some experience or critical self-reflection. An individual's established frames of reference, that is their assumptions and expectations, shape how meaning is construed and lead to the rejection of ideas that do not fit with those preconceptions (Mezirow 2009). Critical self-reflection is a major factor in transformative learning in engendering change which is acknowledged may involve substantial emotional upheaval.

Paula's pre-placement frame of reference was of herself as a highly organised, well-prepared placement educator who, although new to the role, could draw on her competency as an SLT to support her students' learning. In the first interview Paula referred to her planning a great deal and was excited at the prospect of learning with and through her students:

*And I think I will learn from them, you know they've got the latest training. I think I'll be able to learn quite a lot. (p7)*

*I've had enough preparation, I'm hoping that I can do, I'm hoping that I can be organised enough. (p12)*

Yet in the following interview, after having students, Paula questioned her own abilities and felt that she had not prepared adequately at all:

*Another thing that came from that was that I hadn't planned nearly enough time to support them, nowhere near. (p1)*

*But I was angry with myself because I felt guilty because I felt I'd let that student down because I hadn't given that support. (p5)*

When the actual placement experience does not meet with prior expectations this may impact on the placement educator's sense of self as an educator or as a SLT and engender some reorganisation of professional identity.

### ***The clinical context***

All of these elements of experiential learning through actually enacting the role are firmly grounded within context of the placement educator's working environment. The clinical context in which the placement educator works appears to impact on how confident the placement educator feels about the experiences they are able to provide for the student and, subsequently how confident they feel in the role.

The placement may take place in a setting the placement educator feels is facilitative to learning and contributes to a feeling of satisfaction for her in being able to offer high level of support to students:

*I think what we've got here in this environment is the unique opportunity to support them in the way they need. We still have the luxury of being able to give or take according to student need and if they need more then I can give more. We've got more time. And we also have the luxury of we're one site that's got a focus, they've got the same patients, they can deliver that intensity. There's a lot of pluses for a unit like this in terms of student education because you've got the infrastructure to adapt according to student need..... So I think environment plays a huge part in it. (Marie p7)*

Other participants described contexts that they felt challenged their ability to provide a suitable learning environment and also impacted on their own sense of agency as a placement educator (McAllister 2001) because they found it difficult to manage the placement organisation:

*I do probably find it harder here because the work is less structured so it's particularly, half the time I cover the medical wards, the acute medical wards and half the time I'm on the stroke unit. Stroke unit's easier because it is more planned and structured so you know what's coming up, whereas the medical ward is just whatever they throw at you in a day and it can change during a day. So that can be quite hard in terms of structuring the student experience. (Lucy p2)*

It may also be that the complex nature of the placement client group presents particular challenges for students: *'too complex for first years...it reminded me that our setting is extreme'* (Ann p2) and the placement educator would need to consider this when designing placement opportunities.

The on-going process of identity construction (Watson 2006) is also acknowledged as participants recognise that others' perception of them changes across time. Both Ann and Marie recognised that their status as managers, as well as clinicians, might impact on their relationships with students: *'I was maybe less daunting person in terms of my position. I wonder if their perception changes now that I'm not so newly qualified'* (Ann p3). Marie also recognised that as the 'boss' she might be intimidating and that *that's because I've got a bit of a reputation but my bark's a lot worse than my bite really* (p11). Issues of power within the placement relationship between educator and student have been considered in the literature and are often viewed as problematic (Leyshon 2002). There is potential for role conflict where the placement educator is 'guardian of standards and safe practice, friend,

mentor and counsellor to the student, but also educational assessor and in part, gatekeeper to the profession' (King *et al* 2009 p142). When the placement educator is also the most senior clinician in a setting, the student may feel rather daunted and the participants here acknowledged this.

## **Summary**

Like other health professionals, these placement educators reported that they start learning to be placement educators when they are students themselves and observe how others enact the role. Their reflections on what they remember from being a student formed the basis of their stories and were used to highlight what they perceived as desirable and undesirable traits in placement educators. Once they became placement educators themselves the clinicians used these early experiences as the basis for their own planning and hoped to emulate those they felt had been positive role models.

This learning through experience is further demonstrated in the participants' descriptions of learning on the job. They develop and refine their skills across time in response to a range of factors; the context in which they work, the students' needs, challenging events and feedback. This on-going learning is firmly embedded in an explicit engagement with reflective practice which underpins their learning from those experiences. However, other factors were included in the participants' stories and these are discussed in the following section.

## **OTHER SOURCES OF LEARNING USED BY THESE SLTS**

The participants described a range of resources on which they drew as they developed as placement educators. These were both personal to themselves, for example referencing their own clinical skills and training, and more broadly linked to learning through communities of practice (Lave and Wenger 1991).

## **Drawing on speech and language therapy clinical skills**

Speech and language therapists have an array of clinical skills which they use to facilitate change in their clients and the participants here were able to identify how they drew on those core skills in developing as placement educators. They talked about using behaviours with students that they used with their clients in the same way as teacher mentors have talked about using their classroom skills with student teachers (Orland-Barak 2001). This concurs with observations made by others that there is a lack of reference to specific theoretical frameworks underpinning placement educator development and that clinicians tend to rely on other sources to inform their enactment of the role of placement educator (Heale *et al* 2009).

Transfer of skills refers to 'the appearance of a person carrying the product of learning from one task, problem, situation, or institution to another' (Beach 1999 p101). Yet in using the term 'transferable skills' I do not infer that these skills are a discrete package of skills that stand alone to be moved for use whenever and wherever required. Here, as seen through a social constructivist lens, learning is the assimilation of knowledge across contexts; it is embedded in context and recognises the individual's experience as key in their learning (Illeris 2009). The notion of the multi-directionality inherent in the transfer of skills is also acknowledged.

This theme, of drawing on clinical skills, could describe 'a sense of self as a speech and language therapist' rather than McAllister's sense of self as a clinical educator. Further it demands a recognition of the 'dynamic self-congruence' (McAllister 2001) between the self as clinician and placement educator. The participants spoke of how, in supervising students, they drew on and applied the professional and clinical skills routinely used by a speech and language therapist in practice.

As skilled communicators in a clinical role that includes an element of counselling and teaching, the SLT has specific skills that are readily and obviously of benefit in the role of the placement educator. These skills may be the core interpersonal and communication skills that are used in everyday clinical practice or be related to formal therapy techniques that are used with



clients, for example Brief Solution Focused Therapy (Macdonald 2007). The SLT's role in fact depends on the individual's core competency as a communicator and facilitator in their work with clients (HPC 2007).

This direct correlation between knowledge and skills used with clients and those used with students is recognised by the placement educator who has fully integrated the two aspects of her role:

*I have an interest in how people learn. I mean it's what I do as a living. (Amy p1)*

*I don't remember it being particularly difficult or challenging. I mean in a sense, you know, you work with patients, I don't know, I think because we are in a form of education, rehabilitation as a form of education. (Beatrice p1) So I would say it isn't that different to being a clinician when you're being a clinical educator. I think the same kind of rules apply to me. That's just my approach. (Beatrice p4)*

*They [students] need more time and building up of confidence but it's part of being a therapist. It's part of what you have to do with all your clients, isn't it? It's the same sort of set of skills. (Ann p4)*

It may be that certain techniques learnt to support clients' communication use and development may be transferable to the student learning situation. The most obvious of these are scaffolding learning, modelling language use and identifying achievable goals which can be seen to take up a constructivist approach to learning:

*In terms of developing those skills, I think most clinicians probably have them. I don't think it's something that we need to develop because it's part and parcel of what we do as speech therapists. We structure and we scaffold and we do that naturally with our clients. (Marie p7)*

The placement educators therefore appear to have many of the skills necessary to support the students' learning in place before they begin and some recognise this. The use of scaffolding as a technique to support learning was specifically mentioned and can be seen to be linked to an understanding of the concept of Vygotsky's Zone of Proximal Development (1978) as used in work with children: *'you use scaffolds so that you can set them a bit beyond what they can reach. It's exactly the same with a student.'* (Amy p2).

Another concept, transferred from working with clients, is that of the philosophy of errorless learning (Baddeley 1992) which was described as also being effective in supporting students' learning:

*I think, you know, I tend to sort of take the same approach as I do with patients which is things like errorless learning and I don't really like to allow students to flounder around and make mistakes..... my approach tends to be quite similar to my approach when I have patients which is try to set things up so that they will nearly always succeed in what they're doing. (Beatrice p3)*

It would seem that the theory and skills learnt as an under-graduate as preparation for clinical practice contribute to preparing SLTs for the role of placement educator and this should perhaps be made more explicit to both students and placement educators at an early stage.

## **Learning through peers and colleagues**

Reflection on these placement educators' own student and clinical experience was also combined with learning both from and through their colleagues. The participants described how they developed their educator skills through both watching and talking to their peers enacting the role: *'It's also I'm thinking about what my colleagues went through when they were clinical educators and what they said or complained about or not'* (Paula p2). Central to this theme is learning through observation and discussion, which might be either formal or informal. Learning through observation is one of the key principles of social learning theory (Bandura 1986) and links to the earlier discussion of the importance of role models to the placement educator's development. Learning through colleagues is also central to Lave and Wenger's (1991) concept of communities of practice which foregrounds learning through participation and interaction. Speech and language therapists may work in small teams in acute settings such as hospitals or within schools as part of the education team and this may afford opportunity for peer observation and support.

## **Observation of colleagues in the placement educator role**

Paula, in preparing for her first placement education experience, drew heavily on her observation of colleagues and used their experiences to support her own planning:

*And that's something I think my colleagues did yeah. I saw good placements because they planned ahead, structured timetable, enough interest but also gave them world experience. (Paula p11)*

Lucy also reflected on the value of peer observation to her as a novice placement educator valuing the second opinion of a more experienced colleague:

*But at [setting] I definitely saw [colleague's name] in action a bit. So I've got a bit of a feel, and we used to quite often take peer placements and then do quite a lot of joint feedback especially when I was starting out, so it was nice to know I sort of had a second pair of eyes, that I wasn't getting it drastically wrong. That was really helpful actually. It was probably quite a key area of learning...I learnt a lot from seeing her in action. (Lucy p5)*

Wanting to watch colleagues in action is not confined only to inexperienced placement educators; Aida described how observing her colleague contributed to her own development even though she was already extremely experienced herself:

*For me watching other people working with students has given me more of an idea of what to do, how to, like I guess watching [colleague's name], say, in a group working with her students makes me realise that I need to kind of lead my students. ..I think I learn by observation and I have a very good colleague in the department that I observe and I try to copy some of the techniques and things that she does with her students and I think that, you know, for me I learn more. (Aida p4)*

Observation of colleagues not only provides a role model for good practice but may conversely affirm a clinician's decision to take a different approach to her that of her peers:

*Sometimes I think, I wouldn't have done it like that or, yeah, I'm definitely gonna try that next time. So it's interesting. We all have different approaches to how we do therapy and, yeah, and the 3 of us here we do*

*things very differently but I know how I like to do it... I guess you learn what you would and you wouldn't do with each other by watching each other and I think that's always a really valuable learning experience.*  
(Rose p3)

However, opportunities for peer observation may be rare and at times there may be a perception of isolation in the role:

*No. None. But it would be very useful, it would be very useful I'm sure. I haven't ever observed anyone or been observed myself with a student which is a shame.* (Jane p7)

And even where peer observation has been identified as useful, practicalities such as service pressures may prevent its use:

*We did organise a bit of peer stuff where we all had to observe each other and be observed with patients. We all vowed that we'd do it regularly but, you know, it's just fallen by the wayside.* (Beatrice p8)

### **Peer discussion**

While the practicalities of arranging peer observation may prove challenging, talking to colleagues about placement education experiences is more easily achieved. The participants described how discussions with their colleagues provided a valuable opportunity for learning and development of their own skills as well as a forum for problem solving when necessary.

These discussions may be formalised as part of routine reflection on placement experiences:

*After each student I then insist that we sit down and reflect on the student or the pair of students that we've had, and we do that together as a team and depending on who's been involved. And then we think, what are we gonna do next and how are we gonna change things? That's how we change things in practice.* (Marie p11)

Marie's comments make the direct link between talking, reflection and change to practice seeing them as core to the SLT profession.

It is often failing or challenging students that initiate the placement educator's search for peer support discussions with colleagues:

*The most useful thing was actually talking to my speech therapy colleagues and saying, you've had that student, oh my word! How did you deal with her? Wow. It definitely did help me with some things, it really did. (Paula p6)*

*I think one of my colleagues had a very difficult student not last year but the year before...she did talk to me a lot about how difficult the student was. Possibly, it's just when there's a problem you're more likely to get involved. (Beatrice p8)*

Rose also talked about coping with failing students by seeking support from her colleagues: *'I can usually turn to my peers. So, you know, if I feel like I've got a lot on my plate, I can turn to a colleague and say something.'* (p4)

Support may come from colleagues outside of the immediate clinical environment as placement educators may also discuss issues with relevant HEI tutors. Lucy, in talking about managing a failing student, describes the value of discussion with a university tutor; *'but I think because I had second pairs of eyes on it that were completely confirming everything I was saying, that made me feel more confident'* (p5). A lack of confidence in making the decision that a student has failed a placement is common in the health professions' literature (Mulholland *et al* 2005). In seeking support through discussion with colleagues, placement educators may be seeking reassurance and guidance from someone they perceive as being more experienced than themselves:

*So it was great to get the support from the university and for them to come out and say gosh you're right this is a massive problem. So yeah, I think having the team and then having the university made that a lot more manageable. .... we all need to be able to accept advice and guidance from people that are more experienced. (Lucy p7)*

While a challenge, these difficult situations may engender further learning for the placement educator as she examines what is happening and it is perhaps unsurprising that as a 'talking profession', the opportunity to talk with colleagues is highly valued. This finding reflects that of similar research with teachers where learning through watching and talking to other teachers in the school setting was core to those communities of practice (Ng and Tan 2009).

While most discussion is informal and only sought when there is a problem, there may also be opportunities for more formal meetings as part of clinical supervision.

### ***Supervision***

Clinical supervision is a common element in clinical work; typically it is formally structured and gives the clinician an opportunity to meet with a mentor to discuss client management issues that may pose specific challenges. Clinical supervision is in fact a requirement for the first year of post-graduate clinical work (RCSLT 2007). However it is perhaps rare for mentor supervisory meetings to have a specific focus on managing the role of placement educator.

Like peer observation, mentor support may also be an aspect of practice that falls prey to the demands of a busy working timetable:

*So I don't quite know how to deal with that, I've still got to think and maybe talk about it in my supervision ..... sadly I couldn't have any supervision during because I was absolutely run into the ground but I did manage to catch a few minutes with my supervisor to clarify a few things because I'd never been a CE [clinical educator] before. (Paula interview 2 p4)*

Yet it would seem evident that novice placement educators, like newly graduated clinicians, would benefit from a more structured approach to supervision. Some participants did feel that placement education issues could be included in their clinical supervision meetings when necessary:

*No, I mean I do get supervision so I suppose that would be a forum to talk about sort of potential issues and challenges because I can raise anything in that. So I guess I do have a chance but we don't do anything formally clinical educator based. (Lucy p9)*

The importance of observation is recognised in the student clinical learning experience (McAllister *et al* 1997), and peer review, group discussions and receiving mentoring are all specifically identified as contributing to continuing professional development (HPC 2011). There have also been calls for increased peer support for placement educators (McAllister and Lincoln 2004). However, it appears that some of the SLTs in this study rarely had opportunities to observe their colleagues working with students. The opportunity to share stories and learn about being a placement educator through that sharing

(Cortazzi 1993), was, for these placement educators, in the main part limited to informal chance discussions rather than through formal peer or supervisory support meetings. Yet all of the participants reported that they valued opportunities to share stories and hence reflect and learn from their experiences with their colleagues. A similar observation was made in a review of physiotherapy mentor roles where the placement educator role is seen as core to the clinician's role but nonetheless is poorly supported with no structured framework of support (Baldry Currens and Bithell 2000).

## **Learning through training**

All of the participants appeared to fully engage with the discourse of lifelong learning as is expected of them professionally (HPC 2011) and in fact they presented themselves as enthusiastic and passionate in seizing opportunities for both personal and professional development.

When I asked Beatrice why she engaged in CPD activities to the extent that she did, her incredulous response was: '*Why wouldn't other people? ... I like taking opportunities and that's what keeps you fresh and enthusiastic*' (p9). There is an expectation in her words that this is what SLTs do. This attitude was a strong theme in all the participants' stories; they felt that continuing to learn was integral to their professional life. This could be seen as a function of how they wished to present themselves to me as professionals embracing the CPD discourse. It might also be that these ten SLTs are unusual in their level of engagement with CPD, and of course this could be why they volunteered to participate in the research which they saw as contributing both to their own, and more broadly to the SLT profession's, understanding.

## ***Clinical education training***

There have been frequent calls for better training and preparation for placement educators (Anderson 2001; Girard 2003; Higgs and McAllister 2005; Stansfield 2001) but there continues to be inconsistency both across and within professions as to how much training is offered (Mulholland *et al* 2005). The participants here said little about any formal training beyond acknowledging that

they had attended training days provided by the HEIs from which the students they supervised came. However, one highly valued aspect of attending formal training appears to be the opportunity it affords for peer discussion and sharing of best practice, with several participants highlighting this specifically. This of course links back to the theme of learning through peers and colleagues that has been so important to the participants here.

It is typical for HEIs to provide training to their placement educators before they receive their first student. As discussed previously this training is not accredited (for SLTs) and, at the author's institution, it takes the form of a one-day introduction to being a placement educator. Some of the participants in this research had also attended 'advanced training days' which were run by the HEI in the past.

While the participants did refer to the formal training provided by HEI institutions for their placement educators, some had found it more useful than others. Lucy described how useful the training was for getting to grips with the procedural aspects of organising a placement such as completing the competency assessment forms. She also reported attending another course which she considered less useful because it was delivered as a formal lecture rather than using interactive small groups to explore problems. Amy found opportunities for specific training in clinical education very helpful, particularly working with actors in simulated scenes that were designed to enable the placement educators to practise their feedback skills (Stoneham 2001). Amy described these sessions as '*very powerful*' (p2) in allowing her '*to practise, practise feeding back, practise focussing on difficult students*' using simulations. In the context of learning about clinical education, practical interactive sessions were judged as more useful by these placement educators than didactic teaching methods. This preference for an experiential form of learning should not be surprising as it was also apparent in their frequent references to learning through placement experience.

When describing their participation in clinical education training, the importance of talk and collaboration was highlighted. The clinicians linked the benefit of attending formal training with the opportunity to discuss placement experiences



with colleagues and, as already noted, this may be a rare opportunity for some placement educators:

*I've got no idea what other people do with their students and that's why the training was really good because you discover what's possible. Otherwise, you're only doing it out of your own head... And that's what again the training does, it gets clinical educators together to discuss what they do and that's really valuable. Because it's the only time you get a chance to hear what somebody else does. (Amy p9)*

Thus not only do training days deliver necessary procedural information but they also provide a forum for discussion that contributes to learning through a community of practice.

Although research has identified a lack of training for placement educators (McAllister 2005a), there have been developments and the clinical education training provided by HEIs has developed over the working lifetime of the more experienced participants in this research. Beatrice, who has been a placement educator for 25 years, commented that there had not been any formal training when she started: '*There wasn't a kind of formal education set up like there is now.*' (p1); and Ann who had been working with students for 10 years also felt that things had improved within that time:

*I think that earlier on there wasn't as much information and guidance for clinicians .....in the early days it was more difficult to know what was wanted in order to be effective on behalf of your students. (Ann p5)*

When reflecting on why she may have found being a placement educator difficult as a novice, Aida identified:

*Probably the lack of training. I think the training would have probably helped me to supervise them better or to give them more freedom if that makes any sense at all. (Aida p3)*

Yet while the formal training was seen as necessary, Marie felt it was learning through experience that had been most effective for her:

*In terms of my formal clinical educator training, I felt like I ticked a box with a lot of that but it's actually been taking the students that has taught me the most. (Marie p1)*

Her preference reveals the higher value she places on experiential learning for her development as a placement educator although it is worth commenting that this is as she reflects on her training from the perspective of an experienced placement educator many years after her training.

Placement educators may also have other opportunities to engage with further study, whether formal or self-directed specifically to develop their theoretical understanding of clinical education. This aspect was not prominent in the participants' stories, perhaps reflecting their reliance on personal experience and 'received wisdom' in place of any knowledge of theoretical frameworks (Higgs and McAllister 2005; Heale *et al* 2009). Amy however did explicitly refer to adult learning theories as being useful to her role as a placement educator, again recognising the integration of skills in her clinical and educator roles.

Paula also identified specific reading that she felt had been useful in developing her skills in coping with challenging students and expressed an interest in taking this further:

*I've read stuff on counselling skills which I think links quite closely in.....And actually what would be good is if in the summer I could go away and look at some of the research. But that did make me think that actually my research in this area isn't as well-rounded as it should be.*  
(Interview 2 pp 11 and 12)

## **What else might contribute?**

In the same way that the placement educators earlier described drawing on their specific clinical skills to support their work with students, they were also able to identify knowledge from other sources that they found helpful. Typically the topics which they talked about linked to theories of adult learning and appeared to have direct practical application to their work with students.

Beatrice, Aida and Marie had all combined lecturing with clinical work at some stage in their careers and felt that this engagement with the academic perspective had been helpful: ' *I can sort of see it from both sides*' (Beatrice p7); '*I do like that global pulling together of knowledge*' (Marie p10).

Amy constantly drew on this 'other' learning to support her development as a placement educator. She gave an example of applying a model of adult learning she had come across in a different context and applying it to her work with students:

*And also it helped you think about somebody in have you got the tools you need to do what you're doing task. How's the task itself going and then how are you within it? And helping and thinking about somebody in those 3 things; the task, the tools you need and you as a person. (Amy p2)..... the more I've learnt about how adults learn because I've been running training, the more I've been able to apply that to what I do as a clinical educator. (Amy p3)*

Both Rose and Lucy described how experience from previous employment had been important to them as they have drawn on that knowledge from earlier careers as teachers of English as a foreign language:

*I did teaching before I did speech therapy but not in medicine, I did English Language teaching. Yeah I did, and I think I've kind of used some of those skills from that in this job. It's helped with the session planning, kind of scaffolding, all of that kind of stuff; different approaches to learning. So I think I've kind of taken on some of the skills from that and brought it in which have been really useful. (Rose p6)*

*I suppose, the TEFL [Teaching English as a Foreign Language] teaching stuff, that just in terms of motivating people with learning is quite good for that sort of thing. (Lucy p8)*

It is apparent from their stories that, in learning to be placement educators, these participants are making links between a range of experiences and piecing these together to make sense of what they encounter in their new role.

### ***The interview as an opportunity for reflection***

As noted above some participants reported limited opportunities to reflect on being a placement educator through discussions with their colleagues. However the research interview itself was identified as valuable by many of the participants as it afforded them a rare forum for reflecting at some length on their experiences. Amy specifically acknowledged the value of the reflection engendered by the research interview situation:

*It's really good to reflect on being a clinical educator and ....I think everybody would benefit from thinking about their role like this because I think it would highlight the value of what you do and rather than it be a tag on and oh golly, I've got to have them again. (Amy p12)*

Paula saw the interview as providing quite specific benefits in reflecting on her own difficult experiences as a student; *'No, not at all, it's a bit of counselling for me as well. Still getting over one of them'* (p2). While this was said in a light-hearted manner, it was apparent, from Paula's recounting of stories of being a student herself, that she still felt upset by early experiences, and she seemed to value the opportunity to reflect with me on what had gone wrong. She used phrases such as 'really intimidating', 'horrible memories', 'really awful experience' and 'it was so horrible', to describe a specific placement. Other authors have also noted the reported benefits of research in providing space for reflective practice in the face of limited opportunities both in training or work contexts (West 2010). That these participants saw the interview itself as a space for reflection would suggest the need for more opportunities for critical reflection with colleagues to be translated into the typical working environment.

## **Summary**

The participants spoke briefly of attending training days or further study but, as has been found in other studies (for example MacDougall and Drummond 2005), they did not highlight or emphasise its importance and it appeared to play a minor role in their perception of their development as a placement educator. Also, I found it interesting that none of the participants referred to anything related to the academic content of their pre-registration training that might have influenced them or guided them in their development as a placement educator once qualified. This may reflect either a lack of explicit reference to these links by university tutors or a compartmentalisation of their knowledge so that they saw pre-registration training as irrelevant to their placement educator role. This would seem to be an area for further consideration.

## THE PLACEMENT EDUCATOR JOURNEY

In their stories of learning to be a placement educator through their various experiences, the participants described their journeys from novice to skilled practitioner. For some there were occasional crises of confidence along the way and some even seemed in danger of disengaging with the placement educator role unless more could be done to support them. The final section of this chapter explores those aspects of the participants' journey and the collaborative nature of learning both through and with students.

As reported by other studies (Lincoln *et al* 1997; Stenfors-Hayes *et al* 2010), some of the participants were clearly motivated to take students by the opportunities for CPD and updating theoretical knowledge that it provides. An enthusiasm and passion for learning was apparent in many of the participants' stories as they described the benefits to their own professional development of working with students. There was recognition of the 'half life' concept (Dubin 1972 cited in French and Dowds 2008) in their motivation as they linked being a placement educator with ensuring that they were up to date with the current SLT evidence base.

### **Advanced beginner to 'Professional artist'**

While a SLT may be perceived, and feel herself, to be developing as a clinician from advanced beginner to expert (Dreyfus and Dreyfus 1986; McAllister and Lincoln 2004), it is not necessarily the case that development as a placement educator is following the same trajectory. We can be both beginner and expert in relation to different aspects of our role. A change of clinical role may place new demands on a SLT so that she feels less confident in her own theoretical knowledge in the new setting and, as a result, feels less able to support a student's learning (Mulholland *et al* 2005).

Some of the participants felt that they were at the beginning of their journey as a placement educator and that their skills would develop with time and further experience. The aspect of time therefore appears to be important and is often directly linked to how confident the participants felt in their SLT theoretical knowledge and clinical skills:

*I'm hoping that I've got knowledge to impart but I don't think because I'm that confident and I don't feel I'm that experienced, I've only been out 5 years. I feel I've got a long way to go. (Paula p8)*

The less experienced participants, like Rose and Lucy, reflected on their own development along the path to professional artistry (McAllister and Lincoln 2004) recognising change in themselves: *'And the last students I've had, I think I felt like I did the best job compared to the first student that I had.'* (Rose p2)

*Hopefully I have in terms of, I've got better at it. I think I'm probably, I suppose probably more confident. I'm probably more confident in myself, not that I was ever unconfident but, you know, you probably get more confident in what you do as you go through.....I think I'm probably getting better at that. (Lucy p5)*

Clinicians, who had either recently graduated themselves or recently started working with a new client group, talked about a lack of confidence in their own knowledge base that could undermine their confidence in imparting knowledge to students. Lucy had made a significant change in the client group with which she worked, and her story illustrates this point very clearly:

*I think I've probably felt less ready here because this was my first dysphagia post really, I did do dysphagia but it was very limited and very different, whereas here it's like a massive part, the main part of my job. And so because I didn't feel as confident with dysphagia as I was dealing with the communication initially, I felt quite nervous because you know, you sort of think, am I really in any position to be passing on this knowledge? I'm not exactly hugely competent myself. And even now, particularly on the medical wards, which I find more challenging because it's so broad, there are times when I really just need to think. I just need a few minutes to just actually think what is going on with the patient? What decision do I need to make? And I find that quite hard when there's students there. I've found recently that I'm definitely finding it harder having students than I did before. (Lucy p9)*

Lucy's sense of agency as a placement educator (McAllister 2001) appears to have been affected by how challenged she herself feels as a clinician with a new client group. She appears less confident in her own clinical competence and feels that she needs extra time for own clinical reasoning and as a result, has a reduced capacity as an educator of others.

As the clinician's confidence in her own knowledge and clinical competence increases, her perception of her competence as a placement educator may also increase. Rose was able to reflect on how her attitude to working with students

has changed since she first took students; her expectations have risen as her confidence in her own knowledge has also grown, as have her expectations of the student:

*As a clinician myself, my own confidence has made me much more strict about what I expect from people....Thinking, they're going out there to work. They're here and really they need to be a lot more on the ball than they are if they're gonna be good clinicians and feeling quite responsible about that. (Rose p1-2)*

Rose projects a sense of responsibility towards the speech and language therapy profession and this has developed as her own professional identity as an SLT has developed over time.

Other placement educators recognise how highly skilled they are as both a clinician and a placement educator and that they have an extra level of expertise to offer to students:

*I think that's why I get asked sometimes to do the more difficult students is because I'm willing to have the difficult conversations; because I think well, somebody's got to so it might as well be me now and them get through. I have run some tutorials for the students who have failed their placement. (Amy p6)*

Amy, Marie and Beatrice would all seem to fit the description of placement educators who have reached a level of professional artistry (McAllister and Lincoln 2004) and provide leadership and consultative support to both colleagues and the university. Beatrice referred to herself as a '*champion for people taking students*' (p7) while Amy recognised that she was '*asked sometimes to do the more difficult students*' (p6).

The more experienced placement educators presented as, and in fact recognised themselves as, highly skilled practitioners. They were confident and comfortable in the role, yet were not complacent in this; their continued enthusiasm for learning was evident. These placement educators can become an asset to the HEI as they contribute in both a consultative and practical way to the programme. This reciprocity in the placement educator-HEI relationship then provides further CPD opportunities for the former.

The ability to reflect *in action* on the role of placement educator has been described as a demonstration of professional artistry, while the novice

placement educator, such as Paula, reflects *after* the event (McAllister and Lincoln 2004). Certainly Paula spoke at length of her subsequent reflections and also demonstrated that she was acting on those reflections to change her practice. Practitioners who reach a level of expert practice have an intuitive grasp of the situations they encounter (Dreyfus and Dreyfus, 1986) and McAllister and Lincoln (2004) describe these placement educators as having achieved professional artistry where they demonstrate high levels of self-knowledge and self-awareness in the role.

Yet across the spectrum, from novice to professional artist, the participants voiced concerns that they would be exposed as not good enough or lacking knowledge, as encapsulated in the term 'imposter syndrome' (Ross *et al* 2001). This may be based on a lack of confidence in a relatively new qualified therapist or perhaps in the concern of an experienced therapist that their theoretical knowledge is not current (French and Dowds 2008). The critical reflection that the participants cite as so useful to their learning can also lead to self-doubt through their questioning of their own skills.

Justine described how in her early days as a placement educator she worried that the students would feel that she did not know enough theory but she described how, as she has had more experience, her perceptions have changed and she has '*come to remember that actually they don't think that at all*' (Justine p15). This doubt is not confined to recent graduates; even highly experienced clinicians may feel that they do not have the requisite skills to support students' learning: '*I still don't think I'm very good at it..... It must be because I'm not a very good educator that they're not getting it*' (Aida p10).

Marie also recognised a sense of imposter syndrome:

*That's one of the nerve-racking things about being a clinical educator, what if they don't like what I do? What will they think? There's a lot of that whole professional fraudulence comes into it. Oh my God, you know. Yeah, I've been working all these years but there's still that side of it.*  
(Marie p11)

These participants' comments illustrate how reflection may lead to doubt through the questioning of one's performance. How this is dealt with by each individual may impact on their future engagement with the placement educator role. It may lead the placement educator to seek out CPD activities that address



a perceived area of need or more negatively she may decide she does not want to supervise students again in the future.

However, working with students can also serve to quell feelings of inadequacy and confirm to a clinician that she is competent, or even highly skilled. As a very experienced manager, Beatrice recognised this and used it to offer a colleague support:

*One of the best things I think about having a student is it makes you realise what skills you have. I remember a few years ago, one of my team didn't feel very confident about having a student. That's probably quite a few years ago now and I encouraged her to have one because I said, it will make you realise how bloody good you are. (Beatrice p4)*

The student is seen as affirming the professional development of the clinician either through a direct comparison of their level of skill or because the placement educator will recognise her own level of competence when answering the student's questions. One may ask if this strategy of Beatrice's ever backfires; does a reflective practitioner ever realise that perhaps she is significantly deficient in professional knowledge and have a significant crisis of confidence as a result? This is a question for another research project perhaps.

## **Learning through collaborating with students**

In the first two sections of this chapter I considered how placement educators learn through reflection on their own experiences and draw on a range of resources. Another strong theme in the participants' stories was the positive contribution that working with students made to the placement educators' own specific clinical knowledge base. Being a placement educator and working with students makes a significant contribution to these SLTs' professional development across time and was recognised by them as such:

*'It's definitely enhancing and I would definitely see it as development.'*  
(Jane p7)

*Yeah because I think it's learning how to deal with so many different challenges, learning these skills and supervising how we communicate, how we support people, managing our own time and you know, it's a constant learning experience so it's a definite massive contribution to CPD. (Rose p4)*

Justine felt that the students '*challenge*' her to consider the rationale for what she is doing with clients and to be '*more creative*' in her management ideas. She has also changed aspects of her practice in response to suggestions from the students, showing that she is open to new ideas and willing to act on new knowledge. Marie referred to the benefits of having students as '*tenfold*' (p8) and there were frequent references to it from the other participants:

*I think it [having students] helps to keep you fresh and because they've got all this new theory and new research and they're all full of models and frameworks and that's great because it just kind of re-enthuses you. (Lucy p3)*

*And I think I will learn from them, you know they've got the latest training. I think I'll be able to learn quite a lot. (Paula Interview 1 p7)*

*It makes me do things more the way they should be done...if I have a student it makes me much more thorough....I'm sure it makes me a better therapist. (Jane p6)*

And even though a participant might be at the top of the career ladder as a clinician, she is still eager to keep learning and as such welcomes learning through her students:

*There's nothing else for me to do in terms of my career progression, this is as far as it goes in this job. And you know that suits me. That suits me. That's fine but actually it doesn't suit my learning. The students come in and they bring fresh ideas, they bring a fresh approach. (Marie p8)*

Lucy described how having a student encouraged her use of critically reflective practice which she enjoyed:

*Of course it makes you question what you're doing all the time and because you're trying to give them a clear rationale and show your decision-making, it makes you think why am I doing this?... I like being made to think myself and sort of questioning my own practice so I really like that side of it. (Lucy p2)*

Deconstructing expert practice is a central tenet in clinical education; the placement educator has tacit clinical skills that need explicit explanation to the student to support her learning (McAllister and Lincoln 2004). Lucy's comment illustrates the complementary aspect to this; that being asked to explain her practice contributes to a reflective practice stance that also develops her own understanding of the clinical decision making process.

Justine saw the learning that occurs on placement as a joint enterprise between placement educator and student; she enjoys the experience of being 're-challenged' as she learns together with her student:

*Like let's read this book, let's read that book. I know that they always have to plot it on the neuropsychology model. I'm like, bring it along let's plot it together. (Justine p2)*

Yet, Amy introduced a note of caution by recognising that a student may challenge a placement educator's status quo and so they, (the placement educators), need to recognise this and be prepared to deal with it: 'We're [SLTs] *not someone who sits on our laurels and coasts and so a student makes sure you don't but you have to be ready for that*' (Amy p2). Amy ascribes a certain way of being to all in the profession, seeing a desire to continue learning as integral to being an SLT.

The questioning of their own practice was the most widely stated benefit that the students brought to clinical practice for these participants. The clinicians felt that being asked to explain and justify their own therapeutic approach with clients was very valuable in prompting them to re-evaluate how, and why, they did what they did. In this way they appeared to strive to avoid falling into the trap of the unquestioning use of habitual practice (Brookfield 1995; Baird and Winter 2005). However other factors were also mentioned, such as: using students as a resource to give access to the latest literature and theories; students bringing new ideas and motivating the SLT to be more creative; the SLT being more 'thorough' in her planning and preparation for clients; the creation of joint opportunities for reflective practice; and the collaborative aspect of student and SLT learning together.

The points discussed above would seem to firmly contradict the proposition that practitioners have finished their journey while the student is still making their way (Baird and Winter 2005 p157). All of the participants in this study saw themselves as continuing to learn and were pleased that this was the case.

The participants drew on many aspects of being a placement educator in their reflections on their learning and identified how these experiences had contributed to their own professional development. Contradictorily, they did not

always appear to recognise the value of this form of experiential learning through reflection and collaboration with students as a legitimate form of learning worthy of official record in their CPD logs. When I asked the participants whether they used their learning as a placement educator as evidence within their (mandatory) on-line CPD diary most of them had not thought to do this:

*'What, having a student? No, I should, shouldn't I?'* (Justine p8)

*I'm not sure how much I do actually given that it is a learning experience. That's a really good point. I probably quite often don't use it actually so maybe I should.....So that's a good point I think, I don't think I do tend to put it down as CPD no.* (Lucy p4)

*Thinking about it, I don't think I do. Yeah, you're thinking about it as their CPD but not yours.* (Amy p8)

Perhaps this reflects the perception of the low status of clinical education (Baldry Currens and Bithell 2000) or that critically reflective practice is still not considered a legitimate form of knowing (Schön 1983). Reflective practice, in the form of a reflective diary is cited by the HCPC as one form of CPD activity but it seems that McCormick's (2012) recent promotion of the use of reflective practice is timely in reminding SLTs of its formal benefit to their professional development. It was not that these SLTs did not reflect, but rather that they did not always then value its contribution in terms of CPD requirements.

Yet the current challenge to the health professions in finding adequate CPD activities because of financial and time pressure barriers, would suggest that the experiences encountered in being a placement educator would make a valuable contribution to this. Jane is a placement educator who recognised this and had used what she referred to as enriching discussions with a previous student in her online CPD diary. Recognising its value as a reflective exercise, Marie and Beatrice, both managers and highly experienced clinicians, also talked about the value of using reflection on the placement educator role as CPD when the current financial context made other formal training opportunities harder to access:

*I think we have to be more creative these days because a lot of our budgets are cut in terms of education and training and everything so I think, I don't know, I'm sure a lot of people are in the same boat in that you have to be a bit more flexible, a little bit more, I don't know, what's*

*the word I'm after? Just need to be a little bit more creative at how we're looking at our ongoing education, yeah. (Marie p11)*

However Beatrice also introduced another issue to this topic, an apparent contradiction, fearing that it could be 'a *double edged sword*'. She fears that if clinicians fill their official CPD record with self-directed reflection on placement educator experiences then it would be harder to argue for funding for other CPD activities:

*But if we put that down as our CPD then they would say, oh, they've had enough CPD for a year. So then as a manager, how would I argue that my staff aren't getting enough CPD? Do you see what I mean? (Beatrice p9)*

## **Burnout?**

During the interviews there were hints that some of the participants might in fact be heading towards 'burnout', as they found aspects of the placement educator role very stressful. Burnout, in health and education settings, is not uncommon and has been described as a 'cognitive-emotional reaction to chronic stress' (McAllister 2005b p275). Physical and emotional exhaustion is a recognised characteristic of burnout, as is a sense of lack of achievement (McAllister and Lincoln 2004). Lucy's story hinted at this, as did Jane's, but it is not clear whether they themselves recognised it:

*I've got 3 young kids at home and a very busy job and sometimes I just haven't got the energy and obviously it ends up being sort of nurturing and they [students] need reassurance from you and sometimes I suppose I think I just haven't got it. I mean I find it. Like you'd find it for your patients always but then you're just that much more knackered at the end of the day I suppose. (Jane p8)*

It is apparent that the pressures of working in a busy healthcare setting can compound feelings of not being able to meet all the demands:

*I think conversely when you get weaker students, it can be a huge drain on your mental resources, I find it exhausting. You know, I'll get to the end of the day and I just, you know, that's it, I can't cope with anymore.....I find that my work rate goes down you know and if it's very busy, that can feel quite stressful because of course you've got your*

*commitments to the student and that's really important but at the same time you've got your commitment to your patients as well and it can feel a bit sort of worrying that you're not getting everything done. (Lucy p3)*

Participants often referred to how tiring being a placement educator could be and how they felt this impacted on their effectiveness in the role as well as worrying that it might impact on their clients.

Conversely Marie suggested that deciding to have students was influenced by her boredom in her clinical role and she welcomed the new perspective supervising students would provide:

*I was bored. I was bored of what I was doing I think. It wasn't really oh it's time for me to start educating people, it was more I don't think I was particularly enjoying my job at the time, I wanted somebody else to come and join and share it with me. It wasn't I really wanna teach students, it was I wonder if they'll make it a bit more interesting for me. Isn't that terrible? (Marie p9)*

For Marie, working with students answered her personal need for growth in a role that she did not find stimulating. She saw this as bringing a more collaborative aspect to what had been an isolated clinical context. However she frames this negatively suggesting that she feels her motives unacceptable rather than seeing it as a typical response to a feeling of stagnation.

While none of the participants in this study appeared to be suffering from burnout to the degree of not wanting to continue as a placement educator, and all professed a continuing commitment to providing placements, there were indications that some were doubting their own skills or feeling emotionally overwhelmed by the demands of the placement educator role. Recognising that burnout is not restricted to those who have been working for many years, or who have had to deal with particularly challenging placement experiences, would seem important to both the placement educators themselves and to those who support them. In considering Paula's second story, told after her first experience of supervising students, it seems that a mismatch between her expectations and actual events had significantly undermined her confidence in her own abilities:

*Because a piece of feedback I gave got totally misinterpreted and then got used, yeah against me actually. And I just thought what happened? Help? (Paula interview 2 p11)*

*And you know when you have to deal with it at the time you're fire fighting and I'd never go through that again. (Paula interview 2 p6)*

*And that was exhausting. It was exhausting (Paula interview 2 p7)*

Paula was clearly shaken by what she perceived as major difficulties with the students that she had recently supervised. The tenor of the second interview with her was very different to the optimistic and excited feeling of the first one. After having students, Paula talked at length of how the placement problems were her fault, rather than the students', and she reflected on how her planning had not prepared her adequately.

Unless placement educators actively seek support from their colleagues either in the clinical setting or the HEI, there is a danger that following challenging placement experiences they may be left feeling isolated and unsupported. Those who offer support to placement educators must therefore be aware that that while placement educators typically grow and develop from the placement there is potential for the experience to damage the clinician's confidence and self-esteem (McAllister 2001).

### **Coming full circle and becoming a role model as a placement educator**

*"Creating the clinical educators of the future" (Amy p13)*

Being a role model is described by McLeod *et al* (1997) as being one of the seven aspects of being a placement educator, but they discuss this only in terms of being a role model as a clinician and a lifelong learner. Here I discuss the participants' understanding of themselves specifically as role model placement educators.

It was striking that while all of the participants told stories of people they conceived of as role models in their own student experience, only Amy spontaneously made the explicit link to now being a role model as a placement educator herself. This finding would seem to reflect the lack of discussion in the literature on this perspective of being a placement educator:

*I was reflecting on the fact that the very first, the thing that's made the biggest difference to me as a clinical educator is how I was taught and I realise therefore that we are not just creating the clinicians of the future but we are creating the clinical educators of the future and how I am with*

*them and how I work them through the process is how they will choose to do or not do being a clinical educator themselves. So we have a real responsibility to be overt about our processes so that they can learn how to do that in the future. (Amy p13)*

Amy made the link back to those she saw as formative in her own development and identified a need to be 'overt' in describing what she does so that others might learn from it.

I asked the other participants at the end of the interview whether, given that they had described their own supervisors as role models, whether they had ever thought about themselves as role model placement educators. The responses were pragmatic:

*So yeah, it's whether you want to be a role model or not, you will be because they're coming to you for advice and support and in my opinion you need to be the best role model you possibly can be. .... because regardless of whether you want to be a role model, you're going to be. I would like them, I would like to think that I'm one of their good ones that they draw on. I know for some I won't be because that's the nature of it, you can't be all things to all people but I would like to think for the majority that they will be drawing on their experience here. (Marie p11)*

*I don't try and pretend I'm perfect or, well, who is? I'm sure I probably do say, you'll pass this onto students when you have students. I think I probably do refer to it actually, yeah. (Jane p7)*

*Yeah, I do actually and I think I'm a mixed blessing because I think I'm so bloody disorganised and I'm really rubbish at teaching them all the kind of ancillary stuff that goes along with running a, being a clinician. So I think at one level they don't learn so much about all the sort of ancillary aspects of organising your caseload. Even writing up discharge summaries and all that sort of stuff because, again, I feel I have to pare it down to the core business, I mean obviously by the end but I think they must think oh God, she's a bit disorganised. But I think they also would also see that I do give them quite a lot of time and that I suppose I know my stuff. (Beatrice p10)*

Beatrice's response prioritises aspects of the placement educator role that she considers important, for example the support she offers students and her sound knowledge base, over the organisational aspects of running a clinic that students might observe.

Lucy's response to my question sums up most of the participants' reaction:

*Then suddenly when you've got students, you think oh my goodness. Wow, I am that person now. I am that person that I looked up to and learnt from or maybe not necessarily but you know....It's a bit scary.*



There is a change in how the self is viewed and a realisation that the professional identity she has developed is now someone else's role model for how it might be done. Describing this realisation as 'a bit scary' is an acknowledgment of the responsibility she feels is inherent in this new role.

## **Summary**

Learning through their own experiences as both student and placement educator, drawing on a range of resources such as clinical skills, peer support and formal training, and engaging enthusiastically with the concept of continuing professional development are core themes in these SLTs' stories of learning to be placement educators. The importance of experiential learning and reflection, collaboration, and talk as important factors underpinning each of these themes, is discussed further in the final chapter of this thesis.

This chapter closes with the story of Eve, a fictional placement educator. This representative construction (Bold 2012) presents my interpretation of one possible story of learning to be a placement educator and acts as a further summary to the themes discussed in this chapter. Eve's story reconnects the various themes into a cohesive and coherent account using words and ideas taken from the all of the participants' stories. In professional practice Eve's story might be used to open up discussion and debate with both students and placement educators about possible paths of development. It may prompt further reflection on their own experiences (Bold 2012) as they find similarities and contradictions to their own experience within it.

## **Eve's Story**

*Eve qualified as a speech and language therapist six years ago and has been a placement educator for the last three years. She works in a busy community clinic. Eve attended the placement educator training offered by her local university's BSc SLT programme before she took her first student and found that this was a useful starting point as it provided information about the SLT programme; assessment of students and strategies for giving feedback. During*

*the training day Eve also enjoyed having the opportunity to talk to other placement educators about their experiences and expectations.*

*Although the training day was helpful, Eve feels that her own experiences as an SLT student many years ago provided the foundation for how she thinks she should be as a placement educator. She remembers what she found useful as a student; what her supervisors did and who she admired the most. Eve is also careful not to repeat what she felt were unhelpful behaviours that she observed or heard about as a student herself. She had one very upsetting incident as a student herself when her placement educator shouted at her in front of another student and this shook her confidence. Eve still talks about being shouted at and says she still feels angry and upset when she remembers the incident. Eve vows that she will never shout at any student herself.*

*Eve taught English as an additional language for a short time before training as a SLT and feels that many of the strategies she used then are useful to her work with SLT students now: for example she talks about adult learning styles as something she has applied. Eve also describes how she uses the principles of Brief Solution Focused Therapy with students, as well as with some of her clients, as she feels this is a very useful approach.*

*Eve enjoys any opportunity for discussion about placement issues with her SLT colleagues but finds that they are often too busy to spend much time on this. The only times available seem to be snatched conversations over a sandwich at lunchtime. Eve has asked to include issues relating to student supervision in her monthly peer support sessions but often finds that there is little time left after client management issues have been discussed. She plans to raise this at her next annual appraisal and to request that she might join the new Special Interest Group in Clinical Education.*

*Eve has been supervising students for several years now and usually finds the experience rewarding and stimulating. She recognises that her skills as a placement educator have developed over the past four years and that she is now more confident in assessing students' competencies.*

*She feels that working with a student makes her question her own practice and ensure she is delivering the best service she can. She also uses the students*

*as an extra resource: asking them to recommend the latest journal paper or discuss a new theory. However, Eve recently supervised a student whom she found very challenging. The student arrived unprepared for placement days and found it difficult to interact with many of the clients. Because the student did not seem to be making progress, Eve began to question her own ability as a placement educator and went home feeling exhausted after each day with this student. She spoke to several of her colleagues, asking how they might approach the issues, and also revisited some of her own undergraduate notes on counselling skills in order to support her work with this student. When that placement was over she felt emotionally drained but pleased that she had found a way to work with the student through a process of trial and error.*

*Eve feels she is continuing to develop as a placement educator and always asks students for feedback at the end of a placement, although she does wonder how honest they can be with her in that situation. She hopes however that in years to come they will remember her as a positive role model as both a clinician and placement educator.*

## Chapter 6

# SO WHAT IS IMPORTANT TO THESE SPEECH AND LANGUAGE THERAPISTS LEARNING TO BE PLACEMENT EDUCATORS?

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This thesis asked ‘How do speech and language therapists learn to be placement educators?’ and my interpretation of the interview data highlighted six key themes in the participants’ stories. These themes are: reflecting on one’s own experience as a student, learning and growing through experiences as a placement educator, drawing on clinical skills, learning through peers and colleagues, formal learning, and finally, further growth. Central to the discussion of those themes in the previous chapter, and underpinning each one of them, are the core factors of talking, collaboration and experiential learning. In this final chapter I explore how those factors are fundamental to these SLTs’ learning and highlight the importance of critical reflection through discussion with others in supporting professional development. The final part of this chapter reflects on the research in this thesis, its contribution to the theoretical field, its implications for professional practice and future research directions.

### **The importance of talk and collaboration to SLT placement educators**

*Most learning takes place as a social act that involves relationships between people and involves the talk that occurs between them.*

(Boud et al 2009 p323)

Engaging students in the process of constructing knowledge and learning through peer group discussion is common practice in higher education and is supported by a social-constructivist understanding of learning that views interaction as key in creating opportunities for learning (Tin 2003). Talk is seen as the key medium for assimilating and accommodating new knowledge to old through the exploration of experience in discussion with others (Barnes and Todd 1977 cited in Dyke 2006). Speech and language therapy is a profession

that has communication at its centre; advanced communication skills are used in work with clients and also to scaffold students' learning. The placement educators in this study, when students themselves, are also likely to have shared their placement experiences as is common through chat and de-briefing on the day's events with peers (Cortazzi *et al* 2001). Thus it is perhaps no surprise that 'talking' is such a core theme running through all aspects of learning to be a placement educator.

While these placement educators described themselves as reflective practitioners who drew on their own experiences to inform their practice, this was underpinned by the acknowledgement that discussion with others was core to enhancing learning through that reflection. These placement educators welcomed the chance to reflect through discussion with others in a range of contexts such as formal supervision, informal staff room chats, training days, special interest group meetings and even the research interview itself. It is recognised that through these discussions with others further learning and theorising can occur as individuals make sense of their experiences (Dyke 2006; Fuller *et al* 2005).

The concept of collaboration, and its antithesis in the feelings of isolation felt by some participants, is prominent in these placement educators' stories. There are frequent references to enjoying collaboration with colleagues, students and HEI tutors: for support, problem solving, coping with difficulties and professional development. These placement educators valued the opinion and support of more experienced colleagues in line with Vygotsky's description of more knowledgeable others (Zepke and Leach 2002) who can support the development of those with less experience. Yet while the discourse of reflective practice is dominant in the SLT profession (HPC 2007; RCSLT 2006), and time to reflect and discuss practice has been described as vital (McCormick 2012), it appears that for some of these participants, formal opportunities for this discussion can be rare and this becomes apparent in the isolation some feel.

The experience of isolation is somewhat ironic given that SLTs' work centres on interaction with people in busy healthcare and education environments, however a substantial number of SLTs actually work alone, with little contact with other SLTs:

*I think speech therapists are renowned for being a bit lonely and it's nice to have a buddy for a while. Silly really but it's nice to have someone there to chat to about your patient because they're right there with you and it benefits me by talking. (Justine p8)*

Here, collaboration refers not only to working with colleagues but also to collaboration with students which offers opportunities for mutual learning, where each contributes something to the other's development. The participants talked not only of developing their educator skills through working with students, but also of learning together with the student, for example as they explored new literature together; *'let's read that book...bring it along let's plot it [data on a theoretical model] together'* (Justine p2).

The benefits to teachers of reciprocal interactions in a community of practice supporting situated professional learning have been described in the literature (Wenger 2009) and include factors such as motivating, problem solving, modelling and idea sharing (Glazer and Hannafin 2006). However, while SLTs are indeed part of an obvious community of practice, the impact of this on their clinical work is perhaps more obvious than on their role as placement educators. As clinicians, SLTs may be based in a team setting, meet regularly or even work together delivering therapy. The community of practice for the SLT provides models of ways of being through its language, dress, interaction styles, conventions and individuals are even given a professional membership card. However the community of practice as a placement educator is perhaps less accessible and it is harder for individuals to see those shared conventions, ways of doing and being, even though they exist. Perhaps this is why individuals use their own experiences as students as a starting point for defining the role for themselves.

The isolation and lack of support that some placement educators feel may also be due in part to the lack of recognised status for the role and the fact that it is often perceived as an 'add on' to other duties as Amy warned against:

*Rather than it be a tag on and oh golly, I've got to have them again. You know, a bit like going to Tesco's at the end of the day, it's something you tag on. (p12)*

An understanding that 'we are social beings' (Wenger 2009 p210), and the importance of that to learning, may explain why the participants valued any

opportunity that presented itself to meet with others. The participants in this study talked of the value of observing their colleagues at work and learning through that observation and joint opportunities for reflection. Supporting situated professional learning through interaction with colleagues in this way has been found to provide mutual support and enhance learning for teachers (Glazer and Hannafin 2006). And if contributing to a community of practice is important to us as social beings (Wenger 2009) perhaps taking part in this doctoral research was seen as one way for the placement educators to do this. If SLTs are not getting these opportunities for peer support through either observation or discussion, there may be an increased risk to them of burnout in the placement educator role (McAllister and Lincoln 2004).

What also appears to be missing in current practice is any form of mentorship support for placement educators. Mentor support for novice professionals is an effective approach that is commonly used across a range of professions to offer guidance, support and advice (Beecroft *et al* 2006; Glazer and Hannafin 2006; Heale *et al* 2009; Rose 2005; Stenfors-Hayes *et al* 2010). This study suggests that some formal mentor or peer support provision, especially for new placement educators would be of benefit, if not an imperative, in addressing the risk of isolation in the role. Formal support meetings would provide a forum for those placement educators to share their stories as this is recognised as a valuable way of reflecting on professional practice (Cortazzi 1993). It could also offer a means of supporting placement educators who have had difficult placement experiences, for example with students who subsequently fail the placement. It is important to provide adequate support to these placement educators who risk becoming disenchanted or de-motivated by these negative experiences. However, it is not suggested that a formal support framework supplants the recognition of the importance of informal opportunistic workplace chats which have been described as 'organic' (Boud *et al* 2009 p332). When talk is formalised as a learning event then the very experience changes as different meanings and relationships are constructed. Research suggests that when informal talk is co-opted and formalised for learning purposes it can lead to resistance and feelings of being managed or assessed (Boud *et al* 2009) and this is not the aim here. It is therefore important to recognise the importance of both formal discussion opportunities, which can be part of a support and

development strategy, and informal everyday talk which also contributes to learning and provides opportunities for peer support.

### **The dominance of experiential learning and reflective practice**

The participants prioritised experiential learning over any other type in their descriptions of how they learnt to be placement educators. This may reflect their preference for that style of learning but also perhaps emphasises that the primary opportunities available to them are those that offer learning through doing. Most placement educators attend only a one day preparatory training course prior to having a student (Mulholland *et al* 2005), so it is perhaps unsurprising that they have to draw on what they have seen, theorising from their own experience. The participants also recognised that experience alone was not enough but saw reflection on those experiences as integral to the learning process. In this way the use of critical reflection, in both their practice as a SLT and in their development as a placement educator, was also apparent. While these participants claimed that they did not use theory to underpin their approach to being a placement educator, they were in fact theorising and developing their own theories of practice through their reflections on experience, a learning process described in the literature (Dyke 2006; Schön 1983). These abstract theories were then being used in practice to solve problems they might encounter with students.

However, as for many other professionals, for example teachers (Harkin 2005) and doctors (West 2010), maintaining deliberative reflective practice in the work place can pose a challenge for SLTs in terms of time pressures and in some cases the existing ethos of the healthcare context (West 2010). One apparent contradiction here is that while the participants presented themselves as reflective professionals, and recognised the contribution of that reflection to their own practice and development, they did not use it formally in their CPD logs.

There is also a risk that reflection is used as no more than the recounting of events from one's own practice (Harkin 2005) and so lacks a critical perspective (Brookfield 1995; Larivee 2000; Zepke and Leach 2002). The degree of criticality in the participants' reflections has not been examined here but it is recognised as key to learning and changing practice (Ghaye 2011). Experience



must be 'subjected to critical analysis, not just accepted at face value' in order for it to contribute to learning (Zepke and Leach 2002 p207). A critical perspective demands the examination of judgements, assumptions and interpretations (Larivee 2000) and this can be facilitated and sharpened in dialogue with others (Dyke 2006). Discussion with others also allows for consideration of their experiences which will bring new perspectives to reflection on one's own experience as one considers them within a broader context.

### **Modelling reflective practice**

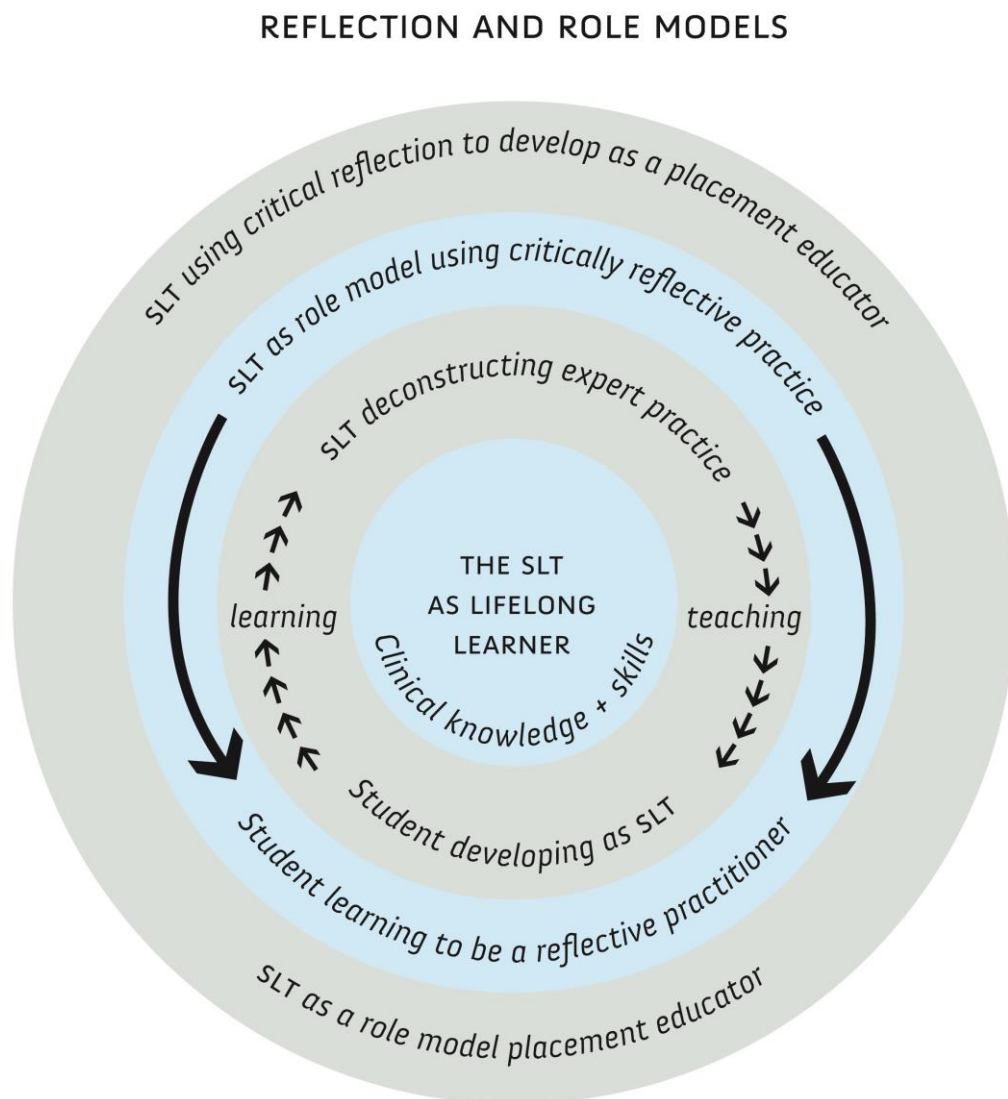
Together with reflection on practice, the impact of role models was a powerful theme in the participants' stories. In referring back to Bandura's social learning theory (1986) which describes the four processes of attention, retention, production and motivation, it is possible to see each of these reflected in the participants' comments on the role models that had influenced them. The participants referred to specific incidents they had observed as students themselves (attention) and these had obviously had a significant impact on them as they reflected in detail on these experiences some years later (retention). The participants then chose to either emulate or avoid repeating those behaviours they had observed (production). Their motivation is apparent when participants spoke of their enjoyment and enthusiasm for their own placement experiences. And in fact some participants, for example Beatrice, were influenced by these early role models when they subsequently chose their own preferred clinical area in which to work.

As part of their continuing development of professional identity, the participants recognised that they had become role model placement educators themselves. There is an intricate relationship between the SLT's support for the student's learning, the development of reflective practice and the placement educator's own learning through reflective practice that is inextricably linked with the model she provides for that student. I have illustrated this dynamic relationship between reflective practice and role models in figure 2.

The SLT as a lifelong learner, developing her clinical knowledge and skills, is at the centre of the diagram as this is core to the individual. The concentric circles

then illustrate how critical reflection is central not only to her teaching of students through the deconstruction of her practice, but also to her development as both a clinician and as a placement educator.

**Figure 2: Understanding ‘Reflection and Role models’**



In deconstructing her own practice the SLT supports the student’s developing clinical skills. However the SLT also learns from her student who brings an alternative perspective to that deconstruction. The small arrows in the second circle illustrate this relationship. The larger blue ring illustrates how the SLT models being a reflective practitioner to the student and the student (hopefully)

develops as a critically reflective practitioner herself. Finally, in the outer ring, the clinician is recognised as a potential placement educator role model to the students she supervises, in effect travelling full circle to her own starting point as a student. This final dimension may or may not be made explicit to the student as part of the placement experience.

Modelling reflective practice that engenders change is of vital importance if students are to see it as integral to their clinical practice rather than as a 'metacognitive add-on to their learning in clinical practice' (Delaney and Molloy 2009 p20). Seeing oneself as a placement educator role model (as well as a clinical role model) is not explicit in the clinical education literature or in the author's own institution's training. Including consideration of this aspect would provide an alternative starting point for discussion and constructing knowledge through reflection with colleagues both on, and for, action.

### **The integration of clinician and placement educator as a SLT**

While student experience was described by the participants as fundamental to their learning to be placement educators, interpretation of their stories suggests that there is in fact much more involved. Each placement educator brings herself and a range of different experiences and resources to the role. All will have had their own student placement experiences, but they will also have a raft of clinical skills and should have attended at least some basic placement educator training before they supervise their first student. However for each individual the specific experience of each of these will be different and so they will bring their own menu of skills to the role. The novice placement educator will have fewer resources to draw on than those who are more expert, but, with time, she too will add to her personal resource bank through a range of learning experiences such as discussion with colleagues, further training, reading, and most strikingly, through her experiences of being a placement educator herself and receiving feedback from students and also perhaps from her colleagues.

The recognition of the integration and coherence of being, not a clinician *and* a placement educator, but of being an SLT where the boundary between the two roles is lost would seem paramount. The discussion throughout this thesis has maintained the division between the two roles reflecting the approach in the

literature (for example Brumfitt 2004; McAllister *et al* 1997; McAllister and Lincoln 2004), yet one approach to providing better preparation for placement educators may be to do away with that illusionary boundary. Individuals spend more than three years at an HEI learning to be speech and language therapists and only one day training to be a placement educator. However if we see the two roles as fully integrated it is possible to be more explicit about how all of the SLT's skills are relevant and can be drawn on when working with students. The roles of clinician and educator draw on similar skills as portrayed by the participants in this research and each role contributes to development in the other. This also reinforces the understanding that learning to be a placement educator is not the result of teaching by others but of sense making of a diverse range of experiences by the individual.

Nyström (2009) explores the development of professional identity as a relationship between different spheres of life: the professional, the personal and the private. She proposes that professional identity formation is sequential and involves a gradual integration of the different life spheres. Novice professionals are described as having a compartmentalised identity in which the different spheres are separated. The focus at this stage is on professional life and the personal and private are often ignored in the effort to develop as a professional worker. At this stage the novice may feel insecure in her prior knowledge and not see its value to the present situation. As the individual matures in her professional role she is able to integrate the different spheres of life within her professional identity. This is described as a more comprehensive and sustainable approach to being a professional. Nyström interprets the relationship between these spheres with reference to Wenger's (1998) nexus of multi-membership where belonging to different communities of practice contributes to identity. Nyström (2009 p13) situates her life spheres within a theory of 'figure and ground' to describe a dynamic nexus that changes over time. Different spheres, or communities of practice, are foregrounded at different stages of professional development. Nyström's framework, describing the integration of professional identity, might usefully be translated and reinterpreted to the understanding of the development of the SLT as a placement educator.

The novice placement educators in this study are early career professionals who are full members of a professional community of SLTs and so, according to Nyström's model, have integrated their professional, personal and private spheres of life within their identity as clinicians. But as they step into the placement educator aspect of their role, they may see two spheres of identity within the SLT role – the clinician and the educator. They are comfortable with the clinical aspect of their role but not the educational and so the latter becomes foregrounded and the two spheres are compartmentalised. At this stage the SLT sees them as separate and moves between the two to meet the demands of the situation at any given time. With time and experience, as the SLT feels competent and comfortable as a placement educator, the two spheres of clinician and educator are then integrated into their SLT role and a more holistic professional identity forms.

The novice and the experienced placement educators in this study illustrate this development from compartmentalised to integrated identity. Rose described how, while establishing herself as a clinician, she did not feel ready to cope with supervising students at all:

*I think the first 6 months here, I was totally freaked out every single day. Nervous about everything, scared about everything. And then after 6 months, I started to settle in and it was after everything was signed off as well, my competencies had been signed off and I felt I kind of settled in, into the role here ready to then share with somebody else. (Rose p5)*

While Ann and Jane, both experienced clinicians and placement educators, do not separate the two aspects but talk of what they do in a way that acknowledges the integration of both spheres:

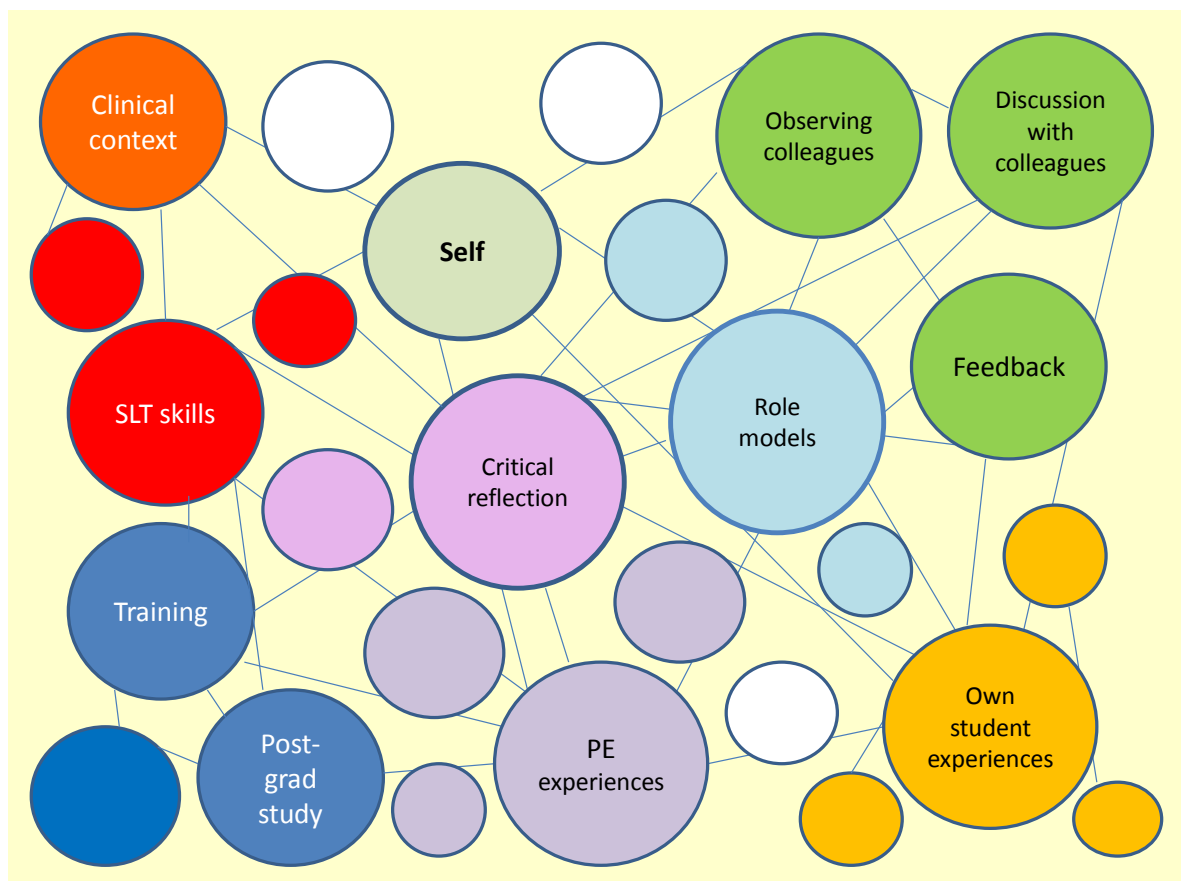
*Generally it's the other way around, they need more time and building up of confidence but it's part of being a therapist. It's part of what you have to do with all your clients, isn't it? It's the same sort of set of skills. (Ann p5)*

*I'm competent in my job and I feel I can impart it and I probably felt that I had the skills to assess someone and guide them and I think it mostly comes from being confident in your job and happy in your job. And if you are that, anything's fine really whatever's thrown at you. (Jane p5)*

One approach to facilitating this integration may be through greater discussion with both students and new placement educators on the multi-dimensional and

integrated nature of their professional identity. As an aid to doing this I have produced a diagram that conceptualises one way of understanding learning to be a placement educator (Figure 3). Dyke's (2009) representation of reflexive learning proposes a molecular analogy as one way of understanding what is involved in his theory. I suggest that this analogy might also be useful here in describing how for all placement educators the representation would contain some core elements but these are connected to the other aspects in a complex and unique way for each individual. This analogy also allows for new 'molecules' to be added to each individual's unique formula as new experiences and new knowledge are encountered and internalised. Hence learning is seen as sense making and an integration of knowledge to, or the adjustment of, existing schema (Ng and Tan 2009).

**Figure 3: Representation of learning to be a placement educator**



Colour may be used to illustrate different aspects of learning and indicate relationships between those aspects. So, for example, training and post-graduate study are both dark blue to illustrate that both are forms of formal learning. Dark green is used to show the relationship between observing

colleagues, discussion with colleagues and feedback from others. Varying the size of the circles in the diagram can be used to illustrate super and subordinate categories of learning. The diagram is nonlinear as any new learning can connect with any other element, therefore the lines are not directional but indicate that all the aspects are interconnected and so can influence each other.

There are two important aspects to this representation: firstly, that as each person will reflect on, and interpret, experiences differently, each individual's model of learning to be a placement educator will be unique, although it will contain some, if not all, of the features that are found in others' models. Secondly, that an individual's model will continue to grow and change across their career as they add new aspects to their learning to be a placement educator.

This framework differs from other models relating to being a placement educator (for example McAllister 2001; Romani and Higgs 1991) in being developmental and dynamic; it changes and grows in response to the individual's experiences and so is not 'one size fits all.' Some circles have intentionally been left blank to acknowledge that there are many potential aspects relevant to each key area and they will vary for each individual and some will not have been discussed in this research.

Dyke (2009) refers to four key elements in reflexive learning; doing, knowing, reflecting and interacting, and each of these can be seen in this representation of the SLT learning to be a placement educator. The doing is in the practical experience and experimentation that the participants talked about both as students and placement educators; the knowing is the formal theory from their practice knowledge; reflecting was both implicit and explicit in their stories; and finally, they interact with a range of others in different social contexts and communities of practice.

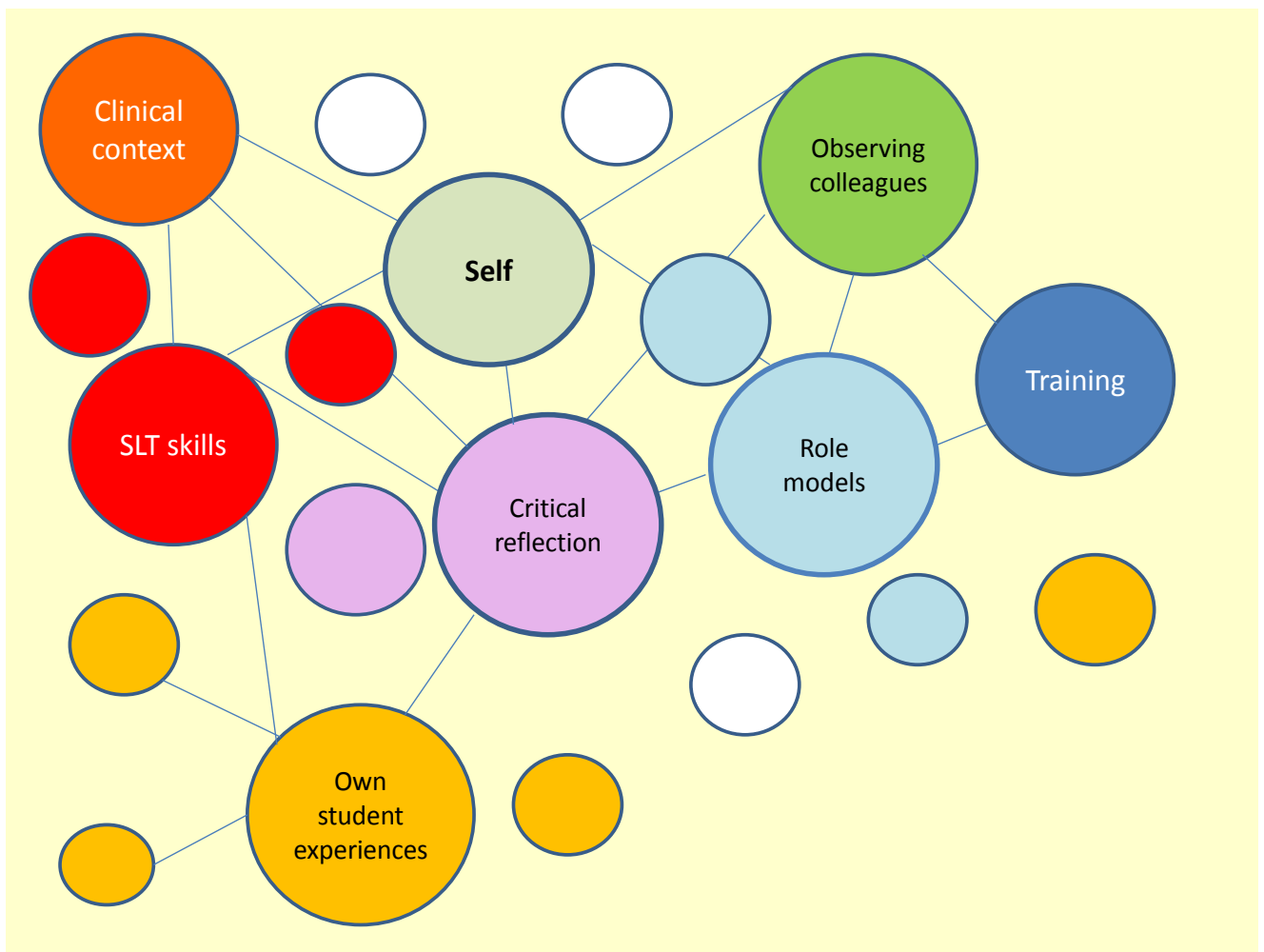
## **A dynamic and developing map of learning to be a placement educator**

The analogy of SLTs as map-makers rather than map-readers (Lester 1999), (discussed in chapter two) can also be applied here. There is no one map for

learning to be a placement educator as each individual will create her own map that reflects her unique experiences. However there will be commonalities between maps.

It is suggested that all novice placement educators bring a sense of self (McAllister 2001), their own experiences as a student, initial placement educator training (ideally) and their clinical skills to the role. They may also have observed their colleagues in the role, but this is not necessarily the case. These experiences are then the starting point for their development in the placement educator role. A novice placement educator may therefore embark on her journey with a limited range of elements as illustrated in figure 4. The large circles illustrate core skills and experience that all novice placement educators might bring to the role.

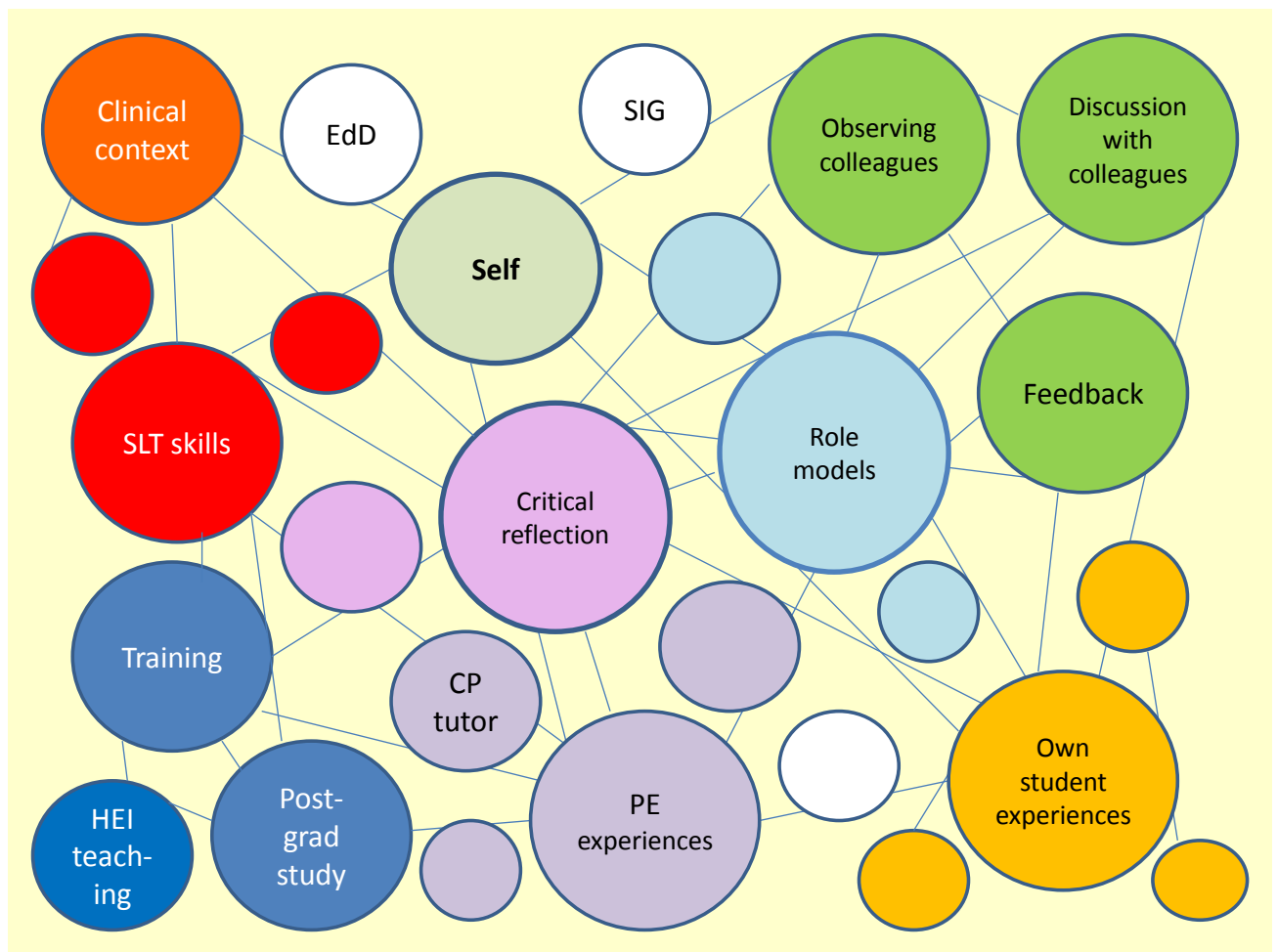
**Figure 4: Potential aspects of learning to be a placement educator: the novice placement educator**





The factors which have contributed, and continue to contribute, to the development of the placement educator who has extensive experience in the role, can be illustrated by a more complex diagram which illustrates the multi-faceted learning on which she can draw. For example, my own model of learning to be a placement educator, should I return to clinical practice, would include this doctoral research as part of post-graduate study; and also preparing students for placement as part of my current HEI role. This is illustrated in figure 5.

**Figure 5: Potential aspects of learning to be a placement educator: the experienced placement educator**



These diagrams may primarily be of value to those delivering placement educator training or teaching under-graduate students. They can be used as a tool to support individuals' understanding of both their own development and potential further CPD needs, and as a prompt for reflection and discussion. For example, each SLT attending placement educator training could be asked to

construct their own map of learning to be a placement educator. This would allow the facilitator to highlight the diversity of experiences that contribute to the role and provide a springboard for discussion of each one. Individuals would be able to see connections and potential gaps in their own visual map and so could identify opportunities for further learning.

## **Reflections on this research**

This thesis has considered how speech and language therapists learn to be placement educators through the exploration of the stories told by ten clinicians. While it is not possible to mediate for all the types of experience, either positive or negative, that a student may face on clinical placement, this study has highlighted the lasting impact of those early experiences. All of the participants in this study drew heavily on their own experience as a student when describing how they felt they had learnt to be a placement educator themselves. The participants described specific role models from their own time as a student as the starting point for how they wanted to be as placement educators. They recognised that these early experiences had a powerful influence on their behaviour and, to 'close the circle'; I suggested to them that they were now role models themselves and their students might draw on this in years to come.

The SLT as a lifelong learner and reflective practitioner is evident both in the experiences the participants described and also in the manner of their telling. The participants talked at length of learning through, and with their students, and as they did this, they reflected on what they had learnt and how it had impacted on their subsequent practice. For these participants it seems that McCormick's (2012) call, for the increased use of reflective practice as part of professional growth and development, is unnecessary. Although a reminder, that this critical reflection *is* a legitimate form of professional knowing (Schön 1983), would seem to be a timely endorsement of the former as valid continuing professional development.

The social aspect of the placement educators' learning was apparent in their acknowledgment of the importance of context, colleagues and experiential

learning in the stories they told. The learners typified the relationship between the learner and the learning, with each influencing the other as described by a social constructivist understanding (Bandura 1977; Jarvis *et al* 2003; Moon 2004).

### ***Contributions of this study***

I am mindful of the assertion that some perceive a divide between academia and clinical practice and that research may not actually 'inform clinical practice at the coalface' (Cartwright 2012 p37). While this debate usually centres on how the evidence base informs clinical work with clients, if I am seeking to raise the profile of clinical education, this perception would seem relevant to my own research. My interest in the placement educators' stories about their experiences is an effort to understand practice at the coalface. While this study is but a snapshot, and the findings cannot be generalised to the wider SLT population, I hope that my interpretation of how these ten SLTs are learning to be placement educators will resonate with others and provoke discussion in both clinical and education fields.

This study responds to McAllister's (2001) observation of a dearth of research into SLT clinical education in the United Kingdom which still seems pertinent over a decade later. While there has been more recent UK based research (for example Brumfitt 2004; Stansfield 2005), the body of literature relating to SLT specifically is still small. This research is also unusual in considering the placement educator's perspective rather than focusing on the student's learning or assessment on placement which are usually the focus for clinical education research (Kilminster 2009). As such this study appears to be the only one in the UK to have explored this specific aspect of clinical education in at least the past two decades. I hope that it will open a dialogue about the preparation of clinicians for clinical education and provoke debate about practice in this area. As noted earlier, there have been frequent calls for better preparation for placement educators yet little detail has been given about what this might include. The findings from this research suggest that preparation is not necessarily about providing formal training days/courses but about raising awareness and acknowledgement of the relevance of all the SLT's skills and

how they are integrated within the role. As discussed earlier, talk, collaboration and experiential learning appear to be key factors. The diagrams presented above (Figures 3, 4 and 5) add a new perspective to the theoretical field of clinical education in presenting a dynamic and developmental understanding of placement educators' development.

Methodologically, this study contributes to a growing interpretivist body of research in the allied health professions that recognises the importance of non-propositional knowledge in understanding the complexity of the clinical education context (Higgs 2009). While narrative inquiry has been used extensively to explore patient (Gaydos 2005), student (Cortazzi *et al* 2001), and teacher (Cohen 2008; Conle 2000) experience, this research brings a new perspective to health professions' research by asking SLTs to tell their stories. Its success in generating rich accounts of clinical education experiences commends narrative inquiry as an approach that others might consider using. Further, not only did the use of narrative inquiry in this research generate valuable data, but the participants also commented on how useful they had themselves found it in creating a forum for reflection on their own practice.

### ***Implications of this research for my own professional practice***

Undertaking this research has impacted on several aspects of my own practice and as such has been of great value at a micro level. My engagement with the data through analysis and interpretation revealed themes and issues on which I have already drawn in my teaching of undergraduate SLT students. As a response to hearing the stories of the lasting impact of the participants' own early student experiences, I reflected on how I prepare and support current students for placement. As a result, in workshop sessions, I now explore the link between student placement experience and being a placement educator more explicitly through small group discussions, an approach that is underpinned by an understanding that students construct knowledge for themselves in this way (Tin 2003). I also encourage and promote the use of sharing stories as a tool for reflective practice and learning as described by Cortazzi *et al* (2001). In doing this my aim is to support the students in their sense-making of what they have experienced and how it has contributed to their learning. I hope that this will lay

the foundations for their future SLT practice in which being a placement educator can be viewed as fully integrated with their clinical role.

While talking to the participants as a researcher, there was inevitably a blurring of roles at times and it would become apparent that my placement tutor role was foremost in their mind. However, my acknowledgement of the studying sideways context (Plesner 2011) supported my decision to see the interaction in the interviews as important to both my research and the HEI's relationship with its clinical partners. I feel this dual role situation, rather than causing tension, provided a positive opportunity for relationship building, perhaps emphasising that this research is part of a professional doctorate that has strong links to my professional practice.

### ***Implications of this research to those involved in clinical education***

My findings highlight the importance of all stakeholders in clinical placements, HEI tutors, placement educators and the students themselves, acknowledging the lasting impact of early student placement experience and recognising the value of critical reflection in making sense of it. The significant impact of early challenging situations on the participants in this research highlights this aspect as an area that must be fully considered both in the training of placement educators and also when facilitating students' reflective practice. I will certainly be making it more explicit in my teaching that critical reflection on placement experiences while still a student, plays an important role in preparation for later being that placement educator. Reflection on early critical incidents could perhaps be used as a tool during placement educator training to facilitate discussion and identify potential learning points with developing placement educators.

Interestingly none of the participants referred to any academic content from their undergraduate training at university that might have contributed to their learning to be a placement educator. Yet it is implicit in the things they talk about. This is perhaps a salutary reminder to those involved in the pre-registration education of SLTs to consider a more holistic view of the SLT that encompasses their future role as a placement educator as well as that of a clinician.

This study contributes to the on-going discussion about the role of critical reflection in understanding and challenging established practice (McCormick 2012; Delaney and Molloy 2009). It reinforces the place of critical reflection as integral to both the clinical and placement educator aspect of the SLT's role. While all of the participants in this study identified being a placement educator as contributing to their continuing professional development, the majority did not subsequently use their reflections on that role as part of their on-going record of CPD. As a result of my findings, I would advocate that critical reflection on being a placement educator be more strongly promoted as a valuable form of CPD and that it is linked to the existing framework for recording such information.

The participants' stories also suggest that HEI placement organisers and other SLT colleagues should be alert to any placement educators who have had challenging experiences while supervising students and should offer them follow up support. This might be in the form of a de-brief meeting that allows for a critical evaluation of their experience or through the inclusion of clinical education issues as a matter of routine in peer or mentor support sessions. This might prevent de-motivation and even burnout in those placement educators who otherwise would be left feeling unsupported and without an avenue for other peer discussion.

With an insider's knowledge of the pressured health settings in which many SLTs work, it may be impracticable for me to suggest that more regular opportunities for peer support and observation be created, however it would seem a beneficial approach for all concerned as it responds to an understanding of learning as socially mediated experience (Jarvis 2009) and would seem particularly pertinent given that speech and language therapy has a strong theoretical background in social learning theory (Ferguson 2008).

### ***Strengths and limitations of this study***

The strength of this study lies in its in-depth consideration of the placement educators' stories. The very loosely structured interviews allowed the participants to talk at length about what they considered important to their

development rather than having to respond to a series of questions as is more typical in health professions' research. While a social constructivist understanding of learning framed my approach to the research, I did not bring a *priori* theories to either the interviews or the data analysis and interpretation. However, I acknowledge that the identification of themes in the data, and the representation of my findings, while systematic, is of course subjective and framed by my understanding and prior knowledge. I feel that this study presents the issues that the placement educators considered relevant rather than being my theory of learning to be a placement educator. For this reason I hope that the findings will resonate more strongly with those involved in the field of clinical education and have credibility in the swampy lowlands of practice where 'messy confusing problems defy technical solution' (Schön 1987 p1).

A limitation of this study may be considered to be the focus on only ten participants from a specific area of the UK. The interviews provided only a snapshot of one moment in the participants' professional life. However I do not make any claims to the generalisability of my findings, only to the trustworthiness, credibility, authenticity and rigour (Butler-Kisber 2010, Silverman 2010) of my interpretation. I hope, however, that where these findings are used in clinical education training, they provoke discussion and debate and provide a platform for further reflection on personal and professional development.

The use of thematic analysis of narrative data could be criticised for fragmenting the data and removing the cohesion of the participants' stories (Riessman 2008). To counter this, the brief pen portraits of the participants contribute to maintaining a sense of the participant as whole rather than as snippets of data. The summary of my findings in the form of a representative construction (Bold 2012) entitled 'Eve's story', also reconnects the various themes discussed in the earlier chapters into a cohesive and coherent account that reconstructs the events in the storied accounts given by the participants and returns to the narrative form of the original data.

Studying sideways (Plesner 2011) was both an advantage and a challenge. It contributed to a trouble free recruitment of participants and my understanding of the participants' working context facilitated both data gathering and analysis.

However it is also important to acknowledge the potential in this situation for assumptions to be made on both sides. I may have presumed that I understood participants' allusions without double checking that this was actually the case. Yet while I acknowledge that my professional role had an impact on the interview dynamic, I am happy to accept and embrace that, rather than condemning it as a limitation. The data generated is unique to that interview situation and represents the stories that the participants wanted me to hear and I accept them as such.

### ***Outcomes of the study***

The SLTs in this study valued the opportunity afforded by placement educator training for discussion with peers. They also highlighted a lack of formal opportunity for peer discussion or support in their busy working context. As a response to this my colleagues and I have initiated a Special Interest Group (SIG) in Clinical Education. This is a national SIG that has as its aims: providing a forum for sharing of practice; dissemination of research; and the promotion of the status of clinical education as part of the SLT role. Already one positive outcome has been that in response to a request from the SIG, the RCSLT agreed to include a strand on clinical education at the 2012 national SLT conference.

A brief overview of this study was also presented at a European SLT conference where it stimulated much discussion and sharing of practice in clinical education. Moreover, I noted that it was, once again, the only presentation that focused on the placement educator's learning rather than the student's. In these ways I am contributing to raising the profile of the placement educator in the SLT community of practice.

### ***Future Research Directions***

This study places one particular aspect of clinical education, the placement educator, at the centre of current research. It focuses on one specific aspect of the placement educator experience in considering how the SLT learns the skills necessary to enact that role. However, within that focus the themes that



identified were diverse: reflective practice, student experience, learning through peers, working with challenging students. Any of these would merit further investigation. There is also scope for further research into other aspects of the placement educator role that link to student learning or client care, such as: the use of models of clinical education; the role of feedback with students; or how the rapidly changing context of SLT service delivery impacts on student learning. A similar study exploring the development of other allied health professions placement educators would contribute to the wider literature and be of use in inter-professional clinical educator training which is becoming more common.

More specifically linked to this study, there is scope for a longitudinal exploration of the placement educator's development through further interviews with some of these ten participants. Paula, for example, was interviewed twice; both before and after her first experience of supervising students. It would be of interest and value to return to Paula in the future to explore her development as she gains further experience.

While satisfied that the methodology employed here enabled me to meet my stated aim of exploring these speech and language therapists' learning to be placement educators through an analysis of the themes in their stories, further research could employ alternative approaches to data analysis. The participants spoke at length, and in depth, about their experiences and this provides a wealth of data for a structural analysis of their stories that considers the organisation of the narrative act (Bold 2012; Riessman 2008). Alternatively a full discourse analysis would allow for further exploration of the way in which these placement educators used implicit meaning to construct their professional identity (Cohen 2008).

### **And finally....**

Generating narrative data through loosely structured interviews provided rich stories from ten SLTs explaining how they felt they had learnt to be placement educators. Thematic analysis then provided a method of exploring these stories and identifying a range of themes that were interpreted as key to these SLTs' experience. This thesis has presented one interpretation of learning to be a

placement educator where the focus is on learning through doing, through critical reflection and through collaboration with others. It is hoped, that in reading this thesis, others may recognise issues that resonate with their own experience and in this way it will engender further learning through reflection on their own and others' experiences.

While SLT placement educators are still typically offered only brief formal training in preparation for their first student, and this training is not accredited, these placement educators have a broad range of prior experience, theory and clinical skills on which to draw. The integration of both aspects of the SLT role, clinician and educator, is part of the SLT's professional development and contributes to a holistic and confident approach to working with students. The representative construction of fictional Eve's story, together with the diagrams illustrating 'reflection and role models' and the 'potential aspects of learning to be a placement educator', are designed to contribute to discussion sessions with both students and placement educators. They provide additional scaffolds to learning and teaching about how SLTs develop as placement educators.

This study sits firmly at the interface of my academic and professional practice and has afforded me the privilege of exploring one specific aspect of my professional practice in great detail. It has given me, and I hope others, an insight into the complexity of learning to be a placement educator whilst juggling the significant demands of clinical practice as a speech and language therapist.

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**Appendix 1**



**GRADUATE SCHOOL OF EDUCATION**

**CONSENT FORM**

I have been fully informed about the aims and purposes of the project.

I understand that:

- there is no compulsion for me to participate in this research project and, if I do choose to participate, I may at any stage withdraw my participation
- I have the right to refuse permission for the publication of any information about me
- any information which I give will be used solely for the purposes of this research project, which may include publications
- If applicable, the information, which I give, may be shared between any of the other researcher(s) participating in this project in an anonymised form
- all information I give will be treated as confidential
- the researcher(s) will make every effort to preserve my anonymity

.....

(Signature of participant )

.....

(Date)

.....

(Printed name of participant)

One copy of this form will be kept by the participant; a second copy will be kept by the researcher(s)

Contact phone number of researcher xxxxxxxxxxxxxx

If you have any concerns about the project that you would like to discuss, please contact:

.....Julia Stewart, Senior Lecturer. xxxxxxxxxxxxxx

OR

Supervisor Dr Hazel Lawson, h.a.lawson@exeter.ac.uk.....

Data Protection Act: The University of Exeter is a data collector and is registered with the Office of the Data Protection Commissioner as required to do under the Data Protection Act 1998. The information you provide will be used for research purposes and will be processed in accordance with the University's registration and current data protection legislation. Data will be confidential to the researcher(s) and will not be disclosed to any unauthorised third parties without further agreement by the participant. Reports based on the data will be in anonymised form.

**Title of Research Project:** Speech and Language Therapists: Development as Clinical Educators

**Details of Project:** I am a senior lecturer on the BSc SLT programme at XXXXXX. As part of my Doctorate of Education research project I am undertaking a project to explore aspects of the role of the clinical educator in depth. I will be conducting an in depth interview with you using questions to explore your experience of being a clinical educator. Data from the interview will be audio recorded, transcribed in written form and analysed to identify relevant themes. The findings will then be discussed in the thesis.

### **Contact Details**

For further information about the research or your interview data, please contact:

Julia Stewart, Senior Lecturer, XXXXXXXXXXXXXXXX.

Tel XXXXXXXXXXXXXXXX Email: XXXXXXXXXXXXXXXX

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact my supervisor: Dr Hazel Lawson, University of Exeter. Email: XXXXXXXXXXXXXXXX

### **Confidentiality**

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above and third parties will not be allowed access to them (except as may be required by the law). However, if you request it, you will be supplied with a copy of *your* interview transcript so that you can comment on and edit it as you see fit. Your data will be held in accordance with the Data Protection Act for five years and then destroyed.

### **Anonymity**

Interview data will be held and used on an anonymous basis, with no mention of your name, but we will refer to the group of which you are a member.

## **Appendix 2**

### **Email request for volunteers for the study**

Dear Colleagues

I am currently studying for a Doctorate in Education through Exeter University and am about to embark on data collection for my thesis; the working title of which is

“Speech and language therapists: development as clinical educators”

I am now looking for volunteers to be participants in this research. This would involve taking part in an informal interview/conversation about your development and experiences as a clinical educator.

The conversation will be audio recorded and then I will send you a copy of the transcript. I am happy to hold the conversations wherever and whenever is most convenient to you.

I would be grateful if you would disseminate this message to colleagues in your service for me please, with my apologies if you get the same message twice as I use various circulation lists to try and target a wide audience!

With thanks and best wishes

Julia

## **Appendix 3**

### **Semi-structured interviews – guiding themes**

Opener: Tell me about how you learnt to be a clinical educator (CE)

The impact of any previous experiences on being a clinical educator

The impact of being a CE on practice as a clinician

Any benefits to having a student

Any challenges to having a student

Readiness to be a CE

Professional development and being a CE

CE as role model

(The term CE was used in the interviews to correspond to the term used by the participants)



## Appendix 4

### Sample Transcript Analysis showing initial coding for thematic analysis

Interview transcript - Amy (Pages 1 – 3 of 13)

I = interviewer

A = Amy

Data	Theme	Sub-theme
<p>I: OK, so how have you learnt to be a clinical educator?</p> <p>A: Partly by how I was taught as a student; <u>I had 2 really good clinical educators myself</u>, one of whom I met on the [<i>university name</i>] gathering. I know, really strange. And then one I had who was very poor, not from [<i>university name</i>], and so I learnt from that as well. Then I've also learnt through the <u>clinical educator training</u> that [<i>name</i>] ran was really effective in <u>honing my skills</u> but making it more consistent and more logical. And also I think I have an <u>interest in how people learn</u>, I mean <u>it's what I do as a living and so learning</u> about how adults learn and any of the practice, how do you feed back. I've learnt from knowing that in the job I do anyway. So kind of drawing on <u>lots of different skills from different areas</u>.</p> <p>I: So the first thing that you mentioned is when you were a student, what you remembered. Was there something particular about being a student that really impacted on you? What sort of experiences?</p> <p>A: The clinical educators who spotted when I was laughing or when I hadn't quite pinned it down. The ones who made me not just get away with it really but made me say OK, well why are you</p>	<p>Being a student herself</p> <p>Role models</p> <p>Formal training</p> <p>Transferable</p> <p>Being a student</p> <p>Role models</p>	<p>Positive</p> <p>negative</p> <p>CE Training</p> <p>Honing</p> <p>Interest in learning</p> <p>Transferable SLT skills</p> <p>Drawing on range of skills</p> <p>Own learning experience</p>

<p>doing that? What's the purpose of that? It was important. But also the ones who just let me have a go. But also the ones who I could learn from their practice so the one that was poorest, she was <u>very waffly with me and just didn't really help me learn</u> but also what I was watching from her didn't really help me either. But yes definitely having <u>somebody to take you through the steps</u> but to get you to take yourself through the <u>steps with them guiding</u> is what made the difference I think.</p>	<p>Role model</p>	<p>Being pushed</p> <p>How her CE did it</p> <p>Observation</p> <p>negative</p> <p>Scaffolding</p> <p>CE as a guide</p>
<p>I: So when you're doing it now do you try and do the things that they did?</p>	<p>Being a CE</p>	
<p>A: Yes, definitely. I try to help the students prepare themselves but I also try and encourage them to take leaps, you know, take <u>risks in what they're doing</u>. And I think one of the hard things is weighing up which students you can push and which ones you can't and those are the hardest ones aren't they when you think; I really wish you would just take a risk but I just don't feel I can push you and therefore they're not gonna gain as much either. The ones that can take <u>risks</u> who are getting further anyway get even further and the ones that can't take very big risks don't get very far and so I have really had to learn how far can I take them and I suppose I find it easier to take third years in that point of view because you don't, you feel actually you have to take risks. Whereas the second years really vary.</p>		<p>Risks</p> <p>Challenge of student's needs</p> <p>Models of learning and teaching</p> <p>Risks</p> <p>Different students</p> <p>Risks</p>
<p>I: OK, so the training you did; various bits and pieces, how helpful was that?</p>		
<p>A: The basic <u>clinical educator training</u> took us through the process that a student goes through. <u>It took us to</u></p>	<p>Learning to be a CE</p> <p>training</p>	<p>CE training</p> <p>Content of training</p>



<p>placement for. I think that was really helpful.</p> <p>I: OK, so has it changed your practice at all being a clinical educator?</p> <p>A: I always say to students that I'm really glad I've got them because it makes me <u>question my practice</u> and so therefore I ask them to give me feedback and ask me why I'm doing things, which is a huge risk but I suppose you know like most of us, <u>we're not someone who sits on our laurels and coasts</u> and so a student makes sure you don't but you have to be ready for that. I think it's also <u>changed my practice</u>; the thing I find hard is if I'm responsible, say with any training, <u>I'm responsible for a set of practitioners learning a certain thing</u>. If I entrust the teaching of that to a student, if that's the only time they're going to learn about that topic then it's very hard to know. How do I let the students do what they said they were going to? <u>And how much do I step in? So it's about scaffolding it. It's a bit like with a child</u>, isn't it? You use scaffolds so that you set them a bit beyond what they can reach but actually you put some things in so they get the quality for the client.</p> <p>I: So you talk about it being the same as you do with a child often, scaffolding. Do you use many or any of your therapeutic skills, your skills as a speech language therapist, with a student?</p> <p>A: Yeah, definitely, I think it's the same as helping someone learn anything, isn't it? The steps so if you're working with a child say on a phonological difficulty, ,</p>	<p>Reflective practice</p> <p>Impact</p> <p>Being a CE</p> <p>Agency as SLT</p> <p>Transferable skills</p> <p>Transferable skills</p>	<p>Question own practice</p> <p>Feedback from student</p> <p>Lifelong learners</p> <p>Changes practice</p> <p>Responsibility</p> <p>Scaffolding</p> <p>Using SLT skills</p>
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## **Appendix 5**

### **Codes in Amy's data organised into themes – preliminary organisation**

*CE = clinical educator*

#### **Being a student herself**

Reflections on being a student p1, 4

Recalls what the CEs did to push her/support her learning p1

Having a CE as a guide p1

#### **Being a CE**

Remember your role; tackle issues, responsibility as a CE p7

Recognition of own specialist skills means she gets challenging students p6

Being cruel to be kind p6

Instilling enthusiasm in student p7

Satisfaction when student success p7

Locus of control asking for support p7

Gleaning from students how other CEs do it p11

Encourage students to take risks p1

Judging students needs having the tools to do the task p1

Risk - letting student deliver training, when to step in, scaffolding p2,5

Scaffolding - it's a bit like with a child p2

Being reflective - reflective therapist = reflective CE and that's important p3,12

Take an active, analytical way of thinking about student learning p3

Asking Qs of self to guide student experience p4

Do same with students as with parents and other adult clients p4

Loves being a CE p4

I don't want to waste the opportunity really p4

## **Role models**

Own student experience and her CEs influence p1

These (students) are my colleagues of the future so I want them to be good p4

You can make or break somebody's experience by how you are p4

Not being mediocre p4

Each CE really counts p4

Creating CEs of the future p13

## **Learning to be a CE**

Partly by how I was taught as a student p1

CE training at X – of value for procedural and feedback p2

I have an interest in how people learn – equates to what I do in my job p2,

~Adult learning theory p3, 4

Drawing on skills from lots of different areas p2, 3

Supervisory training – tackling difficult situations/issues p2

Has a framework – tools, tasks, you as a person p2

Instinct that has developed p4

Learns from own experience, transfer of knowledge from running training p3

Hanen – adult learning theories; very early in career but not forgotten p4

Trial and error p6

Need peer support p9

Never observed a colleague being a CE self- learnt p9

Peer discussion valuable p9

Feedback from student p10, 11

Other relevant training p11

## **Student learning**

Impact on them of other life events p2

Scaffolding p2

Peer placements – is better; they can work together; danger if one is weak p6

Theory in to practice p6

People often most open to learn when something has gone wrong p7

Engineering opportunities to make students aware of own limits – tough love p7

Learning styles p11

Average students harder p6

## **Impact of students**

I question my practice p2

Ask them for feedback – risk p2

Changed my practice p5

It's easy to look at negative p4

It's beneficial if you prepare well – taking a pro-active approach p4

Made me more confident and value own skills p5, 8

Re-evaluate own skills p 8

Time pressures p5

Service pressures

## **CPD**

Not sitting on laurels – lifelong learners p2

Has encouraged me to be more reflective p5

Sees CE as CPD; reflecting and developing practice p8

Realises not recorded in enough ion CPD diary p8

Interview – as a reflective exercise p12

## Appendix 6

### SLTs learning to be placement educators – the research process

